

Monitoring and Evaluation Systems on Performance of Community Health Workers Programme in Banadir Region, Somalia

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Abstract: *This study sought to establish the influence of monitoring and evaluation systems on performance of Community health workers Program in Banadir Region, Somalia. The objective of the study is to determine how capacity building influence performance of Community health workers projects in Banadir region, Somalia. The following hypothesis was tested: H_0 : There is no significant relationship between capacity building and performance of Community health workers projects in Banadir region, Somalia. This study used descriptive survey research and correlation design. The target population of 2600 people from the households served by the community health projects in the target districts. The sample size is determined by krchejje and Morgan table 1970 which is 335 and simple random sampling technique used in the study. Data collection tool was a quantitative questionnaire and an interview guide was used for key informants for information triangulation. Pilot testing, validity, and reliability was tested conducted to test the instruments. 10% of the sample size was used to test the instrument for its validity in the neighboring district of Afgoye Validity was ensured by use of construct validity, while reliability used Cronbach Alpha coefficient subject to threshold of 0.7 alpha coefficient. Cronbach's method gave a reliable alpha value of 0.79. Influence of independent variable on dependent variable was computed using linear regression analysis. Research model was tested using F test at 95% confidence level. A unit increase in capacity building would lead to 90% influence in performance of Community health workers projects. ANOVA analysis results of $F= 35.828$ and $p=0.000<0.05$ implied that capacity building on performance of Community health workers projects was significant. Regression coefficients, $t=13.173$ meant capacity building on performance of Community health workers projects in Banadir region, Somalia was significant. Beta coefficient analysis showed that performance of Community health workers projects in Banadir region, Somalia would remain constant at 2.357 if capacity building was not factored. Pearson correlation was applied in regression and comparing of variables. Results were presented in tables, means, and standard deviations. The following recommendations were made according to the findings of the study: There was lack of enough community health workers thus the government needs to invest more on workers in order to improve access to universal health care for the community. Further research can be conducted on how to assess leverage on technology which has affected the performance of Community Health Workers in Banadir, Somalia. Also to assess how community engagement influence planning for Monitoring and Evaluation activities in Banadir Region, Somalia.*

Keywords: Capacity building, Project Implementation, Training needs assessment, applicability of skills, Staff Capacity

1. Introduction

To ensure universal health coverage, many nations are working toward this goal. Universally, there has been an increase in the idea of aiming to ensure every individual in need has the opportunity to receive excellent healthcare and universal health coverage without experiencing undue financial adversity. Justifiable admittance to healthiness maintenance services is still a work in progress in many parts of the world (Likalama, 2017; Broaddus - Shea, Kobeissi & Ummer, 2019). Unfortunate and defenseless communities suffer the majority of the encumbrance of disease, and health structures, predominantly those in low - slung and middle - -income nations (LMICs), are struggling to provide for these populations. Globally, insufficient health systems make it difficult for community health workers to reach underserved populations, despite the fact that they are crucial to doing so. The operational links between community structures, service providers, and the population are fragile. Underserved communities are made particularly vulnerable by logistical and legal challenges that arise in accessing crucial health services. Weak health systems may be brought on by a lack of resources, socio -

political factors, humanitarian crises, conflict, or other factors as posited by (Santosh, 2017). Women make up the majority of the health workforce in these challenging environments, but they are concentrated in the lowest technocrats and regularly relied upon to execute a wide range of health services, emulating the gender based pecking order seen in stronger and more stable settings. When it comes to monitoring and carrying out organizational projects, Rio et al. (2018) found that organizations should develop thorough plans and strategies that should ensure significant progress.

