

**CAPACITY ASSESSMENT USING RESULTS BASED MANAGEMENT
APPROACH IN PUBLIC SECTOR: A CASE STUDY OF NATIONAL
TUBERCULOSIS LEPROSY AND LUNG DISEASE PROGRAM
KENYA**

BY

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DECLARATION

This project is my original work and has not been submitted for an award of degree in this or any other university.

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DEDICATION

I dedicate this research project affectionately to my husband and my two daughters for being a source of inspiration throughout the period of conducting and compiling the study.

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ABSTRACT

Results Based Management is a programme management approach whereby all actors are contributing to achieving a set of results it seeks to validate the fact that when results form part of an organizational vision strategy, it's more likely the results will be achieved. Application of Results Based Management in the development field has gained importance, this has raised interest among researchers who have also noted the importance of Results Based Management approach in enhancing achievement of results and accountability. In this regard, this study was undertaken with an objective of assessing the capacity of National Tuberculosis Leprosy and Lung Disease Program Kenya using Results Based Management approach. The study employed a case study design. Mixed methods approach (quantitative and qualitative) was used for data collection and analysis. Data was collected through documents review, checklist and key informants interviews guided by a discussion guide. Qualitative data was analyzed using content analysis where the responses were recorded and categorized in accordance with the identified themes. Quantitative data from the scoring sheet was entered in to Microsoft excel which was used to generate frequency tables with average scores.

The study established that there is moderate level of capacity at NTLDP-Kenya to apply Results based management approach. The study established that the program has a clear direction and a robust partnership strategy. The program has a comprehensive monitoring and evaluation system in place. The program is not adequately staffed, as some key positions are not currently occupied. The incentives component is very weak for instance promotion and salary increment is not based on performance. Key recommendations from the study are; the program should pursue the Ministry of Health to fill up the positions not currently occupied. The program should strengthen the incentives component, this calls upon the Ministry of

Health to revise the current promotion and salary increment policy and base it on staff performance. The study recommends future research in areas like challenges faced by Kenyan public sector in implementing Results Based Management. Also assessment of other programs' capacity within the Ministry of Health to apply Results Based Management.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Traditionally, measurement of performance of projects in the public sector has been focusing on how outputs are delivered through technical, financial and human resources. In recent decades, changes have taken place with emphasis on adoption of a result orientation approach (Meier, 2003). In the course of 1990s, the public sector experienced changes, leading to change of focus on issues of transparency and accountability particularly on evidence to demonstrate and attribute results. This has also led to increased demand for impact, effectiveness and efficiency. These changes have led to a renewed attention on indicators of performance in efforts to show value for money utilization for provision of public services. The result of this has been a change from inputs, activities and outputs to achievement of outcomes and this eventually resulted in the development of Result Based Management (Binnendijk, 2000).

Results Based Management is a programme management approach whereby stakeholders and all actors are contributing in one way to attainment of results, guarantee that their processes, products and services are contributing to the achievement of results desired at the various measurement levels; outputs, outcomes and higher level goals or impact. The various layers in turn utilize evidence and information on actual performance results to inform making of decisions on the design of the programme, its implementation and reporting for accountability (UNDG, 2011).

Broadly, Results Based Management is a management strategy intended at achievement of important changes in the way organizations and programmes operate with improvement of performance in terms of results as the central orientation. Result Based Management provides a management framework with tools for strategic planning, risk management, performance monitoring and evaluation. According to Binnendijk (2000), Results Based Management serves two main purposes: improvement of management which comprises learning, evidence decision making and planning; and programme performance reporting.

The basic benefit of Results Based Management systems in any organization or programme is generation and facilitation on utilization of performance information for accountability reasons, reporting to stakeholders and audiences who are external to the organization or programme. It is also used internally for performance of management functions through learning and making of decisions related to the organization, programme or project. Results Based Management systems of most organization support the following functions within the programme cycle: Formulating objectives where this translates to identification in clear measurable terms the targeted results being pursued and development of a framework on the process of achievement of the results. The other is identification of indicators; for each objective. Results Based Management is used to specify precisely what is to be measured along the results chain (Binnendijk, 2000).

With Results Based Management approach a programme ensures that realistic targets are set for each indicator by specification of the expected result level to be achieved within a specific time. It is prudent noting that these targets will be used to judge

performance and achievement. Results Based Management also facilitates monitoring of real results by developing a system for monitoring performance by regular collection of timely and accurate data on actual results achieved. Once the results are collected, in the chain comes review and reporting of results which includes comparison of actual results against the set targets or even utilization of other criteria for making judgements about performance. Final in this chain, Results Based Management approach facilitates the use of performance information for decision making which entails usage of information collected through performance monitoring and evaluation sources for internal management, for learning, making of decisions, and for reporting externally to stakeholders and other audiences on results accomplished (Andersson, et al. 2014).

Results Based Management approach seeks to validate the fact that when results are at the forefront when developing a strategic plans for a country, the results are likely to be sustainable for longer period of time. Keeping focus on national development plan or strategy helps in positioning and guiding organizations and programmes to effectively respond to national priorities and needs. On the other hand, to achieve better results effectively, there is requirement for flexibility for modification of plans, change of strategies and change of activities whenever there is need. The meaning of this is that a team based approach should be utilized, to ensure that all key stakeholders both internally and externally agree with any proposed modifications or changes to the actions. Programme management and leadership should ensures that results matrices and frameworks undergo update with the agreement of all involved parties (Gregorio, 2009).

Results Based Management approach employs six main principles: Simplicity; where Results Based Management attempts to come up with a strategy that is easy to understand and practice. Further Results Based Management provides a number of tools to help with programme design, management and achievement of results. The other principle is action learning that means Results Based Management integrates the learning cycle within the programme cycle. In this it simply means learning is achieved by doing and what is learnt allows strengthening of capacities, quality improvement of programme and achievement of better results. This learning cycle should include partners and beneficiaries so that they can see how important their role is and take up extra responsibilities. Results Based Management approach is a flexible method since it adapts itself to different settings and programmes, this way it becomes possible to introduce Results Based Management into programmes that are already at the implementation stage.

The other principle is partnership which encourages participation of partners at every stage of the project cycle, this ensures that the goals are clear and relevant and the results achieved promote ownership to the partners and beneficiaries. Then accountability that promotes sharing of responsibilities between the partners, this ensures that there is participation in decision making as it is important in Results Based Management. Lastly is the principle of transparency that involves use of well-designed and chosen indicators to measure the success of a programme.

1.2 Application of Results Based Management

Over the years, Results Based Management has been applied in different programmes and organizations to serve different purposes. The approach is used for defining

strategic goals to be achieved by a programme, which in turn provides the focus for action. It also enables the description of how expected results will look like. With this description, the programme is able to align its resources and operational processes to ensure achievement of these results. It further enables a programme or an organization to undertake the monitoring function which is the ability to continuously track progress of the programme to assess achievement of its set objectives and goals. The lessons learned in undertaking this process can be utilized by the organization for shaping of its strategic direction in future. Results Based Management is also applied for accountability reasons. The continuous feedback gotten during application of the approach can be used to improve performance.

Organizations and programs apply Results Based Management in different ways in programme management. The International Committee of the Red Cross (ICRC) applies Results Based Management as a logical management approach which ensures that the organization lays emphasis on the results expected at all the project management practices and processes. With the ability to measure the results, the project team is capable of understanding the value of its work and with this view, ICRC notes that Results Based Management changes an organization's culture. Specifically for ICRC, applies the approach in efficient planning for the process to achieve results as a corporate function that undertakes assessment of the context, the groups to be targeted, the needs, the risks anticipated, the constraints and opportunities available. With this, prioritization is undertaken while ensuring that there is coordination and allocation of resources aligned to achieve the results targeted.

Further, Results Based Management is applied in programme management at ICRC through rationalization of the steps which lead to a successful outcome. Specifically, it is applied in all the phases of programme cycle, for instance in the assessment phase the aim is to understand the situation and aid in identification of the problem in terms of its cause and its effects which are the consequences. This is aimed at finding out the requirement for the intervention based on the needs which are identified through the situation analysis process. In planning or the design phase, Results Based Management is applied in definition of the situation desired in future in the population or beneficiaries targeted by the intervention. It is then applied in determination of the objectives, the strategies to adopt and activities needed to achieve the objectives. In the Implementation phase, activities should be carried out in a way that the desired results will be achieved. Lastly in the monitoring and evaluation phase, an analysis is undertaken on the situation, by looking at which results in intermediate or the final reports can be used for making decisions (ICRC, 2008).

The Government of Kenya embarked on Results Based Management in 2004 after the introduction of the Economic Recovery Strategy (ERS) for employment and wealth creation. This marked a turning point for steering in new reforms in the public sector. With global push and influence of donors and other stakeholders, Results Based Management was introduced by government of Kenya with the objective of improving delivery of services, performance and governance. The introduction of the approach in delivery of public sector services aimed at change of the mindset of public officers as concerns results in service delivery. It was therefore used for shaping and focusing of resources and attention in achievement of objectives and targets as prescribed in Economic Recovery Strategy (World Bank, 2011).

It was anticipated that the adoption and implementation of Results Based Management in the Country to deliver public sector services would enable the government ministries, the departments and other organizations which offer services to set up performance objectives which are clear and aligned to the targets in ERS. This was to be possible through delineation of the activities aiming at helping in achieving of the aims and defining the responsibility of the individuals participating in the process of delivery of public sector services and more emphasis placed on results. This meant that the shift to results orientation required an alteration of practices and procedures focus on methods and procedures to those focused on achievement of results. From this the key elements that Results Based Management approach in Kenya picked were; performance target setting which entails the process of setting of performance targets for ministries, departments, groups and individual in undertaking of specific projects, then planning of performance that looks at establishment of a shared understanding of what is to be achieved, how it is to be achieved and lastly performance monitoring and reporting against the set targets and objectives (Obong'o, 2009).

Spreckley (2009), when discussing how Results Based Management is applied in results chain stated that results matrix is an important tool in reporting since it clearly articulates the results at all levels of reporting. These items, together and along with the reviewing of indicators, assumptions and threats, should serve as guides for reporting on results since they describe what was achieved. As it is with all management systems for planning, and as monitoring and evaluation becomes more results oriented, it is expected that in the light of Results Based Management approach the process of implementation will lead to greater learning, adjustment of strategies and enhanced decision making. This frequent process of feedback and adjustment

seeks at making programmes to be more responsive to their operating environment and factors which affect it. Lastly, Results based decision making is an important element of Results Based Management that should not be overlooked as it involves identification, development and management of the competencies like resources, structures, people, systems, leadership, culture and relationships that are needed for managers for planning, delivery and assessment of results (UNDG, 2011).

1.3 The Kenya National Tuberculosis Leprosy and Lung Disease Program (NTLDP)

The Kenya National Tuberculosis Leprosy and Lung Disease program (NTLDP) is a program in the Ministry of Health Kenya. Its vision is, “to reduce the burden of lung disease in Kenya and render Kenya and its communities free of TB, Leprosy and Lung Disease”. The mission of the program is, “to accelerate the reduction of TB, leprosy and lung disease burden through provision of people-centered, universally accessible, acceptable and affordable quality services in Kenya” (NTLDP, 2014). The program formulates policies and it is responsible for setting standards and coordinating implementation of activities, identification and mobilization of resources, ensuring uninterrupted supply of commodities, supervision, monitoring and evaluation of activities. Implementation of activities at the NTLDP is fully integrated into the primary health care system where activities are implemented in the 47 counties. As at the beginning of 2017 implementation of the program activities was being implemented in 3320 treatment facilities, 1920 diagnostic centres and 295 TB control Zones.

The program has set improvement of monitoring and evaluation of TB and Lung disease as one of the strategic directions and Strengthening of operational research as

one of the core activities of the program. The program's Monitoring Evaluation and Research (MER) section has the mandate to provide a robust and responsive monitoring and evaluation system that should promote evidence based decision making for quality programming. This section is also involved in coordination of impact assessments and ensuring effective flow of strategic information on implementation. The section is also responsible for monitoring performance of key strategic plan activities and indicators to inform service delivery, areas of improvement and necessary corrective action as strategic control actions.

The section also deals with optimization, generation and use of the programme data, while implementing measures to ensure improvement of program data quality through Routine Data Quality Assessments (RDQAs) and performance reviews. The monitoring, evaluation and research section is guided by Monitoring and Evaluation framework which is anchored on the strategic plan of the program. In reporting the framework has indicators for different activities and diseases which are the focus of the program. The program produces an annual report at the end of each fiscal year. Improvement of data management system for the program is outlined as one of the key activities in the program strategic plan 2015-2018. The monitoring, evaluation and research section of the program is responsible for preparing national and global level reporting. To improve Learning and decision making, the program promotes continuous innovation and embracing evidence based programming by learning from the program implementation and taking good practices and lessons learnt.

The program targets to undertake review of the performance of its approaches with the aim of learning best practices (NTLDP, 2014). The program is implemented under

the Ministry of Health and it is expected that the program applies the elements of Results Based Management approach in target setting for their performance objectives, planning for their activities and monitoring, evaluation and reporting of their activities. There is minimal evidence on application of Results Based Management and the capacity to operationalize the principles identified.

1.4 Problem Statement

The utilization and the application of Results Based Management in the field of development has increased importance. National governments and public sector institutions are progressively using this approach. The motivation for utilization of Results Based Management comes from expectations and demands from both programme and donor countries for demonstration that a project is achieving its objectives with the efficient strategies, and that project activities are relevant to the priorities and needs of programme countries and that they contribute to improvement and sustainable development outcomes (Bester, 2012).

