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# Monitoring and Evaluation Practices and Performance of Health Projects in Embu County Government, Kenya

Stanley Njeru Nyagah.
Dr. Njeri. S. Ngacha, Ph.D., OFS.
*School of Business and Economics.*
*Department of Management.*
*Mount Kenya University – Kenya.*

***Abstract:***
*Monitoring and evaluation is a vibrant part of project management that determines the effectiveness and efficiency of any project undertaking. Without it, project success is therefore minimal. Embu County is currently facing several challenges in its performance of health projects. This has been attributed due to the lack of effective and efficient monitoring and evaluation execution. The main purpose of this study was to determine a relationship between monitoring and evaluation practices and the performance of health projects in Embu county government, Kenya with the objective of understanding the effectiveness and efficiency of its applications. The study was therefore guided by monitoring and evaluation practices such as planning, capacity building, and data management as well as political meddling. To understand them further, two theories were studied, the program and result-based management theories respectively. The study adopted a mixed methodology both quantitative and qualitative designs (triangulation design). The target population was 372 respondents from various health sectors composed mainly of project contractors, project managers, project officers, and project beneficiaries. A sample size of 112 respondents was used and determined using the central limit theorem method, at least 30 percent of the target population. Stratified random sampling and purposive sampling methods were adopted in selecting them. Data was collected using both questionnaires for quantitative data and an interview guide for qualitative data. Project contractors and managers gave qualitative data, and project officers and beneficiaries gave quantitative data respectively which were analyzed with the help of SPSS software. Both descriptive statistics (for mean and standard deviation) and inferential statistics (for regression and correlation as well as ANOVA) were used. Study findings indicated that; M&E planning ($\beta$= 0.253, $p<0.001$), M&E capacity building ($\beta$= 0.345, $p<0.006$), M&E data management ($\beta$= 0.238, $p<0.008$) at $P< 0.05$ (95% confidence level) were all significant except political meddling ($\beta$= 0.036, $p<0.437$) which was found to be insignificant ($p=0.437$) more than $p=0.05$. It was recommended that monitoring and evaluation practices influenced the Performance of Health Projects in Embu County Government, Kenya. Recommendations for further study suggested that a thorough study of other critical factors affecting capacity-building practices should be done. This was backed by the fact that it affected the health project performance to a greater extent when compared to the rest of the independent variables.*
***Key Word**: **Monitoring and Evaluation Practices; Project Performance; and Health Sector Projects.***

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## I. Introduction

Every government is trying to develop systems that will help them improve project performance in order to achieve their intended objectives. The project performance is strong-minded with the help of monitoring and evaluation practices (PMI, 2018). Murorunkwere, A. & Munene P., M (2022) in the context of a global perspective argued that monitoring and evaluation started in western countries, they were used to track, review and harmonize project progression, spot areas where variations are needed and initiate those changes. This is the main reason why developed countries like the US their projects that are always prosperous as a result of making it mandatory to adopt and implement effective and efficient monitoring and evaluation practices to achieve the intended purpose of the project undertaken. They help them to understand the causes of poor and good performance as cited by (Mackay,2007). Therefore, developed countries improve the performance of their projects by applying monitoring and evaluation practices.

In Africa, monitoring and evaluation is not new phenomenon. The ancient Egyptians employed monitoring and evaluation more than five thousand years ago as cited by Rugege (2018) in their grains outputs production hence not a new phenomenon in Africa but despite this project disaster rate is more than fifty percent in Africa. This is a result of implementing projects without a proper budget, timeline thereby affecting the quality

intended (IFAD, 2012). Abdi and Kimutai (2018), argued that failures in Africa are the result of poverty, unemployment, and inequality among African countries. They were conducting study performance on constituency development-funded projects. World Bank (2012) added other factors such as financial misappropriations, levels of technology, nepotism, tribalism, corruption, and poor policy development and planning. UNDP (2010) that tribalism supremacy from big population mismanages public projects due to nepotism in job employment. Despite the above, monitoring and evaluation are used in Africa as instruments for managing projects.

In Kenya, the idea of monitoring and evaluation in health projects backed by county governments is not well tackled. Most of the studies done are mostly on education projects, water projects, and hunger eradication projects hence making this study necessary in Embu county to counter-check their current problems.