In Bangladesh, many of the newly graduated midwives from the first cohort went to Cox's Bazar to help thousands of Rohingya refugees who were fleeing deadly violence in Myanmar when the government of Bangladesh, a nation with high rates of maternal mortality, invested in midwifery training program in 2015 but they could not keep the track of progress of the patient treated. In Somalia, Community health workers (CHWs) work in comparable environments to provide vital services to one of the world's most underserved populations, but their important contributions and needs are frequently overlooked owing to deficiency of accountability of health M and E systems. Jurgen (2017)

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steered a study to ascertain the effects of the adoption of evaluation and monitoring systems in particular Austrian organizations. Further research revealed the need for M and E systems enabling project managers to calculate and determine the best method of resource allocation to yield the greatest outcomes for an organization. According to Mulemangabo (2018) claims that in term of monitoring and evaluation system implementation, Africa has not fallen behind. According to Egbunike and Unamma, (2017) found that in Nigeria, professionalism is heavily weighted in regard to the performance evaluation and monitoring of various companies and groups. He came to the additional conclusion that, after the execution of monitoring and evaluation systems, the thresholds on basic competence and expert knowledge ascertain the performance levels of projects being managed. Additionally, a study by Damascene, (2019) in Rwanda, on efficacious monitoring and evaluation system integration that makes them a crucial instrument for project management, providing a compacted underpinning on performance evaluation had a mayor effect on the systems. The use of M&E processes in Rwanda health programs improved the projects' performance in terms of quality, cost, schedule, and goal achievement.

According to Epstein, (2018) the majority of the health programs in Uganda were having trouble delivering services because of issues like high implementation costs, missed goals, and lengthy turnaround times. These health programs also failed because monitoring and evaluation were not used to their full potential. Monitoring and evaluation systems are very key in any organization which intends to have good products by the end of the project as stated by (Guzmán, Irrarázaval and Ríos, 2020).

The Federal Government of Somalia and Federal Member States must do more to advance the realization of the right to health in order to uphold its obligations under international human rights law and advance its development objectives, despite budgetary restrictions and other difficulties, such as recurrent droughts and famine and ongoing conflict. International law evaluates the possibility that Somalia's debt relief program will free up resources for greater involvement in healthcare because states are required to endorse, safeguard, and fulfill the fundamental right to health within the limits of their financial capacity. However, this could be missing in Banadar hence prerequisite for current investigation to establish the influence of Monitoring and Evaluation systems on performance of Community health workers programme in Banadar, Somalia.

Statement of the problem

Monitoring and evaluating projects boosts efficiency in carrying out organizational projects in the real world (Karanja and Yusuf, 2018). Failure to put evaluation and monitoring systems in place could result in improper realization of project management life cycle activities. The cost of implementation, timeline, and project managers' level of expertise all play a role in how much of an impact M & E has on a given work (Mitungu and Sakwa, 2020). Thus, it is crucial to evaluate how M&E systems affect the effectiveness of projects carried out in organizations and in this case Community health workers programme included which are bone of contention in this study. When it comes to

providing high - quality community health services, motivated healthcare professionals are crucial, especially in low - income nations with high rates of maternal mortality and widespread shortages of healthcare workers. The Somalia's healthcare system has been severely hampered by subpar performance from health workers, an unfettered industry arcade, as well as lack in qualified health specialists. In Somalia, where there are an estimated 15.443 million people, nearly partial (46.4%) are underneath the phase of 14 and vulnerable to all types of morbidities. The country was overwhelmed in a three - decade political conflict that began in 1991 and destroyed its medical infrastructure and healthcare system, leaving citizen with no alternative but to rely on well - wishers or volunteers and health workers who are given stipends to salvage the situation.

As a result, there are virtually no regulatory checks that ensure the effectiveness and efficiency of healthcare provision hence, facilitating the study under investigation on monitoring and evaluation systems on performance of Community health workers programme in Banadar Mogadishu, Somalia.

Research hypothesis

The following hypothesis was tested:

H₀: There is no significant relationship between capacity building and performance of community health workers programme in Banadir region in Mogadishu, Somalia.

2. Literature Review *Capacity building*

The performance of an organization and, by extension, the accomplishment of its goals and objectives, are directly correlated with capacity. This is why the concepts of capacity and capacity building were incorporated into public or governmental facilities. Sometimes when facts and evidence are available or given serious consideration, M&E of performance can act as a motivator for the development of improved delivery capacities (Ooko, Rambo and Osogo, 2018). This has been explained by the fact that analyzing and understanding the capacity enhancement process doesn't involve much glamour compared to measurement of its apparent results, including improved performance (Martineau et al.2017). Thinking carefully about the concept of capacity is also hindered by the fact that it relies on fundamentally subjective judgment based on incomplete or insufficient information due to inadequate leadership styles in communicating the information (Agyepong and Gilson 2018). Giving the idea of capacity careful consideration is also hindered by the fact that it involves fundamentally subjective judgment based on incomplete or insufficient information. Polidano (2020) looked into whether it would be feasible to create indices that compare the capacity of the public and private sectors with regard to the creation, execution, and effectiveness of policies. The study found out that trainings and workshops to cater for the staff was missing hence low performance on delivery of service was inadequate. Depending on the organizational ecosystem and just need, developing organizational capacity involves more than just providing training and may involve a number of planning and processing technologies as well as sensitizing the community and inculcating health seeking behavior