A study conducted by Gregorio (2009), focusing on application of Results Based Management at the United Nations bodies and Non-governmental organizations concluded that after ten years of reform towards a Results Based Management approach, the implementation of the strategy had disappointingly contributed to enhance the effectiveness of UNDP. This was attributed to lack of the required capacities. While Gwata (2013), concluded that there is limited knowledge about Results Based Management in that it is narrowly perceived as performance management rather than a whole tool for planning, management, monitoring and evaluation. In addition, she further notes that availability of capacity to implement

Results Based Management is a major determinant of the success or failure of the strategy.

In Kenya, few studies have focused on application of Results Based Management in government ministries and departments (Njoki, 2011; Wairimu, 2015). These studies recommended further research and documentation on Results Based Management strategy implementation in the public sector especially in the sphere of long term and large programmes. There are also limited research findings on organizations' capacities to effectively apply Results Based Management approach along the programme cycle. There is no study that has focused on Results Based Management application in Tuberculosis Leprosy and Lung Disease Programs. Hence the study aimed at assessing the capacity of NTLDP to apply Results Based Management approach.

1.5 Research questions

The study sought to answer the following questions;

1. What strategic information measures are specified for NTLDP?
2. What capacities have been developed for staff to act on the outcome oriented information from the Results Based Management system?
3. What incentives are provided to managers and staff by Results Based Management system?

1.6 Objectives of the study

The general objective of the study was to assess capacity of the National Tuberculosis Leprosy and Lung Disease Program Kenya to apply Results Based Management.

The specific objectives were:

1. To determine the strategic information measures specified for NTLDP.
2. To assess capacities developed for staff to act on the outcome oriented information.
3. To determine incentives provided to managers and staff by Results Based Management system.

1.7 Justification of the study

The Government of Kenya introduced Results Based Management in Public Service delivery as a way of improving performance, the quality of services and governance. The introduction and institutionalization of Results Based Management approach in the public service was primarily meant to refocus the public servants mindset on results in service delivery and help in focusing the attention and the resources in achieving defined targets and objectives as prescribed in the Economic Recovery Strategy (Obong'o, 2009).

There is limited literature available on the capacity of National Programs in public sector to apply Results Based Management. Further review of literature revealed that no study has been done on Results Based Management in Kenya focusing on a National program at the ministry of Health. The NTLDP Kenya is a stand-alone program where planning, implementing of activities, monitoring, evaluation, reporting and information use happens. Hence it was a suitable case of study to answer the research questions and achieve the objectives.

The findings from this study have a policy, academic and practical implications. The findings are useful to the Ministry of Health to understand the current status in

application of results based management at NTLDP and aid in decision making in policy formulation and implementation regarding Results Based Management approach in its programs. This study will add new knowledge and increase the existing body of knowledge in the area of Results Based Management. The findings of this study are also helpful to results based monitoring and evaluation researchers and scholars, as it forms a basis for further research. Researchers and scholars will use the study findings as a basis for discussions on results based management approaches and other similar settings.

1.8 Scope and Limitations of the Study

The study focused on National Tuberculosis, Leprosy and Lung Disease Kenya at the national level office which is a public sector program, and its capacity to apply Results Based Management practice. This was in relation to program target setting, planning, implementation, monitoring, evaluation, reporting and use of information for decision making.

The program was used as a case study, it would have been ideal if there could have been an opportunity to compare the parameters under study between more than one program in the Ministry of Health. But due to some bureaucratic arrangements and structural challenges within the government ministries the study restricted its focus to the NTLDP program only. Hence the results from this study might not be applicable to other national programs in the ministry of health or other ministries.

Risk management is a best practice in implementation of Results Based Management as it enhances transparency and accountability. Programme management teams should maintain risk analysis tools like a risk register documenting results after undertaking

risk analysis. In the assessment of the program's capacity to implement Results Based Management it could have been beneficial if there was risk management tools in place to be reviewed during the study as this would have revealed the number of expected risks, their likelihood of happening and the program's readiness to mitigate them. But the program does not maintain any risk analysis tool.

The study had targeted to get information from the head of program, the deputy, program implementation officers and the Monitoring and evaluation officers. In this the researcher had envisaged to get information from the Head of Program, the deputy head of program, 7 program implementation officers and 8 monitoring and Evaluation officers. Getting information from some program staff was difficulty as some were not willing to participate while others stated that they were not available for the interview.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents literature reviewed covering the following sections: Evolution of the concept and practice of Results Based Management, its Components and principles explaining what constitutes a good Results Based Management system. This is followed by review of empirical evidence on the application of Results Based Management from literature and finally the conceptual and operational frameworks.

2.2 Evolution of Results Based Management

There is a relatively important development in approaches for measuring programme and organizational performance from the 1960s up to the inception of Results Based Management approach. In 1960s, prominence was given to inputs measurement, where by methods such as Planning Programming and Budgeting System (PPBS) which mainly focused on financial planning were used. This was followed by Programme Management by Activity (PMBA) that was used between the 1970s and 1980s and it combined several strategies and practices borrowed from systems management and construction engineering. In the late 1960s, western governments made attempts in using target-focused performance indicators with approaches used in management such as Management by Objectives (MBO) (Meier, 2003).

In the course of 1990s public sector focus changed to issues of accountability and transparency, particularly proof for demonstrable and measurable results and at the same time greater demands for efficiency, effectiveness and impact. This contributed to renewed and increased attention on measuring performance through tracking set

indicators, this was in efforts to show money worth in public sector organizations. These changes led to the shift from inputs, processes, activities and outputs to outcome and impact accomplishment, ultimately leading to the emergence of Results Based management (Binnendijk, 2000). During this time, many countries in the developing world had different evolution of strategies within the public sector management as it was the case in countries of Latin America, Africa and Asia. This eventually prompted the need for new public sector management reforms that happened in the frameworks of organizational re-arrangements led by the International Monetary Fund and the World Bank after undergoing financial crisis (Larbi, 1999).

At the United Nations (UN) development systems, there has been increasing importance on results over the past decade. This increased emphasis on results measurement as part of the wider UN systems restructuring in pursuit of advancing consistency, accountability, efficiency and effectiveness of the system. This development confirms that Results Based Management has been part of its reform agenda for a long time. Consequently there has been greater efforts from the UN development system to develop and implement Results Based Management amongst the development organizations and at the national levels (UNDG, 2011).

At present, introduction and utilization of Results Based Management approach in programme management is still at initial stages in both developing and developed nations. The approach became a policy priority issue recently with the setting of Millennium Development Goals at the UN Millennium Summit in 2000. Additionally in March 2005, the Paris declaration on aid effectiveness gave an altogether new

direction to the focus on management for development results. This was through a pledge to decrease the number of countries without transparent and accountable Monitoring and Evaluation systems (OECD, 2008).

In Kenya, the approach was introduced recently. With the global push soon after the launch of the Economic Recovery Strategy (ERS) in 2004, the government of Kenya introduced Results Based Management in public sector services management. The sole objective was improving performance, governance and service delivery. The goal of this move taken by the government was to change the mindset of public servants to results in service delivery. It also helped focus results and efforts in achieving defined objectives and the targets prescribed in the ERS. With time, the government expected that the adoption of Results Based Management in the public sector will aid the ministries, departments and other organizations come up with clear and measurable performance objectives and indicators aligned to the ERS targets. It was further expected that there will be well outlined activities towards achievement of the objectives and help in defining the roles to be played by each government employee in the services delivery process. With this shift Results Based Management approach was seen as a tool to re-focus the operations in system for human resources and financial management. Ultimately this meant that more emphasis was to be placed on achievement of results and not just meagre observance of procedures. The change of focus to results required change of practices and procedures which had focus on processes to those focusing on achievement of results. (Obong'o, 2009). Eventually this was expected to reform the operations and management of public sector programmes in planning, implementation, monitoring, evaluation and reporting.

2.3 Components of Results Based Management

Results Based Management requires three elements for its effective implementation; system specific information, capacities, and incentives. These components are interrelated for effective programme management.

2.3.1 System Specific Information

On the system specific information, managers must have information on the organization's direction and the pathway thereof. Information specifies the expected results and the ways of measuring programme performance. In the recent past, enhanced approaches for identification and measurement of programme outcomes have been developed and disseminated broadly. The most important and useful management information is the one in which goals and objectives tell the staff and management the specific results the programme aims to achieve. Related information is the mapping of outcome-oriented objectives that demonstrate the programme's pathway of achieving the results.

Many organizations and programmes use strategic planning, benchmarking, annual target setting and continuous monitoring as information-oriented tools. Nevertheless it is good to note that accurate outcome information is not a guarantee by itself to produce better organizational and programmes performance. The reason for this is that it presents a risk for organizations and agencies to inaccurately assume that Results Based Management is almost in its totality based on the tracking of results. These assumptions may lead to programme management staff taking narrow look at results being reported and continue doing things the same way they have done before. The standalone tracking system in many occasions produces little impact, reason being that information about results just constitutes part of Results Based

Management and it does not always lead to improved outcomes if it is not linked to re-designed capacities and incentives. (Mayne, 2007).

The main challenge in system specific information component is the issue of selecting appropriate performance information and using it in decision making. This means knowing which information to be collected and how to use it is sometimes difficult. Results Based Management systems generate a lot of information that may overwhelm the users. Mayne (2007), noted that information overload has led to failure of Results Based Management systems.

2.3.2 Capacities

Capacities are important in the application of Results Based Management because once results information is made available, managers and staff require the necessary capacities to make use of this information. Information on results is of no value to programme staff who lacks the skills and training to be able to understand and utilize it. Consequently the information is of no use if the programme lacks the tools to manipulate results and improve performance. In the recent past, there has been major developments in organizations and programme management styles leading to staff empowerment. These developments have led to movement of decision making downwards. This makes it easy for programme and organizational staff to act on results information immediately after receiving it. For instance, a well-educated personnel combined with programme specific training enables staff to understand and utilize the information and use it in improvement of their work procedures and usage of Results Based systems. Advancement in communication, information and

technology enables staff to coordinate their efforts better to utilize and act on results information they receive (Meier, 2003).

2.3.3 Incentives

Results Based Management system should aim at providing the programme managers and staff with defined incentives in order to act on the system specific information and utilize the developed capacities. If a manager or staff notices a gap in results in terms of performance, but has no inspiration to take a corrective action the capacities and information are not useful. The culture of public sector management proposes several reasons why staff and managers may lack motivation to improve their performance regardless of being presented with results based information that encourages them to do so. These reasons are commonly shared by both private and public sector organizations and are inherent within individuals. For instance these reasons range from resistance to change, to lack of internalization and appreciation of results and how to track them. Also the inclination to pursue personal goals not related to achieving organizational results. Successful implementation of Results Based Management requires removal and overcoming of the most common hindrances. System implementers should purposely introduce reasons for managers and staff to be concerned about performance results. One of the ways is introduction of system embedded motivators aimed at producing alignment of goals, such that staff finds behaviours that lead to utmost rewards. This directly advances organization's results oriented goals and performance (Pazvakavambwa & Gertruida, 2014).

Lack of incentives is a challenge that cannot be ignored in the sense that failure to use appropriate incentives leads to discouragement for improvement of performance in an

organization. Financial incentives play a critical role in rewarding employees whose performance is exceptional well by enhancing their motivation to achieve more efficient performance. These incentives which include monetary and non-monetary values can be introduced at both individual and organizational level. This however may not yield results as experience shows that rewarding performance with money based rewards may look impressive, but its actual implementation is difficult. This could be as results of budget strains at the public sector organizations. Another threat is that financial motivators may result to dishonesty and distortion during information presentation (Swiss, 2005). Evidence and experience have demonstrated that organizational cultures that emphasize teamwork have more impact than monetary incentives of individual staff members as a form of motivation.

2.4 Principles of Results Based Management

Results based management employs six main principles for its successful implementation as stipulated below;

Accountability: the concept of shared responsibility has become recognized as a standard for measurement of programme effectiveness and efficiency, although there are concerns about actual implications. Mutual accountability means the independence of individual responsibility of parties working together toward shared outcomes. The implication to this is that the host countries are the principal owners and implementing agencies of development programmes and they are answerable to citizens for delivering on national development objectives. Results occurring at this level are mainly attributed to the government although this may sometimes be different and dependent on the country context.

National ownership of results: Ownership implies that every country takes sole responsibility for its own development. Achievement of sustainable development is greatly influenced by national policies and development approaches. In order for a country or programme to capitalize on national possession and authority, development programmes of countries must be based on national importance, policies and its citizen's needs. Results Based Management aims at ensuring that country wide ownership should go beyond few people to include as many partners as possible. In this regard, monitoring and evaluation activities, findings, recommendations, best practices and lessons learned should be entirely owned by those answerable for the results and at the same time make use of them. Without national ownership information gathered will never be used or very little use if any.

Inclusiveness: A strong Results Based Management process should aim at engaging all stakeholders as openly and resourcefully as possible. Mostly it should be on what they want to realize while encouraging them to establish themselves to accomplish what they have set as benchmark. This includes instituting a process for monitoring and evaluation of progress, and subsequent use of information for improvement of performance. Convincing evidence shows that sustainability of development programmes is more likely to be achieved when stakeholders are involved in every stage of the programme cycle from planning, to defining results and indicators, implementation, monitoring, evaluation and reporting (UNDG, 2011).

Evidence based learning and managing: using the results information to support programmes management is another aim of Results Based Management approaches. As noted by Meier (2003), in most organizations and programmes there is a tendency

for monitoring information to be used mainly for reporting purposes, but best practices point to the necessity to see monitoring results and information as evidence for decision making. Results information use involves identification and communication of best practices in programme planning and implementation.