In Embu county, it has been evidenced that monitoring and evaluation practices are not up to the standards hence resulting in poor performances in some projects in the county. Embu County Integrated Development Plan 2018-2022, Embu County Government (2019) has confirmed this, especially in the health sector where 29% percent of the total budget has been spent on it without harvesting the expected initial objectives and goals of the project. The health sector is faced with several challenges among them poor management, lack of drugs, no doctors, poor beddings, no food for patients, several uncompleted buildings, and shortages of vital machines and ambulances among others hence making this study magnificent. To determine the degree to which monitoring and evaluation practices are adopted by the Embu county government to improve the performance of their health projects.

**Statement of Problem**

County governments are answerable to the general public for any undertaken projects by them. They are required to realize anticipated outcomes and provide evidence that proves the project's success. Monitoring and evaluation practices provide this evidence throughout the project lifecycle, and after completion. Monitoring and evaluation provide information to inform project settings and adjustments of goals, objectives, and strategies. In the Embu county government, this is vice versa. Embu County Government (2019) has claimed that there are no proper monitoring practices in the county meaning that the performance of their projects is in question especially those in the health sector.

The health sector statistics in Embu county in terms of budget allocation expenditure have shown that the health portfolio in Embu county sustained the prime share of the recurring spending which mounted to Kenya shilling 4.81 billion 29 percent of the total budget, (Embu County Government, 2019). Further, as evidenced by the recent report by their newspaper that their health overhaul scheme is on its deathbed (Kenya News Agency, 2022). For example, in Embu level five health facility (Embu Teaching and Referral Hospital-ETRH), the newspaper lamented the poor state of affairs raging from a shortage of drugs, bedding, and foodstuffs, all of which were attributable to poor monitoring and evaluation planning, lack of capacity building, lack of effective and efficient information for decision making as well as political meddling. The county is now strong-minded to turn around the health scheme as a matter of urgency to alleviate the sufferings of patients who had been forced to seek treatment in private hospitals or outside the county.

The project may be managed professionally but ultimately fail to meet stakeholders' hopes. To achieve this project administration attentiveness should focus on the successful accomplishment of budget, time, and objectiveness with paraphernalia to final stakeholders' expectations (Shenher, A.J.,1997). This is not the case with the Embu county government. Furthermore, there is no local study done in Embu in this respect hence the need of carrying out the effects of monitoring and evaluation practices on the Performance of Health Projects in Embu County Government, Kenya.

**General Objectives**

The general purpose of the study was to assess the relationship between Monitoring and Evaluation Practices on the Performance of Health Projects in Embu County Government, Kenya.

**Specific Objectives**

I. To establish the relationship between Monitoring and Evaluation Planning and Performance of Health Projects in Embu County Government, Kenya.
II. To assess the relationship between Monitoring and Evaluation Capacity Building and Performance of Health Projects in Embu County Government, Kenya.
III. To evaluate the relationship between Monitoring and Evaluation Data Management and Performance of Health Projects in Embu County Government, Kenya.
IV. To examine the relationship between Political Meddling and Performance of Health Projects in Embu County Government, Kenya.

## II. Literature Review

**Program Theory**

Among the proponents of this theory were Weiss, C.H. and Connell, J.P. (1995) who argued that program theory belonged to the body of the theory of change which is applied to a great extent in the development of projects, particularly in the evaluation field process. Logical representations are frequently used to characterize the program theory exposures and how the general logic is applied in a project. Sethi and Philippines (2012) noted that program theory is a practical tool in monitoring and evaluation for many years. Eminent for the convincing mechanism to fix difficulties and tackles to control significant areas or zones in evaluation.

The monitoring and evaluation conceptual framework can be developed from program theory, commonly established throughout the preparation period of new development, during implementation, and after has been finished (Funnell, S., & Rogers, P.,2011). The benefits of using program theory expound particularly on project outcomes of specific projects (Uitto, 2010). Rossi (2012) elaborates that program theory makes it easier for those people carrying out evaluation and monitoring practices by making them understand how and why the projects are behaving and working like that. It shoulders that project plans, actions, and implementation will lead to the accomplishment of the results determined.

