INFLUENCE OF MONITORING AND EVALUATION WORK PLAN ON PROVISION OF HEALTH CARE SERVICES IN PUBLIC HEALTH INSTITUTIONS IN MIGORI COUNTY, KENYA

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Abstract

Provision of health services in hospitals lack priority that it should enjoy in terms of monitoring and evaluation. Developed countries have pursued results orientated development initiatives by adopting more effective monitoring and evaluation practices in health care services provision. Monitoring and Evaluation systems allow project activities to be measured and analyzed. The purpose of the study was to establish the influence of Monitoring & Evaluation work plan on the provision of health care services in Public Health Institutions in Migori County, Kenya. The research design used was descriptive survey. The study targeted a sample of 60 doctors, 102 Nurses, 43 M&E officers, 9 social workers, 16 community health volunteers and 55 patients. The data collection instruments included a questionnaire and an interview guide. Data analysis was descriptive in the form of frequencies and percentage. Multiple regression was conducted. From the study findings, data collection was regular with data analysis carried mainly through SPSS21. The study found out that availability of skilled labour influenced provision of health services in public health institution to a great extent. The study concluded that availability of skilled labour influenced provision of health services in public health institution to a great extent.

The study recommends that the County government needs to employ qualified skilled labour and plan more for the M&E work plans and reviews.

Keywords: Evaluation; Monitoring; Monitoring and evaluation systems; Health care services; Human capacity

INTRODUCTION

Monitoring is an ongoing function that employs the systematic collection of data related to specified indicators in Public projects. Monitoring and evaluation is a tool in project management. Project management is possibly the second oldest profession (Ballard, 2013). Monitoring and evaluation (M&E) is described as a process that assists project managers in improving performance and achieving results (Agutu, 2014). The goal of M&E is to improve current and future management of outputs, outcomes and impact (United Nations Development Programme, 2015). Williams (2014) asserts that monitoring provides management and the main stakeholders of a development intervention with indications of the extent of progress and achievement of expected results and progress with respect to the use of allocated funds. Monitoring provides essential inputs for evaluation and therefore constitutes part of the overall evaluation procedure. Evaluation is an organised and objective assessment of an ongoing or concluded policy, program/project, its design, execution and results. The aim is to provide timely assessments of the relevance, efficiency, effectiveness, impact and sustainability of interventions and overall progress against original objectives. According to Ballard (2013), monitoring and evaluation is a process that helps program implementers make informed decisions regarding program operations, service delivery and program effectiveness, using objective evidence.

M&E plan is fundamental on any health care project. It provides the schedule to be followed on the project implementation to its sustainability. The Program Evaluation Standards, James (2013) indicates that, M&E plan involves evaluation of resources. The budget could certainly be more carefully estimated and actual expenditure on the evaluation more carefully monitored. The problem of cost overruns during evaluation has been raised up by several evaluators. Smith &Chircop (2013) say that financial resources are needed for the time people spend, for supporting information management system, training, transport and so forth. Key items to include in the budget are contracts for consultants/external expertise, physical non contractual investment costs, recurrent labour cost, focused labour input, training and study

tours for M&E related capacity building, and nonoperational costs like stationery, meetings, allowances for primary stakeholders and project implementers (John, 2017).

Among South African NGOs, there was widespread adherence to the logical framework as a foundation for evaluation and reporting with its use as a planning tool locking organizations into established timeframes and specified outputs (Applebaum, 2017). These rigid timeframes of project funding and 14 LFAs do not accord well with the complex uneven nature of development work (Smith &Chircop, 2013). Furthermore, quantitative rather than qualitative indicators could be used to advantage as they were easily measured to demonstrate success while qualitative measures of how much was understood or subsequently used were largely avoided (Bornstein, 2016).

Objective of the Study

This study sought to determine how partnerships in planning and managing Monitoring and Evaluation Influence provision of health care services in public health institutions in Migori County, Kenya.