Promoting and supporting a results culture: there are many ways of promoting a results culture in an organization. The best practices in promotion of a results culture are inclusion of programme managers at the various levels asking for results information in planning and programme management. It also includes having a results-oriented planning, financial allocation and monitoring and evaluation systems in place. This implies that both formal and informal motivators are required in programmes that support Results Based Management approaches. This includes giving programme managers independence to accomplish results and a liability system that identifies the challenges of management for results.

Results Based Management essentially is about practicing deliberate learning and borrowing lessons learned from the past performance then changing accordingly. This includes continuously organizing for forums where learning can be nurtured through information sharing. A results culture is also reinforced through internal Results Based Management capacity enhancement of managers and staff. The results culture is a clear and common vision which is important in managing programmes in addition to the roles played by the various parties involved in Results Based Management (Aly, 2015).

Transparency: A well thought out results monitoring framework is a good basis to improve transparency. This is because without actual monitoring and close examination of the results being accomplished, the Results Based Management approach will not actualize its objectives. There is a wide experience and understanding presented on measuring results. The best practice here is to make use of this understanding and put extra plans in place to control the quality of data being collected. Transparency calls upon measuring the results and costs associated with achieving the results for efficiency purposes. It is also necessary to evaluate the level at which reported results are attributable to a given programme (Mayne, 2007).

2.5 Empirical Evidence on Application of Results Based Management

There is diverse literature that supports utilization of Results Based Management in programme management. A review of experience on the application of the approach in the development cooperation agencies in the development assistance committee and Organization for Economic Co-operation and Development members, revealed that the main aim of Results Based Management systems in any organization or programme, is generation and use of performance information for accountability and reporting (OECD, 2013).

Binnendijk (2000), notes that Results Based Management approach at the programme level is divided into five phases: Formulating objectives, as part of project planning, the objectives should be made clear by defining specific and quantifiable statements regarding the results to be achieved at all the levels of measurement. The second phase is selecting indicators, where indicators are defined with the aim of monitoring the progress of programme implementation and accomplishment of results. Indicators

specify what to be measured and the relative importance of indicator types is likely to change over the project's life cycle. The indicators are measured as per the results chain, with more emphasis given at first to input and process indicators while shifting later to output then to outcome and impact level indicators.

The third phase is setting targets and deciding on baseline values to be collected for every indicator. This is essential for gauging whether there is progress or not. Monitoring programmes' progress through collecting data is the other phase, data is collected consistently and continuously at regular intervals. This involves collecting data on project operations, keeping good financial accounts and field level activity records and frequent checks to assess adherence to work plans and budgets. Lastly reporting performance data, this typically involves simple analysis and periodic reporting and updates that facilitates comparing actual results achieved against what was planned or the targets (Binnendijk, 2000). Although not all organization or projects use targets, nevertheless some may look instead for continuous progress and positive trends towards objectives and make comparisons with similar projects. This is because at times using targets tends to infer management responsibility for achieving them. While targets may be appropriate for outputs and possibly even outcomes their appropriateness for the impact measurement might be questioned (Kusek & Gorgens, 2009).

The concept of result in Results Based Management means that monitoring and evaluation in an organization or programmes essentially focuses on the higher level outcomes. This is because it is considered to be the continuous data collection and analysis to establish the progress against a set of objectives and goals. As noted by

Kusek and Rist (2004), if results are not measured it becomes impossible to distinguish success from failure. On another related note monitoring and evaluation is built into all levels of an organization and also at every stage of project cycle. Specifically it is based on key performance indicators that support systematic programme performance management. Hence Results Based Management assists in shaping tighter linkages between the use of resources and policy implementation (IFRC, 2011).

Introduction of Results Based Management approach appears to have been driven by two key purposes; management improvement and performance reporting that in other words means demonstration of accountability. In the first aim, the focus is on use of performance data and information for management, continuous learning and evidence decision making. For instance when managers routinely make changes to improve their programmes based on feedback on the results being achieved. In Results Based Management, budgeting funds are allocated across programmes based on results rather than inputs, processes or activities. In the second purpose, emphasis and focus shifts to holding managers responsible for accomplishment of specific planned results, then transparent reporting of those results. In practice programmes and organizations are likely to prioritize one of these objectives. To a large extent these purposes may be conflicting and involve different management strategies and systems (Binnendijk, 2000).

Evaluation permits managers to make decisions informed by evidence and plan strategically since it builds knowledge for institutional learning, policy making, development effectiveness and organizational efficiency. Evaluation should be taken

as part of an ongoing exercise in which various stakeholders and partners participate in the process of generating and applying evaluation results. Results based reporting is one of the key challenges of Results Based Management since many are the times when reports do not sufficiently tell the story of the changes that interventions are having. Reporting in Results Based Management approach seeks to shift attention and focus away from activities to communicating important outcomes and impacts that a programme has achieved (Gregorio, 2009).

According to Mayne (2007), the main challenges in implementing Results Based Management at all levels of government in both developing and developed countries are organizational and behavioral in nature. The challenges are divided into two distinct types; organizational and technical challenges. Some of the challenges affecting the implementation of Results Based Management for instance is the problem of developing a results oriented culture in a public sector organization. Mayne (2007), further noted that the effective implementation of Results Based Management depends on an organization's ability to create a management culture that focuses on results. However literature shows that very often reforms encounter resistance as it is difficult for individuals in organizations to change their management behavior.

The main reason for the resistance to change of managers and staff is that they become comfortable and accustomed with the usual ways of doing things and additionally they are satisfied with the current state and are therefore not motivated to improve their performance. A World Bank (2011) report on implementation of Results Based Management in Thailand states that, if Results Based Management

systems tries to measure everything without selectivity, then it will end up measuring nothing. Selectivity implies that some information in the programmes will not be collected or reported. This implies that it takes years for organizations to define which data is required and worth collecting.

A deep rooted challenge as noted by Mayne (2007), is the problem surrounding the measurement of outcomes. This is where by significant measurement of outcomes and impacts is difficult and many programmes struggle to come up with realistic and reliable indicators. This makes it impossible to measure everything and organizations believe that it is difficult to develop performance measures in complex services such as education and health care. Another challenge surrounding measuring achievement is that attention is given to what is measured and reported than the quality of deliverables. For instance a situation where focus is on the time it takes to provide a service could lead to staff focusing on the speed of service delivery at the expense of delivering service of a high quality (World Bank, 2011).

To implement Results Based Management successfully, organizations must have ability to create a management culture that is focused on results. This requires more than the adoption of new administrative and operational systems. An emphasis on outcomes requires first and foremost a results-oriented management culture that will sustain and encourage the use of the new management approaches and practices. The public sector traditionally has had an administrative culture that emphasizes on measurement of inputs, activities and outputs. Whereas a results oriented culture is focused on managing for the achievement of outcomes. This means that organizations

have to establish a set of desired values and behaviors and take actions to foster these while avoiding the undesirable ones (Meier, 2003).

In order to achieve results that last, it is essential for an organization to have good links and partnerships with a range of organizations. The purpose of the partnerships should be clear and the various partners should be engaged in the programme activities. Results based monitoring and evaluation system is an integral part of Results Based Management. For effective implementation, the system should be results oriented and the staff should be involved in the system in terms of data collection and reporting. Results based monitoring and evaluation system should facilitate strategic planning, regular data analysis and review and performance measurement to inform programme implementation (Spreckley, 2011).

In the application of Results Based Management approach, programmes are designed, planned and implemented using an approach where all stakeholders are involved throughout the project life cycle. Expected results must be mutually defined and agreed upon through a consensus building process involving all major stakeholders. This enhances stakeholder's sense of ownership and subsequent commitment to continuous performance assessment, annual performance appraisal, programme adjustments and annual work planning. Within a Results Based Management context, performance measurement is customized to respond to the performance information needs of programme managers and stakeholders. Performance measurement should be more result oriented because the focus is on measuring progress made toward the achievement of developmental results (Vahamaki, Schmidt & Molander, 2011).

2.6 Summary of literature review

From the literature reviewed, Results Based Management approach is built on 3 components; system specific information, capacities and incentives. These components are interrelated and important for programme management (UNDG, 2011). Further the approach is applied at every stage of the programme implementation. The results and outcome orientation is the main focus in Results Based Management. The evolution of Results Based Management paradigm shift where the focus of monitoring and evaluation changed from inputs to outcome and impact level results. As a result of this, programmes are able to report in a transparent manner and be able to demonstrate accountability if they apply Results Based Management approach.

The literature reviewed in relation to this study is largely from the United Nations where Results Based Management approach was pioneered, it is evident from literature that there remains challenges in its implementation and application, which has been attributed to organizational and structural arrangements. At the United Nations the results towards enhanced effectiveness from Results Based Management systems are still disappointing despite its implementation for several decades. Literature on two components of the approach; specific information and capacities is presented clearly and adequately. Lavergne (2002), discusses the role played by a results based monitoring and evaluation on enhancing organizational accountability and transparency. There is limited literature on the incentive component in the context of programme management, however Pazvakavambwa and Gertruida(2014), discussed the importance of having an effective incentive system in the context of public administration.

Literature on finding from other studies presented in this chapter shows that Results Based Management approach is narrowly perceived as a management tool instead of being seen as a tool that supports programme implementation from planning, implementation, monitoring, evaluation, reporting and decision making. This can be attributed to lack of the required capacity to implement the approach. In Kenya, few studies have been carried on the application of Results Based Management approach, two studies recommended further study and documentation on Results Based Management strategy implementation especially at the sphere of large programmes that are implemented over long time.

Most of the literature presented is from studies done at the UN whose findings present real challenges in implementation of Results Based Management approach. These challenges are attributed to lack of required capacities. In fact no study has focused on the implementation of Results Based Management at Tuberculosis Leprosy and Lung Diseases Program. Hence, this study will be a good case in this context. This study had sought to comprehensively conduct an assessment of NTLDP in Kenya to find out to what extent the program has the capacity to implement Results Based Management approach. This was important in understanding how the program functions in terms of planning, implementing and reporting on its interventions to support decision making at different levels in the Ministry of Health.

2.7 Conceptual Framework

The study adopted the Results Chain framework as the guiding framework as applied in Results Based Management systems to support the 3 components. Results chain

approach seeks to advocate for a process that will facilitate a plan of clear logical process to manage programme implementation. The concept behind results chain is that the process of programme implementation should generate unbounded sequence of outcomes with the aim of achieving the desired results. The implication is that planning starts with a very clear view of the programme purpose and outcomes, then identification of indicators of success with specific benchmarks and targets. Then programme implementation starts from inputs to the outcomes. Results Based Management emphasizes that monitoring and Evaluation of this process should be kept in the focus (Spreckley, 2009).

The results chain presents a link between inputs, activities, outputs, outcomes and impact. At every level of the results chain there is planning for results presented as a collective and participatory function, this planning should be guided by clear organizational vision and partnership within an organization. All staff should be part of the larger visions towards achieving the results. Then a results based M&E guides the implementation and reporting of the results at different levels.

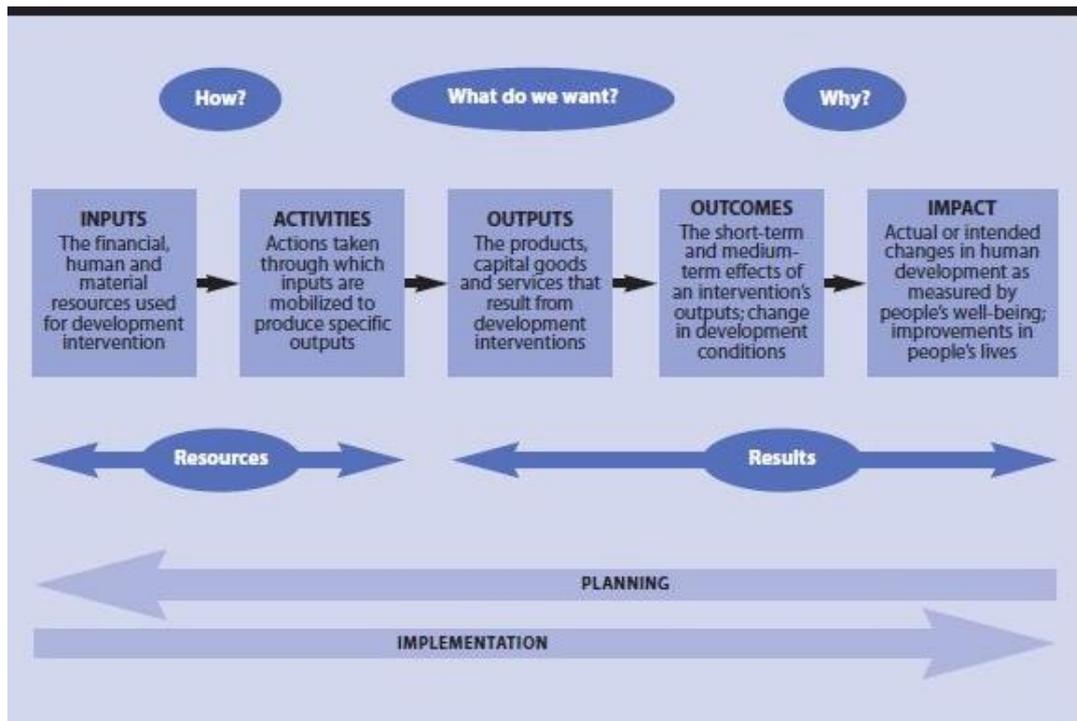
The results chain approach links the 3 components of Results Based Management to the actual achievement of an organization results. For an organization to achieve the desired results, under system specific information there should be clear organization direction, and a clear partnership strategy. Under capacities the staff should have the required capacities in terms of training, job descriptions with clear measurement of effectiveness in their performance and a results based M&E system should be in place. For incentives managers and staff should be provided with motivators both

monetary and non-monetary incentives. This will make it necessary to act on the information and act on the capacities.