Detecting the fundamentals of a program theory is a significant step. Program theory in monitoring and evaluation is applied for a variety of purposes and formulated in many ways. Astbury & Leeuw (2010) it can be established earlier or after some time the program has taken place. Program theory has six fundamentals that involve problem explanation, arbitrating processes, anticipated output, critical inputs, exogenous factors, and execution issues (Lipsey, 1993). Program theory directs the plan and behavior of monitoring and evaluation agenda in terms of restricting the target people who would derive benefits from the anticipated project service delivery. Developing actions that direct the project processes, monitoring and evaluation, and picking the indicators to be measured and the timeline for their measurement (Shadish., 1991). Program theory is a model amplifying how a scheme is anticipated to work. Rationale description of why the events or activities provided would lead to the outcomes anticipated. Answers causal questions about the project, explaining how it works and through monitoring and evaluation practices provides recommendations for improvement.

Based on the project theory, Donaldson (2007) noted that the following can be tested; (a) effect of project size; (b) effects of the largest and smallest of the project outcomes or yield; (c) uniformity of effects across models and analysis; (d) underlying assumptions through which the estimated effects are established; and (e) issues that may influence choice into the project and execution excellence or quality. Reynolds (1998) program theory define how, why and explicate under what conditions the project scheme effects occur and forecast the intended outputs and outcomes of the project, stipulated what need to be done to get the desired project effects.

**Result-Based Management Theory**

This theory is based on results. It precedes theories like Public Sector Management Theory in the 1960s, Management by Objectives in the 1970s, Program Management Theories by activity in the 1980s, and finally Results from Based Management Theory 1990'S evolutions as it was led by the Organization for Economic Co-operative and Development. Result Based Management is defined as a management strategy focusing on the performance and achievement of outputs after utilizing various activities which in turn produces the required outcomes and impacts in the short time and long term respectively (OECD, 2002).

In 2006's Managing for Development Results (MfDR) evolved and came up with five development principles; 1. Discussion or dialogue on results -focus on all phases of the development process; 2. Result alignment, programming, monitoring, and evaluation; 3. Measurement and reporting maintenance; 4. Managing for and finally,5. Using information results in learning and informed decision-making (OECD, 2006). In 2004 world bank handbook emphasized setting goals, outcomes, indicators, and targets and having a baseline as a guideline in ten phases or stages to results-based monitoring and evaluation. Further, stressed on involving many actors when defining problems and setting goals for ownership on part of stakeholders.

Organization for Economic Co-operative and Development (2017), the ultimate purpose of development is achieving outcomes and tangible change development results and this is supported by efforts by RBM. RBM is a jointly complementary component of the program design framework, management information system, data management, monitoring, and evaluation with combined power changes that jointly produce planned purposes and objectives.

There is no complete goal standard as required in Program Theory when dealing with Result-Based Management. Each involvement is different hence Result Based Management assists as a sole plan with a common likelihood of encouraging effectiveness and efficiency. Suggestions and effective built performance monitoring contribute significantly to the accomplishment of Result Based Management. OECD (1997), RBM is meant to define the practicality of program documentation and improvement monitoring that become connected to the total victory or accomplishment of the program, measured through utilized resources and results and revealed by indicators suitable to the objective. Further, risks are managed under Result Based Management, knowledge is

achieved, and new choices are made based on this practice. M&E, MIS, and data management systems are therefore irreplaceable apparatuses of robust Result Based Management.

Result Based Management works conferring to the Results Chain Theory, which defines the cause-effect relationships between diverse levels of results. UNPD (2009). Holistically, Result Based Management is relaxed to three workings that edge on performance in the wider logic, strategic planning, and performance measurements. In strategic planning, clear and measurable objectives are defined, which are associated to specific indicators. Targeting specific indicators. Result Based Management aspect is to construct a performance and evaluation framework linked to the studying, excambing, and reporting of the actual outcomes which is then matched to the set goals. Obtained outcomes or results are evaluated to assist learning. Performance information collected as part of monitoring and evaluation practices is used to improve resource allocation effectiveness and efficiency, learning, and another decision-making process (Mayne,2007). In order to magnificently implement RBM, it is imperious to recognize Result Based Management best practices built on six principles.

