

# Planning for M&E and Its Predicting Effect on Performance of Health Outreach Program in Kibera Settlement, Nairobi, Kenya

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**Abstract:** Non-governmental organizations in both spheres of developed and developing countries are committed to implementing various types of outreach health services in conjunction with local health facilities and authorities to mitigate the uneven distribution of health services. In most cases local health authorities can mobilize hospitals and their staff to support or perform health outreach-related activities in places that are difficult to reach through integrating program activities into the national health plan as a key factor for improving remote populations' health outcomes on a large scale. The study was to determine the influence of M&E planning on performance of health centre outreach programs funded by NGOs. The target population for the study was 367 out of which a sample of 269 was generated using stratified proportionate sampling and simple random sampling. The study adopted a mixed method approach whereby descriptive analysis was conducted and results presented in frequencies, percentages, means and standard deviations. Correlation and regression analysis were conducted. The null hypothesis was tested, and the following results found: ( $R^2 = 0.402$ ,  $t=14.871$ ,  $p=0.000<0.05$ ). The null hypothesis. The study, therefore, recommends policy interventions from the grant providers targeting health centre outreach programs, and other stakeholders such as the government through the NGO Coordination Board ought to closely examine the various dimensions of M&E activities, and particularly M&E planning, as a strategy to improve the impact made by such programs in Kenya. Other researchers may consider studying other programs which target the improvement of quality of life of residents of the Kibera informal settlement. Finally, same situation maybe be studied in other informal settlements within Nairobi County.

**Keywords:** Planning, Monitoring, Evaluation, Performance, Health Centres Outreach Programs

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## 1. Introduction

Planning for M&E is an essential component of the M&E system, involving a practical planning for the project and program to monitor and evaluate the log frame's objectives and indicators. Specifically, the M&E plan describes indicators, who are responsible for collecting them, what forms and tools would be used, and how the data would flow through the organization. This means, without M&E plans, many M&E systems would fall into disuse because too little attention is given to detail at the planning stage [1]. Hence, M&E plan assists those managing the process of assessing and

reporting progress towards achieving project outputs and outcomes, and to identify what evaluation questions would be addressed through evaluation.

In the planning phase it is important to establish 'who needs to know what', and differentiate per level the indicators, data sets and analysis to be performed. Timing is another important aspect to be investigated [2]. Additionally, Koot stated that, when measuring the effects, little is formulated, often leaving such aspects to external evaluation where the differentiation between direct effects and wider

effects can help to define a timeframe for monitoring and when planning is important to formulate in which period changes are expected to take place. Sometimes routine systems are required in place, for a frequent reporting on output routine activities. In a book titled, 'Monitoring and Evaluation of Project and Programs – A handbook for students and PR actioners,' [3] point out the inability of instructions to intuitionism M&E mechanisms is because of poor understanding on how the process should be done. For planning, the authors suggest a model for M&E planning: (i) Identifying indicators to be measured, (ii) Target values should be set for all indicators (iii) Need to identify performance measurements (iv) Comparing measured results against predefined standards, (v) Lastly, being able to make necessary changes. Monitoring planning is manifested when project resources are systematically arranged for achievement of project objectives [4].

## 2. Statement of the Problem

M&E planning plays a significant role in ensuring organizational resources are put in the best ways to achieve set targets. However, most of the organizations lack this important of aspect hence poor performance. Doubts are being casted on why some objectives cannot be achieved as would be expected by the client. Something that trigger projects taking longer to be completed, performance compromised and mostly cost overruns being experienced [5]. This study therefore focused on investigating the influence of M&E planning on performance of health centres outreach programs undertaken informal settlement of Kibera in Nairobi County, Kenya.

### 2.1. Objective of the Study

To establish the influence of M&E planning on performance of outreach programs in Kibera informal settlement, Nairobi County.

### 2.2. Hypothesis of the Study

H<sub>0</sub>: Planning for M&E has no significant influence on performance of outreach programs funded by NGOs.

## 3. Literature Review

It is eluded that failure to plan is planning to fail. This notion is affirmed by Kidombo, Gakuu and Keiyoro [6] in their book titled, "Fundamentals of Management: Theories, Concepts and Practice," in which they state that through planning it is possible to determine what needs to be done, how it should be done, why it should be done, when to do it, where to do it and who to implement it. They conclude by asserting that planning remains a key requirement for the organization's success. However, planning for M&E activities has never been an easy task as studies suggests. In this case, [7] studied the challenges in implementing M&E, a case of the Mfolozi Municipality in South Africa. The researchers

adopted a case study to be able to uncover the M&E system implementation challenges. Specifically, the study employed a qualitative research design which helped in exploring, describing, and interpreting the perceptions of key role players who are involved in the implementation of M&E system.