For the purpose of this study, capacity assessment grid was adopted as the tool to guide the assessment, the grid was developed by Regional Aids Training Network (RATN) as one of the tools to be used to assess capacities of organizations to implement Results Based Management approach. The grid has headings to measure the various elements of the Results Based Management components. This can be used to identify those particular areas of capacity that are strong and those that need improvement in order to apply Results Based Management approaches successfully.

The grid proposes scoring an organization on each component of organizational capacity by selecting a text that best describes the organization's status of performance. For instance under organizational direction the capacity assessment grid focuses on the organization and its structures in terms staff and stakeholders and how they support the shared values. For partnership strategy the grid assess if there is good links and partnerships with a range of other organizations including the purpose of these partnerships. For human resources and skills the grid assess the job descriptions of staff and how each member is supposed to achieve the shared results. On Results Based M&E system the focus is on the use of information generated by the system, and if the system is results focused with involvement of all programme staff. The presence of staff motivators available is also assessed across the grid (Spreckley, 2011). The framework is presented in the 2.1.

Figure 2. 1 Results Based Management Results Chain



Source: (Spreckley, 2011)

2.8 Operational Framework

The study operationalized the 3 components of Results Based Management approach as presented in the capacity assessment tool kit by Regional Aids Training Network (RATN). The tool kit proposes a grid to be used as a tool to assess capacity of organizations to effectively implement Results Based Management approach. The capacity assessment toolkit summarizes the components in a scoring grid, for instance an organization should have a clear organization direction in terms of the purpose and objectives of the programmes, then a partnership strategy should guide how to involve the various stakeholders in the planning, implementation, monitoring and evaluation of the programmes. The study focused on the three components of Results Based Management. The components are supported by the Results Based Management capacity assessment grid and operational indicators as presented in Table 2.1

Table 2. 1: Operationalization Summary

S/no	Elements relating to System Specific information component	
	Sub-component	Operational Indicators
1.	Organizational Direction	Clear overall strategy and objectives.
		Clarity of purpose for results based approaches and achieving the results.
		Performance targets and indicators in place.
		Performance a shared value.
2.	Partnership Strategy	The Program maintains a local and national strategy on Results Based Management.
		Stakeholders are involved in planning.
		Partnerships and alliances involved in implementation.
	Elements relating to Capacities component	
	Sub-component	Operational Indicators
3.	Human Resources and skills	The program is adequately staffed.
		Each staff has a clear job description.
		The program pursues personal and interpersonal effectiveness.
4.	Results Based Monitoring and Evaluation	There are indicators in place to measure performance.
		There is a plan for continuous data collection, analysis and reporting in place.
		The program has a results framework.
		Operational and strategic planning is informed by data and information.
		There is a plan for regular review and feedback.
	Elements relating to Incentives component	
5.	Intrinsic motivators	Staff goals are clear and they self-direct their efforts. Staff are able to judge their own achievement.

		There is a system to provide feedback on the actual results and outcomes as per the goals.
6.	Nonmonetary extrinsic rewards and sanctions	Staff performance is recognized through praise, titles, plaques, and symbols.
7.	Extrinsic motivators require money	There are cash rewards for the staff who achieve results.
		Promotions based on performance (achievement of results).
		Salary increment is based on performance (achievement of results).

Source: (Spreckley, 2011)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the methods and procedures that were used to collect data and describes how the data was managed. The chapter includes the research design, the target population, sampling procedure, data collection methods and methods of data analysis.

3.2 Research design

To conduct the assessment, the study employed a case study design. Gerring (2004), defines a case study design as an all-inclusive study on a single unit with the aim of understanding a larger class of similar units. This design allowed the study to describe the capacity of National Tuberculosis Leprosy and Lung Disease Program to apply Results Based Management approach. Case study design allows for use of mixed methods in order to validate evidence on how a unit of a system functions. The National Tuberculosis Leprosy and Lung Disease Program is a unit in this case representing many systems in similar setting. Evidence for case study research can emanate from different sources; fieldwork which is actual data collection, archival records and document reviews, observations, verbal reports, or any combination of these.

3.3 Source of data

Source of data refers to the specific population from which information was collected from. The target population for the study was the program staff of NTLDP. This

included head of sections, program implementing officers and monitoring, evaluation and research officers. These staff were selected because of their role in programmes planning, implementation, monitoring and evaluation. Secondary data was also gathered from review of various program documents.

3.4 Sampling procedures

Non-probability sampling was used in the study, which is considered as a range of methods where the probability of selecting study units and subjects is not known and the selection is done according to the researcher's judgement. (Creswell, 2014). The study utilized purposive sampling to select staff who participated in the interview. The rationale for the sampling procedure was to get respondents who are involved in planning, implementing, managing, monitoring, evaluation and reporting in the program. The study targeted to interview the head of program, the deputy, 7 program implementing officers and 8 monitoring and evaluation officers.

3.5 Data Collection Methods

The study employed mixed methods as noted by Zohrabi (2013); both qualitative and quantitative data was simultaneously collected, analyzed and interpreted. It is believed that using different types of procedures for collecting data and obtaining information through different sources can enhance the validity and reliability of the research data and their interpretation. The study utilized two data collection tools; a checklist and an interview guide to collect both qualitative and quantitative data. The checklist was used to gather information from secondary sources by means of document review. The checklist collected information on the sub-components of the three main components of Results Based Management approach. The checklist was adopted from

capacity assessment toolkit, where scores are presented in an assessment grid. There is a scale to score each sub-component of the 3 components under review in this study.

There are statements to measure the level of scoring. The scale is between 1 and 4 where;

1. 1 means there is a clear need for increased capacity.
2. 2 means there is basic level of capacity in place.
3. 3 means there is moderate level of capacity in place.
4. 4 means there is high level of capacity in place.

The scores recorded at the checklist were summarized in a scoring sheet and taking the overall score per sub-component and dividing by the total number of indicators, a final score for each component was determined based on the average score achieved.

Document review facilitated gathering background information that was used in determining the scores for each indicator in checklist. The information was also used to make inferences during results presentations in prose. This information gathered from document review was in line with three components of Results Based Management.

The interview guide facilitated data collection through structured interview with the program staff. The information gathered was useful also as it complemented information to score the checklist. Information gathered through the interview guide helped the researcher gain insight and context into the study by gathering supplementary qualitative data in terms of quotes, suggestions and ideas from the program staff on the sub-components of the 3 components of Results Based

Management approach. Specifically in areas where there was information gaps from document review for instance on the component of incentives, the researcher's discussions with the staff interviewed bridged the gaps.

3.6 Methods of Data Analysis

Both qualitative and quantitative data analysis method was employed to analyze the data. Qualitative data analysis sought to respond to the objectives of the study, this helped understand why for example there might be some gaps and challenges in the level of capacity within NTLDP in the application of Results Based Management. Qualitative data analysis involved content analysis where coding of interview guide responses was done according to the key themes of the 3 components of Results Based Management. This was done by picking the common answers from the key informant interviews and then aligning them to each component assessed. This was done by reviewing and summarizing of the interviews across different responses. This approach allowed for analysis of similarities and differences between respondents and comparing it with the quantitative data summarized from the checklist.

Quantitative analysis was achieved with data from the assessment checklist summarized, where scored values from the capacity assessment grid was summarized in the scoring sheet to generate a score for each indicator along the grid, then summarized per each sub-components by getting an average then lastly having an average score for each component that was interpreted as per the scoring criteria. Analyzed quantitative data was presented in frequency tables with mean scores. This sought to respond to objectives of the study for instance understanding why some practices are not as per the components of Results Based Management. This was achieved by entering the summary scores into Microsoft excel and presenting

summary tables with average score for each sub-component and eventually the components. Analyzed quantitative data helped in explaining the findings on the strengths, challenges and weakness in the capacity to apply Results Based Management. These scores were summarized and aggregated in a table showing the score for each indicator, each sub-component and an average score for each component.

CHAPTER FOUR

CAPACITY OF NTLDP-KENYA TO APPLY RESULTS BASED MANAGEMENT APPROACH

4.1 Introduction

This chapter presents study results which are in line with the objectives of the study. The chapter presents the results and findings from the study on each of the three components of Results Based Management. This is presented further in the sub-components of the main component. The chapter explains the level of capacity of NTLDP-Kenya to apply results based management as per the findings. Findings from both review of documents using checklist and discussion with the program staff have all been synthesized to give an overall picture on the capacity of National Tuberculosis Leprosy and Lung Disease Program Kenya to apply Results Based Management approach. For the interviews the study had targeted to get information from 17 staff as key informants, however the researcher managed to reach 13 respondents. Table 4.1 summarizes the number of respondents who participated in the interview.

Table 4. 1: Distribution of Respondents; number and their section

S/No	Section	Number interviewed
1	Commodity	1
2	Policy and Planning	1
3	Prevention and Health Promotion	2
4	Monitoring, Evaluation and Research	7
5	Care and Treatment	1
6	Finance and administration	1
Total		13

Source: Researcher, 2017

4.2 System Specific Information Component

This section presents the results for the system specific information component of Results Based Management approach. The study sought to determine the strategic information measures specified for NTLDP. For this component, findings are presented as per the two sub-component; organizational direction and partnership strategy. Literature on the indicators used for the assessment is presented in chapter two. The results presented includes the analysis of data from the sources as described in the methodology section. For the system specific information, the study established that the program has a high level of capacity in place for this component. The scoring summary is presented in Table 4.2.

Table 4. 2: System specific information component scoring

S/no	Sub-component/Component	Score	Meaning of the Scores
1	Organizational Direction	3.75	1 is clear need for increased capacity 2 is basic level of capacity in place 3 is moderate level of capacity in place 4 is high level of capacity in place
2	Partnership Strategy	3.33	
3	System Specific information Component mean score	3.54	

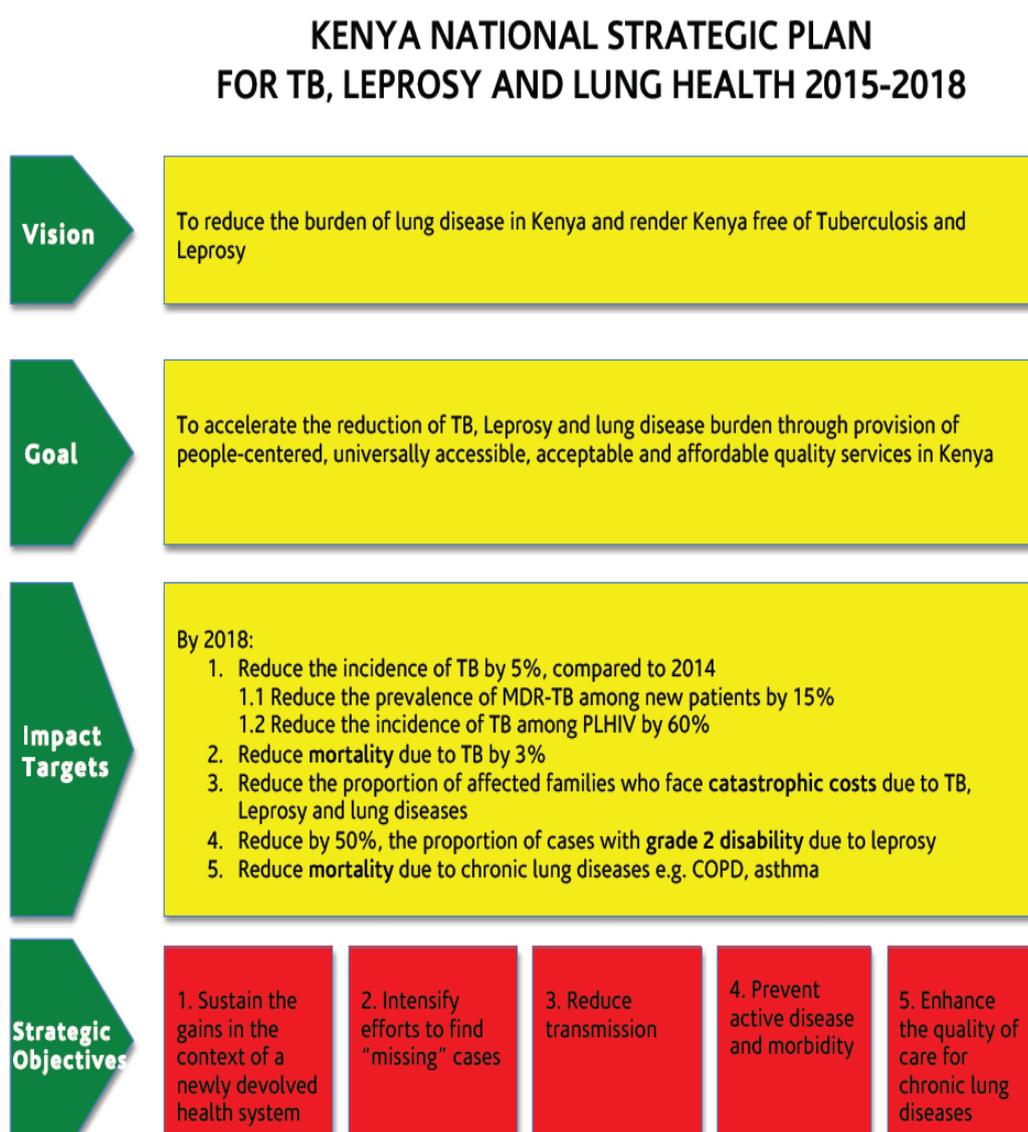
Source: Researcher, 2017

4.2.1 Organizational Direction

Study results from the document review and the discussions, indicate that the program has a clear strategic plan. The current strategic plan covers the period 2015 to 2018. This strategic plan has a vision, mission, strategic objectives, program implementation plan, program monitoring, and evaluation of the program activities. Further findings revealed that section work plans are drawn from the larger program strategic plan.

