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Influence of Monitoring and Evaluation Practices on the Performance of Healthcare Delivery in Health Care Facilities of Kisumu Central Sub-County, Kisumu County, Kenya

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Abstract: *This study examined the influence of monitoring and evaluation (M&E) practices on healthcare delivery in public health facilities of Kisumu Central Sub-County, Kisumu County, Kenya. The study employed a mixed-methods convergent parallel design with both quantitative and qualitative approaches. The sample consisted of 200 healthcare professionals selected using Yaman's formula and purposive sampling for managers. The study was anchored on Conceptualization of the Program theory by Weiss. The study considered the 4 hospitals in Kisumu Central Sub-County, Kisumu County, Kenya making a total population of 400. Data were collected through questionnaires and interviews, analyzed using SPSS (v26) for descriptive statistics and multiple regression, and thematic analysis for qualitative data. Key findings revealed that 55.1% of respondents agreed that M&E systems were established, yet only 50.3% found that, data management were effective for decision-making. Barriers included inadequate time for data review (62.6%), lack of interpretation skills (25.1%), and limited access to reports (12.3%). The study concludes that strengthening data management capacity, enhancing feedback mechanisms, and promoting timely report use are critical for improving healthcare delivery. The study recommended customization of Health Management System to facility-specific needs, capacity building for staff, continuous mentorship, and support on internet connectivity and backup power systems.*

Keywords: *Monitoring and Evaluation, Practices, Healthcare Delivery, Public Health Facilities, Health Systems Management*

1.1 Background to the Study

According to the United Nations Development Program (2021), Monitoring and Evaluation (M&E) are essential management functions that involve systematically tracking progress (monitoring) and systematically assessing outcomes and impact (evaluation) against stated objectives. Monitoring and evaluation are becoming a significant tool for public sector change and service delivery (Agyekum, Baiden Kissi & Tannor, 2019). In Asia, a study was conducted by Naher et al. on Public Health (2020) focuses on the influence of corruption and governance in the delivery of frontline health care services in the public sector: a scoping review of current and future prospects in low and middle-income countries of south and south-east Asia. This was done by scoping review following the Preferred Reporting Items

for Systematic Reviews and Meta-Analysis (PRISMA) was conducted, using three search engines such as PubMed, SCOPUS and Google Scholar. A total of 15 articles and documents on corruption and 18 on governance were selected for analysis. The study revealed that Common types of corruption like informal payments, bribery and absenteeism identified in the review have largely financial factors as the underlying cause. Poor salary and benefits, poor incentives and motivation, and poor governance have a damaging impact on health outcomes and the quality of health care services. These result in high out-of-pocket expenditure, erosion of trust in the system, and reduced service utilization. Implementing regulations remain constrained not only due to lack of institutional capacity but also political commitment. Lack of good governance encourage frontline health care providers to bend the rules of law and make centrally designed.

In Kenya, Shuna and Kithandi (2024) conducted a study on determinants of Effective Monitoring and Evaluation in Health Service Delivery in Nairobi County Health Facilities. The study focused on the importance of effective M&E practices with main aim to investigate their impact on the performance of health development projects in Nairobi County. The results of the study indicated strong positive relationships between various M&E practices and project performance indicators. This finding underscores the importance of planning in achieving project objectives and maintaining budgetary constraints. The study concluded that identified challenges could be addressed by implementing effective M&E strategies, and the hospital could improve project outcomes and contribute to the overall enhancement of health services in the region.

Techniques for tracking a project or program's progress and results refer to monitoring and evaluation practices. In order to gauge success and advancement and pinpoint areas in need of development, they entail gathering data and analyzing it. To make sure a project or program is accomplishing its goals, Monitoring and evaluation (M&E) procedures are essential (Govender & Ajani, 2021). Similar to one another, the two procedures provide program stakeholders with feedback and ensure that resources are allocated and used effectively. Sentamu (2018) further states that M&E procedures take the lead in identifying possible dangers and difficulties that can be resolved before they worsen into significant issues. Thus, keeping track of and assessing progress is essential to overseeing a successful project or program. Mutesi and Odhuno (2021) contend that in contrast to other performance factors, M&E enhances project performance by verifying the efficient and effective utilization of existing resources. Similarly, M&E provides useful information regarding healthcare delivery, which aids in identifying areas of success and failure as well as opportunities for improvement (Skedsmo & Huber, 2019).

