
EMPIRICAL STUDY OF HOW MONITORING AND EVALUATION STAFF CAPACITY BUILDING INFLUENCE PERFORMANCE OF PUBLIC FUNDED PROJECTS IN KIRINYAGA COUNTY, KENYA

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ABSTRACT

The purpose of the study was to determine how Monitoring and Evaluation Staff Capacity Building influence performance of health projects in Kirinyaga County, Kenya. The study used a mixture of research designs. The unit of analysis was the planned Projects during 2014 – 2019 period and Monitoring and Evaluation Staff in Kirinyaga County, Kenya. Data was collected using questionnaires. A pilot study was carried out in a similar County. The study indicated that there was a significant positive linear relationship between M&E Staff Capacity Building and Performance of Public funded projects in Kirinyaga County. The study concluded that there was no Building Capacity outline for Monitoring and Evaluation Staff in Kirinyaga County, hence negatively affecting Performance of Public Funded Projects in the County. The study recommended that a Training Curriculum, Refresher Courses and Monitoring and Evaluation Benchmarking Plans be developed for the Monitoring and Evaluation Staff in Kirinyaga County.

KEYWORDS: Staff, Capacity, Building, Influence, Performance,

1. INTRODUCTION

The objective of this study was to determine how Monitoring and Evaluation Staff Capacity Building influences performance of public funded health facilities construction projects in Kirinyaga County, Kenya. This Paper is will present the methodology used in the study, the results and discussions arising thereof and how the outcome of this study would be utilized in other counties in the country and the world at large. This will be done through recommendations as suggested in this paper.

Monitoring and Evaluation Practices have improved over the years. Consequently, many performing organizations have arrived to a conclusion that Monitoring and Evaluation, (M&E) is an integral part of their Projects Implementation Programs. Government Projects have occupied a critical function and essential development provider to the community during the last few years (Ashbaugh, 2012). Performance standards and indicators, as drivers for M&E, are vital for project management, strategic

goals placing, influencing policy and Institutional improvement practices, nationally and internationally, (Margoluis & Salafsky, 2010). Monitoring and Evaluation are usually approached together in project management as a function, which provides a real perspective upon the state of projects in order to make all the adjustments necessary in projects' implementation process (Sialala, 2016). In public funded health facilities construction projects in county governments, M&E should be planned as an interlinked participatory exercise where all partners are included, this must also include the local population. (Charles & Mohamed, 2015).

Monitoring and evaluation needs to be undertaken by individuals with the relevant skills, sound methods and adequate resources as well as transparency in order to secure their quality (Jones, 2009). Skills are of paramount importance to an effective monitoring and evaluation, the staff need to be trained on the basics of evaluation (Bailey and Deen, 2002). This implies the need for the personnel to have a high monitoring and evaluation capacity in order to secure the effectiveness of monitoring and evaluation. A study by Isaac & Navon (2013) shows that Managing Communications, Managing Stakeholders, Motivating, and Knowledge Transfer are essential knowledge areas for effective M&E implementation. Planning, testing and monitoring the progress of the project work are some of the key processes used to manage the project work (Georgieva & Allan, 2008). Management and staffs' competence, commitment to the project, communication and cooperation with the project teams has a significant contribution towards the success of a healthcare facilities construction project. These factors were found to be of significance in an assessment for Malaysian construction industry, (Yong and Mustaffa, 2012). Staff commitment is a key aspect when it comes to the implementation of monitoring and evaluation since they are key decision makers in an organization (Magondu, 2013).

Under normal circumstances the project managers implement any project as guided by government rules and regulations, organizations requirements, stakeholder's preferences and client location. It is important that management confirms the completion of promised deliverables. Performance during monitoring is compared against the original plans created during the first days of a project and measurements must be against revised and relevant baseline plans (Kahilu, 2010). It is the role of the M&E staff to facilitate monitoring and evaluation of the projects in a satisfactory manner. Human resources management is very important in project management and very, crucial for an effective monitoring and evaluation. The technical capacity and expertise of staff in conducting evaluations, professional capacity of Human resource, the value and participation of the human resource in an organization during the decision making process as well as their motivation in implementing the decision can hugely impact on the evaluation (Vanessa and Gala, 2011).