Therefore noted that for improved service delivery in the municipalities, a comprehensive M&E system must be designed and implemented to facilitate continuous assessment, M&E of municipal structures, systems, and processes, in line with municipalities' integrated development plans (IDPs), service delivery outcomes, and operational plans to implement budget. The study also shades importance on the need to involve the local community members in the planning and execution of the projects intended to serve them. This shows the importance of M&E planning whereby systems are intended to yield results to measure performance. The current study employed a mixed method and measured the relationship between the predictor variable M&E planning and performance of health centres outreach programs by using correlation and inferential statistics.

Prior to consuming information, first and foremost is planning on how this information will reach out to the respective audiences. [8] assert that how we disseminate information corresponds with how we communicate the results to various stakeholders in the project including funders, beneficiaries and the project staff involved in the implementation. In their study on the role of dissemination of monitoring and evaluation results in the promotion of performance of digital education technology (DET) project in Malawi, the research team targeted 456 people who were directly involved in the DET project through management, implementation and routine M&E. Out of this number 204 were sampled. The data was descriptively analyzed and statistics tests performed using inferential statistical methods; that is, Pearson Correlation and regression analysis. The findings of the study revealed that dissemination of monitoring and evaluation had a moderate positive influence on performance of DET project hence the need to factor it in during the M&E planning process. Although dissemination of results was captured in the current study as a dimension under M&E planning variable, overall, M&E planning as a predictor variable was assessed to establish its influence on the performance of health centres outreach programs.

An on organization operating a well-planned M&E is system is likely to realize maximum performance. Study on the influence of monitoring and evaluation systems on performance of non-governmental based maternal health projects in Bungoma Sub-County in Kenya [1]. One of the specific of the objectives of the study was to determine how M&E plans influence performance of NGO maternal health projects in Bungoma Sub-County. The study adopted census indicating the target population of 101 persons involved in the implementation of maternal health across three organizations. From the findings of the study a strong correlation of 0.607 on M&E plans demonstrated M&E planning or planning for M&E activities is important to ensure performance of the project. The study however recommended that there was need

for organizations to align staff job description with their M&E plans. The study also pointed out the importance of conducting routine data quality assessment for detection of difficulty areas with the staff. Finally, involvement of stakeholders in M&E to achieve quality data. The current study, however, established the influence of M&E planning and performance of health centres outreach programs funded by NGOs in Nairobi County of Kenya.

It is established that identifying required knowledge roles and functions within project personnel and partners is a very important part of strategic planning that makes it one of the important components of monitoring. In a book titled, “How to design a monitoring and evaluation framework for a policy project,” [9] notes that the process of engaging with policy makers it is not simple. Therefore, different roles ought to be played to ensure understandable information is available and actively used to inform policy debates. The authors further posit that by, “clarifying who should play each role and what they should do makes it easier to monitor the contributions each stakeholder makes to the aim of the project.” For example, in a large research program, one partner with a strong research background might chose to focus just on information production – that could be running a portal to ensure evidence is easily accessible. Another, with more communications expertise, might be picked to synthesize the same evidence and translate it into required policy a brief, ensuring it is understood by non-specialist audiences. A third one could be a civil society organization, that would bring together various groups of people to actively take part in the debate regarding the information as contained in policy briefs generated, brokering the developed knowledge deep inside policy processes.

### 3.1. Theoretical Framework

#### *Empowerment Theory*

Proponents of the empowerment theory in the provision of health care [16] advance that there exist monitoring and evaluation activities that guide partnerships among different stakeholders in this public services sector. In this vein, they contend that for effective monitoring and evaluation of health care projects there must be an interactive empowerment process that incorporates; collaborative planning, governing, community action, capacity building and community change [16].

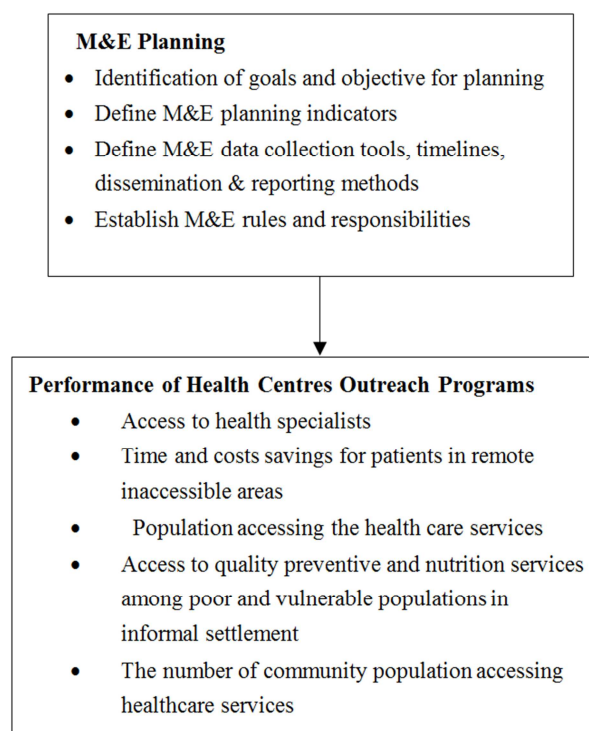
Collaborative empowerment is a responsive process that engages civil society organizations and other grant making organizations to bring about societal change that addresses community concerns such as health care. This takes the form of collaborative partnerships which borrow the principle of community participation through which partners with a common goal implement projects that affect the lives of local populations [11].