LITERATURE REVIEW

Monitoring and evaluation (M&E) are tools employed to assess the relationships of intentions versus actions, actions versus outcomes, and outcomes versus impacts. However, the most important, yet quite often the most neglected aspect of monitoring and evaluation is feedback. It is the feedback of lessons learned through M&E that assists correction of current mistakes and improvement of future decisions (Khan, 2010). A results-based M&E system is essentially a feedback system; it is a management tool to measure and evaluate outcomes, providing information for governance and decision making (Gorgens & Kusek, 2010). A results-based system, whilst not neglecting the monitoring of inputs and outputs, attaches the highest importance to providing feedback on results at the level of outcomes and goals (Edmunds & Marchant, 2010).

The objective of wellbeing administrations arrangement is to enhance wellbeing results in the populace and to react to individuals' desires while decreasing imbalances in both wellbeing and responsiveness (Houtzager, 2013). The social insurance needs of the populace ought to be met with the ideal amount and nature of administrations created at least expenses. Sorts of contributions to wellbeing administration arrangement largely decide conveyance of the administrations. The authoritative structure and procedures decide amount and nature of yields for a given amount of information sources. The amount and nature of administrations and their circulation, together with other wellbeing framework and non-wellbeing framework factors

decide how much wellbeing increase can be accomplished in the general public (Aiken, 2015). The appraisal of supplier execution can illuminate approach choice with the proof on the normal or the genuine commitment of suppliers' expert activities into the accomplishment of the middle of the road and last objectives of wellbeing frameworks (WHO, 2015).

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In a study conducted in USA on M&E plan and schedules followed in health care centers comprises of a field survey was conducted using a sample of 45 respondents who were selected by stratified random sampling (Anderson, 2010). The data were collected using structured questionnaires and analyzed using Statistical Package for Social Sciences (SPSS, Version 16.0). The results of the study reveal that project supervisors apply monitoring tools to a certain level in their project operations consequently producing satisfactory levels of success. The findings further reveal that most health care development projects were completed within the stipulated time frame and budget and that majority of the respondents considered them a success (Fleming and Koppelman, 2010).

In an assessment done in Australia, on how M&E work plan practice influence health projects ,the White Paper on the Australian Government's Overseas Aid Program identified economic growth as being critical to poverty reduction and quality health care towards the

Millennium Development Goals (MDGs) (Applebaum,2017). Infrastructure investment is one of the key drivers of economic growth in health care projects. In response, the Australian Government launched the Infrastructure for Growth Initiative (IFGI) in 2017 to help regional partners address their pressing infrastructure needs. IFGI is directed towards helping regional partner government improve their infrastructure policies and finance high-priority infrastructure in conjunction with other international donors. The Indonesia Infrastructure Initiative (IndII) has been developed within the IFGI framework and is supported by funding under IFGI. Accordingly, the development goal of IndII is to promote economic growth in Indonesia by enhancing the relevance, quality and quantity of infrastructure investment in Indonesia. To support the achievement of the development goal and other key objectives, IndII has developed a Monitoring and Evaluation Framework (MEF) to capture performance information and data at two levels – through individual activities and through defined program outcome areas. M&E for IndII is primarily about ensuring that the program delivers quality activities through appropriate selection of activities. It is imperative that the program supports improved infrastructure priority setting and investment and to ensure resource allocation is appropriate between thematic and sectorial areas (Bennett, 2010).

In the Ugandan Rwenzori region a study by Busiinge (2010) found that donors rarely operate outside the log frame approach where they are boxed in results that are put in the project log frame, and yet sometimes the situation on the ground might affect the achievement of some of the results hence requiring some aspects of the project to be changed. Therefore, any suggested changes by the implementing organizations had to go through prolonged to and from communication over the changes. A critique to this argument however, is that the log frame brings significant benefits for a range of stakeholders while their longevity suggests that, to a great extent, they meet the needs of powerful decision-makers in development organizations (Jacobs, Barnett & Ponsford, 2010). Furthermore, they simplify complex social situations and make them relatively easy to understand, linking budgets to actions and expected results while also providing a tool for setting measurable goals, the basis for assessing performance towards them and for holding implementing organizations or staff to account. Bakewell and Garbutt (2015) in their study noted that, „where the Logical Framework Analysis (LFA) is used for monitoring and evaluation the focus is often the logical framework; to look at the expected achievements laid out in the matrix, rather than the work itself". In theory, Bakewell and Garbuttargue, that the logical framework can be revised through the programme cycle and changes made, at least to the output level; however, in practice this rarely happens. In the study, one donor representative claimed that they encourage NGO partners to review their

logical frameworks, but the same person thought that a well-designed framework would not need changing.