According to Kyriakopoulos (2011), staff capacity should not be just about mere training of staff by undertaking learning approach which are best Practices and have a positive effect on the evaluation process within an organization, rather, the staff carrying out monitoring and evaluation should be

competent enough in order to deliver expected results, and within the allocated project timelines. Ling, Low, Wang and Lim (2009) study has shown that literature identifies the various aspects which are used in assessing staff capacity, which is perceived to be one of the factors influencing project success. These aspects include: number of monitoring staff, monitoring staff skills, frequency of monitoring, stakeholder's representation, and proficiency in latest Information systems (use of latest technology), influence, role and teamwork among the members of M&E team on project implementation. The Researcher, presents herein, an empirical, study of how M&E Staff Capacity Building influence performance of public funded construction health projects in Kirinyaga County, Kenya.

2. LIMITATIONS

Responses from the M&E Staff were from the entire Kirinyaga County. Limitations of the study included insecurity while accessing the respondents, to minimize the impact of this limitation, data was corrected during the day only, and local community security arrangements utilized during the data collection.

Time period for collecting data for this study was a concern, to minimize this, detailed and relevant questionnaires were designed to collect data from M&E staff, relevant stakeholders and the local community; direct interviews were conducted on key members of County Senior Management Staff so as to capture the data from the decision makers of the county. Integration of this study timelines and the researcher's other tasks was also a constraint, to minimise this, detailed and realistic time scheduling was developed, with this study being on the critical path. Field Assistants were used by the researcher to help in distributing the questionnaires and collection of the same when completed, this minimized in the funds required in data collection Suspicion and resistance from M&E staff and county staff were a limitation to this study. To minimise this, consent of the Respondents was obtained prior to issuance of the questionnaire and explanation as to the need for the research in the selected field made. Inadequate funds to carry out this study was a limitation to the study, to minimise the cost, relevant data only was collected, and no extraneous, or excess data collection was done.

3.0 METHODOLOGY

3.1 Research Paradigm

This study adopted the pragmatism paradigm. This paradigm was selected as it allows both qualitative and quantitative approaches to be used and combined in the research design. A combination of qualitative and quantitative methods were used in the data collection. The researchers used the data collection method since it was more appropriate for the study. The researcher used both positivism and constructivism way of thinking. Using this mixed method approach it was possible to collect both quantitative and qualitative data necessary to establish the effect of monitoring and evaluation practices, community participation and performance of public funded health facilities construction projects in Kirinyaga County, Kenya.

3.2 Research Design

This study followed the Descriptive Survey Research methodology. This methodology was chosen by the researcher so as to collect large data from the target population and after analysis be able to determine how the M&E Staff Capacity Building influence performance of public funded health facilities construction projects in Kirinyaga County, Kenya. The use of Monitoring and Evaluation practices, and their influence on the performance of the public Health Facilities Construction Projects, were considered and examined in earnest, using the data collected. Mugenda (2008) noted that a descriptive survey research collects data from members of a population and describe existing phenomena by asking individuals about their perception, attitudes, behavior or values (qualitative).

3.3 Target Population

The unit of analysis in the study comprised of Planned Health Projects in Kirinyaga County during 2014 - 2019 development period, Monitoring and Evaluation Staff directly implementing the M&E activities and a selected group of top Kirinyaga County Government officials. The Top Government officials were targeted due to their central role in drawing the necessary guiding policies necessary for carrying out the Monitoring and Evaluation activities.

Adequate, or lack thereof, of capacity building for M&E Staff will affect the performance of Monitoring and Evaluation and hence the overall Projects performance. The guiding policy of how the Monitoring and Evaluation Practices were to be carried out will ultimately affect the performance of M&E. The top officials contacted were Her Excellency the Governor, Deputy Governor, County Minister for Finance, County Minister for Health and the County Executive Secretary.

3.4 Research Instruments

The research data collection instruments were structured questionnaires and face to face interview using an interview guide.