Result Based Management six principles that embrace advancement besides backing a results philosophy in the project or intervention, building results frameworks at all levels, nurturing senior level leadership in Result Based Management, and examining and developing a practical user-friendly Result Based Management Information system to facilitate the decision-making process and for control and feedback purposes. Further principles comprise organizing an adaptive framework where frequent examinations and updates of Result Based Management are done and building in the reporting and responsibility culture, philosophy, or values using the information results in the learning and management of the organization (Mayne, 2007). Top management should consistently lead and support Result Based Management in their development through their effective policies and decisions.

Result Based Management cannot be effectively managed without the 360-degree involvement of key stakeholders' beneficiaries and development partners. Kyint, V. (2015) their participation is relevant and their realistic assessments can be accomplished without significant challenges. Limitations on resources and time frequently lead to the choice of straightforwardly easily gathered quantitative indicators.

## III. Methodology

**Research Design:** The study implemented the simultaneous triangulation model for quantitative and qualitative studies (mixed methodology) with descriptive survey and interview designs. The prototypical model is suitable and accurate as it tolerates triangulation for comparing and contracting qualitative and quantitative results. For justification and validation purposes. Qualitative and quantitative studies should be done autonomously and their results should be amalgamated during data interpretations to achieve the desired goal (Cresswell, J.W. & Plano Clark, V., 2011).

**Location of Study:** Embu County in Kenya i.e. Mbeere-North, Manyatta, Runyenjes, and Mbeere-South sub-counties.

**Study Duration:** 2018-2022 (Five years period).

**Target Population:** 372 Health Projects County Government officials made up of project contractors, project managers, project officers, and project beneficiaries with technical knowledge of the subject matter.

**Sampling Procedure:** Stratified random sampling and Purposive sampling methods for those who participated in questionnaires and interviews respectively.

**Sample Size:** 112 Health Project Officials determined using The Central Limit Theorem. This corresponds to at least 30% (Kothari, 2017) assumptions. As the sample size increases the sample mean approximates the normal distribution irrespective of the parent population. For a larger population sample size should not be less than 30 units ($N \geq 30$) from the target population.

**Data collection:** The study instruments that were employed were a semi-structured questionnaire and an interview guide. The semi-Structure questionnaire was used to gather quantitative data from project officers and beneficiaries who were directly connected to health projects themselves. An interview guide also was used to gather qualitative facts from senior management managers who were project contractors and managers and connected directly to health projects and making project decisions. Studies based on interpretations, judgment, discernments, opinions, and views were best done using the methods of interviews and questionnaires (Mugenda & Mugenda, 2012).

**Statistical Analysis:**

Descriptive statistics analysis and inferential tests were used to analyze the data and Statistical Package for Social Sciences software were used as a tool of analysis. Descriptive statistics represented the findings through techniques such as mean, standard deviation, and percentage. Regression analysis represented the findings through Pearson's coefficient to determine the extent to which the dependent variable was influenced by independent variables. The Regression Model was tested using Multiple Regression Analysis and expounded the joint nature and degree of relationship between the dependent variable and independent variables as follows:

$$HPP = \alpha + \beta_1 * MEP + \beta_2 * MECB + \beta_3 * MEDM + \beta_4 * PM + €.$$

*Where*
$\alpha$ = Constant
$\beta_1, \beta_2, \beta_3, \beta_4 =$ Model Coefficients
HPP = Health Projects Performance
MEP= Monitoring and Evaluation Planning
MECB = Monitoring and Evaluation Capacity Building
MEDM= Monitoring and Evaluation Data Management
PM= Political Meddling
€= Error term

## IV. Results

**Demographic Information:** The majority of participants were male (72) 64.3 percent while (40) 35.7 percent were female, indicating that both genders were involved and not biased as per the Kenyan constitution 2010 requirements about two-thirds and one-third gender balance. (66) 58.9 percent of participants were holders of degrees and (18) 16.1 percent had master's/Ph.D. degrees and the rest (28) 25 percent were Diplomas/Other academic holders. Thus, the participants had the essential knowledge and education which was considered useful for this study. Murphy, K. R., & Myors, B. (2004) ability to understand the survey questions requires education level analyses that the respondents possessed. The majority of the participants (48) 42.9 percent were within 5-10 years of experience, (40) 35.7 percent with less than 5 years, and (24) 21.4 percent with more than 10 years.