A study done in Determining the effectiveness of M&E plan on health projects in Migori Kenya, This study sought to establish the determinants of effective monitoring and evaluation plans of County government funded health care projects. The term effective is used to mean whether the project monitoring and evaluation plan has or can achieve its objectives (Cohen, 2017). The study identified three independent variables which included staff technical skills, budgetary allocation and stakeholder participation (Mwende, 2014). Not only does best practice require that projects are monitored for control but also project stakeholders require transparency on following the time frame and schedule, accountability for resource use and impact, good project performance and to benefit future projects. Therefore, the study shed insight on the aforementioned benefits. The study was carried out using descriptive survey research design which entailed both qualitative and quantitative data collection procedures. The study was carried out within Rongo constituency which is located within Migori County and as such a beneficiary of county funds for health projects; the elected members of county assembly (MCA), and the residents of this formed the target population (Department of Health, 2010). A random sample of 387 residents was sought for the study out of which 341 respondents participated.

METHODOLOGY

This study employed a descriptive survey research design. Descriptive research design is used to describe an event or phenomena as it exists at present and is appropriate when the study is concerned in specific predictions, narrative of facts and characteristics concerning individuals or situations (Kothari, 2003). Enlightening review study plans are applied as part of preparatory and exploratory investigations to allow scientists to bring together facts, condense, show off and decipher with the stop aim of elucidation (Orodho, 2002). The purpose for engaging review inquire approximately outline is to look at, depict and record elements of a circumstance as it generally happens (Polit and Beck, 2008). Clear studies are fitting since it consists of watching and depicting the behavior of a subject without affecting it in any capability (Martyn, 2008). It is utilized to check demeanors and feelings approximately events, people or method.

The study targeted all the 80 M&E officers, 159 doctors, 500 nurses, 37 Community health volunteers, 21 social workers and 200 patients who visits the hospital within an hour. This study focused on eight sub county hospitals and one referral hospital. Which includes; Migori county referral hospital. Awendo, Isibania, Karungu, Macalder, Ntimaru, Othoro, Rongo and Kuria sub county hospitals. Hair, (2003) defines population as an identifiable total group or aggregation of elements (people) that are of interest to a researcher and pertinent to the

specified information problem. According to Salkind (2008), population is the entire of some groups. This is also supported by Sekaran and Bougie (2010). Population is defined as entire group of people the researchers want to investigate. The Yamane (1967) formula of sample selection was used to generate a sample size for the study as indicated:

$$n = \frac{N}{1+ Ne^2}$$

Where:

n = Sample size

N = Target Population (997)

E = Error = 0.05

$$n = \frac{997}{1 + 997 (0.05)^2}$$

n = 285

The study size therefore constituted 285 respondents (60 doctors+ 43 M&E officers + 102 Nurses +9 social workers +16 community health workers + 55 patients) who were randomly picked.

The sampling technique used was simple random sampling. Every third item from the population was picked randomly. Yin (2013) argues that the sample size depends on what one wants to know, what is at stake and recommends 10-30% as an appropriate sample in a case study.

The research instruments that were used in the study were questionnaires and interviews. In developing the questionnaire items, the fixed choice of the item was used. A questionnaire was used to gather primary data. Patton (2014) argued that the advantages of using questionnaires are that information can be collected from a large sample. The use of more than one method for gathering data was to ensure methodological triangulation as distinguished by Denzin (Alan, 2003). The questionnaire consists of items applying the likert scale with the responses ranging from strongly agree, agree, not sure, disagree and strongly disagree on a 1,2,3,4,5 rating scale. The questionnaire consisted of both open- ended and closed ended questions to offer opportunities for comments, suggestions and areas of improvement that would make a positive difference when using monitoring and evaluation systems.

However, in the fixed choice item, it involves "putting words" in the respondents' mouth, especially when providing acceptable answers, there is temptation to avoid serious thinking on the part of the respondent. To avoid such situations, the researcher provided respondent friendly questions to keep him/her comfortable. Interview schedules were for the patients and were used to solicit for more information that might not be captured by the questionnaire.