Monitoring and evaluation are becoming a significant tool for public sector change and service delivery (Agyekum, Baiden Kissi & Tannor, 2019). Monitoring and Evaluation practices such as maintaining M&E data quality, capacity building of the M&E team, and planning for M&E continue to be used extensively on health projects because they form crucial elements in managing projects (Kirori & Karanja, 2019). Muindi, (2018) observes that the M&E practices serve as a core part of the project's cycle and adopting practices such as regularly training the M&E staff, employing skilled M&E personnel, and using technology to collect M&E data facilitate the increment of project productivity, project management, and project implementation.

Using M&E practices effectively on health projects guarantees the success of healthcare service delivery that meets all key stakeholders' project objectives and expectations. Furthermore, effective use of M&E

practice guarantees health projects perform by producing desirable deliverables of quality and within the set time and budget (Micah, 2017). Using M&E practices provides valuable information used during the planning, decision making, budgeting, and the making of policies that have led to effectiveness in the services delivery (Ochieng, Chepkuto, Tubey, & Kuto, 2017).

Measures for performance of health projects according to Ika (2012) include planning, budget, human mechanism, quality and overall patients' satisfaction. Healthcare performance of the public hospitals can be influenced by M&E, particularly by the planning, budgeting and staff training. Due to their critical role in project management, monitoring and evaluation techniques including planning for M&E, developing the M&E team's capacity, and preserving the quality of M&E data are still widely employed on health projects (Kirori & Karanja, 2019). Muindi (2018) notes that M&E practices are an essential component of the project life cycle. By implementing practices like hiring qualified M&E personnel, training M&E staff on a regular basis and using technology to collect M&E data, organizations can increase project productivity, oversight, and execution. According to a World Bank report (2020), using past M&E results when planning for M&E in health projects gives decision-makers, donors, and managers of health projects an enhanced opportunity to learn from preceding health projects. This improves planning, the provision of services, the distribution of resources, and the demonstration of outcomes for the important health project shareholders. Using high-quality M&E data in health projects also promotes information sharing and organizational learning, which helps NGOs learn from their experiences and apply the insight to subsequent health projects.

1.2 Statement of the Problem

In developing countries, there are challenges in provision evidence informed health care services to its people. Some studies have attributed poor health service delivery to inadequate knowledge and skills compounded with system failure (Nzinga, Mbaabu, & English, 2013). Monitoring and evaluation in the health sector in Kenya is weak. This has been attributed to the inability of most health facilities to hire and train skilled M&E specialists who are believed to understand the insights of monitoring and evaluation and their appropriate applications (Chesos, 2010).

Healthcare monitoring and evaluation play an important role in providing critical services which impact individuals' wellbeing. A healthy nation implies reduced diseases burden and enhanced economic prosperity. The Kenyan government has therefore committed huge amounts of money to ensure that citizens access the best healthcare services. In 2020 for instance, the government set aside Ksh 234 billion on health which translated to 7% of the country's GDP. In 2023/2024 financial year, Kisumu County was allocated Kshs.1, 915,563,803 (Kisumu Health CEC, 2024). However, a large population has a challenge in accessing quality healthcare services across the public hospitals in Kisumu County (Alsheimer, 2018). These challenges have created duplication of efforts, inefficiencies, lagging capacity in the analysis of health sector performance and in implementing comprehensive M&E plan and a weak culture.

Ministry of Health in Kenyan has made effort in adopting and embracing M&E in the proper management of its various programs in the health sector to improve on evidence informed healthcare decisions. Mwaniki and Mugambi, (2017), in their study assert that the introduction of Health Management Information Systems (HMIS), has streamlined data collection by defining data flow channels and information sharing among stakeholders.