which improves community need to visit hospitals when they are sick and not staying at home which could be the major community level problem in Banadir region. The leadership and management skills of health workers are another factor affecting their performance. There is a positive correlation between nursing leadership and nurse performance, according to a systematic review. Fundamental facts and evidence are obtainable or given careful review, M&E performance can serve as an inspiration for the development of improved delivery capacities (Peterson, 2018). This has been explained by the fact that analyzing and understanding the capacity enhancement process doesn't involve much glamour compared to measurement of its apparent results, including improved performance on implementing health system projects. Thinking carefully about the concept of capacity is also hindered by the fact that it relies on profoundly moral judgment based on incomplete or insufficient information (Prakash, 2017).

Kanyangi and Okello (2018) evaluated the effect of M&E planning on the performance of projects funded by the Kakamega County Government, Kenya using a descriptive survey research approach. The study discovered that M&E planning significantly and favorably affects the performance of projects funded by the Kakamega County Government. The funded health projects by the Kakamega County Government were the main focus of this study. Health projects continue to make extensive use of monitoring and evaluation techniques like maintaining the quality of Monitoring and Evaluation data, developing Monitoring and Evaluation team's capacity, and planning for Monitoring and Evaluation because these techniques are essential to project management (Kirori & Karanja, 2019). According to Muindi (2018), Monitoring and Evaluation systems are an essential component of the project cycle. By implementing practices like routine staff training, hiring skilled Monitoring and Evaluation personnel, and using technology to collect Monitoring and Evaluation data, they help to increase project performance and improve service delivery, project execution, and project control. The current study seek to determine how capacity building influence performance of Community health workers programme in Banadir region Somalia.

3. Theoretical Framework

Theory of change

Stein and Valters developed this hypothesis in the early 1900s. The application of the theory of change involves solving intricate issues associated to the project's subject. The theory of change gives a vibrant overview on both historical and contemporary changes that are necessary to achieve long - term objectives (Georges, 2017). This theory offers a description of the adjustments necessary for project planning, execution, and activity evaluation. The theory of change is accompanied by the circumstances that project activity is necessary in helping it to flourish, as highlighted by (Weiss 2018). These prerequisites include the accuracy of the data, strong project management coordination, and

suitable project management preparation. These circumstances allow the theory of change to explain why the project's happenings continue to have a lot of difficulties. In essence, it is possible to show that a change in the competency requirements for implementing monitoring and evaluation systems helps an organization perform better (Karani, Bichanga and Kamau, 2019). The theory of change can be helpful in project execution process for forecasting how much monitoring and evaluation contribute to solving complex issues. The theory of change paints a precise picture of the changes that take place at each stage of the project and what is required to meet the long - term project objectives (Seith and Philippines, 2017).

When planning and carrying out projects, this theory of change is very important. As a result, it offers instructions on how project activities should be carried out and what steps should be engaged to certify the objectives can be achieved. When evaluating monitoring and evaluation systems as healthy as presentation of recital pointers, the theory of change is very pertinent. When it comes to project execution, an organization's adoption of new changes can result in positive progress. Basically, having a change in terms of raising competency levels after monitoring and evaluation systems are adjusted. This theory is crucial in creating guidelines for extensive project activities on monitoring and evaluation as a result of new change that an organization has implemented. Many other nongovernmental organizations have also used this theory to help with project execution guidance. In order to link the dependent variable with at least one of the study's independent variables, it was found that there were appropriate changes that occurred to the patients treated by Community health workers in Banadir region.