The researcher administered questionnaires and wait for the respondents to fill. The researcher sought approval for this study from the University of Nairobi. As soon as permission is granted and the researcher obtains an introduction letter, the researcher will collect data. The study proceeded in the following chronology: recruitment of one research assistant; conducting briefing for the assistant on the study objectives, data collection process and study instrument administration; reproduction of required copies for data collection; assessment of filled questionnaires through serialization and coding for analysis; data analysis and discussion; preparation of the conclusion and recommendations.

The questionnaires were checked for completeness and consistency of information at the end of every field data collection day and before storage. Data capturing was done using Excel software. The data from the completed questionnaires and interviews was cleaned, re-coded and entered into the computer for analysis to produce frequency tables, graphs, and the necessary measures of variances for interpretation. Descriptive statistics (that is frequency analysis) was computed for presenting and analyzing the data. Descriptive statistics enables the researcher to describe the aggregation of raw data in numerical term (Mugenda & Mugenda, 2013). Data was analyzed using correlation and regression analysis. The relationship between independent variables was measured through multiple regression analysis, in order to find out the inter-relationship between the four independent variables and their influence on the dependent variable (Sharma, 2005). In addition, frequency distributions and percentage tables was used. Data will be presented in the form of frequency distribution tables that facilitated description and explanation of the study findings.

RESULTS AND DISCUSSIONS

Demographic Information of the Respondents

The study sought to determine the demographic characteristics of the respondents as they are considered as categorical variables which give some basic insight about the respondents. The characteristics considered in the study were; range of ages of the respondents; gender and highest level of education attained by the respondents.

Distribution of Respondents by their Gender

The study was interested in knowing the gender of the respondents because it helped to understand the category of the people working in provision of health services by gender thus the respondents were asked to state their gender. Results are presented in Table 1.

Table 1: Gender of the Respondents

Gender	Frequency	Percent
Female	136	61.8
Male	84	38.2
Total	**220**	**100**

The results in table 1 show that 136 (61.8%) respondents were females while 84 (38.2%) were male. This implies that the population of women working at the hospitals was higher than that for men. The findings indicate that the hospitals employed more female than male which means there is no discrimination on the side of female. This is in line with the constitution of Kenya (2010) which requires that in any employer situation there should be a third of either gender. This meets the threshold.

Distribution of Respondents by their Age Bracket

The study was interested in knowing the age bracket of the respondents because the age factor was important since the government is trying to encourage the youth to apply for jobs in the country. The respondents were asked to state their age bracket. Results are presented in the Table 2.

Table 2: Age Bracket of the Respondents

Age bracket	Frequency	Percent
18-35	26	11.8
36-45	137	62.3
46-59	57	25.9
Total	**220**	**100**

From the table 2, the findings shows that, 137 (62.3%) of the respondents were between 36 - 45 years of age, 46 - 59 years were 57 (25.9%), while 26 (11.8%) were 18 - 35 years. This implies that majority of the health workers providing health services were below 45 years of age 163 (74.1%) are younger falling within the age of 18-45 years who are energetic and expected to be innovative and may provide better health care services to the public institutions. This would enhance better health care in the facility and are for change of new technology.

Distribution of Respondents by their Level of Education

The study wanted to know the level of education of the respondents because it is believed that the higher the level of education the better the quality of health care provision. The respondents were asked to state their level of education. The results are presented in Table 3.

Table 3: Highest Education Level of the Respondents

	Frequency	Percent
Certificate	15	6.8
Diploma	106	48.2
University degree	67	30.5
Master Degree	32	14.5
Total	**220**	**100**

Results from the Table 3 shows that out of the 220 respondents who participated in the study, 106 (48.2%) of the respondents had attained Diploma education, 67 (30.5%) had a University degree, 32 (14.5%) had attained a Master degree, and 15(6.8%) had attained certificate. These findings show that the majority of health providers 205 (93.2%) have the required qualifications in health provision and it is therefore expected that provision of health care services in public health institutions in Migori county is expected to be better and if there is poor provision of health care services there is something else influencing other than education.