Kihuba et al, (2014) asserts that the existing monitoring and evaluation system is still facing a number of challenges that include disjointed activities with no coordination framework; numerous program-specific monitoring and evaluation structures operating separately which do not share data for decision making and the existing M&E systems not satisfying the reporting needs of funding agencies and implementing partners. These challenges have created duplication of efforts, inefficiencies, lagging capacity in the analysis of health sector performance and in implementing comprehensive M&E plan and a weak culture.

These suggests that Kisumu County has insufficient budget allocation and skilled personnel dedicated to monitoring and evaluation activities in health facilities that hinder proper planning data collection, analysis and follow-up actions leading to weak and ineffective Monitoring and evaluation processes. This creates a gap in knowledge on the operational barriers to monitoring and evaluation implementation and how these challenges influence health service delivery and policy decisions.

1.3 General objective of the study

Influence of monitoring and evaluation practices on the performance of healthcare delivery in health care facilities of Kisumu central sub-county, Kisumu County, Kenya

1.3.1 Specific Objectives of the Study

a) To assess the existing M&E systems of health care delivery in health care facilities in Kisumu Central Sub-County
b) To determine the role of Health Management System on the performance of health care delivery within Kisumu Central Sub-County health care facilities.
c) To assess the frequency and use of data analysis reports for decision making in public healthcare facilities in Kisumu Central Sub-County
d) To explore the role of feedback and response mechanism on the performance of health care delivery in Kisumu Central Sub-County health care facilities

1.4 Literature Review

In this section, theoretical and empirical review on the influence of monitoring and evaluation practices on the performance of healthcare delivery in health care facilities are presented.

1.4.1 Theoretical Review

Weiss's (1995) conceptualization of the Program theory serves as the research's foundation. The concept focuses on who is accountable for the change and how it can be implemented. The program theory is commonly represented by logical models that illustrate how the general logic is applied in an intervention. The concept belongs to the field of applied growth evaluation and is a model of change. For a number of years, Weiss, supporters of the theory, applied it to understand how program theories connect to evaluation. For several decades, program theory served as a useful instrument for monitoring evaluations. It was well-known for providing a definitive process for fixing issues and for addressing the necessity of carrying out evaluations to support results. According to Rossi (2012), a program theory is an organizational strategy that outlines how to allocate resources and set up program operations in a way that ensures the planned service system is created and maintained at the same time.

The theory also aids in the analysis of how the target individuals receive the assistance they need and in the planning for the utilization of finances. The connections between the systems for delivering services allow for this. Lastly, program theory offers a deep understanding of how the activities designed for certain target individuals symbolize the anticipated social benefits. The advantages of employing theory-based frameworks in monitoring and assessment are demonstrated by Uitto (2010). It involves identifying expected and undesirable program results in addition to being able to assign project results to particular projects or activities. As such, theory-based evaluations help the assessor comprehend the reasons behind and mechanisms of the program's operation (Rossi, 2012).
Program Theory Application: The idea is used in the input-output model to track performance, share results, and enhance project efficiency. When applied correctly, M&E processes are the fundamental inputs that translate into input processing and, ultimately, quantifiable output. Program theory clarifies how altering input and procedures can improve output and provide positive outcomes. The elements that affect the process's output, performance, are referred to as inputs. In this instance, these variables include the M&E planning process, M&E training methods, participation of stakeholders, and management activity.

The program's goals are made clearer by the logical model, which also identifies expected side connections in the sequence of inputs, processing, outputs, and final result. It offers a connection to the determination of performance metrics at every phase of the reasoning model. By keeping an eye on the project's development and acting appropriately when deviations arise to guarantee that the goals are met, it addresses concerns about uncertainty in the project. The theory of a program aids in determining whether there has been a shift in the direction of the intended level of performance by displaying a single immediate result that the program has attained particularly in the healthcare sector of Kisumu County public hospitals.