4. Methodology

The study was guided by descriptive survey research design, which entails gathering data about the present state of a phenomenon, in order to provide a comprehensive account of the current situation with respect to the circumstance and variables under investigation without altering the variables and answering the why, how and what questions under investigation (Creswell & Creswell, 2017). Descriptive statistical methodology is used so as to make it easier to analyze both quantitative and qualitative data in order to identify the characteristics of the phenomenon or population being studied. The unit of observations was the community health workers 200, community health Supervisors 13, Households 2384 and Health coordinators 3. The target population was 2600 with a sample size of 335...which was determined by use of Morgan Table of 1970 and validated by Yamane formula of 1067. The goal of a descriptive study is to determine how frequently something occurs or how certain variables relate to one another (Bordens & Abbott, 2018). Additionally, it shows how the dependent and independent variables are related causally. The target population, sample size, and sampling technique are shown in Table 3.1.

Table 1: Sample Size and Sampling Procedure

Categories	Target Population	Sample Size	Sampling procedure
Community Health Supervisors	13	2	Purposive sampling
Health coordinators	3	1	Purposive sampling
Households	2384	307	Simple random sampling
Community Health workers	200	25	Simple random sampling
Total	2600	335	

The study used proportionate stratification, where the sample size of each of the category was expected to be proportional to the population size of that specific category. The sample size in each category is therefore calculated using the Yamane formula of 1967 as shown below.

$$n_h = \frac{N_h}{N} * n$$

Therefore n=335

n= is the sample size

N is total population,

e= Margin of error at 5% (standard of 0.05)

Purposive sampling was used to elicit detailed information from 2 Community Health Supervisors and 1 Health coordinator who are more knowledgeable about the health projects being undertaken in the area. This was one of two methods used to gather data. Questionnaires were used to get information from 2384households, 200Community Health workers, who were involved in community health projects. Simple random sampling was used to select number of supervisors, community health workers and households.

The accuracy with which an instrument measures the desired outcome is its validity, according to Babie, (2019) A research professional who is also my university's supervisor reviewed the content validity. The questionnaire's face validity was supported by experts in the field of community health program, who also verified the validity and reliability of the instrument for the intended study. This was crucial to do in order to clear up any ambiguity in the instrument, and the pilot study helped to confirm the validity of the research tool. Standardized statements and inquiries of specific variables were used to ensure reliability. In a logical and methodical arrangement, the questions were linked to the independent variables. In order to assess internal consistency, Cronbach's alpha test was used, and the results of the test's alpha coefficients were interpreted as 0.9 excellent, above 0.8 reliable, above 0.7 good, and above 0.6 adequate. Clark, Mentiplay, Pua, Bower, (2018). The reliability value was as shown;

Table 2: Reliability of Research Instrument

Variable Cronbach Alpha
Capacity building for M&E 0.71

Prior to the start of the data collection, Mount Kenya University provided a transmittal letter that allowed the research to be approved and granted a letter from the NACOSSTI approving the data collection. Consent was sought from the officers of the community health pogram that they could be interviewed.

The respondent and the researchers came to an understanding on the protocols for dropping and picking up

the questionnaires later due to logistical difficulties. The two assistants' drop - and - pick technique was praised for its convenience because it allowed numerous people to finish the questionnaire before it was later picked up and given a time. The researcher was greatly helped by this method, which collected nearly all of the distributed questionnaires and helped to collect thorough data. At a prearranged time, community health workers were interviewed and provided concise information about health sector. Emails were used to get in touch with people who couldn't respond right away and get their responses later.

Both qualitative and quantitative data was collected and analyzed. Data was collected, cleaned, coded and later analyzed using SPSS Version 25 for quantitative data and Nvivo version 12 plus for qualitative data. Results found were presented in form of frequencies, percentages, means and standard deviations.

Descriptive statistics, such as means, percentages, and standard deviations, were computed for each variable. The mean values represented the typical response for each indicator in the variables. The standard deviation provided a way to quantify the degree to which each response varied from the mean response. After that, tables were used to display the findings of the data analysis.

Inferential data analysis was carried out using regression and correlation analysis. The values of Pearson's product moment correlation were used to establish the relationships between the dependent and independent variables. The figures were interpreted as follows: (r) of - 1, 0 and +1, the relationships were interpreted as perfect negative relationship, zero relationship and perfect positive relationships respectively. Regression analysis was used to determine the effect of the independent variables on the dependent variables. The study regression model used the following equation;

$$Y = B_0 + B_1X_1 + e \text{ where}$$

Y= Implementation of capacity building activities.