**Descriptive Statistics**

Respondents were to express their level of agreement using the Likert scale; SD= Strongly Disagree, D= Disagree, N= Neutral, A= Agree, and SA=Strongly Agree with the different statements provided in the questionnaire concerning the way the Monitoring and Evaluation Practices affected the Performance success of Health Projects in Embu County Government in Kenya. The results as per specific objectives were as follows:

**Monitoring and Evaluation Planning**

**Table 1: M&E Planning Descriptive Analyses**

| Factors | Mean | Std. Dev | SD | D | N | A | SA |
|---|---|---|---|---|---|---|---|
| The objectives of the M&E were clearly defined | 2.59 | 1.262 | 21.4 | 35.7 | 12.5 | 23.2 | 7.2 |
| The activities necessary for M&E were clearly outlined | 2.39 | 1.171 | 23.2 | 42.9 | 8.9 | 21.4 | 3.6 |
| The outputs of M&E were determined clearly before starting the project | 2.38 | 1.153 | 21.4 | 44.6 | 16.1 | 10.7 | 7.2 |
| The outcomes and impacts of M&E were simply narrated and understood | 2.27 | 1.104 | 25.0 | 42.9 | 17.9 | 8.9 | 5.4 |

The results in Table 1 indicated that the factors that affect the monitoring and evaluation planning on the performance of health projects to a greater extent included the objectives of the monitoring and evaluation which were not clearly defined with a mean score of 2.59 and a standard deviation of 1.262. Followed by the activities necessary for monitoring and evaluation which were not clearly outlined with a mean score of 2.39 and a standard deviation of 1.171, as well as outputs of monitoring and evaluation which were not determined clearly before starting the project with a mean score of 2.38 and a standard deviation of 1.153 respectively. The respondents disagreed that the outcomes and impacts of monitoring and evaluation were simply narrated and understood with a mean score of 2.27 and a standard deviation of 1.104. These findings are opposite to that of Gaibo, S.G and Mbugua, J. (2019) that the county government should have an effective monitoring and evaluation planning model before the execution of any county government projects. Yusuf (2020) noted that project managers ought to identify the project objectives and specify indicators for tracing progress toward achieving those objectives.

During the interview, most of the project contractors and managers agreed that the county lacked a proper framework which to operate monitoring and evaluation, and monitoring and evaluation plans were not consistent with that of the project. This agrees with Kamau (2015) findings that project planning weaknesses were as a result of shortcomings in projects such as; projects not being completed on time, costs incurred beyond their budget, and poor quality of the project outputs.

**Monitoring and Evaluation Capacity Building**

**Table 2: M&E Capacity Building Descriptive Analysis**

| Factors | Mean | Std. Dev | SD | D | N | A | SA |
|---|---|---|---|---|---|---|---|
| The health project team had the necessary monitoring and evaluation skills and competence necessary for the project | 2.38 | 1.184 | 23.2 | 42.9 | 14.3 | 12.5 | 7.1 |
| The project team was trained on new assignments and thorough supervision was practiced throughout the project process | 2.55 | 1.174 | 17.9 | 39.3 | 19.6 | 16.1 | 7.1 |
| The health project team had all the necessary monitoring and evaluation tools for the proper carrying out of the project activities | 2.45 | 1.159 | 21.4 | 39.3 | 17.9 | 16.1 | 5.4 |