Monitoring and Evaluation Work Plan and Provision of Health Care Services

The objective that the study wanted to achieve was to determine the extent to which M&E work plan influence provision of health care services in public health institutions in Migori County, Kenya. To achieve this objective, the respondents were asked to give their opinions on the level of agreement or disagreement with the statements provided in a likert scale of 1-5 where 1=Not at all, 2= little extent, 3= moderate extent, 4= great extent, and 5= very great extent. The results are presented in Table 4.

Table 4: Relationship Between Monitoring and Evaluation Work Plan and
Provision of Health Care Services

Statements	NA	LE	ME	GE	VGE	Mean	Std. Dev
Training programmes	23(10.5%)	43(19.5%)	47(21.4%)	75(34.1%)	32 (14.5%)	3.23	0.1
Periodic Monitoring & Evaluation assessment	12(5.5%)	18(8.2%)	58(26.4%)	87(39.5%)	45(20.5%)	3.61	0.3

Ability to work on time scope	24(10.9%)	28(12.7%)	56(25.5%)	72(32.7%)	40 (18.2%)	3.35	0.1
Availability of skilled labour	2(0.9%)	32 (14.5%)	48(21.8%)	89(40.5%)	49(22.3%)	3.69	0.6
Budget constraints	1(0.5%)	30(13.6%)	59(26.8%)	90(40.9%)	40 (18.2%)	3.63	0.4
Total						**17.5**	**1.4**
Composite						**3.5**	**0.28**

On training programmes, out of 220 respondents who participated in the study, 23 (10.5%) said not at all, 43 (19.5%) said to a little extent, 47 (21.4%) said to a moderate extent, 75 (34.1%) said to a great extent and 32 (14.5%) said to a very great extent. This was backed by a mean of 3.23 and standard deviation of 0.1. This is lower than the composite mean and standard deviation which implies that there training programmes did not influence provision of health care services. On periodic Monitoring & Evaluation assessment, out of 220 respondents who participated in the study, 12 (5.5%) said not at all, 18 (8.2%) said to a little extent, 58 (26.4%) said to a moderate extent, 87 (39.5%) said to a great extent and 45 (20.5%) said to a very great extent. This was backed by a mean of 3.61 and standard deviation of 0.2. This is greater than the composite mean and standard deviation which implies that periodic Monitoring & Evaluation assessment influenced provision of health care services.

On ability to work on time scope, out of 220 respondents who participated in the study, 24 (10.9%) said not at all, 28 (12.7%) said to a little extent, 56 (25.5%) said to a moderate extent, 72 (32.7%) said to a great extent and 40 (18.2%) said to a very great extent. This was backed by a mean of 3.35 and standard deviation of 0.1. This is lower than the composite mean and standard deviation which implies that ability to work on time scope did not influence provision of health care services.

On availability of skilled labour, out of 220 respondents who participated in the study, 2 (0.9%) said not at all, 32 (14.5%) said to a little extent, 48 (21.8%) said to a moderate extent, 89 (40.5%) said to a great extent and 49 (22.3%) said to a very great extent. This was backed by a mean of 3.69 and standard deviation of 0.6. This is greater than the composite mean and standard deviation which implies that availability of skilled labour influenced provision of health care services. On budget constraints, out of 220 respondents who participated in the study, 1 (0.5%) said not at all, 30 (13.6%) said to a little extent, 59 (26.8%) said to a moderate extent, 90 (40.9%) said to a great extent and 40 (18.2%) said to a very great extent. This was backed by a mean of 3.63 and standard deviation of 0.4. This is greater than the composite mean and

standard deviation which implies that budget constraints influenced provision of health care services.

Table 4: Agreement Level on M&E Work Plan and Provision of Health Services

Statements	SD	D	NS	A	SA	Mean	Std. Dev
Training programs do assist monitoring and evaluation officers to come up with a good and SMART plan in provision of health care services	18(8.2%)	35(15.9%)	46(20.9%)	65(29.5%)	56(25.5%)	3.48	0.1
Periodic M&E assessment do influence the level of accuracy in data analysis thus being reflected in provision of health services provision	7(3.2%)	15(6.8%)	40(18.2%)	90(40.9%)	68(30.9%)	3.9	0.5
The M&E work plan is always done on the specified time scope	11(5.0%)	18(8.2%)	42(19.1%)	76(34.5%)	73(33.2%)	3.83	0.4
There is the availability of skilled labour on M&E plan systems	11(5.0%)	20(9.1%)	50(22.7%)	69(31.4%)	70(31.8%)	3.76	0.7
Budget constraints do influence the delivery of M&E plan and provision of health care Services	7(3.2%)	19(8.6%)	51(23.2%)	78(35.5%)	65(29.5%)	3.8	0.4
Total						**18.76**	**1.7**
Composite						**3.75**	**0.34**