1.4.2 Empirical Review

Effectiveness of M&E in Healthcare service Delivery

A study in the United States of America by Arcury (2017) was conducted on the association between higher level of staffing with Registered Nurses per patient day and the rates of unplanned extubating, hospital-acquired. The study used a prior cross-sectional investigation of information from 10,184 attendants, and 232,342 patients experiencing general, orthopedic and vascular surgery in 168 hospitals. Google form questionnaires were utilized in data gathering and data was entered in an excel spreadsheet for analysis. It was found that an extra patient for every medical caretaker was related with an expansion in both the hazard balanced 30-day mortality and the inability to-protect rate of 7%. This study however differs with the current research in that google form questionnaires were used in collecting data whereas structured questionnaires and interview guide are used to in the present investigation in Kisumu County.

Khalifa (2019) studied on the monitoring and evaluation and performance of donor funded projects in Kigali health management project. The study therefore investigated the relative adoption of M&E in the management of projects a case of Kigali. The research used purposive and simple random sampling method where primary data was collected from 96 respondents through questionnaires from a target population of 49,772 gotten from the approximate number of households. Raw data was analyzed through descriptive statistics with the help of Statistical package for Social Sciences (SPSS) version 21. The researcher selected a pilot group of individuals from the target population to test the reliability of the research instruments whereby a Pearson correlation analysis was used to show the relationship

between the variables. Data analysis was descriptive in the form of frequencies and percentage which was then presented in tables and charts and discussion made based on the research questions. The findings of the study indicate that Kigali health project has incorporated the M&E practices. However, evaluation of the project is more intense than monitoring with the donor funded projects. The findings showed that most of the stakeholders make use of Impact Evaluation as a tool in the management of Kigali Infrastructure project. The reviewed literature collected information from the households in Kigali while the current study is conducted among the healthcare institutions.

Ruth (2020) examines the effects of monitoring and evaluation practices on project implementation in acted Kenya organization. The target population of this study were all the 125 employees of Acted Kenya in Nairobi County. A descriptive research design was used in the study. Stratified random sampling determined the population sample that was involved in the study. Primary data was collected using a structured questionnaire. The data was then analyzed using descriptive statistics and Statistical Package for Social Sciences (SPSS) software was used to analyze the report. This study was expected to be of significance to the NGO managers and other stakeholders in various sectors to understand those roles of M&E practices that shape NGOs businesses and ensure successful project implementation hence improve the performance of the organization. The study findings implied that M&E practices (Design and planning, capacity building and budgeting) affect project implementation in Kenya. The 77% of the respondents agreed that ACTED Kenya organization always implements planning strategies on time and 44% of the respondents rated the effect as high. The 74% of the respondents agreed that the organization's employees are conversant with their core duties and 32% of the respondents rated capacity building on project implementation as effective. The 82% of the respondents indicated that ACTED Kenya had a good budget for M&E activities and 57% of the respondents agreed that it affects to a large extent. A gap was identified in the study since it was based in the None Governmental Organizations. The current study intends to address this while confusing in government hospitals in Kisumu County.

1.5 Research Methodology

The study adopted convergent parallel design which allows quantitative and qualitative data collection methods to complement each other and provide for the triangulation of findings, hence greater validity of the emerging inferences. The study was conducted in Kisumu Central Sub- County public health facilities of Kisumu County. The study targeted 4 public hospitals. The managers were targeted by the virtue of being responsible for initiating the right methods employed in health delivery. Managers interact with the resources and healthcare workers at different levels. The laboratory technicians, pharmacists, Counsellors, Doctors, health record officers and nurses are targeted because they closely interact with the patients while responding to their healthcare needs. This significantly assist the researcher to understand the standard of health care services rendered to the patients and the manner in which Monitoring and Evaluation activities in the institution hinders their performance.

The sampling unit was Kisumu County Hospitals. The study considered the 4 hospitals in the study these include Level 3: Nyalenda Health Centre having 14 health care providers, Level 4: Kisumu County referral Hospital 246, Level 4 Lumumba Sub County hospital 120 health care providers, Railways Health Centre Level 3 with 20 health care providers making a total population of 400. The participants for the study were calculated using Yamane (1967) scientific formula. Random sampling technique was employed to select 2 managers from each of the 3 hospitals (6). For determining an appropriate sample

size, the Yamane (1967) scientific formula with random sampling technique will be employed to the target groups that include hospital administrators, doctors, nurses and health record officers.