B₀= Constant

B₁= Regression coefficient

X₁= Capacity of Community health care workers.

e =error term

5. Findings and Discussions

A total of 335 questionnaires which were administered and only 300 were fully filled and returned representing 90% for all questionnaires administered while 35 were not returned giving the return rate of 10%. There were six items responded to as indicated in Table 4.6 on capacity building for M&E on performance of Community health workers programme in Banadir region, Somalia.

Table 3: Descriptive Statistics on Capacity building for M&E on performance of Community health workers programme in Banadir region, Somalia

Statements (Capacity building for M & E)	SD % F	D % F	N % F	A % F	SA % F	Mean	Std Deviation
1. Community Health Worker engagement with my household is in professional manner and satisfactory	28 (9.3%)	71 (23.7%)	70 (23.3%)	79 (26.3%)	52 (17.3%)	3.19	1.24
2. Community Health workers diagnose and provide rapid test services for some medical conditions before providing treatments at my household	30 (10.0%)	71 (23.7%)	64 (21.3%)	80 (26.7%)	55 (18.3%)	3.20	1.26
3. Community Health worker advise my household on different health education topics on routine basis.	34 (11.3%)	63 (21.0%)	62 (20.7%)	98 (32.7%)	43 (14.3%)	3.18	1.24
4. All the stakeholders are involved in taking health precautions to avoid new infections	28 (9.3%)	69 (23.0%)	62 (20.7%)	87 (29.0%)	54 (18.0%)	3.23	1.25
5. The supervisors are never involved in enlightening the people on what to do so as to avoid keeping their children away from the hospital when they are sick.	31 (10.3%)	68 (22.7%)	70 (23.3%)	86 (28.7%)	45 (15.0%)	3.15	1.22
6. Community health workers provide health promotion and preventive services to local communities	31 (10.3%)	66 (22.0%)	71 (23.7%)	88 (29.3%)	44 (14.7%)	3.16	1.22
Overall Composite Mean and Std deviation						3.17	1.43

The findings presented on the Table 4 were discussed and descriptive analysis was interpreted in the following ways:

The computed means for the indicators in relation to the composite mean show that most respondents agree all the listed aspects of capacity building for M&E influenced performance of Community health workers programme in Banadir region, Somalia. Capacity building is really a concern to most projects and most health workers have good experience and knowledgeable status but there could be an alarming issue thus influences no performance on Community health workers programme in Banadir region, Somalia. Am satisfied with the effectiveness of timely health care given to the households thus improved health condition however trainings of most staff undertaking the projects are affected by inadequate finances had significant effect on performance of the projects even though they had inadequate funds. The sub - means and standard deviations were compared with the overall composite means and conclusions were made appropriately. The values of standard deviation and means confirmed that the computed means were close to the actual responses by the respondents. From these findings, academic qualification, relevant field experience, use of appropriate equipment and adoption of latest technology in health sector influenced performance of health projects. These findings are in line with Ooko, Rambo and Osogo, 2018; Polidano (2020); Kirori& Karanja, 2019 who determined that staff training yields good products in any project being undertaken

Correlations Analysis

Correlation between Capacity building for M&E on performance of Community health workers programme was computed by means of Pearson’s correlational analyses and Table 4.7 which presents the statistical outputs. The total scores of the scale were computed as a summation of the individual scores on each item by the respondents at 95% level of confidence. The correlation analysis results obtained are shown in Table 4

Table 4: Correlation between Capacity building for M&E and performance of Community health workers programme in Banadir region, Somalia

Variable	Statistics	Performance of Community health workers programme
Capacity building for M&E	Pearson Correlation	0.328**
	Sig. (2 - tailed)	0.000
	N	300

(n=300); **Correlation is significant at 0.05 level (2 - tailed)

Regression Analysis

The study found a weak positive overall correlation 0.328 which was statistically significant as (P - Value=0.000 < 0.05); implying that there is a significant relationship between Capacity building for M&E on performance of Community health workers programme, leading to the rejection of the null hypothesis and acceptance of the alternative hypothesis hence the research results conclude that there is significant relationship between Capacity building for M&E on performance of Community health workers programme

Hypothesis Testing

The following hypothesis was tested using simple regression model to satisfy the objective of the study.

