

**MONITORING AND EVALUATION OF PROGRAMS/PROJECTS: READINESS
ASSESSMENT OF THE MINISTRY OF HEALTH IN KENYA TO IMPLEMENT
MONITORING AND EVALUATION SYSTEM**

BY

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DECLARATION

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

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This project report has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I dedicate this research project to God who watches over me and whatever I do; to my family, both nuclear and extended for their support; and to my friends for their support and words of encouragements during the period of my study.

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ABBREVIATIONS/ACRONYMS

AAA	Accra Agenda of Action
CLEAR	Centre for Learning and Evaluation
KDHS	Kenya Demographic Health Survey
DME	Department of Monitoring and Evaluation
EMRS	Electronic Medical Records System
ERP	Enterprise resource planning
GoK	Government of Kenya
GPEDC	Global Partnership for Effective Development Co-operation
KDS	Kenya Demographic Survey
KEMSA	Kenya Medical Supplies Agency
MDAs	Medium Development Goals
M&E	Monitoring and Evaluation
MFL	Master Facility List
MOH	Ministry of Health
NGO	Non-Governmental Organization
NHA	National Health Account
NIMES	National Integrated Monitoring and Evaluation System
OECD	Organization for Economic and Co-operation Development
SPSS	Statistical Package for Social Science
UNDP	United Nation Development Program
WB	World Bank
WHO	World Health Organization

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ABSTRACT

Readiness assessment focuses on collecting baseline data on how well positioned a government is in regard to design, build and sustain monitoring and evaluation system. Building capacity in government is a long term process. The Government of Kenya developed Vision 2030 as a development. The Ministry of Health developed its Health Policy in line with Kenya Vision 2030 and the Kenya Constitution 2010. The existing Health Sector monitoring and evaluation framework does not stipulate how the Ministry of Health will monitor provisions of the National Financial Management Act, 2012. Neither does it provide on how the National Government will monitor conditional grants to the county Government. The country should develop a robust monitoring and evaluation plan that cover both technical and financial reporting between the national Government and County Governments and across the County governments. The objective of the study is to assess the readiness of Ministry of Health to implement monitoring and evaluation system. Data was collected from the Ministry of Health using questionnaires. Data was then analyzed and presented in graphs and pie charts. Based on the findings of this study, it was established that the Ministry of Health has high demands (incentives) for designing monitoring and evaluation systems to assess their programs. The study also demonstrated that the Ministry of Health has adequate roles and responsibilities necessary to assess its performance in line with monitoring and evaluation programs. Lastly, the study established that the Ministry of Health has necessary capacity to undertake monitoring and evaluation despite disagreements in factors such as adequate finances, resources, information Communication Technology, infrastructure, and innovations required to enhance smooth implementation of monitoring and evaluation. It was however recommended that the ministry should focus on enhancing their capacity, especially on financial support and development of infrastructure.

CHAPTER ONE: INTRODUCTION

1.1 Background

Governments and various organizations are being pressurized by globalisation to be more responsive to their stakeholders, related to effective development and tangible results delivery (Kusek, 2004; Bushett, 1998; Mackay, 2006; Odhiambo, 2000). The United Nations 2002 Report on development states that M&E increases performance in an organization or a program by creating interconnectivity among interventions as well as the results (UNDP) (2002). Moreover, M&E enhances the extraction of activities to be used for planning of programs.

The importance of effective M&E systems was highlighted in the meetings held in Paris (Paris Declaration, 2005), in Accra Ghana (Accra Agenda for Action (AAA), (2008) and in Busan (Busan Declaration, 2012). The Paris Declaration called for countries to develop an international monitoring system to ensure that stakeholders hold each other accountable in order to improve the quality of aid from developed to developing countries. The Declaration was to be implemented based on five major principles: ownership which meant that aid recipients could recognize and own national development plans ; alignment which called for donors to support country plans; harmonization meaning that country efforts should be streamlined; managing for development results whereby development policies are directed to achieving clear goals that can be monitored; and mutual accountability which requires that all stakeholders are mutually responsible for results.

The Paris Principles were further concretized and endorsed in a meeting held in Accra, Ghana in 2008 (Accra Agenda for Action (AAA), 2008). AAA was as a result of a high level forum held in September 2008. The objective of the meeting was to agree to an “agenda for action.” The AAA was thus passed to reaffirm member commitment the Paris Declaration (Ghana, 2008; Holvoet & Inberg, 2011; Kusek & Rist 2004, OECD, 2010). According to the report of a survey conducted in 2011, there remained much to be done to put the principles into practice (UNDP, 2012). This led to another high level meeting in Busan, South Korea (Busan Declaration 2011). Busan declaration called for participation of all actors and the recognition of the diversity and complementarities of their functions. Overall there was recognition of the importance of monitoring as an important tool for partners to hold each other accountable for their own

commitments (Busan, 2012). The meeting agreed that there was need to develop a global monitoring framework to monitor the Paris declarations (UNDP, 2012).

Governments and organizations worldwide have started recognizing the importance of M&E as an important management tools to track progress of programs and facilitate decision making. However, before developing an M&E system, institutions must first determine their readiness internally. This can be done by conducting a readiness assessment. Readiness assessment focuses on baseline data that indicate the level at which an organization is ready to develop an M&E system. According to the World Bank (2011) report, conducting a readiness assessment is crucial in informing and shaping the efforts to build result based M&E systems and performance matrix. The approach for conducting a readiness assessment is also articulated by Kuzek and Rist (2004). The authors stress the importance of carrying out a readiness assessment before the actual development of a system. Kusek, 2004, Mackay, 2006, likens it to a building architecture and posit that just as a foundation is the beginning of construction, readiness assessment is th foundation for constructing an M&E system.

Previous studies indicate that most times countries and organizations do not carry out readiness assessment before they implement their M&E systems. For instance, studies done in developing countries like Egypt, Romania, Brazil, Bangladesh, Uganda, Phillipines, Columbia, Chile, and Niger to determine the readiness of such countries to implement M&E indicated that they were not ready (Kannae, 2000; Hage, 2003; Kusek & Rist, 2002; Kuzek & Rist 2004; Hage 2002; Mackay 2007). The studies revealed that the countries were characterize by inadequate structures and systems, lack of political will, ownership, incentives, demand and culture of evaluation, as well as insufficient institutional capacity and poor infrastructure (World Bank, 2004), hence the need for M&E readiness assessment.

In Kenya, the above mentioned challenges are also observed within the public sector that is struggling to build capacity to improve performance and accountability to meet the requirements of Vision 2030 and provisions of the Kenya Constitution of Kenya 2010. The Ministry of Health, whose primary role is to “provide the policy framework that will facilitate the attainment of highest possible standard of health, and in a manner responsive to the needs of the population”, is yet to adopt its independent M&E systems for assessing its programs and activities (MOH, 2014). Apart

from recommendations to the ministry to develop indicators for M&E programs (MOH, 2014), there is yet to be published a study on the readiness assessment of the ministry in adopting their independent M&E systems. This study therefore seeks to assess the readiness of the Ministry of Health in relation to the adoption of M&E systems.

1.2 Problem Statement

The Ministry of Health critical in the economy of Kenya with a an objective of ensuring a health status of its citizens. The Government of Kenya continues to prioritize the health matters as the sector plays significant roles in the attainment of socio-economic pillar of the country as provided for in Kenya's blueprint, the Vision 2030. To achieve its objectives the ministry works closely with several agencies and stakeholders. These include external partners and donors. For instance, in its the 2014 – 2018 strategic and investments plans, the ministry had its partners classified into seven groups, that is: Development Partnership Forum; GOK Coordination Group; Donor Coordination Group; Aid Effectiveness Group; Health Sector Intergovernmental Consultative Forum; Sector Working Groups; and the Health Sector Coordinating Committee Technical Working Groups (MOH, 2014). Through this public-private partnership in the health sector, the ministry has recorded immense growth in terms of capacity building, financial support, among other developments.

Due to the diversity and complexity of development programs implemented by the Ministry of Health, there is a need for frequent monitoring and evaluation to assess progress and report on their impact across the country. However, whereas the donor funded programs have their independent M&E systems to evaluate the impact of the programs, the MOH is yet to adopt independent M&E systems. The existing Health Sector monitoring and evaluation framework does not stipulate how the Ministry of Health will monitor provisions of the National Financial Management Act, 2012. Neither does it provide on how the National Government will monitor conditional grants to the county Government. There is need to develop a robust monitoring and evaluation framework that cover both technical and financial reporting between the national Government and County Governments across the country. This study therefore sought to assess how ready the MOH is to implement an effective M&E system.

1.3 Study Question

This study aims to assess to what extent is the Ministry of Health ready to implement monitoring and evaluation systems? Specific questions include;

- i. What incentives does the Ministry of Health develop an M&E system?
- ii. Are there clear roles and responsibilities in the Ministry of Health to support the establishment of a M&E System?
- iii. What capacity does the Ministry of Health have to monitor and evaluate its programs?

1.4 Study Objective

The objective of the study is to assess readiness of the Ministry of Health to implement monitoring and evaluation systems. Specific objectives include;

- i. To determine the incentives for designing and building monitoring and evaluation systems that exists at the Ministry of Health.
- ii. To assess whether there are clear roles and responsibilities to support the implementation of monitoring and evaluation system at the Ministry of Health.
- iii. To establish the capacity of the Ministry of Health has to monitor and evaluate its programs.

1.5 Justification of the Study

At the policy level, information gathered from this study will be used by policy makers, and the management of MOH in developing appropriate decision and action that would facilitate the development and implementation of M&E systems for the ministry. The current regulations by the government that ministries should report on their projects have necessitated the MOH to develop a performance matrix for the same. The matrix provides for specific indicators, outputs and outcomes of specific projects in the ministry. However, this limits the M&E component especially in reporting on progress, challenges, and required changes of approach used in implementing projects and programmes. To that end, the findings in this study will inform on whether it is time

for policy makers to come up with a comprehensive M&E system for the ministry if the readiness assessment proves so. Moreover, institutional managers will benefit from the findings by articulating clear measures for assessing their M&E readiness for effective and efficient implementation of M&E systems.

This study will also make academic contributions especially in enhancing the literature on readiness assessment for M&E purposes. There is no known comprehensive study specific to the Ministry of Health. This study also informs future researcher in the area of M&E in conducting similar studies in other public and private institutions to see whether the findings would be replicated.

1.7 Scope and Limitations of the Study

This study aims at conducting a readiness assessment of the Ministry of Health Kenya to design, build and implement a monitoring and evaluation systems. The study area was the MOH headquarters based in Nairobi. Currently, the health docket under the Constitution of Kenya 2010 is devolved to County Governments. This has left the ministry with policy formulation roles and overall management of the health sector in the country. Thus, the rationale for conducting this study within the headquarters is because it's where most decision making based on projects and programmes are developed from. Thus, the management of the ministry and key decision makers within the M&E section of the ministry was sampled.

One of the major limitations for this study was that respondents, who are members of staff within the ministry, tended to paint a good picture for the ministry, thus provide bias information favoring their institution. To overcome this challenge, the researcher however created a rapport with the respondents and assured them that all information provided would be treated as confidential, will not be used against them.

1.5 Definition of Concepts

Capacity building refers to the developing of skills, structures, commitments for improvement, and other organizational gains (UNDP Strategic Plan 2008). In the context of this study, capacity

building refers to the developing of sustainable human and institutional capabilities to monitor and evaluate programs and projects within the MOH.

Evaluation - is aimed at determining relevance and fulfillment of intended objectives, (Mackay, 2007; Kusek & Rist 2000,2001). In this study, evaluation refers to the reporting of the impact and outcome of completed projects and programmes (as well as continuing programmes that require amendments) within the MOH.

Incentives refer to the demands for use of an M&E system. Of importance is the presence of motivators for champions and legal frameworks (Reid, 2003; Word Bank, 2000). In regard to this study, incentives refer to the priorities and motivations that the MOH has put in place on the adoption of an M&E system.

Monitoring – this is a systematic, standardized process of collecting, analyzing as well as reporting on specific performance indicators to stakeholders on progress with implementation of organizational objectives and outcomes. Monitoring is aimed at providing performance information for decision making (Cloete, 2009; Kusek, 2001). In this study, monitoring refers to the reporting mechanisms for continuing projects and programmes within the MOH.