Table 2 above results indicated that the factors that affected capacity building in monitoring and evaluation of the performance of health projects in Embu county government to a great extent included the project team which was not trained on new assignments and thorough supervision not practiced throughout the project process with a mean score of 2.55 and a standard deviation 1.174. Followed by the health project team that lacked all the necessary monitoring and evaluation tools for the proper carrying out of the project activities with a mean score of 2.45 and a standard deviation of 1.159. Lastly, the health project team also lacked necessary monitoring and evaluation skills and competency deemed necessary for the carrying out project monitoring and evaluation activities with a mean score of 2.38 and a standard deviation of 1. 184. These findings affirm the Gaibo, G. S. & Mbugua, J. (2019) findings that the county government should have technical expertise, and selectively appoints them with rights skills and enhanced capacities. Kaula (2020), further noted that there should be periodic refresher courses, seminars, and workshops for the staff to keep them efficient in their fields. Kithinji, C. (2019) findings on monitoring and evaluation confirmed that capacity-building activities contribute to effective practices of improved monitoring and evaluation system. The most effective M&E practices are the ones that match the practice design and goal with the project's ability to implement it in terms of capacity building. Further, including monitoring and evaluating capacity-building development policies and procedures as guiding concepts.

**Monitoring and Evaluation Data Management**

**Table 3: M&E Data Management Descriptive Analysis**

| Factors | Mean | Std. Dev | SD | D | N | A | SA |
|---|---|---|---|---|---|---|---|
| The information generated from the project system is simple, accurate, measurable, and easily interpreted by everyone | 2.45 | 1.127 | 21.4 | 35.7 | 25.0 | 12.5 | 5.4 |
| The information communication system is efficient, effective and reliable, and time-bound | 2.52 | 1.191 | 21.4 | 35.7 | 17.9 | 19.6 | 5.4 |
| The frequency of reporting an incident is accurate and various reports are generated timely for decision-making | 2.54 | 1.279 | 23.2 | 35.7 | 14.3 | 17.9 | 8.9 |
| The feedback for correction purposes is done immediately with proper approvals | 2.41 | 1.172 | 23.2 | 39.3 | 16.1 | 16.1 | 5.4 |

Table 3 above results indicated that the aspects that affect the M&E Data Management and Performance of Health Projects to a great extent were disagreements on the frequency of reporting an incidence and the accuracy and timely generation of various reports for decision-making with a mean score of 2.54 and a standard deviation of 1.279. The next was the information communication system which was not efficient and effective as well as reliable with a mean score of 2.52 and a standard deviation of 1.191. The information generated from the system was not simple, accurate, or easily measured and interpreted by everyone with a mean score of 2.45 and a standard deviation of 1.127. Feedback for correction purposes was not done immediately with proper approvals with a mean score of 2.41 and 1.172 standard deviations respectively. These findings confirm Yusuf (2020) findings that project managers should put in place how various facts will be documented to track the project's progress through proper data gathering methods and collections. Further affirms Gatimu J, Gakuu C, and Ndiritu A. (2021) findings that good data management entails developing efficient and effective processes in the key monitoring and evaluation areas including data collection, data distribution, and decision-making to progress the efficacy of project actions using reliable excellence monitoring and evaluation figures and evidence-based information.

**Political Meddling**

**Table 4: Political Meddling Descriptive Analysis**

| Factors | Mean | Std. Dev | SD | D | N | A | SA |
|---|---|---|---|---|---|---|---|
| The health project was positively supported politically | 3.68 | 1.114 | 1.8 | 17.9 | 17.9 | 35.7 | 26.8 |
| The health project faced political criticism/opposition | 3.5 | 1.293 | 8.9 | 16.1 | 17.9 | 30.4 | 26.8 |

Table 4 findings above indicated that the aspects that affect the political meddling on the performance of health projects to a great extent were agreements on the health project being positively supported politically with a mean score of 3.68 and a standard deviation of 1.114. Which then, faced political criticism afterward with a mean score of 3.5 and a standard deviation of 1.293 consecutively. All this confirms Abdi, M. (2017) findings that political viewpoint on the project does have an influence on the project performance as a key moderator.

**Health Projects Performance**

**Table 5: Performance of health projects Descriptive Analysis**

| Factors | Mean | Std. Dev | SD | D | N | A | SA |
|---|---|---|---|---|---|---|---|
| The Health Projects met the specifications agreed | 2.39 | 1.155 | 23.2 | 39.3 | 17.9 | 14.3 | 5.4 |
| The Health projects were delivered as budgeted | 2.39 | 1.275 | 26.8 | 39.3 | 10.7 | 14.3 | 8.9 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| The Health Projects were delivered as agreed on time | 2.54 | 1.19 | 19.6 | 39.3 | 14.3 | 21.4 | 5.4 |

Table 5findings above indicated that the factors that affected the health project performance to a great extent were time followed by budget and specification simultaneously.
These abide by Kamau & Mohamed (2015) findings that projects fail despite having monitoring and evaluation practices. This would be as a result of weaknesses in monitoring and evaluation practices which would in turn affects project success or performance.