Research instruments for this study comprised of the questionnaire and in-depth interview guide. Additionally, the study incorporated both primary and secondary data sources. The secondary data sources included monitoring and evaluation reports, audit records, performance dashboards while primary data was gathered through questionnaire and interview to triangulate findings. The quantitative data was analyzed using descriptive technique. Measures of central tendency and dispersion, such as frequency distributions, mean, and standard deviation, was computed using SPSS (version 25). The analyzed data was presented in form of figures, tabulation and charts. Narrative Thematic analysis was conducted to find patterns and themes in the qualitative data, and then the categories and themes interpreted to provide a deeper understanding of the study objectives. The study used simple analysis by using SPSS, and excel to generate charts, tables, and graphs for easy visualization and interpretation of the data.

1.6 Data Presentation, Interpretation and Discussions of the Findings

Response rate

In this study, 200 questionnaires were distributed by the researcher out of which 187 questionnaires were filled correctly hence accepted which represent a response rate of 93.5%. Given the prejudices that health practitioners normally harbor towards health-related questions, this rate was commendable. A 50% response rate is adequate, 60% good and above 70% is rated very good (Mugenda and Mugenda, 2003). A similar assertion was confirmed by (Kothari, 2004) and therefore, based on these views, 93.5% response rate for this research was good.

Role of Health Management System (HMS) in health care service delivery

The researcher explored the key factors in M&E practices by inquiring from the respondents on the various practices in the health facilities.

The respondents were further asked if the data management systems were effective in providing the accurate data. 27.3% agreed and 23% strongly agreed, the total respondents who agreed was 50.3%. 13.9% of the respondents were neutral on the status of the data management systems while 35.8% disagreed with 19.8% disagreeing and 16% strongly disagreeing to the statement. The existence of such systems, as acknowledged by the majority, indicates a commitment to accountability and continuous improvement in healthcare service delivery. This suggests a level of institutionalization of monitoring and evaluation practices within the healthcare facilities.

Table 1: Effectiveness of data management systems

		Frequency	Percent	Cumulative Percent
Valid	Agree	51	27.3	27.3
	Disagree	37	19.8	47.1
	Neutral	26	13.9	61.0
	Strongly Agree	43	23.0	84.0
	Strongly Disagree	30	16.0	100.0

	Total	187	100.0

Source: *Field data, 2025*

The findings indicate that only 50% of the data collected in health facilities is analyzed and used for decision-making. This raises a critical question regarding the relevance and utilization of the remaining 50% of the data that is collected but not analyzed what is its purpose, and why is it not contributing to decision-making processes? This goes along with findings of World Bank which showed that while the primary goal of HIS data is to enable the processing of valuable information for decision making, much of the data collected in the developing countries do not go to the processing stage, hence it is unrealistic for such data to have helped make valuable decisions.

Table 2: Service delivery efficiency

		Frequency	Percent	Cumulative Percent
Valid	Extremely effective	32	17.1	17.1
	Moderately effective	38	20.3	37.4
	Not effective at all	37	19.8	57.2
	Slightly effective	38	20.3	77.5
	Very effective	42	22.5	100.0
	Total	187	100.0	

Source: *Field data, 2025*

The respondents were also asked on their views on the service delivery efficiency. 22.5% indicated that the service delivery was very efficient, 20.3% indicated that the service delivery was slightly effective, 20.3% indicated that the service delivery was moderately effective, 17.1% indicated that the service delivery was extremely effective while 19.8% indicated that the service delivery was not effective at all. These results suggest that although a substantial segment of respondents recognized efficiency in service delivery, there remains a considerable proportion who were either neutral or dissatisfied, pointing to inconsistencies that may need to be addressed to enhance overall effectiveness.

Table 3: Role of MIS in resource allocation

		Frequency	Percent	Cumulative Percent
Valid	Extremely effectively	39	20.9	20.9
	Moderately effective	26	13.9	34.8
	Not effective at all	71	38.0	72.7
	Slightly effective	22	11.8	84.5
	Very effectively	29	15.5	100.0
	Total	187	100.0	

Source: *Field data, 2025*

The respondent's views were also sought on the resource allocation. 38% indicated that the resource allocation was not effective at all, 20.9% indicated that the resource allocation was extremely effective while 15.5 indicated that the resource allocation was very effective. 13.9% indicated that the allocation was moderately effective while 11.8 indicated that the resource allocation was slightly effective.