Monitoring and Evaluation - according to Kusek (2011), Monitoring and Evaluation refers to an organizational structure such as management processes, standards, strategies, reporting lines as well as accountability relationships at the national and local levels. In this study, M&E refers to those institutional systems and processes put in place to report on the progress, achievements, and challenges of programmes and projects within the ministry.

Readiness Assessment - is defined as an analytical framework to diagnose ability to build and implement an M&E system. The focus is on organization capacity, demand related to existence of a champion, incentives, information utilisation at management level, existence of functional structures and systems (Kusek & Rist, 2004). In this study, readiness assessment refers to the analysis of the ministry's ability to adopt and implement their independent M&E system based on the incentives, capacity building and roles and responsibilities.

Roles and responsibilities refer to the existing capacity for assessing performance of the government in relation to development goals (Kusek & Rist, 2004). In the context of this study,

roles and responsibilities refer to the departmentalization of programs where data can be obtained and report on ministerial programs and projects made.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter a review and critique of the relevant literature is undertaken on the purpose of implementing monitoring and evaluation systems in organizations. Literature review is presented in the following sections: readiness assessment for implementing monitoring and evaluation systems; incentives for developing a monitoring and evaluation systems; roles and responsibilities that support the implementation of monitoring and evaluation systems; and capability to monitor and evaluate programs. Also, the theoretical framework, conceptual framework and research hypotheses are described.

2.2 Readiness Assessment for Implementing Monitoring and Evaluation Systems

The steps towards adopting effective M&E systems begin by conducting a readiness assessment to set the baseline. According to Kusek & Rist (2002), and Mackay (2007), a readiness assessment is the foundation and first step of an M&E system. Available literature accumulated in the last decade is mainly from M&E readiness assessment conducted by the World Bank, specifically in developing countries (World Bank, 2007, 2004; Olivera & Velasco, 2009; Kusek, 2011; Castro et al., 2009; Lahey, 2005; Mackay, 2007). The aim of the studies was to assess the countries according to key factors that are critical prior to building an M&E system. The identified key factors from these studies included presence of regulatory frameworks, leadership, M&E structures and systems, and capacity building.

Previous studies have revealed that there are common factors across countries that hinder effective implementation of M&E systems. Such factors include: the need for high level leadership to drive the M&E reform; inadequate M&E capacity, particularly human resource and technical skills; insufficient M&E training; inadequate M&E systems; lack of M&E framework in some countries and poor utilization of performance information (Olivera & Velasco, 2009). In Africa, studies have attributed poor infrastructure, fragmented M&E systems, lack of a culture of M&E, lack of ownership and political will, impact on the M&E systems as the major challenges for organizations and governments failing to adopt comprehensive M&E systems (Kannae, 2000, World Bank, 2000; Kannae, 2000; Koranteng, 2000; Saide & White, 2007; Hange, 2001;). According to Lahey

(2005) other negative attributes identified included limited institutional capacity and technical skills; lack of knowledge of M&E, as well as inadequate M&E systems. Lahey further noted that efforts to use available capacity was hampered by manual processes and high reliance on external technical assistance that greatly affected the implementation of M&E government performance.

Although there are limitation to adopting M&E systems, useful lessons can be derived that are critical in implementing an M&E system. There is need for political will with highest commitment and national champions. Enjela & Jam (2010), Kusek & Rist (2004), and mackay, (2007) have argued that there is need for champions at the highest level, as strong political leadership and incentives are essential for sustainability of M&E system. This has been supported by scholars such as Burdescu, et al., (2005); Brushett, (1998); Castro et al., (2009); Enjla & Jam, (2010); Gomez et al. (2009); and Kuzek & Rist (2004) who have suggested that some degree of centralization in a M&E system is necessary. They have proposed that it is crucial to build an M&E system in phased approach, develop simplified M&E systems with clear goals, objectives, and standardized measurable indicators. The above scholars also suggest that the systems should produce reliable and credible performance information

In the MOH however, M&E systems are yet to be developed. Instead, there are reporting frameworks that incorporate indicators, outcomes and outputs to measure programs and projects implemented by the ministry. This is not adequate since it leaves out important aspects of M&E unaddressed. Thus, conducting a readiness assessment is crucial to inform the ministry on its current status if they were to adopt and institutionalize M&E systems.

2.3 Incentives for Designing and Developing Monitoring and Evaluation Systems

The presence of incentives both at the national and local levels is important before developing M&E system. Kuzek and Rist, 2004 describes incentives as demand for M&E data. Accordingly, Kuzek and Rist (2004) describe fundamental issues such as the need for the driving force that drives the call for reforms to support the adoption of the system; the champions for driving and owning the M&E system; motivators for the champions, mainly political reforms and an M&E budget allocation are important incentives.

Drawing from the African Governments M&E study in Kenya, Ghana and Senegal (2013) evidence indicates the presence of evaluations capacity in the country which is applied to government projects without a national system applicable to all government departments. For instance, in Senegal it was reported that evaluations are donor driven being aligned to the donor project cycles and necessarily to fulfill the routine evaluation requirements of those donors. This observation is also witnessed in the Ministry of Health-Kenya where donor driven monitoring and evaluations and other data collection activities are undertaken following initiatives by donors and not necessarily demanded by users. e.g. The Kenya Demographic and Health Survey (KDHS), Malaria survey, Service readiness assessments among others (GOK, 2008).

In addition, Lahey (2005) posits that appropriate incentives to promote and enforce a culture of utilization of performance information and learning are important, rather than reporting performance information for compliance purposes only. For example, in Kenya performance reporting is through reports generated through performance contracting that is mandatory to specific higher levels of employment. Reports for performance contract in the ministry of health are done quarterly and annually and sent to the central government. In Uganda, Hange (2003) argues that the success of M&E depended on strong demand inclusive of political will and incentives for staff. At the same time, there is need for appropriate sanctions applied to those not using M&E information for decision making.

In order to move forward in designing and developing an M&E system a champion must be identified. Findings from an assessment carried out in East Asian Country in 2010 revealed that no champion for M&E was identified at the highest of government to support a shift towards performance culture (Kuseck 2011). The effect of lack of a champion documented in an assessment carried out in Bangladesh in 2001 by the World Bank showed that other prerequisite factors were also lacking. For instance, there was no reforms M&E system in place (WB, 2001).

Within the MOH, although M&E division has been created with minimal staff, structures are yet to be put in place and no budget to support the division's activities is allocated (MOH, 2014). In assessing the incentives within the MOH, this study therefore aims at determining whether clear and functional structures in place..

2.4 Roles and Responsibilities

According to White, Rist & Kuseck, 1997 communication and partnership are critical in ensuring successful implementation of an M&E system, to this extent policy makers in the Ministry of Health must embrace collaboration with other stakeholders. Separate universes of support, capacity building and political action will not work. As observed by Goldman and & Porter, (2013), government M&E systems in Africa operate in uncertain environments. However, at the same time there are forces pushing to improve performance while there are strategic opportunities for taking forward result oriented reform agenda using evidence to support improvements in service delivery.

In order to effectively manage the results, governments are encouraged to channel more of their resources to the roles and responsibilities required for implementation of M&E (Berin, 2003; Benington & Moore, 2011; Perrin, 1998; polliett, 2009). The importance of endogenous demand for M&E evidence is cited in much literature. (Mackay, 2007; Toulemoude, 1999; Plaatjies & Porler weisner, 2011; Lopes & Theisohn, 2011). The emphasis on results orientation for Government is widely discussed and finds expression in public management and development literature (Berrin 2003,; Burlington and More, 2011; OECD, 2005; Palin, 1995; Polliett et al, 2009). However, this endogenous demand for M&E evidence and result orientation in African countries is still in the formative form (Goldman & Peter, 2013).

To develop M&E capacity in an organization, adequate skill mix is needed. These skills will also include technical skills in data collection, capturing, analysis and utilization of performance information; planning and result based M&E (Mackay, (2007). In addition, developing legislative and policy framework is critical to provide clarity in M&E activities; roles and responsibilities of M&E structures (Scott et al., 2005; Castro, 2001 The World Bank 2007; Mayne, 2007; Kusek & Rist, 2004).

2.5 Capacity Building

According to Kusek, Rist & White, (2005), it is important to acquire institutional capacity that includes technical and managerial skills before implementation of the M&E system that is sustainable over time. Critical M&E related capacity is human resources and skills. However, these

have been found inadequate in developing countries including Kenya (Taylor- Powell, 2006; Tilbury, 2009; Schiavo-Campo, 2005). Literature reveals that these inadequate skills have been influenced by the lack of formal training opportunities for M&E by institutions (Castro et al., 2009; Enjela & Jam, 2010). Countries like Niger attempted to cover the gap by implementing M&E network of specialists as an attempt to strengthen the growing demand that lead to strengthening the M&E system (Segone, 2000). Studies have also shown that initial identification and elimination of capacity limitations will lead to success implementation of the M&E system (Pares, 2006; Zavalas, 2006). This view is supported by Hermenez, (2006) following his Brazil experience.

The importance of early identification of lack of M&E technical and management capacity prior to implementation of M&E have been recorded by Hange (2003). According to WHO, (2014) there is need for initiatives such as organizational leadership training and provision of adequate resources allocation to ensure sustainable systems (World Bank 2010). Lack of preparedness was also observed following the study of the six African countries' M&E systems (Porter & Goldman, 2013). The study concluded that though the countries were at different levels of capacity development, the existing capacity was not endogenous oriented but served the donor needs.

In Kenya, it was observed that a lot of experience exists but most evaluations are donor supported (GOK, 2012). This is reflected in the MOH where most projects are donor funded and have no independent and planned M&E in existence. Thus, there is limited knowledge on whether Kenya, and the MOH to be specific, has the capacity to operationalize independent M&E systems for the country's benefits. This study therefore seeks to fill this gap by conducting a readiness assessment which focuses on determining the available capacity in the ministry to monitor and evaluate its programs.

2.6 Theoretical Framework

In this assessment the New Public Management Framework is used because it seeks to apply business approaches in managing the public sectors. According to Denhardt and Denhardt (2003), public sectors should mirror the market mechanisms and terminologies in the relationship between government agencies/ their activities on one hand and the customers/ citizens one the other hand, such that there are similar transactions between the two. Similarly, the New Public Management

Framework advocates for competition within government institutions enhancing effectiveness and transparency in service delivery.

Accordingly, Osborne and Gaebler (1992) the government, though its operations are non-profit in nature, should focus in increasing productivity by finding alternative mechanisms for service delivery that impacts positively on the country's economy. To that effect, the New Public Management gives priority to management rather than policy; on quantifiable output and performance targets; moving towards reporting, monitoring, and accountability mechanisms, among others.

Two main assumptions of the New Public Management Framework that underpins this study are; first, the need for the government to be result-oriented, funding outcomes and not inputs. Denhardt and Denhardt (2003) advocates that a result-oriented government is dedicated in achieving certain outcomes in the interest of the public, rather than concentrating in managing public resources. The focus therefore is more of ways of funding the outcomes, what ought to be achieved. In relation to MOH, is geared towards shifting the reporting mechanism of the health programmes and projects from mere targets and outputs to a comprehensive M&E systems that covers a wider scope.

Secondly, the New Public Management Framework underpins this study by proposing to have a market-oriented government that leverage on change through the market. According to Denhardt and Denhardt (2003), market-oriented government is required to come up with innovative measures that allow it to match the environment it operates in it. While the market maximizes on profit margins, the government on the other hand focuses on effectiveness that assures quality of life for all and economic opportunities. In relation to this study, the M&E systems take charge of informing the government on the competitive advantages they create in the market by ensuring better health to all citizens. Through the readiness assessment, the MOH will be informed on the need to reform the management of health programs and projects in the interest of the government and the public at large.