The plan guides program management. The strategic plan is presented with clear vision, goal, impact targets, strategic targets and performance indicators which are very clear.

Figure 4. 1 Illustration of the Kenya 2015-2018 National Strategic Plan for TB, Leprosy and Lung Disease Program



Source: 2015-2018 Kenya National Strategic Plan for TB Leprosy and Lung Disease Program.

Further to the strategic plan, the findings revealed that there is a common understanding among the program staff on what the program should achieve. This was supported by the review of documents that shows that each section pursues activities towards implementation of the strategic plan, although the link of some sections' activities to the M&E system is somehow weak.

4.2.2 Partnership Strategy

Study results from the document review and the discussions, indicate that the program has a very robust partnership strategy guided by the Public Private Mix (PPM) model guidelines. These guidelines defines each partners' role and states the level of partnerships in the program. This calls for involvement of a wide range of partners at each stage of the program cycle. Further findings indicate that there is a partnership strategy cascaded down from the national level at the Ministry of Health down to the program. It is clear that the program follows this as they engage both private and public partners.

The program engages their partners at all the levels of the program implementation. From planning to implementation, monitoring, evaluation and reporting. Most of the program activities are implemented in consultations with the program partners. The study findings revealed that the current strategic plan was developed with consultative efforts, funding and assistance from the following partners; Center for Health Solutions (CHS), Center for Disease control and prevention (CDC), USAID, WHO-Kenya and KEMRI among others. There is evidence of stakeholders' involvement in monitoring, evaluation and reporting. For instance, the latest two annual reports were compiled by consultative efforts from different partners.

The results further revealed that the program involves wide range partners from both private and public sectors in almost all program implementation aspects. These partners are at National level down to the counties, donors, International Non-governmental organizations, and civil society organizations. The findings revealed that these partnerships are long-term whose results feed to the strategic objectives, impacts targets towards achievement of the program goal and vision. Table 4.3 shows the partners the program is currently working with and their roles.

Table 4. 3: Partners the program is currently working with and their roles:

S/no	Role played by the partners	Partners
1	Resource mobilization and Funding	Global Fund to Fight AIDS, PEPFAR, Tuberculosis and Malaria, Center for Disease Control and Prevention, USAID, JICA, UNICEF, WHO-Kenya.
2	Technical assistance	TB Alliance, PATH International, Childhood TB alliance
3	Advocacy	Center for Health Solutions-support activities relating to communication and TB messaging. STOP TB Partnership-works with the program to ensure that there is political and private sector involvement in the program activities.
4	Treatment of patients	Private Hospital, Mission and Faith based Hospitals, government health facilities.
5	Diagnosis of Patients	Kenya Medical Research Institute
6	Implementation of Program activities	Counties and sub-counties

Source: Researcher, 2017

4.3 Capacities Component

This section presents the results for the capacities component of Results Based Management approach. The study sought to assess the capacities developed for NTLDP staff to act on the outcome-oriented information. For this component, findings are presented as per the two sub-component; human resources and skills and Results based monitoring and evaluation. Literature on the indicators used for the assessment is presented in chapter two. The results presented includes the analysis of data from the sources as described in the methodology section. For the capacities specified for NTLDP staff to act on the outcome oriented information, the study established that there is moderate level of capacity in place. The scoring summary is presented in Table 4.4.

Table 4. 4: Capacities component scoring

S/no	Sub-component/Component	Score	Meaning of the Scores
1	Human Resources and skills	2.5	1 is clear need for increased capacity
2	Results Based Monitoring and Evaluation	3.8	2 is basic level of capacity in place 3 is moderate level of capacity in place
3	Capacities Component mean score	3.15	4 is high level of capacity in place

Source: Researcher, 2017

4.3.1 Human Resources and Skills

The study findings revealed that the program is inadequately staffed, with some sections' key positions not occupied. Further two sections (Policy & Planning, Prevention and Health Promotions) reported that they don't have enough staff.

Specifically it was found that Prevention and Health Promotion section needs a communication officer who will assist in designing messages for radio, Television and other media and also in designing internal materials like facts sheets, infographics and assist in disseminating these materials.

“At the moment my section is understaffed, I require a communications officer who will manage media engagement when it comes to designing, writing and dissemination of health messages” (Section head; Prevention and Health Promotion).

The study findings further revealed that there has been recent transfers of staff to other national programs and no replacement has been done. For instance, currently the position for deputy head of program is not occupied as the program is waiting for the Ministry of Health to fill it. Other positions needs to be created to meet different program needs as reported by the respondents.

The study findings indicate that the program comprises of staff employed by the Ministry of Health through the public service commission and contracted staff through the funding of Global fund. The staff employed by the Ministry have a clear job description. The job descriptions are reviewed on annual basis. Some of the staff on contract expressed concerns that they don't have any written job description and have been working for the program close to 3 years. They stated that somehow they have established their own roles and responsibilities but not documented formally yet.

“I don't have a written job description, when I was employed I was just posted without any formal job description, but over the 3 years I have established my roles in the program although not yet formally documented” (Monitoring and Evaluation Officer).

Further findings from the review of documents revealed that all the section heads ensure that the staff under their supervision deliver the work plan as stipulated. The head of program ensures that all the staff in the program are delivering on the goals and strategic objectives as per the strategic plan. There is a mid-term review of the strategic plan, the current strategic plan 2015-2018 was reviewed in February this year. The study observed that this is the main review for the program to gauge how well they are doing in the implementation of the plan. The review is guided by monitoring and evaluation data from their system to arrive at performance against the impact indicators targets.

The program also holds an annual program review involving all the stakeholders and partners. In fact at the time of data collection the national review meeting was being planned to start on November 8 -17, 2017. At staff level performance measurement, each section head holds continuous one on one meetings with the staff under their supervision to review their performance against the section work plans and individual work plans. This ensures that their performance are kept on track towards achievement of their defined results.

The Ministry of Health has a policy to ensure effective service delivery through performance contracting that contains performance targets per staff. An annual performance appraisal is done against the agreed performance and each staffs is rated as stipulated in the form. The performance appraisals are guided by the larger strategic plan and individual targets set at the beginning of fiscal year. There are planned monthly and quarterly individual and section progress reports on the implementation of the planned activities. Each section submits a monthly and

quarterly work plans to the head of program. These plans are mapped to the operational plans of the strategic plan. In the operational plan there are specific activities to be implemented by the program per thematic areas.

4.3.2 Results Based Monitoring and Evaluation System

The study findings established that the program has an elaborate M&E results framework anchored on the program strategic plan. The framework is very extensive in terms of the Monitoring, Evaluation, Reporting and Research of the Program. The M&E results framework gives a logical plan for the program implementation at the 5 levels of measurement identifying the inputs, processes, output, outcome and impact of the program.

Further findings from the review of documents indicate that that the program has set clear, specific, realistic, measurable and achievable indicators to measure its performance. The program has also identified and defined impact indicators which are very key. Outside the impact indicators there are other key indicators to measure the performance at output and outcome levels. There are targets to be achieved against each indicator, there is a very clear logic between the indicators and the activities being implemented.

The study established that the program has a stable routine electronic surveillance system christened TIBU that aids all program data management. The system is managed at the National office by an Information Communication and Technology officer who is also trained in M&E. The system is implemented at county and sub-counties where the coordinators collect case based datasets from the registers at the

health facilities and community using nationally designed tools by the Ministry of Health, this data is uploaded to the system using tablets, then the officers at the national office receive an aggregate data as the system is configured to aggregate the total.

Review of the TIBU system indicated that the collected data can be mapped from facility, sub-county and to the county levels. There is also a plan to collect periodic data for instance the program commissions short-term surveys for specific needs for example active TB case finding studies, catastrophic adherence studies, prevalence surveys, treatment success rates surveys among others. This type of data collection can be implemented using special tools and methodologies agreed upon by the Monitoring, Evaluation and Research teams with the key staff leading a certain survey.

Review of documents revealed that the program follows the World Health Organizations guidelines on analyzing data for the various indicators. The M&E officers being the custodian of all the information fed to the system they take lead in summarizing the data received from the county coordinators. The analysis feed to the progress reports. The program produces annual report guided by the operational plan of the strategic plan. Data is analyzed in clusters like certain county data, or sub-county and this data is fed into the performance of the program by tracking achievement on outcome and impact indicators. The study revealed further that there were mechanisms that were in place like 5 years ago where the MER team would produce a quarterly program brief bulletin. However this has not been the practice in the recent past.

“Five years ago, the Monitoring, Evaluation and Research section would occasionally produce brief program bulletin, this was a very efficient and timely way of program updates, this is a practice that stopped and I would like to see this re-engineered” (Section head; Prevention and Health Promotion).

The study findings established that there is extensive data and information use within the program. For instance from the data analyzed in county-clusters the program is able to tell which counties are not performing well in terms of achieving their targets. Data emanating from the program is used to determine epidemiological burdens especially for TB since analysis is done on the trends and clustered per county. If one county has high epidemiological burden, the coordinators are invited for a meeting to discuss and contribute to the designing of the interventions need to be put in place to ease the burden in those counties.

Data from the M&E system is used to make timely decisions in terms of the day to day implementation and even at long term some decisions also touching on policy development and revision. For example in July 2016 the Ministry of Health phased out the use of streptomycin as a drug to treat TB in the country, this decision was informed by the program data that showed evidence that this drug was causing resistance. It was further established that during procurement of commodities data is used to justify the consumption of all the commodities used at the counties and sub-counties by the program. Also data and information is used to justify funding from donors in that they have to submit reports on the implementation of activities each donor supported. All these reports are compiled using data from the M&E system of the program. Data and information is used to inform several surveys carried out by the

program, for example the program carries out prevalence surveys on the focus diseases of the program these surveys use data collected by the program.

Further findings from review of documents revealed that the program relies heavily on data and information to communicate health messages to the general population. These messages are designed using statistics from the system and disseminated to the public through radio, television and print media. Information is used within the program during work planning for target setting, benchmarking and budgetary allocation, data supports these administrative and program functions in justifying the budget requirement for each section as per the needs evidenced by data from the M&E system. As a national program, a lot of data generated is used to guide policy making by the Ministry of Health. Treatment guidelines development and revision also relies heavily on program data and information.

Study findings established that there is a clear plan to review performance within the program, the review of the strategic plan is the main review of the program performance. The study established that the strategic plan is reviewed at mid-term. During this meeting the program reviews their performance against the set indicators and targets. All the program's partners and stakeholders are invited for this meeting including the county and sub-counties coordinators and even representatives from the Ministry of Health. The program undertakes an annual performance review also based on review of the operational plans per thematic areas of the program.

These meetings mainly includes the county and sub-county coordinators, national program staff and stakeholder from community implementers. The review is guided

by performance as informed by achievement per targets indicators. Recommendations from these reviews help the program to refocus the interventions in areas where they are not doing well. There are also monthly sections review meetings that are largely internal as they don't involve the partners. The reviews are aimed at looking at the performance per data generated and also the section work plan achieved versus planned. The program staff conducts support supervision to the counties and sub-counties where they give feedback based on the analyzed data. During these supervision visits they give feedback on the areas of the program working well and those that need improvement.

4.4 Incentives Component

This section presents the results for the incentives component of Results Based Management approach. The study sought to determine the incentives provided to managers and staff at NTLDP to act on information and use the developed capacities. For this component findings are presented as per the three sub-component; intrinsic motivators, nonmonetary extrinsic rewards and extrinsic motivators that require money. Literature on the indicators used for the assessment is presented in chapter two. The results presented includes the analysis of data from the sources as described in the methodology section. For the incentives provided to the staff at NTLDP the study established that there is basic level of capacity in place. The scoring summary is presented in Table 4.5.

Table 4. 5: Incentives component scoring

S/no	Sub-component/Component	Score	Meaning of the Scores
1	Intrinsic motivators	2.5	1 is clear need for increased capacity. 2 is basic level of capacity in place. 3 is moderate level of capacity in place. 4 is high level of capacity in place.
2	Nonmonetary extrinsic rewards and sanctions	2	
3	Extrinsic motivators require money	1.3	
4	Incentives Component mean score	1.9	

Source: Researcher, 2017

4.4.1 Intrinsic Motivators

Results from review of documents and discussions revealed that staff employed through the Ministry of Health have individual performance goals. These goals are set at the beginning of each fiscal year during appraisal and performance contracting. However the study established that these goals are only referred to during appraisal period. The study further established that there is no formally established feedback mechanism to staff on their performance. However the appraisal process require that every supervisor should regularly monitor the performance of those working under them and provide them with feedback on areas performed well and those that require improvement. This is not largely practiced as the staff receive feedback only at the end of year during appraisals.

4.4.2 Nonmonetary Extrinsic Rewards

The study findings revealed that there is no formally established system to facilitate nonmonetary rewards to staff. Although there are few informal and inconsistent mechanisms that are in place. These includes; verbal recognition where the staff

receives a verbal general comments on work well done. Supervisors and the head of program can send emails occasionally recognizing a staff or a section that has done exemplary well. Other forms of recognition are where a staff is accorded a higher responsibility in the program. Rarely do staff receive letters in recognition of their exceptional performance.

4.4.3 Extrinsic Motivators that Require Money

The study findings established that currently there is no money based rewards whatsoever. However there was evidence that staff are facilitated with enough funds to carry out the program activities, especially where they receive periderms when implementing outside the office activities. The study further established that promotions are done according to the government policies and are not tied to the staff's performance. Ideally all the government staff should be promoted every three years. Also promotions are pegged on a certain level of education and also on the experience gained after working in a certain position that qualifies a staff to be promoted to the next job group. However this has not been the practice since introduction of the salary and remuneration commission. This commission controls the salaries of public servants and this delays promotion because ideally once promoted a staff should receive salary increment. The study established that the staff employed through a contract by global fund don't have a provision for promotion terms in their contracts hence promotion is largely not applicable for them.