H₀: There is no significant relationship between capacity building and performance of Community health workers programme in Banadir region, Somalia

H₁: There is a significant relationship between capacity building and performance of Community health workers programme in Banadir region, Somalia

Regression Model

The mathematical model used for testing the null hypothesis was as follows:

Performance of Community health workers programme in Banadir region, Somalia

$$Y = f(X_2, \epsilon)$$

$$Y = \beta_0 + \beta_1 X_1 + \epsilon$$

Where Y = Performance of Community health workers programme in Banadir region, Somalia

X_1 = Capacity building for M&E;

β_0 = Constant term;

β_1 = Beta coefficients;

ϵ = Error term

Data was analyzed and the regression results for the influence of Capacity building on performance of Community health workers programme in Banadir region, Somalia are presented in Table 6.

Analysis from Table 6 show that $R^2=0.107$ which means a unit increase in capacity building ability would lead to 90% percent influence in performance of Community health workers programme in Banadir region, Somalia all other factors held constant.

Hypothesis Testing

The model sought to determine how Capacity building for M&E as predictor significantly or insignificantly influenced performance of Community health workers’ programme. Simple linear regression was adapted to investigate how Capacity building for M&E influences performance of Community health workers’ programme. The regression model summary results are presented in Table 6.

Table 6: Regression Model Summary Table on Capacity building for M&E and performance of Community health workers programme

Model summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.328 ^a	0.107	0.104	0.46118

a. Predictor: (Constant), Capacity building for M&E

ANOVA						
Model		Sum of Squares	Df	Mean Squares	F	Sig.
1	Regression	7.620	1	7.620	35.828	0.000 ^b
	Residual	63.380	298	0.213		
	Total	71.000	299			

a. Capacity building for M&E and performance of Community health worker’s programme

b. Predictors: (Constant), Capacity building for M&E

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig (p - value)
		B	Std. Error	Beta		
1	(Constant)	2.357	0.179		13.173	0.00
	Capacity building	0.331	0.055	0.328	5.986	0.000

a. Independent Variable: Planning for M&E

The Model summary Table 4.5 suggest that there is a positive correlation ($R^2=0.107$) between Capacity building for M&E and performance of Community health workers programme and those predicted by the regression model. The ANOVA data shows that $F=35.825$, Capacity building for M&E was significant in estimating performance of Community health workers programme since $p=0.000<0.05$. Thus, the model was fit in predicting dependent variable. The coefficient data shows that holding other factors

constant, performance of Community health workers programme would stand at 2.357. A unit rise in the Capacity building for M&E would lead to 0.331 change in performance of Community health workers programme, given that other factors were held constant. The substituted model is:

Model: $Y= 2.357+0.331X_1+\epsilon$ where,

Y = Performance of Community health workers programme

X_1 Capacity building for M&E

ϵ = Error term.

Regression Coefficient Analysis

Regression coefficients analysis was deployed to evaluate the degree of association between Capacity building for M&E and performance of Community health workers programme and results were presented below.

6. Conclusion

The study findings showed a significant strong positive association between Capacity building for M&E and performance of Community health workers programme. This was consistent with Mwangi (2019) who also found that a capacity building and knowledge on how to handle any issue which arises in the households while administering the services to the community. Mweru, (2018) concluded that capacity building team work influenced the quality of the Community health workers programme.

7. Recommendations

Governments at all levels should routinely plan training programs and introductory classes for health sector staff, as well as give them ongoing/continuous medical education on various topics and requirements relating to competency.

Health sector and agencies providing health care services with specific focus on community health programming should also prioritize capacity enhancement activities for health care workers with the community health workers categories, this will not only help improve their competency but also improve quality of care, introduction to emerging issues and updates on new approaches in their area of services.