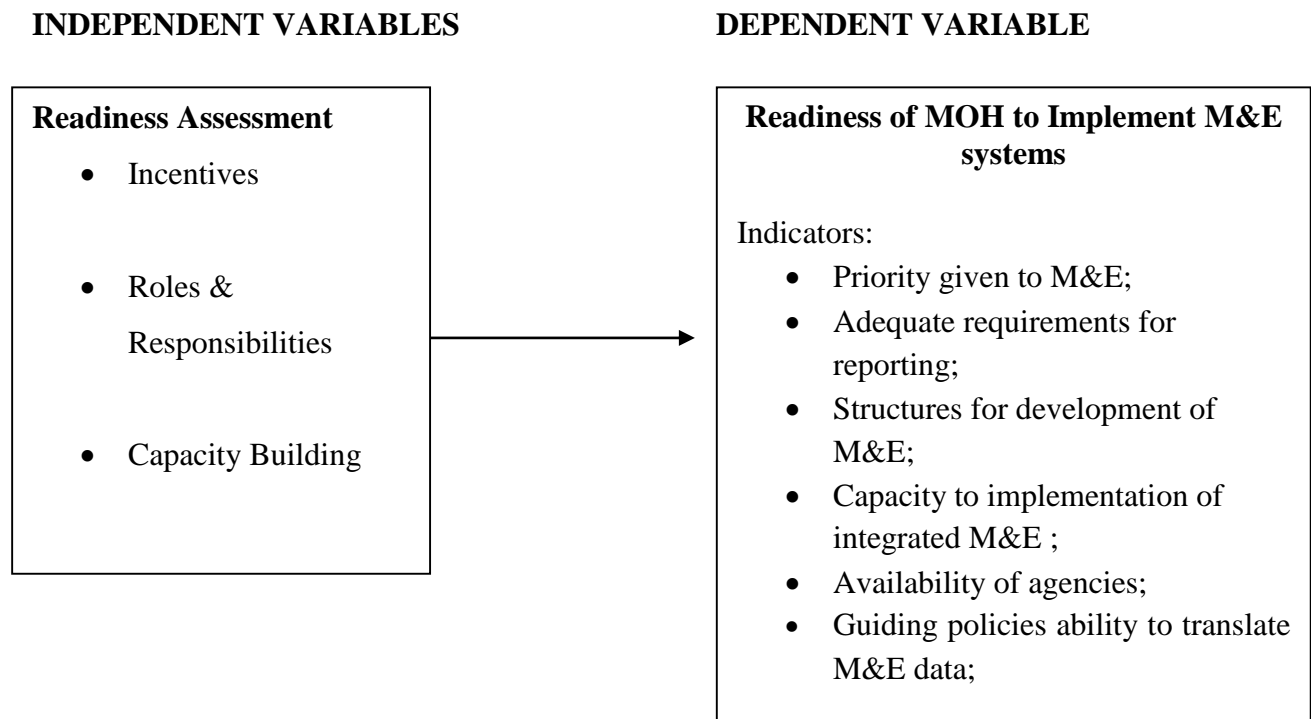
2.7 Conceptual Framework

The conceptual model illustrated below shows the relationship between two main type of variables in this study. The independent variable is readiness assessment and theindependent variable is

expected to explain the dependent variable in this study. By assessing these three areas that literature recommend as the guiding principles in undertaking readiness assessment for M&E purposes, the findings will demonstrate whether there would be any relationship that would impact on M&E systems.

The dependent variable which is the successful implementation of M&E systems depends on what the independent variable reveal. While currently the MOH is yet to adopt an independent M&E system, the conceptual framework would therefore predict their readiness to adopt and implement one. It is therefore expected that the independent variable will have a positive impact on the dependent variable.

Figure 2.1 Conceptual model



2.8 Research hypotheses

The study establishes hypotheses based on the study variables. The hypotheses are;

H₁: Adequate incentives are available for designing and building monitoring and evaluation system

H₂: There are clear roles and responsibilities to support the implementation

H₃: Ministry of health has capacity to monitor and evaluate its Programmes.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This section presents the methodological approaches that were used to obtain relevant response for this research. The sections encompass the research design, study area and population, sampling procedure and sample size, data collection techniques, and data analysis.

3.2 Study Design

The researcher applied mixed research design. Quantitative data provided numeric analysis of the study while the qualitative data provided a wider perspective in this study.

The study was cross-sectional to allow the researcher obtain the required data.

3.3 Study area and Study population

The research was conducted in the Ministry of Health, headquarters based in Nairobi County. This study area was considered fit because majority of the health services are now devolved to County Governments and that the ministry is left with the management and policy development roles for the health sector in the country. Thus, most of the development programs in the health sector are funded through the headquarters directly or through grants.

The population of the study was drawn from members of staff in various programs and projects at the MOH. Currently, the MOH has six departments where services are delivered from. They include: Directorate of Administration Services; Directorate of Clinical Services; Directorate of Public Health; and the Directorate of Health Sector Coordination & Inter Governmental Affairs. Samples of respondents were selected from each of the ministerial department to represent the entire population.

3.4 Sampling technique and Sample size

The study used purposive sampling technique to identify the respondent. This technique was import because it enabled the researcher to classify respondents based on their experience, knowledge and expertise in M&E information and financial management. In most organizations, development of programs and activities such as the M&E systems is left for key decision makers.

Within the government, and based on the job categorizations, employees from job group ‘M’ to job group ‘S’ are considered to be the key decision makers. From each department, the researcher used a disproportionate sample to select respondents. The MOH is one of the largest employers in Kenya, thus a challenge in obtaining the exact population within the ministry for this study. Employees from all departments were however sampled. Table 3.1 summarizes the sample size.

Table 3.1: Sample Size

NO.	DEPARTMENT	POPULATION	SAMPLE SIZE
1.	Directorate of Administration Services	70	21
2.	Directorate of Policy Planning and Health Financing	120	36
3.	Directorate of Standards Quality Assurance and Regulations	80	24
4.	Directorate of Clinical Services	110	33
5.	Directorate of Public Health	70	21
6.	Directorate of Health Sector Coordination & Inter Governmental Affairs	50	15
TOTAL		500	150

From a disproportionate population of 500 staffs from various departments in the ministry, 30% of the total population, that is 150 respondents, was sampled for this study. From each department, the researcher applied simple random technique to select respondents. A random number generator from 1 to 100 was developed and respondents were required to select only one number randomly. The researcher then selected those with even number up to the maximum number required from each department.

3.6 Data Collection Procedures

The data was collected through a structured questionnaire. The questionnaire had closed ended questions. The questionnaire was structured into three sections which were aligned to the study objectives and variables. The researcher, after identifying the selected respondents, sought their

rapport first and after they were in agreement, administered the questionnaires. Each respondent was allowed to retain the tool for one week after which the researcher pick them.

3.7 Data Analysis

Collected data underwent cleaning to that ensured completeness accuracy, uniformity. The quantitative data was keyed into the Statistical Program for Social Science. The data was then analyzed descriptively to compute frequencies, percentages and cross-tabulations. Analyzed data was presented using tables and graphical presentation.

CHAPTER FOUR: PRESENTATION, DISCUSSION AND INTERPRETATION

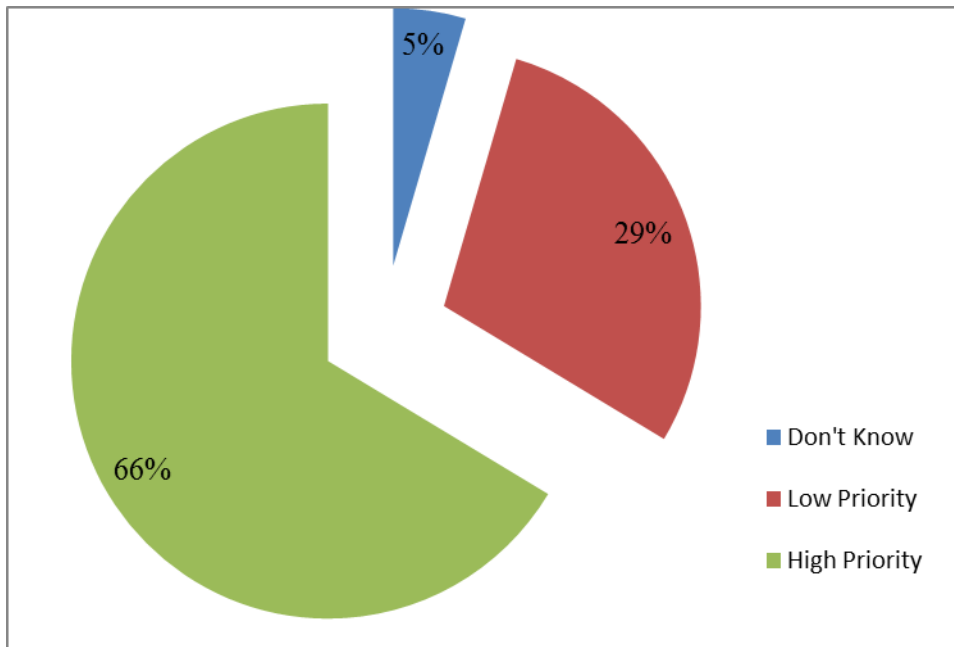
4.1 Introduction

In this chapter findings and discussions of the study are presented. This study focused on readiness assessment of the Ministry of Health in implementing monitoring and evaluation systems for their programs and projects.

4.2 Incentives

To determine to what extent of a priority M&E is at the MOH, respondents were asked to indicate how M&E rate to other social problems as a priority. Response is as indicated in Figure 4.1 below. A large number of respondents (69%) indicated that compared to other health and social priorities M&E was highly prioritized. A minority of 29% felt that the priority was low while 5 % did not know.

Figure 4.1: Ppriority of M&E at MOH

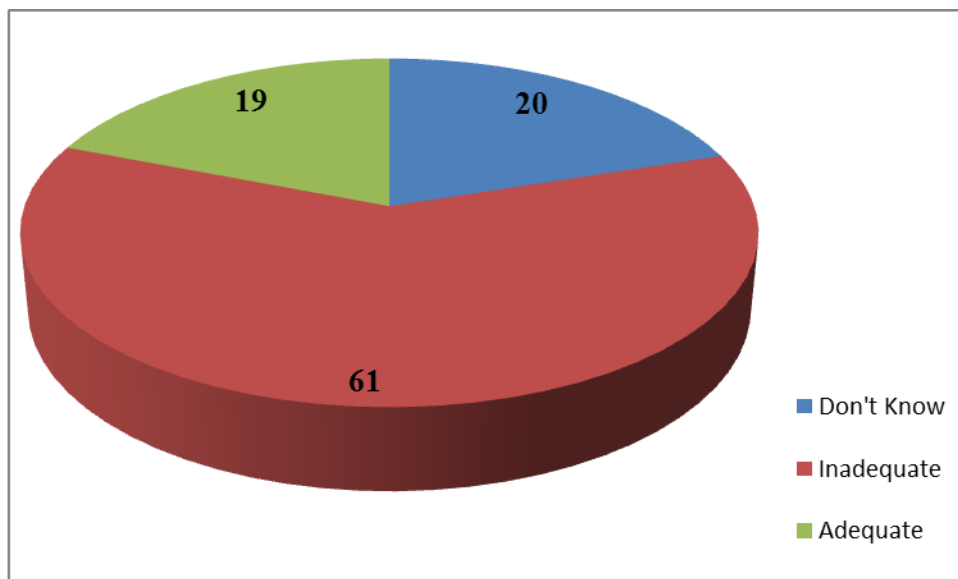


This means that the ministry has been giving considerations to the development of an independent M&E systems for their programmes and projects. Moreover, it can be alluded to that there is internal willingness of the ministry to adopt and implement the M&E systems. The focus therefore

is to assess whether there are challenges affecting the implementation or development of the M&E systems such as lack of a champion positioned at the highest level of the organization as noted by Enjela & Jam (2010), Mackay (2007) and Kusek & Rist (2000).

Measures taken to address M&E in the ministry were also inquired upon. The result as shown Figure 4.2 below indicate that majority of the staff at the MOH (61%) felt that inadequate measures have been taken so far to address M&E systems internally. However, 19 percent were of the opinion that adequate measures have been put in place while 20 percent did not have any information about the measures.