When it comes to staff salary increment the study established that those staff on contract have their salaries fixed and there is no provision for any salary increments. For those employed by the Ministry of Health there is policy for an annual salary

increment based on the government policy. Where there are set percentages per each job group. Sometimes salary increment is done based on negotiated CBAs between staff union representatives and the Ministry of Health. It was established that salary increment is never based on staff performance.

4.5 Overall Capacity of NTLDP Kenya to Apply Results Based Management

This section presents a summary findings on capacity for the NTLDP to apply Results Based Management approach. The results are presented under the three components of System specific information, capacities and incentives. The study sought to assess the capacity of NTLDP to apply Results Based Management approach. Literature on the indicators used for the assessment is presented in chapter two. The results presented includes the analysis of data from the sources as described in the methodology section. The findings revealed that there is moderate level of capacity in place for NTLDP to apply Results Based Management approach. The scoring summary is presented in Table 4.6.

Table 4. 6: Components scoring summary

S/no	Component	Score	Meaning of the Scores
1	System Specific information	3.54	1 is clear need for increased capacity
2	Capacities	3.15	2 is basic level of capacity in place
3	Incentives	1.9	3 is moderate level of capacity in place
4	Overall Score for NTLDP	2.8	4 is high level of capacity in place

Source: Researcher, 2017

In terms of system specific information the study established that there is high level of capacity in place to apply Results Based Management approach. This is demonstrated by a clear organizational direction. The program has a strategic plan in place that expresses the purpose of the program. The program involves a wide range of partners in its implementation and this is guided by a partnership strategy cascaded from the Ministry of Health and a program level guidelines referred to as Public Private Mix (PPM). However the Results Based Management national policy was found to be weak in that the Ministry of Health does not regularly send circulars to the program requiring use of the approach in program implementation.

For the capacities component the study established that there is moderate level of capacity in place. The program's Monitoring and Evaluation system is robust with an elaborate results framework with clear indicators and targets. There is a stable information management system that supports data collection and analysis. The study revealed that there is evidence of data and information use within the program to decision making, activities design and guiding policy revision and formulation. However the human resources and skills is weak in that the program is inadequately staffed. Some sections reported that some positions were not occupied. Generally there has been high rate of staff transfers from the program to other national programs. Some of the key positions are not currently occupied at the moment the position of deputy head of program is not occupied.

For the incentives component the study established that there is basic level of capacity in place. This component was found to be the weakest of the three components. Although each staff set their performance goals at the beginning of the year, largely

there is no feedback mechanism in place to provide staff with update on the implementation of their individual goals. The study further established that there is no formally established system in nonmonetary forms to rewards staff's performance. The study established that there are is no money based rewards at the program. Promotion and salary increment is based on a government policy that is not pegged to individual performance.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, conclusion and recommendations from the study. The chapter begins by summarizing findings of the assessment of capacity of NTLDP Kenya to apply Results Based Management. Conclusion on the on the capacity based on findings on each category and the three components of Results Based Management as assessed and finally recommendations made for the program on policy and programme management. The chapter concludes by recommendations for further research.

5.2 Summary

The study was conducted to determine the level of capacity of NTLDP- Kenya to apply Results Based Management. Specifically the study sought to determine the strategic information measures specified for NTLDP, to assess capacities developed for staff to act on the outcome oriented information and determine the incentives provided to managers and staff by Results Based Management system to act on information and to use the developed capacities. Mixed methods approach was used to collect and analyze data for the study. Quantitative data was collected using a checklist whose scores were summarized in a scoring sheet. The checklist was presented in a form of a grid adopted from the Results Based Management capacity assessment toolkit by Regional Aids Training Network (RATN). Qualitative data was collected through documents review and key informants interviews with program staff. These interviews were guided by a discussion guide. The study was guided by

the results chain framework that links organizational results to the three components of Results Based Management. This framework was operationalized into 7 categories discussing all the three components of Results Based Management.

The study revealed that there is moderate level of capacity at NTLDP-Kenya to apply Results Based Management approach. Overall, the program staff are generally aware of Results Based Management approach and its introduction to Kenyan Public sector in 2004. Some of the practices are supported by the approach. For instance performance contracting and annual appraisals are geared towards results delivery. Setting of program indicators and targets are all geared towards achieving results that can enable the program deliver on its strategic plan. However, the study observed there was no regular circulars from the Ministry of Health requiring the program to apply Results Based Management. These findings are similar to a study findings by Obong'o (2009), where he noted that the introduction of Results Based Management approach in Kenya was guided by elements of having shared understanding on what to be achieved, supporting performance target setting and guiding performance monitoring, evaluation and reports.

The study observed that there were some weaknesses in the program's capacity to effectively apply Results Based Management which include; some staff on contract were employed without a job description and at the time of the study, they didn't have a formal documented job description. The study revealed that the program has inadequate personnel as some key positions were not currently occupied. For instance the position for deputy program head was not occupied at the time of the study. It was also established that over the recent past there has been transfers of staff to other

national programs without replacement by the Ministry of Health. The weak capacities resulting from human resources inadequacies could compromise the implementation of Results Based Management. These findings are similar to what Gwata (2013), found that the availability of capacity to implement Results Based Management strategy is a key determinant of the strategy's success or failure. These findings are similar to Mayne (2007), where it was identified that lack of technical capacities and absence of common understanding of Results Based Management concept were the most challenges incurred in the implementation of the approach.

The study further established that there is weak feedback mechanism to staff on their performance as most of the program staff are not aware of a formal system to provide them with feedback for their performance, apart from the annual appraisal and performance contracting. This can affect negatively on the capacity to apply Results Based Management as managers and staff will not be clear on the achievement of the shared vision. This finding is similar to Gwata (2013), where it was identified that lack of feedback on performance is a challenge in implementing Results Based Management, as the managers and staff were not able to tell whether or not they were implementing the strategy correctly.

The capacity on the incentives component is very weak in the program as there is no formal ways to recognize staff's performance. There are no cash rewards or bonuses tied to performance whatsoever. Promotions and salary increment is not based on staff's performance. This is in agreement with findings by (Gwata 2013; Pazvakavambwa & Gertruida, 2014) where they identified that the motivation and reward system was weak in a similar study. In particular, the lack of incentives was

cited as a challenge that significantly impacted negatively on the implementation of Results Based Management in Zimbabwe public sector and the civil servants were not motivated to implement Results Based Management due to the absence of incentives.

Some of the key findings from the study were; the program has a Strategic Plan for the period 2015-2018 which is clear in terms of the purpose of the program. The vision of the program is to reduce the burden of lung disease in Kenya and render Kenya free of Tuberculosis and Leprosy. The current strategic plan stipulates impact indicators with associated targets for the program to be achieved by 2018. The program extensively involves their stakeholders at every stage of the program cycle. For instance, the current strategic plan was developed through consultative efforts, assistance and funding from different stakeholders.

The study identified best practices in place when it comes to planning, program activities implementation, monitoring, evaluating and reporting and information use. This was revealed by the fact that the program's strategic plan presents annual operational plans which are reviewed at the beginning of each year during annual work planning. These operational plans presents activities to be implemented by the program all tied to the vision, goal and strategic objectives. The program stakeholders are involved in the annual work planning. There is evidence of stakeholders' involvement in program implementation for instance most program activities are implemented at the counties and sub-counties in conjunctions with various stakeholders.

There is evidence of stakeholders' involvement in monitoring, evaluation and reporting. For instance, the last two annual reports were compiled by consultative efforts from different partners. The roles of each stakeholder is clearly defined and guided by a partnership strategy (Private-public Mix) Model. The program's partnerships are long-term whose results feed to the strategic objectives, impacts targets towards achievement of the program goal and vision. There is evidence of data use to make timely decision. During annual work planning, the program reviews the past year's performance and plans the next year using information from the M&E system. Budgeting process is also informed by data and information from the M&E system. This finding is similar to what Gwata (2013) whereby it was established that governments attribute successful implementation of its national policies and programmes to meaningful and effective participation of all staff and key stakeholders in the process of developing the strategic plans, performance measuring and programme implementation.

Some of the strengths that were noted in the program's capacity to apply Results Based Management include; there is a common understanding among the program staff on what the program aims to achieve. Each section pursues activities towards implementation of the strategic plan. The program has a comprehensive Monitoring and Evaluation system in place with very clear performance indicators and means of verification in reporting achievement of the indicators. All the M&E staff and other program implementing officers are involved in activities that feed to the M&E system. This is similar to the findings by Gwata (2013), where it was established that effectiveness of performance monitoring and evaluation system within Results Based Management depends on the quality of the defined results, the indicators to measure

the progress towards those results as well as its simplicity. Similarly, Gregorio (2009), recommends a sound monitoring and evaluation as the main contributor to Results Based Management capacity building and that the methods for collecting data for M&E purposes should be highly participatory. He further proposes more investment in M&E for capacity building as a starting point to move towards a full-fledged Results Based Management approach.

The program has adopted the WHO guidelines on data analysis and once data is received in the system, the M&E officers analyses it per the different needs and also with the aim of feeding to the achievement of overall strategic plan. The program carries regular update to the performance indicators to continuously and periodically measure the program in terms of relevance, efficiency, effectiveness and sustainability. The program produces annual, monthly and quarterly reports and these reports are shared to all the key stakeholders and partners. The MER section leads the other program staff in analyzing data from the system. Data analysis is done as per performance indicators set whereby achievement per indicator is reviewed. The indicators whose performance is lagging behind are flagged out and remedial measures put in place. Special data analysis is carried out to support special surveys like prevalence surveys, treatment success rates and diseases burden.

The program carries annual program review meetings where all their stakeholders and partners participate. These reviews looks at the performance for a full year. Challenges, opportunities, lessons learnt and best practices are discussed, where possible all incorporated in the following years activities. During field support supervision visits, the program staff build the capacity of their staff and communicate

to them those findings evidenced by data from their system. The program carries annual appraisals for its staff where review of past performance is done and setting of goals for the upcoming year. There are both informal and formal one-on-one meetings with the section heads and those working under them. These meetings are aimed at reviewing the delivery of the work plan, although this practice is relatively weak.

Some of the challenges that were noted in the program's capacity to apply Results Based Management include; absence of regular circulars from the Ministry of Health requiring the application of Results Based Management. This findings is similar to Gwata (2013) findings who identified that some of the lower level managers were of the opinion that the involvement of top management in the implementation of Results Based Management was insufficient to ensure effectiveness. It was a concern that there was lack of commitment and leadership demonstrated by senior management in the implementation process. Inadequate staff in place and staff transfers who are not replaced. Weak link of some sections activities to the M&E system was also noted. The study noted absence of rewards and bonuses tied to the staff performance, despite being stated in the appraisal form that if a staff performs extraordinary well they should receive these bonuses.

5.3 Conclusion

The study sought to establish the level of capacity for NTLDP-Kenya to apply Results Based Management approach. Specifically, the study sought to determine the strategic information measures specified for NTLDP to assess capacities developed for staff to act on the outcome-oriented information. It also aimed to determine the incentives provided to managers and staff by Results Based Management system to act on

information and to use the developed capacities. From the study findings, the study found that there is moderate level of capacity at NTLDP-Kenya to apply Results based management approach. For the strategic information measures specified the study established that the program has a clear direction in that there is a Strategic plan in place for the period 2015-2018 which stipulates the purpose of the program. This gives a clear organizational direction to the program. This is in agreement with similar findings by Gwata (2013) and (Kusek and Rist 2004), which established that availability of shared vision facilitates the acceptance and buy in of Results Based Management as a programme management tool towards achieving the organizational goals.

Within the strategic plan there are strategic objectives with impact indicators and associated targets. The program is generally aware of Results Based Management approach and its introduction to Kenyan public sector in 2004, but there are no regular circulars from the Ministry Health requiring the program to apply Results Based Management. This findings is similar to Gwata (2013), where she found that in Zimbabwe public service, the adoption of Results Based Management strategy was not consistent and that some of the managers reported that although they were aware of the existence of Results Based Management, it was yet to be fully adopted and implemented within the public service.

In terms of capacities specified for the program staff to act on the system specific information; the study found that most of the positions have a clear job descriptions, although some staff on contract were employed without a job description and were not having formal documented job description by the time of the study. Some

positions are not occupied currently in the program. For instance the position for deputy program head is not occupied. There have been staff transfers to other national programs without replacement. This can affect the program's capacity to apply Results Based Management approach as the required skills and some key positions are missing. This finding is similar to what Mayne (2007) and Gwata (2013), established that that lack of technical capacity was a major challenge towards successful implementation of Results Based Management strategy.

The program has a comprehensive Monitoring and Evaluation system in place with clear performance indicators and means of verification in reporting achievement of the indicators. All the M&E staff and other program implementing officers are involved in activities that feed to the M&E system. In addition the program has a robust electronic information management system christened TIBU that aids data management. There are regular updates to the performance indicators to continuously and periodically measure the program in terms of relevance, efficiency, effectiveness and sustainability. The program produces annual, monthly and quarterly reports and these reports are shared to all the stakeholders and partners as a means of feedback. The study established that there is evidence of data and information use to inform program implementation. This finding is consistent with (Gregorio 2009) and (Kusek and Rist 2004), whose studies concluded that with the need to achieve sustainable program implementation and benefits there is need to embrace qualities such as accountability, transparency and delivery of tangible results. Further, they stated that this can only be achieved with enhanced Results based monitoring and evaluation for programmes.