On training programs do assist monitoring and evaluation officers to come up with a good and SMART plan in provision of health care services, out of 220 respondents who participated in the study, 18 (8.2%) strongly disagreed, 35 (15.9%) disagreed, 46 (20.9%) were not sure, 65 (29.5%) agreed and 56 (25.5%) strongly agreed. This was backed by a mean of 3.48 and standard deviation of 0.1. This is lower than the composite mean and standard deviation which implies that training programs do not assist monitoring and evaluation officers to come up with a good and SMART plan in provision of health care services.

On periodic M&E assessment do influence the level of accuracy in data analysis thus being reflected in provision of health services provision, out of 220 respondents who participated in the study, 7 (3.2%) strongly disagreed, 15 (6.8%) disagreed, 40 (18.2%) were not sure, 90 (40.9%) agreed and 68 (30.9%) strongly agreed. This was backed by a mean of 3.90 and standard deviation of 0.5. This is greater than the composite mean and standard deviation which implies that periodic M&E assessment do influence the level of accuracy in data analysis thus being reflected in provision of health services provision. On the M&E work plan is always done on the specified time scope, out of 220 respondents who participated in the study, 11 (5.0%) strongly disagreed, 18 (8.2%) disagreed, 42 (19.1%) were not sure, 76 (34.5%) agreed and 73 (33.2%) strongly agreed. This was backed by a mean of 3.83 and standard deviation of 0.4. This is greater than the composite mean and standard deviation which implies that the M&E work plan is always done on the specified time scope.

On there is the availability of skilled labour on M&E plan, out of 220 respondents who participated in the study, 11 (5.0%) strongly disagreed, 20 (9.1%) disagreed, 50 (22.7%) were not sure, 69 (31.4%) agreed and 70 (31.8%) strongly agreed. This was backed by a mean of 3.76 and standard deviation of 0.7. This is greater than the composite mean and standard deviation which implies that there is the availability of skilled labour on M&E plan. On budget constraints do influence the delivery of M&E plan and provision of health care Services, out of 220 respondents who participated in the study, 7 (3.2%) strongly disagreed, 19 (8.6%) disagreed, 51 (23.2%) were not sure, 78 (35.5%) agreed and 65 (29.5%) strongly agreed. This was backed by a mean of 3.80 and standard deviation of 0.4. This is greater than the composite mean and standard deviation which implies that budget constraints do influence the delivery of M&E plan and provision of health care Services.

Regression Analysis

In this study, a multiple regression analysis was conducted to test the influence among M & E work plan indicators.

Table 5: Multiple Regression Between M & E work plan and Provision of Health Care Services (dependent variable) in Public Health Institutions

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.924	.854	.807	.1009

a. Predictors: (Constant), Training programs, Periodical M&E assessment, Adequate skilled labour and resources.

The data in Table 6 indicated that R-Square (coefficient of determination) is a commonly used statistic to evaluate model fit. R-square is 1 minus the ratio of residual variability. The adjusted R^2, also called the coefficient of multiple determinations, is the percent of the variance in the dependent explained uniquely or jointly by the independent indicators of M & E work plan. 85.4% of the provision of health care services in public health institutions in Migori County. Variables could be attributed to the combined effect of the M & E work plan indicators.

Table 6: ANOVA Results of the Regression Analysis Between Provision of Health Care Services in Public Health Institutions and M & E work plan Indicators

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.654	5	2.279	3.176	.003
	Residual	82.673	211	.187		
	Total	96.327	216			

a. Predictors: Training programs, Periodical M&E assessment, Adequate skilled labour and resources.

b. Dependent Variable: provision of health care services in Public Health Institutions in Migori county.