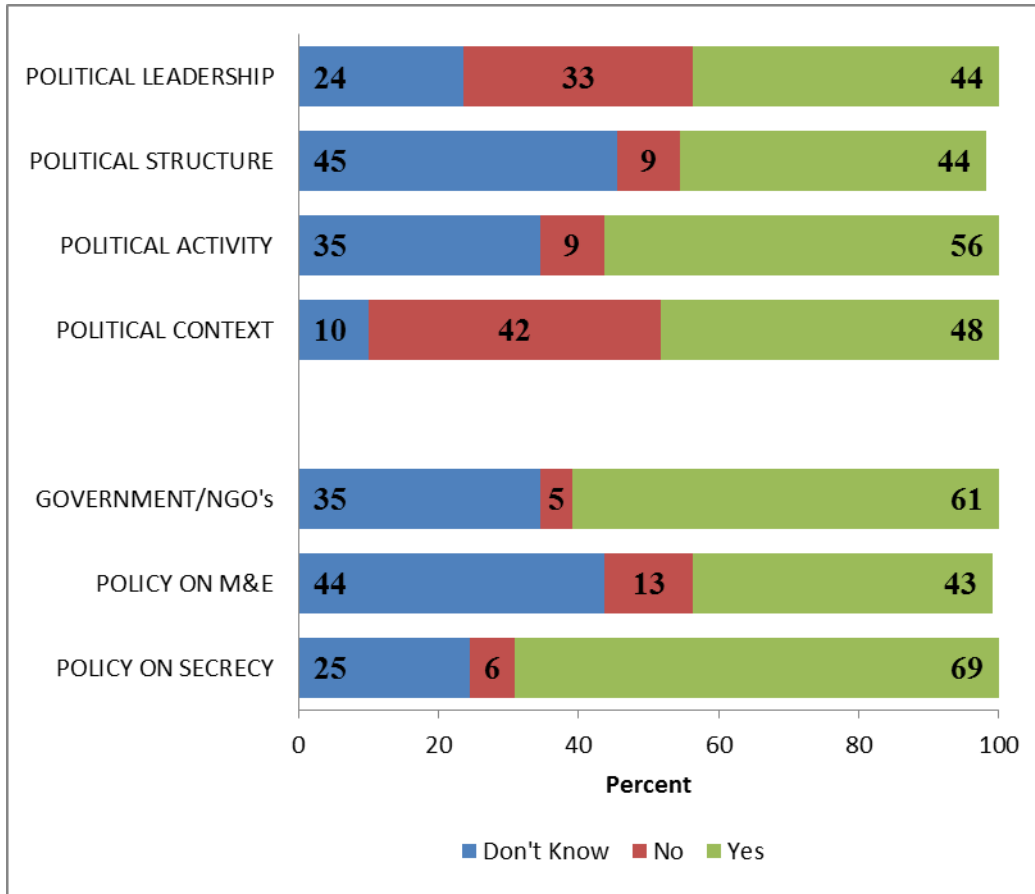
Figure 4.2: Adequacy of measures taken M&E atMOH



Based on the findings in Figure 4.2 above, there is a clear indication that, despite the willingness of majority of the staff to adopt independent M&E systems, the ministry is lagging behind in laying down the foundation for the purpose of implementing the systems.

To establish whether there exists other structures supporting the development M&E systems, respondents were asked whether they knew of any context which has a likelihood of contributing the highest support to the development of an M&E system The findings were as illustrated in Figure 4.3 below.

Figure 4.3: Political and Policy context



As revealed in Figure 4.3 above, respondents felt that both political and policy context are required for designing and developing M&E systems within the ministry. On political context, 56% of the respondents indicated the political activities within the ministry. 48 percent said that political context helps in developing M&E while the rest said there was political leadership and political structures (44% each) in place for the purpose of developing the M&E systems. On the other hand, 42 percent and 33 percent of the respondent felt that the political sphere had no impact especially in the help of political context and political leadership respectively.

In relation to policy, majority respondents (61%) of the respondents agreed that there are government/ non-government agencies officially mandated to undertake M&E systems in the ministry while 43 percent agreed that there exist official policies addressing M&E within the ministry. However, 35 percent, 44 percent, and 25 percent of the respondents had no clue of

whether there are government/ non-government agencies officially mandated to undertake M&E in the ministry of health.

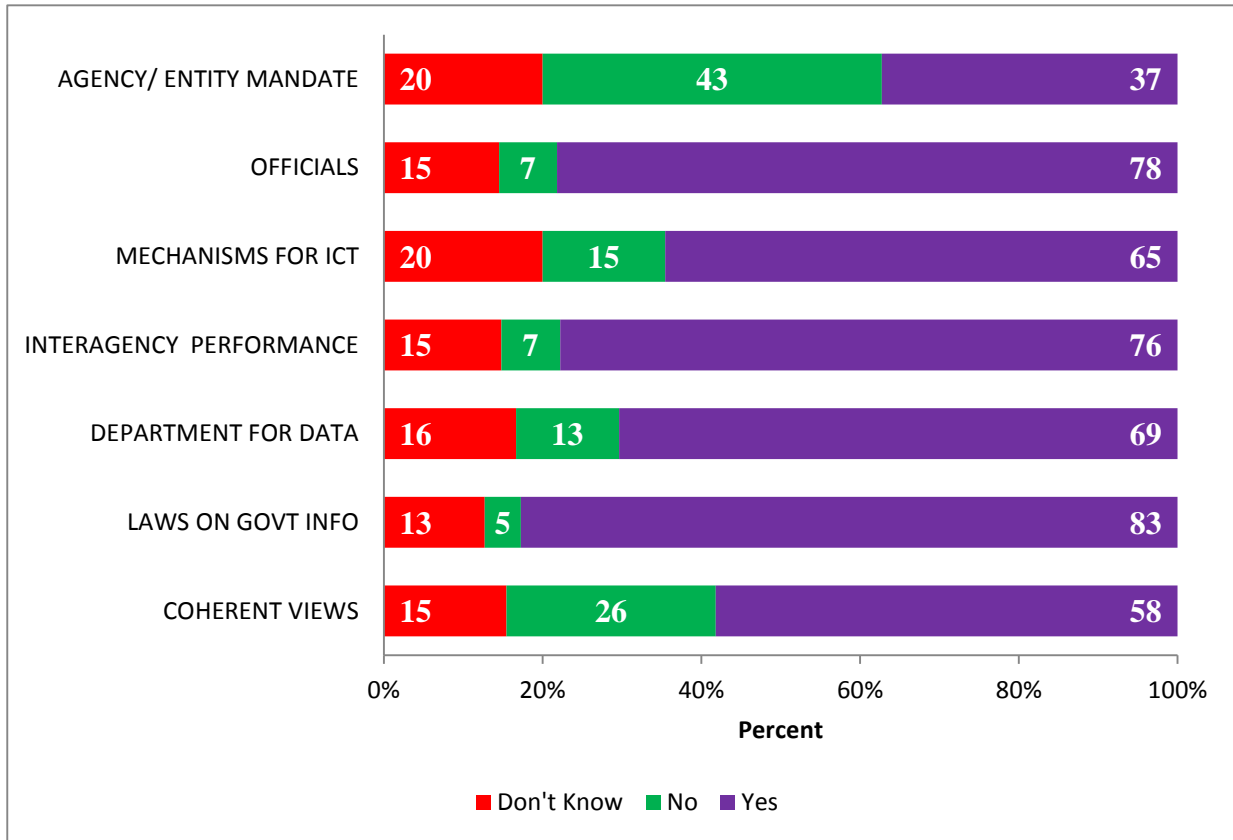
These findings indicate that the ministry has adequate support to develop and implement M&E systems for purposes of assessing its programs. There is political willingness, which supports the ministry in developing independent M&E systems. In addition, there are policy measures and structures in place within the ministry. However, as argued by Hange (2003) political will is not sufficient on its own and suggests that success as observed in Uganda depends on strong demand and build in incentives for staff as well as appropriate sanctions (Mackay 2002).

4.3 Roles and Responsibilities in the MOH

The study sought to establish the existing roles and responsibilities that yield performance of the government in relation to development goals. The respondents were questioned on issues related to this component that include- responsibility on data collection at all levels of MOH; Information on roles and responsibilities for assessing the performance of MOH was also obtained. The inquiry touched on roles and responsibilities of existing agencies. The results are as indicated in Figure 4.4 below.

The results indicate that the majority of respondents felt that officials (78%) and laws on government information (83%) had the highest roles and responsibilities for assessing the performance of MOH. It is important to note that all identified entities play important role and responsibility in the assessment of MOH because they recorded above 50 percent positive responses.

Figure 4.4: Various Roles and Responsibilities for Assessing the Performance of MOH

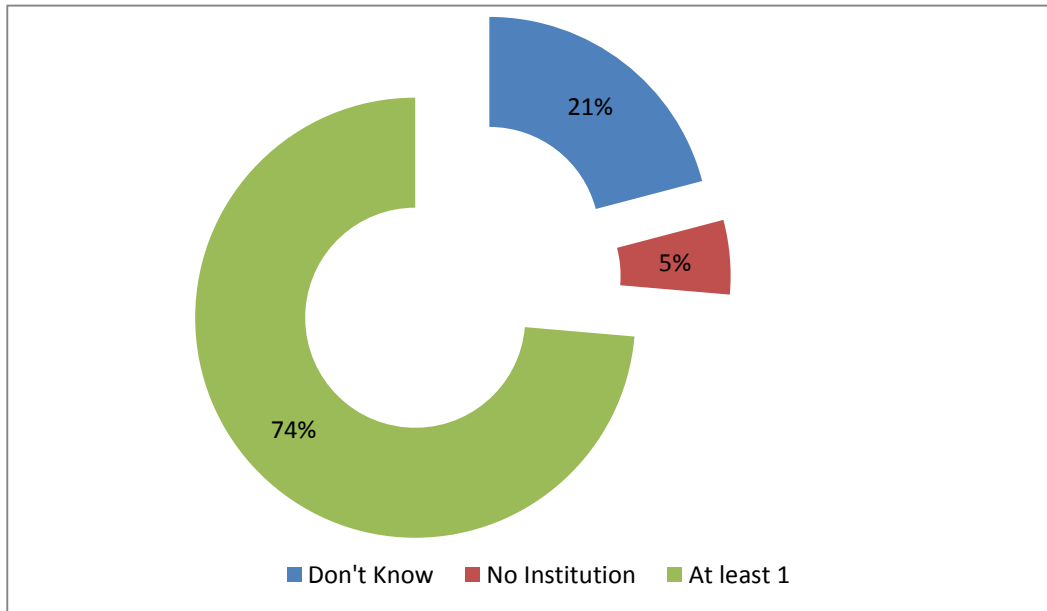


As stated above, result also shows that majority (78%) of respondents knew of the official Health information office in the MOH and only 7% were not familiar with the official office. They indicated that many of the respondents are aware of availability of a mechanism for ICT to coordinate ICT matters such as for matters related to technical. Performance of the agency and the interagency was inquired upon. The study results also sought to know from respondents whether MOH had full view data holdings. Many (58%) believed MOH have a full view of its data holdings while 26% thought differently.

These findings indicate that the ministry is aware of their roles and responsibilities in line with implementation of M&E systems. High levels of awareness of the roles and responsibilities within the ministry increase the likelihood of successful implementation of independent M&E systems. However, as observed by Goldman & Porter (2013) M7E in Africa operate in a complex terrain

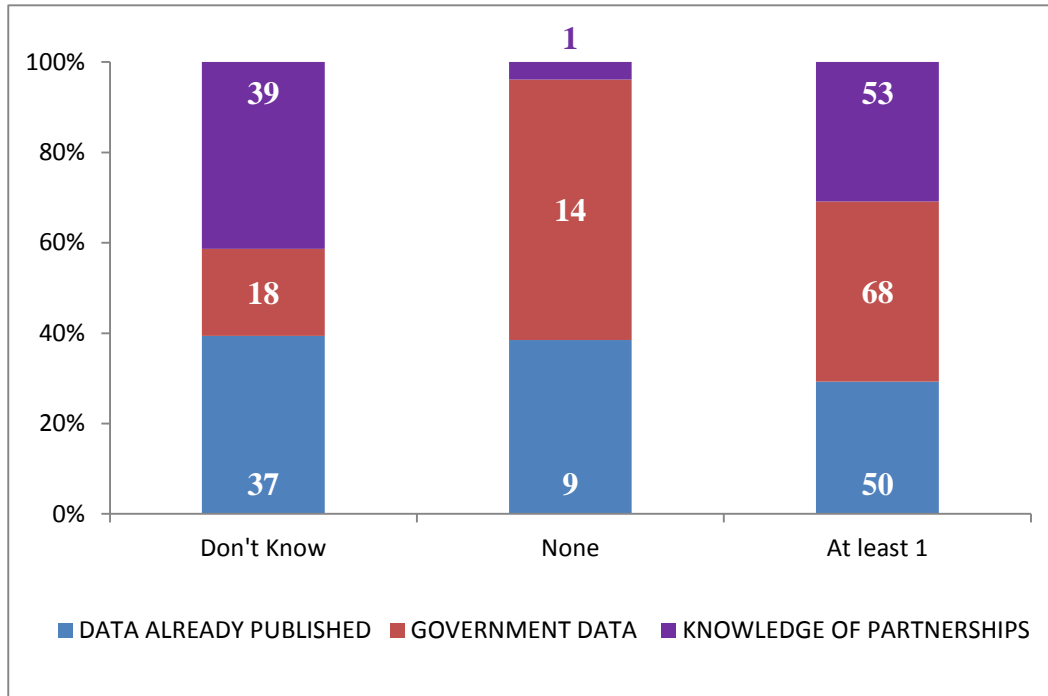
and the awareness observed in the Ministry of Health Kenya must translated into strategies to guide implementation of M&E.