In adopting this theory, this study contends that collaborative partnerships during M&E planning are essential for effective implementation of health care projects [12]. This theory relates to study variable monitoring and evaluation

planning which advance the argument that it influences the performance of community health care projects initiated by devolved units but funded by NGOs with the help of health support structures positively influence the performance of health care projects.

### 3.2. Conceptual Framework

The conceptual framework adopted in this study presents the relationship between the independent and dependent variables. Thus, the independent variable was M&E planning whereas the dependent variable referred to performance of health centres outreach programs. This is illustrated in Figure 1.



**Figure 1.** Conceptual Framework.

Figure 1 shows the relationship between M&E planning (independent variable) and performance of health centres outreach programs (dependent variable). The concept of M&E planning is explained by these indicators: identification of goals and objectives; Define M&E planning indicators; Define M&E data collection tools, timelines, dissemination & reporting methods; and finally, establishment of M&E rules and responsibilities. Upon achievement of these aspects of M&E planning, it is hoped that performance of health centres outreach programs would be achieved in the following ways: access to health specialists; time and costs savings for patients in remote inaccessible areas; population accessing the health care services; access to quality preventive and nutrition services among poor and vulnerable populations in informal settlement; and the number of community population accessing and receiving healthcare services.

## 4. Study Methodology

The study was a mixed method whereby descriptive survey and correlational designs were adopted. The target population of the study was 367 which comprised of three strata namely, 22 health facility CEO and deputies, 14 County health Officers from Nairobi County government and 327 households of beneficiaries of health centres outreach programs in Kibera informal settlement which has 11 public health facilities. A sample of 269 was drawn using stratified proportionate sampling and random sampling with the help of Krejcie and Morgan table. Sample sizes have ability to represent salient characteristics in population, usually small to allow in-depth exploration and understanding of phenomena under investigation (Amugune, 2014). A total 212 questionnaires were returned representing 79% of total questionnaires distributed. There is no agreed upon standard for a minimum acceptable response rate, although 70% response rate is good enough [14]. Also [15], equally upholds the same view. On the other hand, [16] noted that 30-50% responses rate would still offer thresholds for statistical generalization in any empirical study. The study, therefore, met all the response rate thresholds proposed. Both questionnaires and interview guide were administered to the respondents. Quantitative data was descriptively analyzed using frequencies, percentages, mean and standard deviation. The qualitative data was analyzed thematically. Correlational and regression analysis were conducted to ascertain the relationship and strength of variables among themselves.

Permission was sought from the National Council for Science, Technology, and Innovation (NACOSTI) to conduct the study. Participants' confidentiality was upheld during distribution of questionnaires and interviews. Raw data was shielded from unauthorized persons and was neither shared nor names linked to the data.

## 5. Results and Discussion

This section presents the findings on respondents' background information, the descriptive analysis, the correlation, and inferential statistics.

### 5.1. Background Information of Respondents

Background information about the respondents was gathered in terms of gender, age, level of education and experience. The results were presented in Table 1.

*Table 1. Gender of the Respondents.*

Gender	Frequency	Percentages (%)
Male	100	47.2
Female	112	52.8
Total	212	100

Results in Table 1 show that 100 (47.2%) of the respondents who participated in the study were male while 112 (52.8%) were female. The gender distribution of the respondents was good as the government usually recommends a sector to have

at least a representation of 30% of the opposite gender. This implied the results of the study were representative enough in terms of the gender rule. The study was further analyzed by various demographic characteristics of the respondents. The results are shown in Table 2:

*Table 2. Demographic factors of the respondents.*

	Indicators	Frequency	%
Age	30 & below	14	6.6
	31 to 35 years	3	1.4
	36 to 40 years	43	20.3
	41 to 45 years	53	25
	46 to 50 years	65	30.7
	51 to 55	24	11.3
	56 and above	10	4.7
	Total	212	100
Education	Certificate	7	3
	Diploma	63	30
	Bachelor	120	57
	Master	18	8
	Others	4	2
	Total	212	100
Experienc	3 & below	8	3.8
	4 to 7 years	17	8
	8 to 11 years	50	23.6
	12 to 15 years	62	29.2
	16 & above	75	35.4
	Total	212	100