3.4.1 Questionnaires

The questionnaire consisted of items measured by the Likert scale with the responses being ranged for instance from 5-1, strongly agree, agree, not sure or neutral, disagree and strongly disagree respectively

3.4.2 Interview guide

Top officials of Kirinyaga County government are the policy makers for M&E Practices. Decision on which of the Public funded Health Facilities Construction Projects in the county are to be carried out in a given period and planning of the projects funds to be used on the projects is the prerogative of these top officials. The Researcher, as a philosophical and epistemological approach, decided to

collect views on M&E practices from these officials in a face-to face meeting. An Interview Guide was developed and used in gathering this data. The interview guide was structured in a manner which captures all the variables in the study.

3.5 Pilot study

To address the appropriateness, meaningfulness and usefulness of the instrument before use for the main study, a pilot study was carried out in Nairobi County. This minimized the time required for data collection and cost due to the short distance. The data collected from this pilot study was analysed for correlation within the items. Cronbach's Alpha test, which measures the internal consistency of the measuring instrument by establishing if certain items within a scale measures the same construct, and whether the data gathered on each variable has significance on the dependent variable. The sub-county was selected due to its proximity. This minimized the time required for data collection and cost due to the short distance. Since the respondents were from a different county from the main study, the data was not included in the main research data.

3.6 Validity and Reliability of the Instruments

Validity and reliability of the measuring instrument used in this study was established before use. The validity and reliability of measuring instruments in a research are important, if the research is to be relied upon, in the formation of conclusions. The data collected by these instruments must both be valid and reliable, if not then no conclusions can be drawn from the Study.

3.6.1 Validity of the Instrument

This study considered content validity as a measure of accurateness and meaningfulness of the data. To ensure content validity, the instruments was reviewed by the supervisors, hence; enabling the content to address the purpose and avoided ambiguity. This ensured that all respondents understand the contents of the structured questionnaire. Response options were provided for some of the questions to ensure that the answers given are in line with the research questions that they are meant to measure

3.6.2 Reliability of the Instrument

The data collected from the study was analysed for correlation within the items. Cronbach's Alpha test, which measures the internal consistency of the measuring instrument by establishing if certain items within a scale measures the same construct, and whether the data gathered on each variable has significance on the dependent variable was carried out. Gliem and Gliem (2003) have indicated, in their study that a value of 0.7 and above is an acceptable level of reliability.

3.7 Data analysis techniques

Once completed, questionnaires were received, they were reviewed for completeness and consistency. The study was expected to generate both qualitative and quantitative data. Quantitative data from

close-ended questions and Likert Scales were coded and entered into Statistical Packages for Social Scientists (SPSS) Version 25.0 and analyzed. This was done by tallying up the responses, computing the percentages of variations in response as well as describing and interpreting the data in line with the study objectives and assumptions. This technique gives simple summaries about the sample data and present quantitative descriptions in a manageable form (Novikov & Novikov, 2013). Additionally, qualitative data collected from the Likert Scale questions was analyzed based on the content matter of the responses. Responses with common themes or patterns were grouped together into coherent categories.

After Quantitative data was analyzed, it was presented in tables and explanations in prose form. The researcher used multiple regression analysis to establish the strength of the relationship of the combined variables of the study. The hypothesis with linear relationship was analyzed using correlation analysis.

3.8 Research Duration.

The Research took an overall duration of 12 Months, but collection of Data (including the Analysis) took about 3 Months.

4. RESULTS AND DISCUSSION

4.1 Introduction

The objective of this study was to determine how Monitoring and Evaluation Staff Capacity Building influences performance of public funded health facilities construction projects in Kirinyaga County, Kenya. This section covers data analysis, presentation, interpretation and discussion of the research findings in line with the objective of the study.

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

4.2 Performance of Public Funded Health Facilities Construction Projects

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

4.2.1 Planned and completed Public Funded Health Facilities Construction Projects

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

Table 1: Planned and completed Projects in the county during 2014 – 2019 development period

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

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

4.3 Monitoring and Evaluation Staff Capacity Building and the performance of public funded health facilities construction projects in Kirinyaga County, Kenya

This section sought to establish the influence of M&E Staff Capacity Building on the performance of public funded health facilities construction projects in Kirinyaga County, Kenya.