**Conclusion of descriptive statistics**

**Table6: Conclusion of Descriptive Analysis**

| **Descriptive Statistics** | | |
|---|---|---|
| | Mean | Std. Deviation |
| M&E Planning | 9.6250 | 4.59471 |
| M&E Capacity Building | 7.3750 | 3.46705 |
| M&E Data Management | 9.9107 | 4.70696 |
| Political Meddling | 7.1786 | 2.38257 |
| Health Projects Performance | 7.3214 | 3.55787 |

The study found that the respondents agreed that (monitoring and evaluation data management with a mean score of 9.9 and a standard deviation of 4.7, monitoring and evaluation planning with a mean score of9.6 and a standard deviation of 4.5, and monitoring and evaluation capacity building with a mean score of 7.4 and a standard deviation of 3.4) influenced the performance of health projects in Embu county government. Political meddling was insignificant because its mean score of 7.1 and a standard deviation of 2.3 were below that of health project performance with a mean score of 7.3 and a standard deviation of 3.6. This implied that the combined monitoring and evaluation practices influenced the performance of health Projects in Embu county government, Kenya. These findings affirm that of Kamau & Mohamed (2015) that projects fail as a result of weaknesses in monitoring and evaluation practices vice versa.

**Inferential statistics**

**Correlations Analysis**

The Pearson correlation analysis was used to explore relationships between the study variables. The correlation technique indicates how strongly two or more variables are related. A coefficient of < 0.1 indicates a negligible and > 0.9 a very strong relationship.

**Table 7: M&E Practices and Performance of Health Projects**

| **Correlations** | | | | | |
|---|---|---|---|---|---|
| | | M&E Planning | M&E Capacity Building | M&E Data Management | Political Meddling |
| Pearson Correlation | Health Project Performance | .991 | .992 | .992 | .896 |
| Sig. (1-tailed) | Health Project Performance | <.001 | <.001 | <.001 | <.001 |

Table 7 above findings identified that their a strong and significant association between the independent (monitoring and evaluation practices) and dependent variable (Performance of Health Project). The correlation findings above indicated that monitoring and evaluation planning ($r = 0.991$, $p<0.001$), monitoring and evaluation capacity building ($r = 0.992$, $p<0.001$), monitoring and evaluation data management ($r = 0.992$, $p<0.001$) and political meddling ($r = 0.896$, $p<0.001$), had a significant positive consequence on performance of health projects. Thus above findings indicates that monitoring and evaluation capacity building and monitoring and evaluation data management had the strongest link with the performance of health projects followed by monitoring and evaluation planning and politics respectively.

**Table 8: Regression Analysis Findings**

| **Model Summary** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Change Statistics | | | | |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | R Square Change | F Change | df1 | df2 | Sig. F Change |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | .995[a] | .991 | .990 | .35094 | .991 | 1400.530 | 4 | 51 | <.001 |

**ANOVA[a]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 689.933 | 4 | 172.483 | 1400.530 | <.001[b] |
| | Residual | 6.281 | 51 | .123 | | |
| | Total | 696.214 | 55 | | | |

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | -.274 | .168 | | -1.634 | .108 |
| | M&E Planning | .253 | .072 | .326 | 3.531 | <.001 |
| | M&E Capacity Building | .345 | .121 | .336 | 2.840 | .006 |
| | M&E Data Management | .238 | .087 | .315 | 2.749 | .008 |
| | Political Meddling | .036 | .047 | .024 | .783 | .437 |

a. Dependent Variable: Health Project Performance

b. Predictors: (Constant), Political Meddling, M&E Capacity Building, M&E Planning, M&E Data Management

Table 8 findings, a multiple regression model was used to yield a best-fit line (determined how well the dependent variable was influenced by independent variables) to forecast independent variables from the dependent variable. This was demonstrated by the adjusted r squared value ($r^2$= 0.99) which specified that when all the variables are combined, the multiple linear regression model could only explain 99% of the variation in the dependent variable by the variation in the independent variables on the performance of health projects in Embu county government, Kenya. The coefficient of determination findings reveals a significant relationship ($p<0.05$) of three variables i.e. M&E Planning $p<0.001$, M&E Capacity Building ($p<0.006$ and M&E Data Management $p<0.008$). Political meddling $p< 0.437$ was insignificant in influencing the performance of health projects in the Embu county government, in Kenya.