Figure 4.5: Knowledge of existence of institutions involved in M&E programs



To determine the knowledge level of existence of institutions involved in M&E programs it was important to get information regarding the existence of these institutions. The respondents were asked to state the institutions they were aware of. Results of the study shows that majority(78%) of respondents knew of at least one institutions involved in M&E programs, 21% responded no and 5% were not aware of any institution (Figure 4.5). This is an indication that most employees have knowledge on how M&E systems works based on the activities undertaken by other relevant institutions. In additions, employees may have interacted with such institutions conducting M&E for various programs, thus could be in a better position to implement ministerial M&E systems.

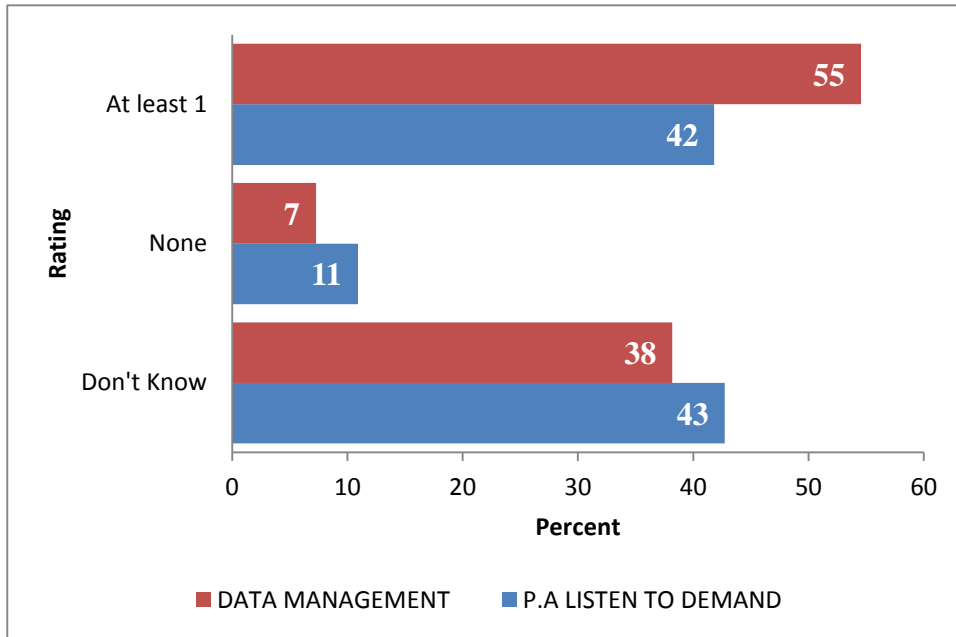
Figure 4.6: Knowledge of M&E variables



The data was further analyzed and established that 53% of respondents knew at least one partnerships, alliances, coalitions, or networks of institutions in MOH which are wholly or in a large extent dedicated to M&E against majority 68% who named none (Figure 4.6). Results of the study also indicated where government data is held as well as knowledge of published data (39%).

The implication is that majority of members of staff within the Ministry of Health have knowledge of relevant indicators for assessing and evaluating programs within the ministry. In addition, awareness level of employees in relation to published data, government data and partnership is crucial to inform M&E systems within the ministry.

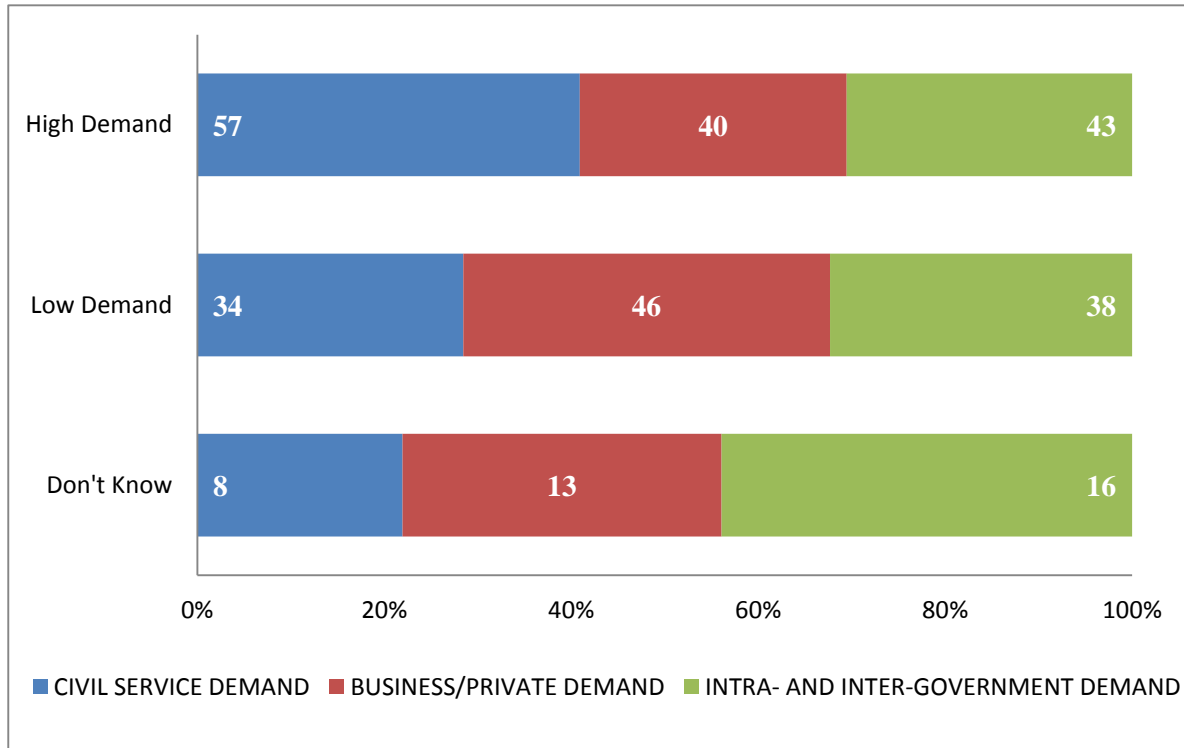
Figure 4.7: Knowledge on Data Management



As shown in Figure 4.7 above the respondents indicated that there were agencies in the ministry. Fifty five percent (55%) respondents were able to name at least one agency whereas 7% could not name any agency. However, 38% simply had no idea. Also figure 4.7 provides views on demand for data for public agencies and how they respond. Forty two percent of respondents could name at least one way and 43% responded with “don’t know”.

This is an indication that the ministry is in a position of opening the scope of their data management by engaging other relevant stakeholders. In addition, the quest for data also shows that the ministry is in need of information and feedback in line with their programs and activities.

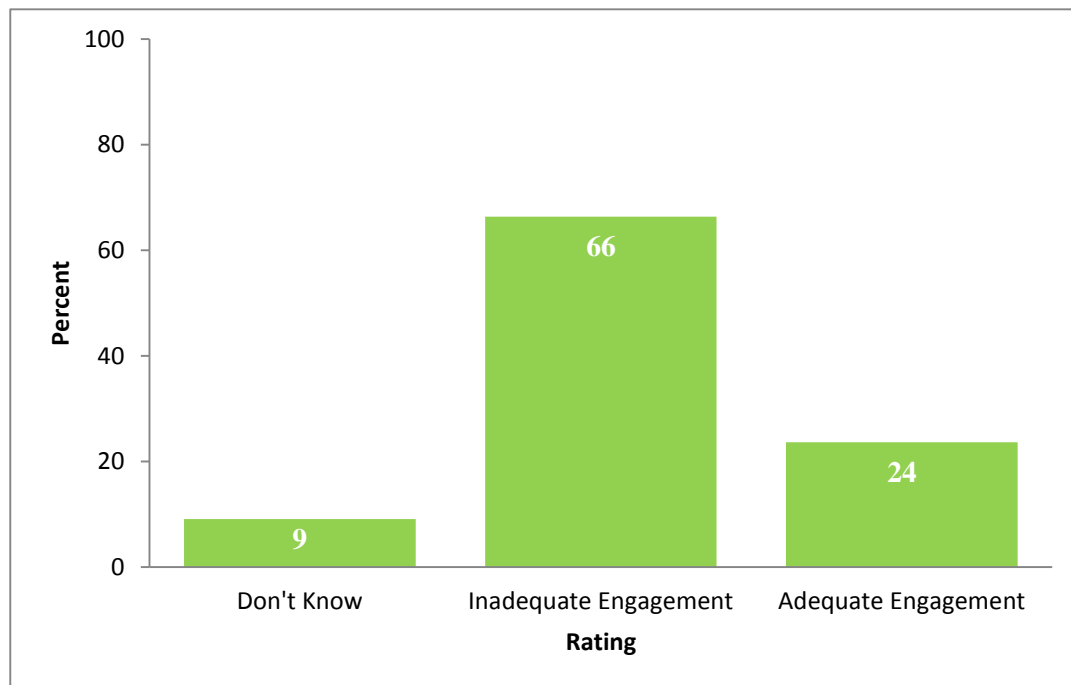
Figure 4.8: Knowledge of Demand for Data



The study reveals demand for data by the civil servants and media; Business and Private sector and by intra- and inter-government entities. Figure 4.8 above shows that the highest (57%) level of demand for data; low demand recorded at 46% by the Business and Private sector.

The high demand for data from civil service is an indication that most public institutions and citizens at large are in need of information relevant with what the ministry undertake and their performance. Through M&E systems, thus, the demand for civil service, business, as well as the intra and inter-governmental programs will shed light.