Table 7 indicated that the probability value of 0.003 indicates that the regression relationship was highly significant in predicting how training programs, periodical M&E assessment, adequate skilled labour and resources influenced provision of health care services in public health institutions in Migori County. The F critical at 5% level of significance was 3.176 since F calculated is greater than the F critical (value = 2.830), this shows that the overall model was significant.

Table 7: Regression Coefficients of the Relationship Between Provision of Health Care Services in Public Health Institutions and the M & E work plan Indicators

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.503	0.346		3.186	0.01
	Training programs	0.769	0.283	0.738	0.186	0.002
	Periodical M&E assessment	0.526	0.209	0.496	0.256	0.001
	Adequate skilled labour and resources	0.502	0.197	0.473	0.248	0.07

a. Dependent Variable: provision of health care services in Public Health Institutions

As per the SPSS generated table above, the equation (**Y = β₀ + β₁X₁ + β₂X₂ + β₃X₃ + ε**) becomes:

$Y = 1.503 + 0.769X_1 + 0.526 X_2 + 0.502 X_3$

The regression equation in Table 8 has established that taking all factors into account (training programs, periodical M&E assessment, and adequate skilled labour and resources) constant at zero provision of health care services in Public Health Institutions will be 1.503. The findings presented also show that taking all other independent variables at zero, a unit increase in training programs would lead to a 0.769 increase in the provision of health care services in Public Health Institutions.

Further, the findings shows that a unit increases in periodical M&E assessment would lead to a 0.502 increase in provision of health care services in Public Health Institutions. In addition, the findings show that a unit increase in adequate skilled labour and resources would lead to a 0.432 increase in provision of health care services in Public Health Institutions. Overall, adequate skilled labour and resources had the least effect on provision of health care services in Public Health Institutions and training programs had the highest effect.

Training programs calculated p-value was found to be 0.001 which is statistically significant ($p<0.05$) which is level of confidence. The training programs have a positive significant influence on provision of health care services in public health institutions. periodical M&E assessment calculated P-value was found to be 0.02 which is statistically significant since $P<0.05$. There is a positive correlation between periodical M&E assessment and the provision of health care services in public health institutions. Adequate skilled labour and resources calculated P-value was found to be 0.04 which statistically $P<0.05$ hence significant. There is a positive correlation between adequate skilled labour and resources and the provision of health care services in public health institutions.

CONCLUSIONS

The study concluded that availability of skilled labour influenced provision of health services in public health institution to a great extent. Budget constraints influenced provision of health services in public health institution to A great extent. Periodic Monitoring & Evaluation assessment influenced provision of health services in public health institution to a great extent. Ability to work on time scope influenced provision of health services in public health institution to a moderate extent. Training programmes influenced provision of health services in public health institution to a moderate extent. Overall, adequate skilled labour and resources had the least effect on provision of health care services in Public Health Institutions and training programs had the highest effect. Training programs calculated p-value was found to be 0.001 which is

statistically significant (p<0.05) which is level of confidence. The training programs have a positive significant influence on provision of health care services in public health institutions.

RECOMMENDATIONS

The County government needs to employ qualified skilled labour. The finances offered to the health institutions need to be enough to cater for their annual budget. Periodic Monitoring & Evaluation assessment need to be put in place.

There is need for better planning and resourcing on the M&E work plan so as to ensure it is always done within the specified time scope

In addition, there is need to carry out training on M&E among the health workers so as to enable them to work in tandem with the external M&E experts.

LIMITATIONS

Migori County is expansive and has 223 health facilities scattered which means that high travelling costs was incurred, however the research used questionnaires to help gather information within the shortest time possible. Limited resources for doing the research were a barrier in this study; this is because the researcher needs to employ research assistants to help in the collection of data. This was handled by ensuring the researcher will work on the specified budget time and scope. The findings can only be relevant to Migori County because health statistics on monitoring and evaluation may differ from one county to another. Another limitation is that it was likely to be tiring and time consuming. The researcher did not get all the questions answered correctly by the sampled population and sometimes they may hide some useful information especially that is touching on data auditing for fear of the unknown or disclosure of the information to other parties. This was overcome by the researcher assuring the respondents that the study was purely for academic purposes and all the information given here would not be divulged to any other third party and all the concern of ethical issues would observed.

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