4.3.1 M&E Staff Distribution in Ministry of Health

Responses were obtained from all the 9 members of the M&E Staff distributed across the sub-counties

Table 2: M&E Staff Distribution in Ministry of Health

Kirinyaga West	Kirinyaga Central	Kirinyaga East	Mwea East	Mwea West	Office Based	Total
1	1	1	1	1	4	9

Data Source: Ministry of Health, Kirinyaga County

The findings in Table 1 indicates that every sub-county was assigned one M&E officer in the County.

4.3.2 Academic qualification of the Respondents

The findings sought to find out the academic qualification distribution of the Respondents. This level of education determination was essential in establishing the highest level of education of the M&E staff.

Table 3: Academic qualification of the Respondents

Respondent	Frequency					Total
	Academic Achievement					
	KCSE	Diploma	B-Degree	Master	PhD	
M&E Staff	1	7	1	0	0	9
Total	1	7	1	0	0	9
Percentage%	11.1%	77.8%	11.1%	0%	0%	100%

The findings from Table 2 indicate that the majority, (77.8%), of the respondents attained a Diploma as the highest level of academic achievement. 11.1% of the respondent's attained KCSE certification, while only 1 M&E staff achieved a Bachelor Degree. This implies that all of the M&E Staff had a basic education and hence a potential of further training in M&E Practices.

4.3.3 Responsibility for M&E activities.

Responses were obtained from all the 9 members of the M&E Staff distributed across the sub-counties

	Frequency	Percent	Valid Percent	Cumulative Percent
Internal Staff (selected within project team members)	8	88.9	88.9	88.9
Project Manager	1	11.1	11.1	100.0
Total	9	100.0	100.0	

The normal Monitoring and Evaluation practice dictates that the M&E Officer is facilitated at least with data collection field officers and a Data analyst based in the office. The Researcher observed that all the activities were carried out solely by the M&E officer.

4.3.4 Training curriculum outline for existing and new entrants M&E staff

The researcher sought to establish the existence of a Training Curriculum for both old and new M&E Staff entrants. The findings were as shown in table 4.29

Table 5: Curriculum Outline Availability for M&E Staff

		Count
Does your section have a Training curriculum	No	9
outline for existing and new entrants M&E staff	Yes	0

According to the findings in Table 4, the County Ministry of Health, does not have a training curriculum outline for the M&E Staff. This implies that M&E staff are not adequately trained to undertake M&E activities.

4.3.5 M&E Refresher Courses Plan for M&E Staff

This section was concerned with establishing whether M&E Refresher Courses were regularly conducted in the Department. The findings were as shown in table 5

Table 6: Refresher courses attended during 2014-2019 Projects Development period

	Mean	Count
Number of M&E Refresher Courses you have attended during Year 2014-2019 planning period	0	9

According to table 5, all the 9 members of M&E staff in Kirinyaga County, Ministry of Health, reported that no Refresher M&E Courses plans were prepared to equip the M&E Staff with the prerequisite modern knowledge of M&E practices.

4.3.6 M&E Functional Benchmarking Plan

In this section, the researcher sought to establish the existence of M&E functional Benchmarking Planned by Kirinyaga County. The findings were as indicated in table

Table 7: Number of M&E Functional Benchmarking Attended

	Mean	Count
Number of M&E Functional Benchmarking attended during Year 2014-2019 planning period	0	9

According to table 6, all the 9 members of M&E staff in Kirinyaga County, Ministry of Health, reported that no M&E Functional benchmarking were attended during the period under review, so as to compare with similar activities in other counties.