In terms of the incentives provided to the program staff by the Results Based Management system to act on information and to use the developed capacities, the study established that this component is currently very weak as there is no formal mechanism to provide continuous feedback to the staff on their performance. Also there is no formal ways in place to recognize staff on good performance or effective delivery of results. There are no cash rewards or bonuses attached to staff performance. Promotion and salary increment is based on the government policy where by every three years a staff should be promoted regardless of the performance. This adversely affects the capacity of the program to apply Results Based Management. As noted by Kusek and Rist (2004), incentives underpin national development systems and processes. To enhance the effectiveness of a Results Based Management strategy it is important to determine whether incentives exist. Criteria for these incentives are; the driving need for the systems, the champions for building and use of the systems and their motivating factors. All these should be factored when assessing readiness for establishment of Results Based Management system approaches.

5.4 Recommendations

In view of the findings from the assessment the study makes the following recommendations on the three components of Results Based Management. The study makes recommendations for policy and programmes and for future research.

5.4.1 Recommendations for Policy and Programmes

The recommendations for policy and programmes will be based on the three components of Results Based Management approach as follows:

5.4.1.1. Strategic information measures (System specific information)

Organizational Direction: The program should strengthen the link between each section's activities and the monitoring and evaluation system in its strategic plan. As the study revealed that the activities of some sections activities were not directly linked to the monitoring and evaluation system. This will ensure that each activity contributes to the achievement of the impact indicators and eventually feed into the strategic objectives. This will also promote performance as a shared value among the program staff.

Partnership Strategy: The study established that there are no regular circulars requiring the program to apply Results Based Management approach in its program implementation. Hence this calls upon the Ministry of Health to pursue implementation of Results Based Management by its programs. As the government of Kenya introduced Results Based Management in public sector geared towards effective service delivery, there is need to support the program in institutionalizing Results Based Management. This can be done by issuing regular circulars requiring the program to incorporate its components in program implementation.

5.4.1.2 Capacities

Human Resources and Skills: The study revealed that there are some key positions not occupied currently. This calls upon the head of program to follow up with the Ministry of Health to fill up those positions not currently occupied and also replace those staff who have been transferred from the program. Efforts should be made to deploy new staff to the sections understaffed. This calls upon the Ministry of Health to ensure that the program is adequately staffed by staff with requisite skills. The program should strive to achieve staff effectiveness by enhancing the review of performance especially implementing the mid-year staff performance review as the study established that staff performance reviews are only done at the end of the year.

Results Based Monitoring and Evaluation: The monitoring evaluation and research section should re-introduce the practice of producing quarterly program bulletins and facts sheets. The study established that it was a practice in the past and it is not currently happening. These bulletins and fact sheets are important in communicating the programs achievement and results briefly and can reach a wide audience.

5.4.1.3 Incentives

Intrinsic motivators: The study established that there is no formal feedback mechanism in place to provide staff with feedback on their performance. Further staff goals are not reviewed regularly as they are only set at the beginning of the year and referred again during appraisal. This calls upon the program to introduce a mechanism whereby staff are regularly updated on the progress in achieving individually set goals. This kind of feedback will self-motivate the staff towards achieving results.

Nonmonetary extrinsic rewards: The program should introduce formal ways of recognizing staff who perform well. The study noted that currently staff recognition is largely informal. This calls for the Ministry of Health in conjunction with the program to introduce formal ways like written letters, memos and praises recognizing staff who perform well.

Extrinsic motivators that require money: The program should introduce cash rewards and bonuses tied to staff performance. The study established that despite the appraisal process requiring bonuses awards to those staff who exceed their targets, it was not implemented at all. Promotion and salary increment should be based on staff performance as currently is purely based on other issues as per the current Ministry of Health policy. This calls upon the Ministry of Health to revise the current promotion and salary increment policy and probably base it on staff performance instead of just promoting staff by the virtue of having served in a position for a certain period. This will enhance results delivery.

5.4.2 Recommendations for Further Research

The study recommends future studies on different programs within the Ministry of Health Kenya on their capacity to apply Results Based Management approach. This will be helpful in comparing results from these programs and the results of NTLDP. Other studies should be done on the challenges faced by national programs and Kenyan public sector in implementation of Results Based Management approach, as the study identified some challenges faced by NTLDP. This kind of study will be helpful to identify if these challenges cut across the programs or are unique to one program. Other studies should be carried at assessing the capacity of different

ministries for example in programs at other government ministries, using similar tools used in this assessment. This will be helpful on comparing the level of capacity in programs in other ministries.

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APPENDICES

Appendix 1: Discussion Guide for Key Informant Interview

Hi, my name is Pauline Nguni, I am here to assess the capacity of National Tuberculosis, leprosy and Lung disease program to successfully apply results based management approach, which is the focus of my project for M.A. in Monitoring and Evaluation of Population and Development Programmes at the University of Nairobi, Population Studies and Research Institute (PSRI). Since you are the key person to consult, I would like to hear your thoughts, feelings, observations, and experiences of the program in the approach. This is not a test, and there are no rights or wrong answers so you should feel free in giving your answers. Your name will not be recorded with your answers, and everything you say will be kept confidential and will only be used to write the final project report. What I would request is that you answer honestly on what you really think or feel. If there are questions that you do not want to answer, that is fine. If you do not understand the question and need more clarification, kindly ask.

A) General Information

Date of Interview:

Job title:

Section:

B) Components relating to system specific information

1. Organizational direction

- a) Does NTLDP have a well-documented strategic plan with clear objectives?
Ask to see it
- b) Is the plan clear on program purpose with clear approaches to achieving the objectives?
- c) Are there set performance indicators with targets?

2. Partnership strategy

- a) Is there a partnership strategy in place? Ask to see it

- b) Does the program involve partners and stakeholders in planning? (Probe for the answer given)
- c) Does the program involve partners and stakeholder in program implementation? (Probe the answer given; which partners? Their roles? What level-National or Local?)

C) Components relating to capacities

3. Human Resources and skills

- a) Does the program have adequate personnel?
- b) Does each staff have a clear job description?
- c) Do the program managers pursue staff effectiveness in performance?
- d) If yes how is it done?

4. Results based Monitoring and Evaluation

- a) Is there a well-documented results framework? Ask to see
- b) Are there indicators in place to measure performance?
- c) What is the plan for data collection?
- d) Is there a plan for data analysis and reporting? (Probe how it is done)
- e) Does the program use data and information from the M&E system?
- f) If yes what are the specific uses?
- g) Is there a plan for program performance reviews and feedback to the stakeholders?
- h) If yes how often and how is it done?

D) Components relating to incentives

5. Intrinsic motivators

- a) Is there a well-documented individual staff performance goals?
- b) Is there a plan and channel to provide feedback to staff regarding their performance?
- c) probe for the mechanisms in place

6. Nonmonetary extrinsic rewards

- a) Do you get recognition for your performance?
- b) If yes what kind of recognition do you receive?

7. Extrinsic motivators that require money

- a) Do you receive rewards for good performance? (Probe; what kind of rewards?
How often?)
- b) How often are promotions done at the program?
- c) What is the basis of promotion?
- d) How often is salary increment?
- e) What is the basis of the salary increment?

Appendix 2: Assessment checklist

Assessment checklist				
1. Organizational Direction	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
1.1 Clarity of purpose	<ul style="list-style-type: none"> No written strategic plan in place 	<ul style="list-style-type: none"> The strategic plan in place expressing the vision and mission but may lack clarity The plan held by few staff or rarely referred to. The strategic plan roughly directs the program decisions. 	<ul style="list-style-type: none"> There is clear expression of the program's reason for existence in the strategic plan. The plan is held and referred to by many. The strategic plan used to guide program decisions. 	<ul style="list-style-type: none"> There is clear expression of the program's reason for existence which describes an enduring reality that reflects its value and purposes in the strategic plan. The plan is broadly held and referred to within the program. Strategic plan used extensively to guide program decisions.
1.2 Clear Overall strategy and Objectives	<ul style="list-style-type: none"> The vision and mission (purpose) if exists is not translated into small set of concrete objectives. 	<ul style="list-style-type: none"> The purpose translated into a concrete set of objectives but lacks clarity and no timeframe to achieve them. Objectives are known by only few staff and occasionally used to direct their priorities. 	<ul style="list-style-type: none"> The purpose translated into a concrete set of objectives but lacks clarity and no timeframe to achieve them. Objectives are known by many in the program and often used by them to direct actions and priorities. 	<ul style="list-style-type: none"> The purposes translated into clear set of objectives that the program aims to achieve. Objectives are broadly known within the program and consistently used to direct actions and set priorities.

1.3 Performance targets and indicators in place.	<ul style="list-style-type: none"> • Targets are non-existent or few. • The targets are vague; either too easy or impossible to achieve. • Indicators and targets not clearly linked to the purpose and strategy. • Targets are largely unknown or ignored by staff. 	<ul style="list-style-type: none"> • Realistic targets exist in some areas and are mostly aligned to the purpose and strategy. • The targets are focused on inputs. • Staff may not know and adopt the indicators. 	<ul style="list-style-type: none"> • Quantifiable targets in place and linked to the purpose and strategy. • Focused on outputs and outcomes with some inputs. • There are annual targets but no milestone. • Targets are known and adopted by most staff who use them to guide their work. 	<ul style="list-style-type: none"> • Set of quantifiable indicators based on demanding targets in all areas. • Targets are tightly linked to the purpose and strategy. • Focused on outputs and outcomes. • There are annual targets and milestones that are long-term in nature. • Staff consistently adopts targets and works diligently to achieve them.
1.4 Performance a shared value.	<ul style="list-style-type: none"> • No major common set of practices and reference that exists within the program. 	<ul style="list-style-type: none"> • Common set of practices and reference exists but not shared broadly. • The practices and references maybe partially aligned to the purpose. 	<ul style="list-style-type: none"> • Common set of practices and references exists and are adopted by many staff in the program. • The practices and references are aligned with the purpose. 	<ul style="list-style-type: none"> • Common set of practices and references exists within the program and may include contribution to monitoring and evaluation and adopted by all staff in the program. • The practices and references are clearly designed and used to clearly support the overall purpose and drive for results.
2. Partnership Strategy	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
2.1 Local and national strategy	<ul style="list-style-type: none"> • No policy in support of RBM approach. 	<ul style="list-style-type: none"> • The program aware of RBM and understands that it is becoming recognized as useful 	<ul style="list-style-type: none"> • There is a policy and incentives for using RBM. 	<ul style="list-style-type: none"> • Clear and formally established policy in place that requires the program to apply RBM.

	<ul style="list-style-type: none"> Limited understanding of RBM and not applied in the program. 	<p>approach in development programs.</p> <ul style="list-style-type: none"> Taking some steps to understand and apply RBM. 	<ul style="list-style-type: none"> Supported by the ministry of health to apply RBM. 	<ul style="list-style-type: none"> The ministry of health and other donor agencies supporting the use of RBM.
2.2 Stakeholder involvement in planning.	<ul style="list-style-type: none"> Limited involvement by partners. The program has a general understanding of who their partners are. 	<ul style="list-style-type: none"> Mapping and categorization of stakeholders have been conducted. The program has a general understanding of who stakeholders are. No regular updates to the stakeholders. 	<ul style="list-style-type: none"> Some partners have been active in the implementation of the program. There is no regular updates to the stakeholders. 	<ul style="list-style-type: none"> The program engages with stakeholder throughout the program cycle. Stakeholder are actively involved in directing some of the activities. Stakeholders are involved in monitoring and evaluation.
2.3 Partnerships and alliances in implementation.	<ul style="list-style-type: none"> Limited partnerships and alliances with other programs within the ministry of health, NGOs and Donors. 	<ul style="list-style-type: none"> At early stages of building relationship's and collaborating with other programs within the Ministry of health, NGOs and donors. Involved in informal networks. 	<ul style="list-style-type: none"> Effectively built key relationships with types of relevant programs, NGOs and donors. Some relationships may be not fully beneficial. 	<ul style="list-style-type: none"> Strong, high-impact relationships with other programs, NGOs and donors. Relationships deeply anchored in stable, long-term and mutually beneficial collaborations.
3. Human Resources and skills	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
3.1 Clear job description and adequate staffing levels.	<ul style="list-style-type: none"> Unclear roles and responsibilities with many overlaps. Job descriptions do not exist. Lack of positions to address a number of roles. 	<ul style="list-style-type: none"> Most positions are well defined and have job descriptions. Some unclear accountabilities and overlap in roles and responsibilities. Positions exist for most key roles with just a few missing. 	<ul style="list-style-type: none"> Most staff have well defined roles with clear activities and reporting relationships with minimal overlaps. Job descriptions are continuously defined 	<ul style="list-style-type: none"> All individuals have clearly defined core roles which must be achieved and an area of discretion where they can show initiative. Core roles are defined in terms of results of services rather than activities.

			<p>to allow individual growth within their jobs.</p> <ul style="list-style-type: none"> All key roles have associated positions. 	<ul style="list-style-type: none"> Individual staff have the ability to define their own activities and are empowered to continuously examine their jobs. All key roles have associated dedicated positions.
3.2 Personal and interpersonal effectiveness.	<ul style="list-style-type: none"> No or limited training and coaching. No regular performance appraisals. 	<ul style="list-style-type: none"> Personal annual reviews incorporate development plans. Limited willingness to ensure high quality performance. 	<ul style="list-style-type: none"> Development of staff is a priority. Relevant training, job rotation, coaching and consistent performance appraisal are institutionalized. Genuine concern for high quality performance 	<ul style="list-style-type: none"> Individually tailored staff development plans. Regular internal and external training, job rotation, coaching and consistent performance appraisals are institutionalized. Proven willingness to ensure high quality performance
4. Results Based Monitoring and Evaluation	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
4.1 Indicators in place to measure performance.	<ul style="list-style-type: none"> Limited or no clear M&E indicators in place. Poor understanding of use of M&E indicators for measuring performance and managing the program. 	<ul style="list-style-type: none"> Imprecise indicators in place. Indicators not used to measure progress or inform management of performance. Limited use of indicators for accountability. 	<ul style="list-style-type: none"> Verifiable indicators in place and regularly used. 	<ul style="list-style-type: none"> Comprehensive M&E system in place and all staff in some capacity involved.