Figure 4.9: Level of government engagement with print and electronic media



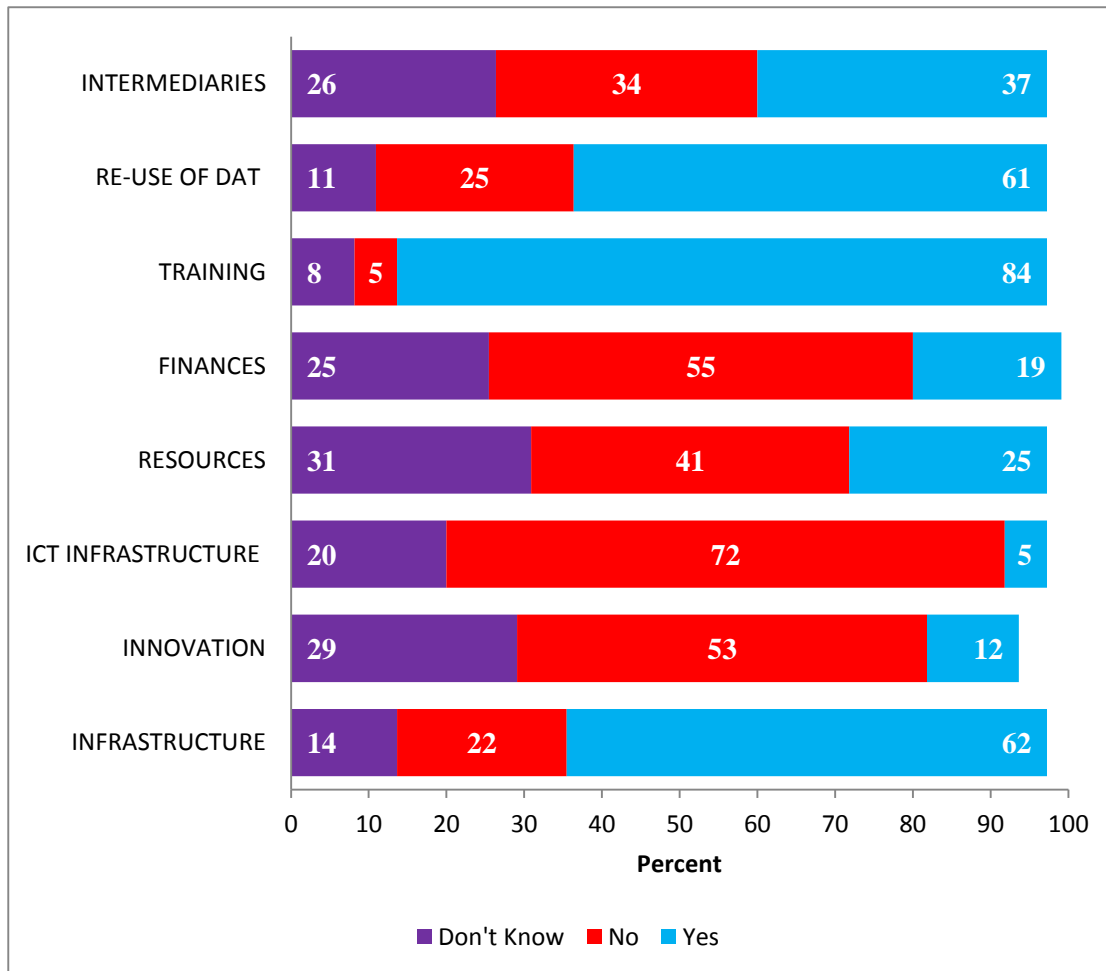
Information on level of engagement with government through print and electronic media was recorded. Figure 4.9 reveals that 66% of the respondents said that the level of engagement is adequate, 24% indicated that the engagement is inadequate while 9% did not know to what extent the government is engaged.

This is an indication that very little is been done in line with enhancing access to information that informs the progress of projects and programmes between the government and other relevant stakeholders.

4.4 Requirements for Capacity building

This study assessed capacity building to determine the extent the ministry has sustainable skills, structures, resources, and commitments to health improvements. The main indicators used included; intermediaries for data translation; re-use of data in MOH; training; finances; resources and ICT infrastructure. The findings are presented below.

Figure 4.10: Extent of Capacity building



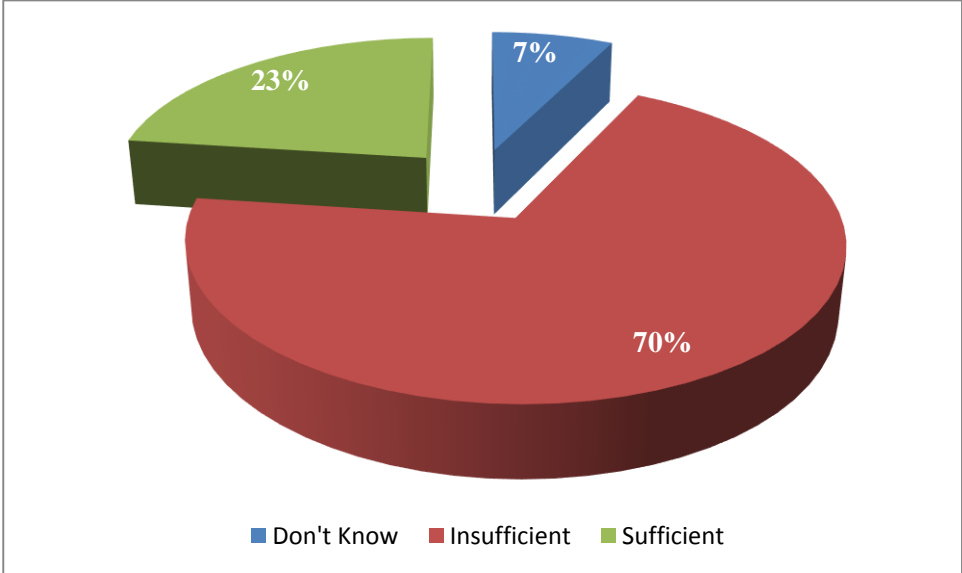
This study results indicate that only 37% knew of intermediaries capable to translate M & E into information understood by the public; 34 had no knowledge of any intermediaries. As regards reuse of data in MOH 61% of respondents believe that the government is encouraging re-use of available data. Eighty four percent of the respondents knew of training institutions involved in technical skills and data analysis training..

However, the results in Figure 4.10 further show that respondents (55%) indicate that insufficient finances have been availed to fund M&E system. On the same note 41% of respondents said that sufficient resources do not exist. This lack of resources is supported by 53% of respondents who

believe that MOH have no funding mechanisms for innovation. Majority (62%) of respondents believe that government use shared infrastructure or shared services with other stakeholders. This situation can be explained by the fact that existing capacity in Kenya as in other African countries is not endogenous oriented but served the donor needs (Goldman and Porter, 2013). As supported by existing documents (GOK 2012) a lot of experience exists in MOH but most evaluations are donor supported and exist in silos.

Apart from training, re-use of data and infrastructure, the low rating in the remaining indicators implies that there is low capacity for the ministry to build the requirements for M&E systems. Generally, the ministry lacks adequate capacity to build and implement M&E systems.

Figure 4.11: Is internet access at sufficient levels?

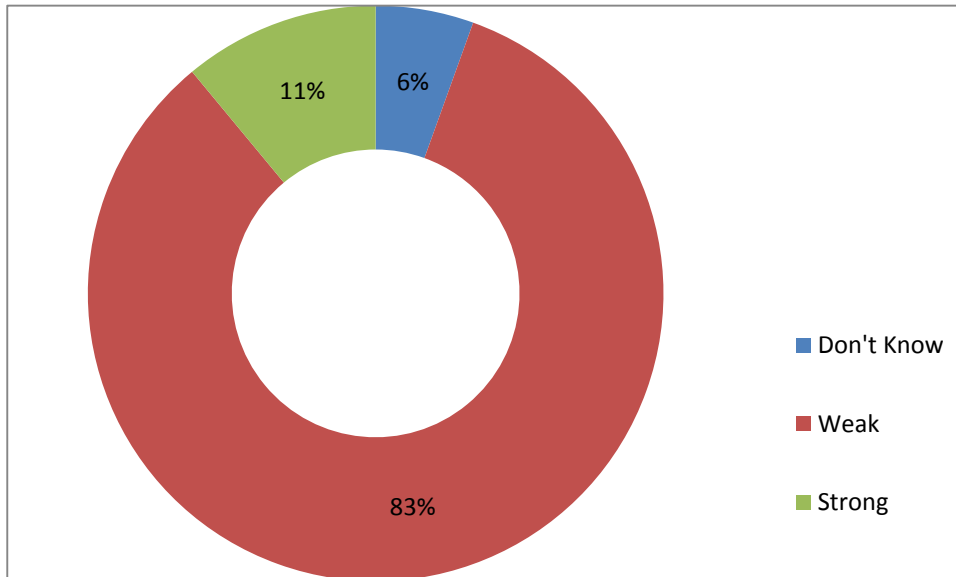


Result of the study reveals that seventy percent of respondents were of a strong view that there was an inadequate internet level to support an M&E system in national/locality levels. Only 23% were of a strong opinion that access to internet was sufficient levels and at a cost able to support an M&E system in the country/locality (Figure 4.11).

Low access to internet within the ministry could be interpreted to limited access to information. Based on the global trend of online communication and access to information through various

platforms in the internet, the ministry insufficiency to internet access is against the trend. This also indicates that a few people in the outside world can access information despite the programs of the ministry being vital to the country and the world at large.

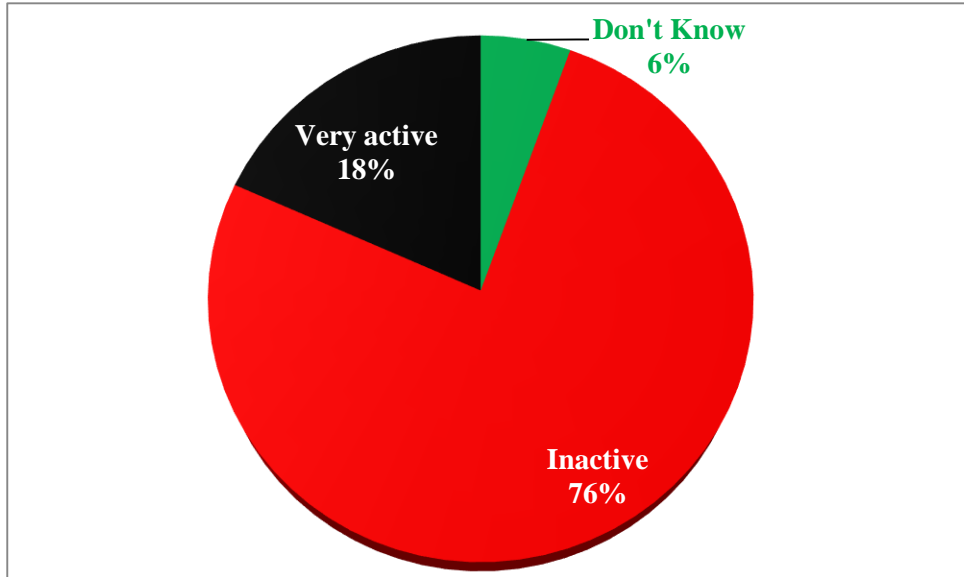
Figure 4.12: How strong is the government overall ICT skills



Overall skills level in government is shown in Figure 4.12 above. Result of the study reveals that eighty three percent of respondents were of a strong view that the government ICT skill among government staff was insufficient. Only 11% were of a strong opinion that government ICT skills base among government staff (Figure 4.11).

This is an indication that the ministry is also limited by the government in terms of access to strong internet connectivity. Likewise, the government in general contributes to the inaccessibility of information within the ministry.

Figure 4.13: To what extent is the government's active on the Web?



Information on the government's presence on the Web was obtained from the respondents. Among the responses 76% of respondents indicated that the government was not active on the Web. However, 18% believed the government was active. This is an indication that the government, especially the national government, is not keen in improving performance outcomes by embracing M&E..

4.5 Identified Themes/ Strategies following review of Government Documents

To enhance and support the findings of the study government documents were reviewed by the researcher from the various government departments, they include policy, strategy and other implementation frameworks for various departments from the ministry of health, the constitution of Kenya 2010, the National Financial Act 2012 and fiscal plans from the ministry of planning

Theme 1: Incentives

It was revealed that, to enhance incentives in the implementation of M&E systems, the following aspects are to be prioritized: improved accountability; leadership, management and governance; enhanced linkages with oversight institutions; enabling legislation, policies and guidelines; provision for adequate drivers of an M&E Systems; provision and utilization of performance

information; prompt communication to stakeholders' expectations on performance information; and effective utilization of performance information.

Theme 2: Roles and responsibilities

On roles and responsibilities, it was established that: functional M&E systems and structures to be created; there was need for existing systems and processes; existing M&E structures; functional unit for M&E roles and responsibilities; and availability of infrastructure and resources.

Theme 3: Capability of M&E System

Finally, on capabilities of M&E systems, the study established the need to facilitate the inadequate M&E capacity and promotion of M&E capacity, skills development, awareness and culture.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the assessment was to assess readiness of the Ministry of Health in implementing monitoring and evaluation systems. This chapter therefore summarizes the findings of the study and also indicates areas of future research.

5.2 Summary of the study

In summary the main objective was to assess the readiness level of MOH to implement an M&E system. The study specifically sought to examine the existence of incentive, to explore present clear roles/ responsibilities in support of implementing an M&E system, and finally to review the capacity of MOH to monitor and evaluate its projects.