Table 4: MIS effectiveness in Tracking of health outcome

		Frequency	Percent	Cumulative Percent
Valid	Extremely effectively	39	20.9	20.9
	Moderately effective	40	21.4	42.2
	Not effective	27	14.4	56.7
	Not effective at all	7	3.7	60.4
	Slightly effective	30	16.0	76.5
	Very effectively	44	23.5	100.0
	Total	187	100.0	

Source: *Field data, 2025*

The respondents were further asked on the status of tracking of health outcomes. 23.5% indicated that tracking health outcomes was very effective, 21.4% indicated that tracking the health outcome was moderately effective while 20.9% indicated that tracking health record was extremely effective. 14.4% indicated that the tracking was not effective while 3.7% indicated that tracking health records was not effective at all.

1.7 Summary of the Analysis

The thematic analysis of the interviews with healthcare data managers and administrators in Kisumu Central Sub-County reveals a multifaceted understanding of Monitoring and Evaluation practices within public hospitals. Six overarching themes emerged, each offering insight into the current state, challenges, and potential improvements of healthcare delivery systems. These include:

Integration of M&E Systems: There is evidence of widespread use of multiple M&E tools, including both digital platforms such as Kenya EMR, HMIS, KHIS, and manual registers like MoH books. Some hospitals have transitioned to digital systems like Taifa Care, which respondents described as strong and reliable. However, not all facilities have gone fully digital, and some still rely heavily on annual manual records. This dual system highlights the transitional phase in data management and suggests the need for harmonization and interoperability between systems.

Perceived Effectiveness of M&E Systems: Most respondents reported that their current M&E systems are either very effective or reliable in data collection, processing, and reporting. The ability of systems like HMIS and Taifa Care to generate timely reports and track patients efficiently was repeatedly emphasized. Nonetheless, the effectiveness of these systems is conditional—especially in environments with consistent internet connectivity and adequate user skills. Facilities with unreliable network infrastructure expressed only moderate satisfaction with the systems' performance.

Barriers to Timely and Accurate Data Collection: Participants identified both infrastructural and human resource challenges as major barriers. Technological issues included unstable internet, lack of power backup, and frequent system breakdowns. On the human side, challenges such as high staff workload, documentation inaccuracies, and low adaptation to digital tools were commonly reported. These challenges hinder the timely input of data, compromise the accuracy of health records, and delay decision-making processes. This theme reveals the need for a supportive environment, including both adequate infrastructure and empowered personnel.

Contribution of HMIS to Health Service Efficiency: Despite these challenges, the HMIS is seen as a critical tool for enhancing healthcare delivery. Respondents noted that it enables real-time access to

patient data, supports data-driven decision-making, and contributes to resource allocation and planning. The ability to store and retrieve data quickly improves operational efficiency, reduces paperwork, and ensures faster service delivery. In this sense, the HMIS has moved beyond being a mere reporting tool to a strategic instrument for healthcare management.

Implementation Challenges: Implementation of HMIS still faces considerable operational hurdles, including staff resistance, limited system coverage, and weak data security controls (e.g., shared login credentials). Some respondents noted that their institutions have not yet fully embraced digitization, with digital platforms still used in parallel with annual manual reports. These barriers suggest a lack of change management strategies, inadequate training, and possibly poor stakeholder engagement in the design and roll-out of the systems.

1.8 Recommendations for Strengthening M&E

Respondents offered practical suggestions for enhancing the role of HMIS and other M&E tools. These include the customization of HMIS to facility-specific needs, the development of interoperable platforms, capacity building for staff, continuous mentorship, and investment in internet connectivity and backup power systems. Some facilities also proposed a phased plan to go fully digital within five years. These suggestions indicate a clear understanding among users of what is needed to improve system adoption, functionality, and sustainability.

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