The ANOVA, predicts the dependent variable, and how well the regression equation fits the data. Table 13 indicated overall F statistics (F=1400, with $p<0.001$ but less than $p< 0.05$) concluded that there was a significant relationship between the joint Monitoring and Evaluation practices and the Performance of Health Projects in Embu County Government, Kenya.

## V. Discussion of Research Findings

The results of multiple regression analysis indicated Performance of Health Projects (in Embu county government, in Kenya) = -0.274 + 0.253 (M&E Planning) + 0.345 (M&E Capacity Building) + 0.238 (M&E Data Management) + 0.036 (Political Meddling). The results of testing of significance indicated that; M&E planning ($\beta$= 0.253, associated $p<0.001$ less than $p<0.05$), M&E capacity building ($\beta$= 0.345, associated $p<0.006$ less than $p<0.05$), M&E data management ($\beta$= 0.238, associated $p<0.008$ less than $p<0.05$) were all significant except political meddling ($\beta$= 0.036, associated $p<0.437$ more than $p< 0.05$) which was insignificance in influencing the performance of health projects in Embu county government, in Kenya.

## VI. Conclusions

Based on the findings of the study, the health projects in Embu county government, Kenya have futile monitoring and evaluation practices as supported by the study findings of; lack of clearly defined objectives of M&E which affected to a great extent outlining of the necessary activities needed for efficient and effective monitoring and evaluation practices adoption; Lack of necessary M&E skills and competence necessary for the health project attained through training in new assignments and thorough supervision; lack of necessary tools for the proper carrying out of the project activities; lack of an accurate reporting mechanism and timely reports for decision-making and finally lack of efficient, effective and reliable, and time-bound information communication system affecting the immediate feedback for correction with proper approvals and most of the health projects not completed within the stipulated time, budget, and specifications.

All of the above findings make a conclusion that the county needs a complete overhaul of health project monitoring and evaluation practices to make it successful in the future. This is supported by regression analysis indicating that the dependent variable, the performance of health projects in Embu county government, in Kenya was influenced to a greater extent by all the monitoring and evaluation independent variables (monitoring and evaluation planning, monitoring, and evaluation capacity building, monitoring, and evaluation data management) and have a significant relationship if done properly. (By implementing practically effective and efficient monitoring and evaluation practices)

## VII. Recommendations for Practice

Since it is evident from the study that most of the health projects in Embu county government, Kenya have problems and deficiencies in their monitoring and evaluation practices geared towards improving their performances, the study specifically recommends the following (to the county government):

1) To clearly define their monitoring and evaluation objectives in order to clearly outline the necessary activities required for effective monitoring and evaluation practices.
2) To determine in advance the required output of the project before starting it. This will help in designing effective monitoring and evaluation practices or mechanisms for controlling all deviations from the original path intended to achieve the required outcomes (short-term effects) and the long-term impacts of the project.
3) To employ monitoring and evaluation experts in order to design and implement effective monitoring and evaluation mechanisms. They will also be used in the training project team in new assignments making sure that the required trend of performance is achieved at all times. Actual performance equals intended or planned performance through proper feedback mechanisms of deviations. Proper monitoring and evaluation tools are put in place.
4) To put in place a good data management system. All vital decisions are based on simple, accurate, measurable, and easily interpreted data and this is the work of a data system.
5) To have a frequent system (feedback mechanism) of reports generation (weekly or monthly) to guide in controlling all actual project activities to the intended path as planned.
6) To politically support all health projects and discuss all difficult issues arising to avoid political wars which drag the project's progress.

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