After the realization of the important role monitoring and evaluation of programs plays, the Paris and Busan meetings recommended the need for institutions to be accountable. The meeting therefore agreed that there was need to develop a global monitoring framework to monitor and evaluate programs among partners. In participation, Kenya demonstrated their willingness to implement M&E System amongst its institutions and show results. However, challenges observed within the public sector, especially in struggling to build capacity to improve performance and accountability to meet the requirements of Vision 2030 and the Kenya Constitution (2010) pose the need for this study. This is more evident in the Ministry of Health where challenges such as inappropriate institutional design, poor coordination across departments, fragmented systems, lack of clear roles and responsibilities, sub-optimal leadership and management, lack of performance or outcomes of public entities, and absence of strong performance culture, elevate the need to assess the readiness of the ministry to carry out M&E. The question this study sought to address therefore is; to what extent is the Ministry of Health ready to embrace M&E system?

Literature has revealed cross-cutting factors that affects countries in line adopting an M&E system to include; inadequate M&E capacity, particularly human resource and technical skills, insufficient M&E training, inadequate M&E systems, lack of M&E framework in some countries, poor utilization of performance information, poor infrastructure, fragmented M&E systems and lack of ownership as well as political will, among others. To overcome these factors, it has been highly

recommended that institutions should focus on their readiness assessment by focusing on three main indicators, namely; Incentives, roles and responsibilities, and existing capacity.

Using findings of this study, the assessor established that the MOH has high demands (incentives) for designing an M&E systems to assess their programs. Respondents agree on the fact that they have prioritized an M&E system in the Ministry of Health. However, measures taken to address M&E in MOH were found to be inadequate. Structurally, the study found out that existence of visible political leadership, political activities, and political context that influence facilitation of the M&E systems within the ministry. Moreover, the ministry was found to be aware of existing government and non-governmental agencies mandated to address the M&E systems as well as policies that articulate the M&E. Lastly, the ministry was aware of government secrecy laws that controls access of information within the M&E systems.

The study also revealed that the MOH has adequate roles and responsibilities necessary to assess its performance in line with M&E programs. Particularly, it was established that the MOH has an agency that is mandated to oversee the M&E programs and has relevant skills and experience to manage the M&E portal. Secondly, majority of the respondents agreed that there are official positions that are dedicated to data management. Other role indicators that respondents showed their support were the existence of interagency mechanisms that offers technical support on ICT issues. This is not limited to existence of a department responsible for data management, policies on data management, and data storage techniques. On the other hand, the ministry established high demand for data especially from the civil service and intra and inter-governmental institutions. Despite the business/ private entity having low demand of data, a good number of them have sought the data from the ministry. However, it was established that the level of engagement between the MOH and other relevant stakeholders in line with M&E was inadequate, based on utilization of social media and other forms of digital communication.

Lastly, the study established that the MOH has necessary capacity to undertake M&E despite disagreements in factors such as adequate finances, resources, ICT infrastructure, and innovations required to enhance smooth implementation of M&E. The ministry was found to have skilled intermediaries with capabilities of interpreting M&E data to meaningful information. Moreover,

there was high prevalence of the ministry to re-use data in developing applications. The ministry also demonstrated their support for existing institutions that equips people with skills in data analysis, thus enhancing capacity building through training.

The study utilized secondary information to established how majority of the existing information recommend on improvements on the three main indicators; incentives, roles and responsibilities, and capacity building. Issues touching on accountability, oversight, and more policy enhancement have characterized the incentive component. Moreover, roles and responsibilities was criticized as lacking relevant structures for effective implementation of M&E, thus calling upon layout of infrastructure, resources, and functional systems to enhance M&E..

5.3 Conclusions

This study sought to assess the readiness of MOH to implement an M&E system. With three main indicators; incentives, roles and responsibilities, and capacity building, it was established that the ministry is indeed capable of implementing an M&E system to monitor their performance. Positive outcomes of incentive is an indication of availability of necessary support, especially from internal and external systems/and structures that would enhance effective implementation of the M&E systems. While M&E is a priority for the ministry, there also exists legal backing of the systems through adopted policy measures. Policies would generally provide guidelines for implementing the M&E systems and establish relevant structures required for administering activities.

On the other hand, availability of resources for all involved in M&E were also viable. Roles and responsibilities exist within a triangulation, as department and other established agencies that manages data, facilitate the implementation of M&E programs, as well as those in charge of ICT infrastructure are well established and conscious of their mandate in line with M&E.

Of the most affected area for M&E system to be implemented is capacity building which not only focuses on the human resource capacity, but also other enablers that facilitate ease in administering programs. Factors such as funding, resource allocations, and adequate technological infrastructure tend to slow down processes as they play a vital role in enhancing successful implementation of programs. However, the ability of staffs to interpret data and re-use information for development

of programs are important components in assessing the readiness of the ministry to implement M&E systems.

5.4 Recommendations for Future Action

- i. It was established there is a number of members within the MOH who are not aware of existence of certain programs, activities, and guidelines in line with the M&E. It is therefore recommended that, for effective implementation of M&E system, there should be increased sensitization of the roles of M&E and importance especially in monitoring the health programs within the country.
- ii. For the ministry to be ready for M&E systems, it is recommended that the government and the internal budgetary committee should ensure that programs for monitoring and evaluation are well funded, resource availed in due time, and promote the usage of technology so as to enhance easy sharing and updating of information, as well as to access of the ministry's data base.
- iii. Although there was high levels of political support, policy measures in place, and agencies responsible for enhancing the M&E systems, the standard application of M&E is not based on all ministerial programs. It is therefore recommended that the existing structures should work together and ensure that all programs are monitored and measured for result so as to demonstrate the usefulness of M&E systems in the ministry and enhance achievements of desired goals.

5.5 Suggestion for further studies

Other studies that could be carried out would include:

- i. An assessment of the effectiveness of M&E models applied in performance measurement in the public service
- ii. A study on the extent to which M&E has brought about realization of desired goals in the public sector

REFERENCE

- AfrEA, 2007, 'Making evaluation our own: Strengthening the foundations for Africa-rooted and Africa led M&E: Summary of a special conference stream and recommendations to AfrEA', in A. Abandoh-Sam et al. (eds.), *Evaluate development, Develop Evaluation: A Pathway to Africa's future*, Author, Niamey.
- Barber, M., 2008, *Instruction to Deliver: Fighting to Transform Britain's Public Services*, Methuen Pub. Ltd., London.
- Behn, R.D., 2003, 'Why measure performance? Different purposes require different measures', *Public Administration Review* 63(5), 586–606.
- Bemelmans-Videc, M.L., Rist, R.C. & Vedung, E., 2003, *Carrots, sticks, and sermons: Policy instruments and their evaluation*, Transaction, New Brunswick.
- Benington, J. & Moore, M.H., 2011, 'Public value in complex and changing times', in J. Benington & M.H. Moore (eds.), *Public Value: Theory and Practice*, Palgrave Macmillan, London.
- Bester, A (2009). *Evaluation of Public Policies in South Africa. Issues Paper by UNDP on National Capacity Evaluation, Casablanca Morocco: UNDP 15-17 December*
- Boyle, R. & Lemarie, D., 1999, *Building Effective Evaluation Capacity: Lessons from Practice*, Transaction Publishers, London.
- Bushett, S. (2008). *Evaluation Capacity Development in Zimbabwe: Issues and opportunities. ECD Working Paper Series number 2.: The World Bank.*
- Centre for Learning on Evaluation and Results (CLEAR) & The Presidency Republic of South Africa Department: Performance Monitoring and Evaluation (DPME), 2012a, *African Monitoring and Evaluation Systems: Exploratory Case Studies*, University of the Witwatersrand, Johannesburg.
- Chelimsky, E., 2006, 'The purpose of evaluation in a democratic society', in I. Shaw, J.C. Green & M.M. Mark (eds.), *The Sage Handbook of Evaluation*, pp. 33–55, Sage, Thousand Oaks, CA.
- Chen, H., 2005, *Practical Program Evaluation: Assessing and Improving Planning, Implementation and Effectiveness*, Sage, Newbury Park, CA.
- Cloete, F. (2009). *Evidence Based Policy Analysis in South Africa: Critical Analysis of the Emerging Government –Wide M&E System. Journal of Public Administration*, 44(2), 293-311.
- Dassah, M.O. & Uken, E.A. (2006). *M&E in Africa with reference to Ghana and South Africa. Journal of Public Administration*
- Denhardt, J. and Dehardt, R (2002), "The New Public Service: Serving, Not Steering"
M.E. Sharpe, Armonk, New York.
- Denhardt V. J. and Denhardt B. R., 2003, *The New Public Service: Serving, not Steering*, M.E. Sharpe, New York.
- Engela, R. & Ajam, T., 2010, 'Implementing a Government-wide Monitoring and Evaluation

- System in South Africa', in Independent Evaluation Group (ed.), Evaluation Capacity Development, Working Paper Series 21, World Bank, Washington.
- Funnell, S.C. & Rogers, P.J., 2011, Purposeful Program Theory: Effective use of Theories of change and Logic Models, Jossey-Bass, San Francisco.
- Government of Kenya, (2010). The Constitution of Kenya 2010, Kenya: Government Press.
- Government of Kenya, (2011), The Financial Management Act 2011, Kenya: Government Press.
- Government of Kenya,(2015), Vision 2030, Kenya: Government Press.
- Government of Kenya, (2013), Draft health Sector Monitoring and Evaluation Framework, Kenya: Government Press.
- Government of Kenya, (2012), Draft Health Sector Policy Framework, Kenya: Government Press.
- Government of Kenya, (2012), The inter government Relations Act 2012, Kenya: Government Press.
- Government of Kenya, (2012), The County Government Act 2012, Kenya: Government Press.
- Hauge, A. O. (2001). Evaluation Capacity Development: The Development of M&E Capacities to improve Government Performance in Uganda. *ECD Working Paper Series Number 10*. Washington D.C.: The World Bank
- Hauge, A. O. (2001). Evaluation Capacity for M&E in Uganda: A Result based Management Perspectives. ECD Working Paper Series number 8. Washington D.C.: The World Bank
- Holvoet, N. & Inberg, L., (2011). Sector M&E Systems in the Context of Changing Aid Modalities: The Case of Niger Health Sector's. Working Paper number 2. From: www.ua.Uc.bc/job.
- Ijeoma, E. O. C. (2010). Mainstreaming M&E Policy in South Africa: An Eye on Impact Assessment, *Journal of Public Administration* 45(2,343-360)
- Kannae, L. A.(2001). The role of Ghana Institute of Management and Public Administration in Institutionalizing of M&E in Ghana. *Selected Proceedings from a Seminar and Workshop on M&E Capacity Development. Johannesburg: The African Development Bank and The World Bank* 25-29
- Koranteng, A. (2000). Evaluation Capacity Development in Ghana. *Selected Proceedings of a Seminar and Workshop on M&E Capacity Development .Johannesburg: The African Development Bank and The World Bank* 25-29 December
- Kusek, J. (2011). GETBrief: Assessing Country Readiness for M&E. Retrieved From <http://siteresources.worldbank.org>.
- Kusek, J. Z. and Rist, R..C. (2001), Building a Performance Based M&E System: The challenges facing the developing countries Readiness. *Evaluation Journal Of Australia*,2, 14-23 .
- Kusek, J. Z. and Rist, R..C. (2004), "Ten steps to a result based monitoring and Evaluation System: A Hand book for development Practitioners .