4.3.7 To determine how M&E Staff Capacity Building influence performance of public funded health facilities construction projects in Kirinyaga County, Kenya

Simple Linear Regression was carried out to establish the extent. M&E Staff Capacity Building was denoted by X_3 and performance of public funded facilities construction projects in Kirinyaga County, Kenya by Y. The results are shown on Table 7, 8 and 9

Table 8: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	24.661	1	24.661	167.737	.000 ^b
	Residual	16.173	110	.147		
	Total	40.834	111			

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

b. Predictors: (Constant), M&E Staff Capacity Building = X_3

From the findings of table 7, $F(1,110) = 167.737$, $P = 0.000 < 0.05$, indicating enough evidence to reject the Null Hypotheses and sustain the alternate hypotheses. It was therefore concluded that the overall model was statistically significant and hence fit for analysis.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.777 ^a	.604	.600	.38344

a. Predictors: (Constant), M&E Staff Capacity Building = X_3

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

From the results of table 8, $R^2 = 0.604$, indicating that 60.4% of the variance of the Performance of Public Funded Health Facilities Projects in Kirinyaga county was predicted by Monitoring and Evaluation Staff Capacity Building during the time of study.

Table 10. Model Coefficients

Model	Unstandardized Coefficients		Standardized	t	Sig.
	B	Std. Error	Coefficients		
(Constant)	.624	.148	Beta	4.224	.000
1 M&E Staff Capacity Building =X3	.718	.055	.777	12.951	.000

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

The findings of table 9 show that the model constant, $\beta_0 = 0.624$. Monitoring and Evaluation Staff Capacity Building had a $P=0.000 < 0.05$. This indicated that Monitoring and Evaluation Staff Capacity Building significantly predicted the Performance of Public Funded Health Facilities Projects in Kirinyaga County. The model predicted that as Monitoring and Evaluation Staff Capacity Building Mean-Score increased by 1.00, the Mean-Score of Performance of Projects correspondingly increased linearly by 0.718. The model was represented by the equation;

$$Y = 0.624 + 0.718X_3.$$

4.3.8 Responses from Top Government Officials

Table 11: Responses From Top Government Officials on M&E Staff Capacity Building

		Count
Is there any Professional Training Programme for the M&E staff in the County?	No	6
	Yes	0
Is there any M&E Bench Marking Programme for the M&E staff in the County?	No	6
	Yes	0
Is there any planned Performance Appraisal for the M&E staff in the	No	6

County?	Yes	0
In your opinion, should the number of M&E staff in the Department be adjusted upwards?	No	2
	Yes	4

From the findings, there was a unanimous agreement by the Top decision makers that no Capacity Building Programmes for the M&E Staff have been developed by the County Government. 4 officials out of the 6 interviewed (66.7%), were of the opinion that the M&E section was understaffed and needs additional personnel.

5. CONCLUSIONS

The study concluded that the performance of Public Funded Health Construction Projects in Kirinyaga County was extremely low during the period of study. This could be attributed to poor Monitoring and Evaluation of the Projects, both during and post implementation.

The study established that there was no Training Curriculum outline for both old and new M&E Staff entrants, no Refresher Courses or M&E Functional Benchmarking Plan in the section of Monitoring and Evaluation, Department of Health, Kirinyaga County. This position was confirmed by the Top County Government Officials, who stated during the face to face interview that no Professional Training Programme, Bench Marking Programme or Performance Appraisal is conducted for the M&E staff in the County. The staff implementing M&E therefore don't use the modern and best methods and technique of Monitoring and Evaluation Practice due to lack of training. Just like Project Management, Monitoring and Evaluation practice is a dynamic process that requires regular knowledge and skills enhancement. Monitoring and Evaluation Practice requires to acquire and master new knowledge through modern training and benchmarking against similar processes within and out of the county, this will gain independent perspective about how well M&E is performed compared to other counties.

It is recommended that a Training Curriculum, Refresher Courses and M&E Benchmarking Plans be developed for the section of Monitoring and Evaluation of public funded health Projects in Kirinyaga County Government. To ensure that effective M&E activities are carried out using the latest technology investigation must be done throughout the other counties in the country and implement the recommendations arising out of this study. Capacity Building must be regarded as an integral part of Monitoring and Evaluation Practice in the profession. The staff implementing M&E must be equipped with the prerequisite knowledge of modern and best methods and technique of Monitoring and

Evaluation Practice through training.

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