4.2 A plan for continuous data analysis and reporting	<ul style="list-style-type: none"> Internal performance data rarely used to improve program implementation. 	<ul style="list-style-type: none"> Some efforts made to benchmark outputs and outcomes against other programs. Internal performance data used occasionally to improve program implementation. 	<ul style="list-style-type: none"> Staff have good skills in data collection, recording and analysis. Limited M&E records templates in use. 	<ul style="list-style-type: none"> Regular progress reports are prepared and disseminated to all relevant stakeholders. The program is partly managed through the use of the M&E Results.
4.3 Results framework	<ul style="list-style-type: none"> No understanding of how the results framework is used and why. Limited skills for methodology of results framework. 	<ul style="list-style-type: none"> Some understanding of results framework in program design and implementation. Poor skills level on how to use the results framework. No attempt to use results framework as an M&E tool. 	<ul style="list-style-type: none"> Good knowledge and understanding of results framework. Results framework used in program implementation and in M&E. Some staff members know how to use the results framework. 	<ul style="list-style-type: none"> Extensive understanding and knowledge of the results framework within the program. Most staff have sufficient skills to use the results framework. The results framework is used for program implementation and in M&E.
4.4 Operational and strategic planning	<ul style="list-style-type: none"> The program runs operations and planning purely on day to day basis with no short-term or long-term planning of activities. No experience in operational planning. Plans not informed by M&E data. 	<ul style="list-style-type: none"> Some ability to develop high level operational plans. Operational plans loosely or not linked to strategic planning of activities. Planning informed by M&E data but not consistent. 	<ul style="list-style-type: none"> Ability and tendency to develop and refine concrete and realistic operational plans. Operational plans linked to strategic planning activities. occasional use of M&E data to inform decisions 	<ul style="list-style-type: none"> The program develops and refines concrete, realistic and detailed operational plans. Operational planning exercises carried out regularly. Operational plans tightly linked to the strategic planning of activities. All planning informed by M&E data.

4.5 Regular review and feedback plan	<ul style="list-style-type: none"> • Very limited analysis of M&E results and no reviews with staff. • No understanding of what results mean in terms of M&E. • Only reporting to the Ministry on budget and activities. 	<ul style="list-style-type: none"> • Analysis of M&E results undertaken regularly and reviews with staff at least once a year. • Limited involvement in the analysis by most staff. • Analysis covers budget, activities and outputs only. 	<ul style="list-style-type: none"> • Regular analysis of full M&E undertaken by managers. • Analysis covers most of indicators and objectives. • Stakeholders' involvement. • Staff participate in reviews and learning lessons. • Full accountability is in evidence. 	<ul style="list-style-type: none"> • Regular analysis of full M&E undertaken by program managers and staff. • Analysis covers full range of indicators and objectives. • Stakeholders' involvement. • Staff are involved in analysis and actively participate in reviews and learning lessons. • Full accountability is in evidence.
5. Intrinsic motivators	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
5.1 Clear staff goals to self-direct their efforts and judge their own achievement	<ul style="list-style-type: none"> • Standard career path in place with consideration of staff development. 	<ul style="list-style-type: none"> • Some tailoring of development plans for staff, but not fully implemented. 	<ul style="list-style-type: none"> • Some tailoring of development plans for staff implemented. 	<ul style="list-style-type: none"> • Individually tailored development plans for all staff.
5.2 System to provide feedback on the actual results and outcomes as per the goals	<ul style="list-style-type: none"> • No formal system to capture and document internal knowledge and feedback. 	<ul style="list-style-type: none"> • System exist in a few areas but either not user friendly or not comprehensive enough. • System known by only a few people or only occasionally used. 	<ul style="list-style-type: none"> • Well-designed user friendly system in place. • System not fully comprehensive. • System known to many and often used. 	<ul style="list-style-type: none"> • Well designed, user friendly, comprehensive system to capture, disseminate knowledge and feedback internally. • All staff are aware of the system and make-frequent use of it.

6. Nonmonetary extrinsic rewards and sanctions	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
6.1 Recognition for performance	<ul style="list-style-type: none"> No recognition for best/good/exemplary performance for staff. 	<ul style="list-style-type: none"> Best/good/exemplary performance recognized but not consistent. 	<ul style="list-style-type: none"> Best performers recognized through praise and award. Regular performance update meetings held. 	<ul style="list-style-type: none"> Good plan for rewarding exemplary performance in achieving results. Consistently done once a year.
7. Extrinsic motivators require money	1. Clear Need for increased capacity	2. Basic level of capacity in place	3. Moderate level of capacity in place	4. High level of capacity in place
7.1 Cash rewards	<ul style="list-style-type: none"> Cash rewards and bonuses does not exist. 	<ul style="list-style-type: none"> Cash rewards and bonuses exist but not consistent. 	<ul style="list-style-type: none"> Cash rewards and bonuses general tied to achievement of results. 	<ul style="list-style-type: none"> There is a clear plan and link between the rewards and bonuses to achievement of results.
7.2 Promotions	<ul style="list-style-type: none"> Promotions not based on staff performance. 	<ul style="list-style-type: none"> Performance is one of the factors considered during promotions but not consistent. 	<ul style="list-style-type: none"> Performance often considered for staff promotions. 	<ul style="list-style-type: none"> Performance is always the key factor and consistently considered for all staff promotion.
7.3 Salary increment	<ul style="list-style-type: none"> Salary increment not based on individual staff performance. 	<ul style="list-style-type: none"> Performance considered as one of factors to determine salary increment. 	<ul style="list-style-type: none"> Performance often considered to determine salary increment. 	<ul style="list-style-type: none"> Performance always the key factor and considered consistently to determine salary increment.

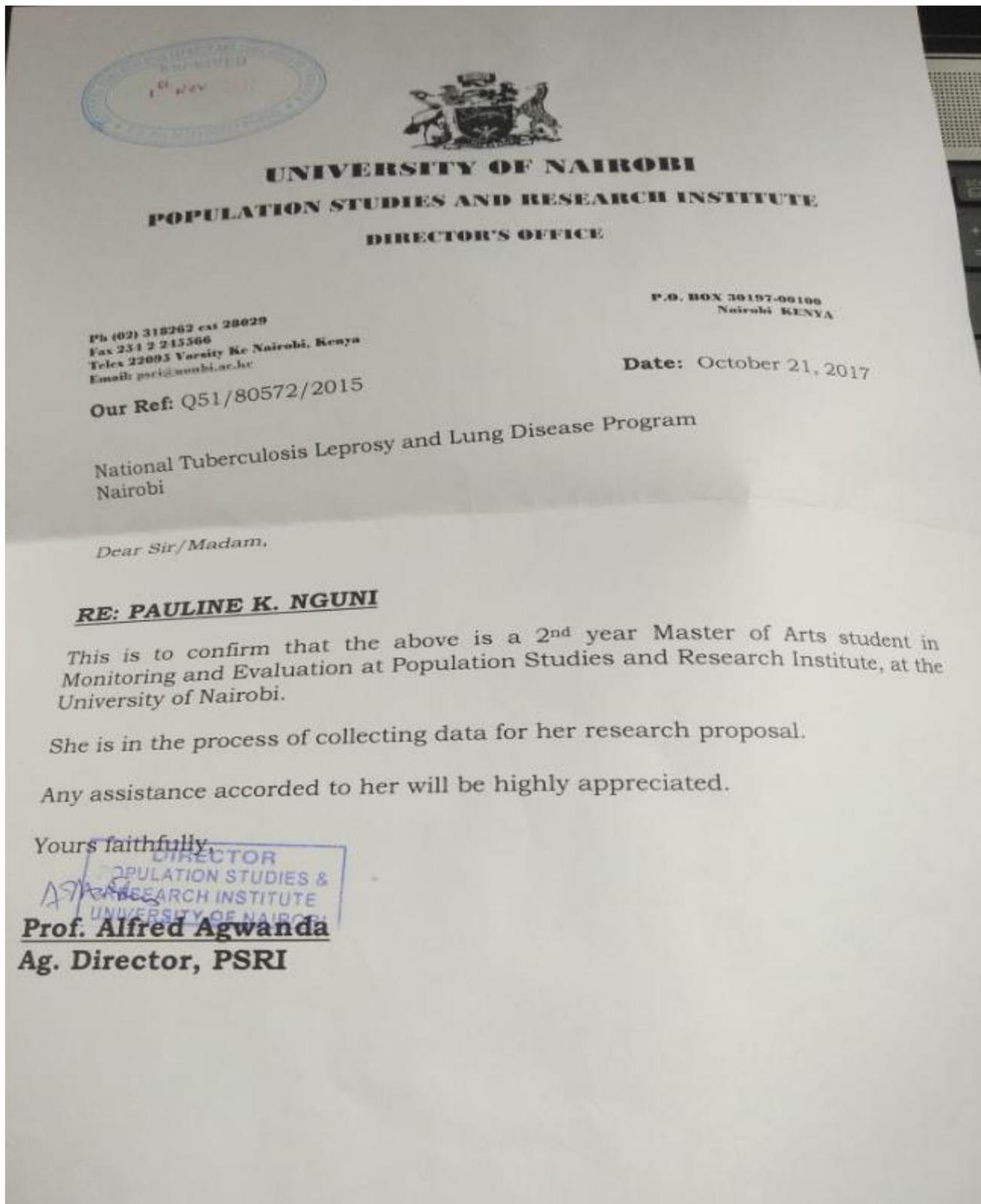
Appendix 3: Assessment Record Scoring Sheet

Sub-components and Indicators	Scores				Explanation of Scores
	1	2	3	4	
Overall score					
1.Organizational Direction					
1.1 Clarity of purpose					
1.2 Clear Overall strategy and Objectives					
1.3 Performance targets and indicators in place.					
1.4 Performance a shared value.					
2. Partnership Strategy					
2.1 Local and national strategy					
2.2 Stakeholder involvement in planning.					
2.3 Partnerships and alliances in implementation.					
3. Human Resources and skills					
3.1 Clear job description and adequate staffing levels.					
3.2 Personal and interpersonal effectiveness.					
4. Results Based Monitoring and Evaluation					
4.1 Indicators in place to measure performance.					
4.2 A plan for continuous data analysis and reporting					
4.3 Results framework					
4.4 Operational and strategic planning					
4.5 Regular review and feedback plan					
5. Intrinsic motivators					
5.1 Clear staff goals to self-direct their efforts and judge their own achievement					
5.2 System to provide feedback on the actual results and outcomes as per the goals					
6. Nonmonetary extrinsic rewards and sanctions					
6.1 Recognition for performance					
7. Extrinsic motivators require money					
7.1 Cash rewards					
7.2 Promotions					
7.3 Salary increment					

Appendix 4: List of documents Reviewed

1. Strategic plan 2015-2018
2. Monitoring and Evaluation Results Framework 2015-2018
3. Annual operational Plans
4. Annual progress reports
5. Annual review meetings reports
6. Quarterly and monthly section progress report
7. Sample of Staff job descriptions
8. Sample of internal program meetings minutes
9. Sample of Ministry of Health circulars to the program
10. Annual Performance appraisal form
11. Public-Private Mix (PMM) model guidelines

Appendix 5: Introduction Letter from PSRI-Received by the Program



Appendix 6: Data Collection Authorization Letter

*Approved.
At- Omega to Mike Jarama
stage
11/1/2017*

Pauline Kasimu Nguni
P. O. Box 35452- 00100,
Mobile Number: 0725401587
Nairobi.
1st November 2017.



The Head of Program
National Tuberculosis Leprosy and Lung Disease Program -Kenya
Nairobi.

Dear Madam,

RE: REQUEST FOR STUDY DATA COLLECTION

I am a Masters student at University of Nairobi undertaking studies for a Master of Arts in Monitoring and Evaluation of Population and Development Programmes. As part of my course, I have submitted a proposal to undertake a research study titled; **“Capacity assessment to apply Results Based Management in public sector: a case study of National Tuberculosis Leprosy and Lung Disease Program Kenya”**.

This is a case study research, with National Tuberculosis Leprosy and Lung Disease Program Kenya selected as the Case for the study. The methodology proposed by the study is to collect information by means of reviewing Program documents and conducting structured interviews guided by a discussion guide.

This letter is meant to kindly request your authorization and assistance to collect data for the study through two approaches; Interview guided by a discussion guide which targets the head of program and 15 program officers (Implementing officers and Monitoring & Evaluation Officers.) I will lead the structured interview and it will take between 15-20 minutes. Then review of documents that will be guided by a checklist, I propose to review the following documents; Program’s Current or past Strategic Plan(s), Results Framework or Logical Frameworks, Annual Work plans, Annual progress Reports, The reporting system and any other document that will be useful for this study.

The data and information collected will be used strictly for academic purposes and will be treated with utmost confidentiality. A copy of the research findings and final report will be shared with you.

Attached find a letter of introduction from the University of Nairobi, and a copy of my final proposal that contains the data collection methodology and tools to be used.

Your assistance on this will be highly appreciated.

Yours Sincerely,

Pauline K. Nguni
pkassimu@yahoo.com