- Kusek, J. Z., (2011), Assessing Country Readiness for Results Based M&E to Support Results Informed Budgeting. GET Brief, World Bank
- Kusek, J. Z, Rist, R.C. & White,E.M. (2005) “ How Will We Know The Millinium development goal results when we see them?: Building a result-based M&E system to give us the answers. *Evaluation*, 11(7, 7-26).
- Kusek, J. Z. and Rist, R..C. (2002), “Building results based Monitoring and Evaluation System; Assessing Developing Countries Readiness. *Zeitschrift for Evaluation Heft. Vol.2002*
- Lafond, A. K. Brwn, L. & Macintyre, K. (2002). Mapping Capacity in the Health Sector: A Conceptual Framework. *International Journal of health Planning and Management*
- Lopes, C. & Theisoohn, T., 2003, Ownership, Leadership and Transformation: Can We Do Better for Capacity Development?, Earthscan/James & James, New York.
- Macky, K. (2006). Evaluation Capacity Development: Institutionalization of M&E Systems to Improve Public sector management. ECD Working Paper series number 15. Washington D.C.: The World Bank.
- Mackay, K., 2007. How to Build M&E Systems to Support Better Governance. World Bank, Washington D.C.
- Ministry of Health, 2014, Ministerial Strategic & Investment Plan, July 2014– June 2018: Accelerating the Attainment of Equitable, Accessible and Quality Health Care for All. Government Press, Government of Kenya.
- Newman, W., (2006). *Social research Methods: Qualitative and Quantitative Approaches*. Boston: Pearson.
- Osborne D. and Gaebler T., 1992, Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector, Reading, MA: Addison-Wesley.
- OECD. (n.d). Paris Declaration and Accra Agenda for Action. From: www.oecd.org/effectiness/parisdeclarationandaccraagendaforacti.
- Odhiambo K T, (2000), Evaluation Capacity Development in Kenya. *Selected Proceedings from a Seminar and Workshop on M&E Capacity Development*. Johannesburg: Development Bank of Southern Africa, The African development Bank and The World Bank 25-29 September.
- Odhiambo-Otieno, G.W. (2005), evaluation of Existing Disrict Healt Management Systems. A case study of the District Health Systems In Kenya. *International Journal of Medical Informatics*, 74, 733-744.
- Owen, J.M., 2007, Program Evaluation: Forms and Approaches, 3rd edn., Guilford Press, New York.
- Patton, M.Q., 2008, Utilization-focused evaluation, 4th edn., SAGE, London.
- Perrin, B., 1998, ‘Effective Use and Misuse of Performance Measurement’, *American Journal of Evaluation* 19(3), 367–79.
- Picciotto, R., 1995, ‘Introduction: Evaluation and Development’, *New Directions for Evaluation* 1995(67), 13–23.
- Picciotto, R., 2012, ‘Country-Led M&E Systems -Robert Picciotto’ Part 2, video, Youtube,

- viewed 20 April 2012 from
- Plaatjies, D. & Porter, S., 2011, 'Delivering on the Promise of Performance Monitoring and Evaluation', in D. Plaatjies (ed.), *The Future Inheritance: Building State Capacity in Democratic South Africa*, pp. 292-312, Jacana, Johannesburg.
- Pollitt, C., Bouckaert, G. & Van Dooren, W., 2009, *Measuring Government Activity*, OECD, Paris.
- Porter S., Goldman I., 2013. "A Growing Demand for Monitoring and Evaluation in Africa". *Africa Evaluation Journal 2013 j 1 (1)*.
- Ramkolowan, Y. & Stern, M., 2009, *The Developmental Effectiveness Of Untied Aid: Evaluation Of The Implementation Of The Paris Declaration And Of The 2001 DAC Recommendation On Untying ODA To The LDCS*, Development Network Africa, Pretoria.
- Reid, (1999), "Performance oriented Public Sector Modernisation in Developing Countries: Meeting the implementation Challenges". *Research in Public Administration*, Vol.5 1999
- Schick, Allan (2003), "the performing state: Reflection on the Idea Whose Time Has Come, But Whose Implementation Has Not" *OECD Journal on Budgeting* Vol. NO 3 : 2003
- Toulemonde, J., 1999, 'Incentives, Constraints and Culutre-building as Instruments for the Development of Evaluation Demand', in R. Boyle & D. Lemaire (eds.), *Building Effective Evaluation Capacity: Lessons from Practice*, pp. 153–176, Transaction Publishers, New Brunswick.
- Vedung, E., 2003, 'Policy instruments: typologies and theories', in M.L. Bemelmans- Videc, R.C. Rist & E. Vedung (eds.), *Carrots, sticks, and sermons: Policy instruments and their evaluation*, pp. 21–59, Transaction, New Brunswick.
- Wiesner, E., 2011, 'The Evaluation of Macroeconomic Institutional Arrangements in Latin America', in R.C. Rist, M. Boily & F. Martin (eds.), *Influencing change: evaluation and capacity building driving good practice in development and evaluation*, pp. 23–40, World Bank, Washington.
- United Nations, (1948), *Universal declaration of Human Rights of 1984, Article 25*, U.S: United Nations Publications
- USAID, (2011). *Strengthening Health Service delivery by Community Organizations. Measure Evaluation*: Retrieved from www.cpc.unc.edu/measure/publications/fs-11-42/at.../document
- United States AID, (2011). *How can Routine Health Information System Improve Health Systems: Functioning in Low Resource Settings. Evaluation* (www.cpc.unc.edu/measure/publications/fs-11-65/at.../document)
- Wengraf, T. (2006). *Qualitative Research Interviewing: Biography Narrative and Semi structured Metthods*. London: Sage Publications.
- Welman, C., Kruger, F. & Mitchel, B. (Eds). (2005). *Research methodology*. Cape Town: Southern African Oxford University Express

APPENDIX

Appendix 1

Letter of Introduction

Dear Respondent,

My name is Maryanne Ndonga undertaking my postgraduate studies at University of Nairobi. I'm pursuing a master's programme in Public Administration. I wish to conduct a research on "AN ASSESSMENT OF MINISTRY OF HEALTH MONITORING AND EVALUATION SYSTEM." Your support in providing the needed information will be highly appreciated. Any information you provide will remain confidential.

You are free to contact on 0722328614

Sig: _____

Maryanne N. Ndonga.

Appendix 2

Questionnaire

Background Information (Please fill in appropriately)

Name of respondent: -----

Department/ Programme/ Project-----

DIMENSION 1: THE INCENTIVES FOR DESIGNING AND BUILDING A PERFORMANCE- BASED M&E SYSTEM			
	Factors	Responses	Code (Circle appropriately)
1	In MoH, Compared to other health and social problems, how much of a priority is M&E (i.e. measures and programs to respond to it)	<input type="radio"/> High Priority <input type="radio"/> Low priority <input type="radio"/> Don't know	2 1 0
2	Do you think measures taken so far to address M&E in MOH have been adequate (What measures has your.... put in place?)	<input type="radio"/> Adequate <input type="radio"/> Inadequate <input type="radio"/> Don't know	2 1 0
3	Do any Department/Division/Unit/Program or other agencies have requirements for reporting how well projects and programs are performing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
4	Is there visible political leadership of M&E/Access to information	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
5	Is there an established political structure for policy and implementation of integrated M&E initiatives	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
6	Are there any existing political activities or plans relevant to M&E?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	2 1 0
7	Does the wider political context of the ministry help or hinder M&E	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0

8	Are any government or non-government agencies officially mandated with M&E?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
9	Is there an official policy-or are there official policies specifically addressing M&E in the MOH?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
10	Are there existing policies/ laws on government secrecy and access to information in your department?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	2 1 0 0
DIMENSION 2: ROLES AND RESPONSIBILITIES FOR ASSESSING THE PERFORMANCE OF MOH			
11	Is there an agency or entity that has the mandate, project management experience and technical skills to manage an M&E portal?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0 0
12	Do any agencies /Programs have permanent official positions dedicated to data management?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
13	Can you list names of any institution/programmes currently involved in M&E efforts? <i>Please list as many as you can think of</i> ----- ----- ----- ---	<input type="radio"/> If names at list 3 institutions <input type="radio"/> If no institution listed <input type="radio"/> I don't know	2 1 0
14	Are there any interagency mechanisms to coordinate an ICT issues (such as for technical matters)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
15	Is there any process currently used to measure agency performance of quality of services delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
16	Is there an agency or department primarily responsible for data or statistics?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	2 1 0
17	Can you list the names of any partnerships, alliances, coalitions, or networks of institutions in MOH which are wholly or in a large extent dedicated to M&E? Please list as many types as you can think of.:----- ----- -----	<input type="radio"/> If names of 3+ partnerships, Alliances , coalitions or networks listed <input type="radio"/> If no names of partnerships, Alliances ,	2 1 0

		coalitions or networks listed <input type="radio"/> I don't Know	
18	Are there any policies/laws on the management of government information?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	2 1 0
19	Does the MOH have a coherent view of its data holdings?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	2 1 0
20	How and where is government data held? (i.e. Digital and reuse forms)	<input type="radio"/> If names 1-4 listed <input type="radio"/> If no names listed <input type="radio"/> Don't know	2 1 0
21	What data is already published –either free or for fee- and on what conditions?	<input type="radio"/> If names 1-4 data sets/format/form <input type="radio"/> If data sets <input type="radio"/> Don't Know	2 1 0
22	Are there some agencies which established capabilities in data management which could give leadership to a wider initiative?	<input type="radio"/> If Listed 1-2 agencies <input type="radio"/> If no agency listed <input type="radio"/> I don't Know	2 1 0
23	What is the level and nature of demand for data from civil servants and media?	<input type="radio"/> High Demand for data <input type="radio"/> Low demand <input type="radio"/> Don't know	2 1 0
24	What is the level and nature of demand for data from business/private sector?	<input type="radio"/> High demand <input type="radio"/> Low demand <input type="radio"/> I don't Know	2 1 0
25	What is the extent of engagement with government through social media and digital channels	<input type="radio"/> Adequate engagement <input type="radio"/> Inadequate engagement <input type="radio"/> I don't know	2 1 0 0
26	4 What is the extent of intra- and inter-government demand for data?	<input type="radio"/> High demand <input type="radio"/> Low Demand <input type="radio"/> I don't know	2 1 0
27	How do public agencies listen to demand for data and respond?	<input type="radio"/> If listed 1-3 ways of listening and responding <input type="radio"/> If no listed ways of listening and responding	2 1 0

		○ I don't Know	0
DIMENSION 3:CAPACITY BUILDING REQUIREMENTS FOR M&E SYSTEM			
28	Are there intermediaries (such as data journalists) who are able to help translate M&E data into meaningful information for the public?	○ Yes ○ No ○ Don't Know	2 1 0
29	Has government engaged in activities to promote re-use of government held data (e.g. in developing apps or organising co-creation events)?	○ Yes ○ No ○ Don't Know	2 1 0
30	Is there an academic or research community that both trains people with technical skills and has people skilled at data analysis?	○ Yes ○ No ○ Don't Know	2 1 0
31	Have sufficient finances been identified to fund an initial phase of an M&E initiative?	○ Yes ○ No ○ Don't Know	2 1 0
32	Do any resources exist or have any been identified to fund development of initial e-services that will use M&E data	○ Yes ○ No ○ Don't Know	2 1 0
33	Is sufficient funding available to support the necessary ICT infrastructure and ensure enough staff have the skills needed to manage an M&E initiative?	○ Yes ○ No ○ Don't Know	2 1 0
34	Does the MOH have any funding mechanisms for innovation?	○ Yes ○ No ○ Don't Know	2 1 0
35	Is internet access at sufficient levels and at low enough cost to support a robust M&E ecosystem in your country/locality?	○ Sufficient.....2 ○ Neither sufficient or insufficient ○ Insufficient ○ I don't Know	2 1 0 0
36	Does government use shared infrastructure or shared services?	○ Yes ○ No ○ Don't Know	2 1 0
37	How strong is the government overall ICT skills base among senior government leaders and civil servants	○ Strong ○ Weak ○ I don't Know	2 1 0
38	How active is the government's presence on the Web?	○ Very active ○ Inactive ○ I don't Know	2 1 0

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS ASSESSMENT. WE WILL SHARE WITH YOU THE REPORT IN THE NEAR FUTURE.

Appendix 3: Approval for Data Correction



University of Nairobi
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Department of Political Science & Public Administration

Telegrams: "Varsity", Nairobi
Telephone : 318262 ext 28171
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Email : dept-pspa@uonbi.ac.ke

P.O. Box 30197
Nairobi, Kenya

23rd August 2016

TO WHOM IT MAY CONCERN

RE: ASSISTANCE IN COLLECTION OF RESEARCH DATA

The bearer of this letter (**Maryanne N. Ndonga C51/80880/2012**) is a Masters student in the Department of Political Science and Public Administration. She is in the process of collecting field data for his Project titled:

"Readiness of the Ministry of Health to Implement Monitoring and Evaluation System"

Kindly Assist.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Adams Oloo', written over a circular official stamp.

Dr. Adams Oloo
Chairman
Department of Political Science &
Public Administration