References

- [1] Agyepong IA, Lehmann U, Rutembemberwa E et al.2018. Strategic leadership capacity building for Sub - Saharan African health systems and public health governance: a multi - country assessment of essential competencies and optimal design for a Pan African DrPH. Health Policy and Planning
- [2] Broaddus - Shea ET, Kobeissi L, Ummer O, et al. (2019). A systematic review of monitoring and evaluation indicators for sexual and reproductive health in humanitarian settings. ConflHealth 2019; 13: 1–26.
- [3] Damascene, J. (2019). The contribution of Monitoring Practices on NGOs Performance in Humanitarian

- Emergency Responses, a case study of Save the Children Mahama Camp Rwanda 2015 - 2019
- [4] Egbunike, A., & Unamma, A. (2017). Budgeting, Budgetary Control and Performance Evaluation: Evidence from Hospitality Firms in Nigeria. *Studies and Scientific Researches. Economics Edition*. 10.29358/second. v0i26.398.
- [5] Epstein, M. (2018). Strengthening the monitoring and evaluation practices of HIV and AIDS projects in CHILDFUND Uganda.
- [6] Guzmán, M., Irrarázaval, I., & Ríos, B. d. (2020, July). Monitoring and evaluation system: The Case of Chile 1990 - 2020
- [7] Jurgen, V. E. (2017). Role of monitoring and Evaluation on performance of public organization projects in Kenya: A case of Kenya Meat Commission. *International Journal of Innovative Development & Policy Studies*, 3 (3), 12 - 27.
- [8] Kanyangi, M. M. & Okello, B. (2018). Influence of Project Monitoring Skills on Monitoring and Evaluation System Performance in Funded Projects in the County Government of Kakamega. *International Academic Journal of Information Sciences and Project Management*, 3 (1), 61 - 73
- [9] Karanja, J. W. & Muchelule, Y. (2018). Role of Monitoring and evaluation on Performance Of non - Governmental Organizations projects in Kiambu County. *International Journal of Management and Commerce Innovations*, 6 (1), (649 - 664).
- [10] Kirori, G. M., & Karanja, D. N. (2019). Monitoring And Evaluation Practices And Performance of Youth Projects In Non - Governmental Organizations In Kenya. *International Journal of Novel Research in Humanity and Social Sciences*, 6 (2), 89 - 95.
- [11] Likalama, B. W. (2017). Improving the quality of health information: a qualitative assessment of data management and reporting systems in Botswana. *Health research policy and systems*, 12 (1), 7 - 11
- [12] Mitungu, P. M., & Sakwa, M. (2020). Establish how monitoring and evaluation of beneficiaries' health affects performance health project in Kakamega County, Kenya. *The Strategic Journal of Business & Change Management*, 7 (3), 373 - 394.
- [13] Muindi, J. M. (2018). Influence of Monitoring and Evaluation on Performance of County Funded Social Development Projects in Makeni County, Kenya. Nairobi.
- [14] Mulemangabo, N. M. (2018). Factors influencing performance of monitoring and evaluation systems of Non - governmental organizations in governance: A case of Nairobi, Kenya (Doctoral dissertation, University of Nairobi).
- [15] Ooko, S. O., Rambo, C. M. & Osogo, J. A. (2018). Influence of human capacity for monitoring and evaluation systems on the provision of health care services in public health institutions in Migori County. *IOSR Journal of Business and Management (IOSR - JBM) e - ISSN: 2278 - 487X, p - ISSN: 2319 - 7668. Volume 20, Issue 8. Ver. III (August.2018), PP 62 - 71 www.iosrjournals.org*
- [16] Peterson, N. (2018). Effects of participatory monitoring and evaluation on project performance at Kenya Marine and Fisheries Research Institute, Mombasa, Kenya. *International Academic Journal of Information Sciences and Project Management*, 3 (1), 1 - 15.
- [17] Polidano, C. (2020). Measuring public sector capacity. *World Development*, 28 (5), 805 - 822.
- [18] Prakash, H. (2017). Factors influencing implementation of monitoring and evaluation of school feeding programs by service providers in Kenya. A case of Langata Sub - County). Unpublished Thesis, University of Nairobi, Kenya.
- [19] Rio, C., Margoluis, R., Salafsky, N., & Brown, M. (2018). Monitoring and evaluation in conservation: a review of trends and approaches. *Conservation biology*, 19 (2), 295 - 309.
- [20] Santosh, M. (2017). Monitoring, evaluation and performance management in South Asia: The challenge of building capacity. *Evaluation*, 19 (1), 74 - 84.