To understand the level of awareness and knowledge of the subject of study, the respondents were asked to report their ages, levels of education and levels of experience. The results in Table 2 showed that majority of the respondents 65 (30.7%) were between the age 46 to 50 years, followed by 53 (25.0%) who were between 41 to 45 years, 43 (20.3%) who were between 36 to 40 years, 24 (11.3%) who were between 51 to 55 years, 14 (6.6%) who were 30 years and below, 10 (4.7%) who were 56 years and above, and 3 (1.4%) were below 31 to 35 years of age, in that order. On education level majority of the respondents 120 (57.0%) had bachelor's degree, followed by 63 (30.0%) who had diploma, 18 (8.0%) who had a master's degree, 7 (3.0%) who had certificate, and 4 (2.0%) who had other qualifications, respectively. On level of experience majority of the participants had either worked in or received services from the program for a period of 16 years and above, 75 (35.4%); followed by: 12 to 15 years, 62 (29.2%); 8 to 11 years, 50 (23.6%); 4 to 7 years, 17 (8.0%); and 3 years and below, 8 (3.8%); respectively. The findings indicate that majority of the participants had work for or received services for the program for more than 15 years, implying that they were conversant with the issues under investigation in the study, hence could provide valid data.

Performance of health outreach programs funded by NGOs was the dependent variable in this study. It was

operationalized to include Changed health disparities through access to health specialists, Time, and costs savings for patients in remote inaccessible areas, population accessing the health care services, Access to, and the quality of preventive and nutrition services among poor and vulnerable populations

in informal settlement, the number of community population accessing and receiving healthcare services and community capacity to respond to health emergencies. The indicators were converted to statements which respondents were required to state the extent in which they agreed with the statements.

**Table 3.** Descriptive Statistics for Performance of Program.

Statement		1	2	3	4	5	n	Mean	SD
Through health outreach programs disparities have reduced because of increased access to health specialists	Freq. (%)	3 (1.4%)	44 (20.8%)	39 (18.4%)	91 (42.9%)	35 (16.5%)	212	3.44	1.089
With NGOs funding outreach centre programs informal settlement time and costs is saved for patients in remote inaccessible areas	Freq. (%)	4 (1.9%)	56 (26.4%)	32 (15.1%)	79 (37.3%)	41 (19.3%)	212	3.38	1.105
With Outreach health centre programs in informal settlement population accessing the health care services has increased	Freq. (%)	1 (0.5%)	60 (28.3%)	33 (15.6%)	88 (41.5%)	30 (14.2%)	212	3.41	1.065
Outreach centre programs informal settlement improve the access, quality of preventive and nutrition services among poor and vulnerable populations in informal settlement	Freq. (%)	1 (0.5%)	60 (28.3%)	33 (15.6%)	88 (41.5%)	30 (14.2%)	212	3.46	1.132
Increase number of Community population satisfied with health outreach programs services funded by NGOs	Freq. (%)	4 (1.9%)	56 (26.4%)	32 (15.1%)	79 (37.3%)	41 (19.3%)	212	3.52	1.042
Community increase capacity to respond to health emergencies	Freq. (%)	3 (1.4%)	44 (20.8%)	39 (18.4%)	91 (42.9%)	35 (16.5%)	212	3.44	1.089
Composite mean and standard deviation								3.47	1.083
5= To a Very Great Extent, 4=To a Great Extent, 3= To a Moderate Extent, 2= To a Small Extent, 1= To a Very Small Extent, SD=Standard Deviation									

## 5.2. Descriptive Analysis of M&E Planning and Performance of Outreach Programs

M&E planning was conceptualized to constitute the following statements: identification of goals an objective for planning, define M&E planning indicators, define M&E data collection tools and timelines, dissemination and reporting methods and establish M&E rules and responsibilities. Like

the other explanatory variables, the statements were converted to questions in which the respondents were expected to rank them in terms of the extent to they agreed to them. The range of responses was a 5-point Likert scale ranging from 1= to a very small extent, 2= to a small extent, 3= to a moderate extent, 4=to a great extent and 5=to a very great extent. Measures of central tendency the mean and standard deviation of the indicators were computed, and the results are shown in table 4:

**Table 4.** Descriptive Analysis for M&E Planning and Performance of Outreach Programs.

Statement		1	2	3	4	5	N	Mean	SD
Project M&E objectives and goals are usually identified at planning level	Freq (%)	7 (3.30%)	39 (18.40%)	44 (20.75%)	63 (29.72%)	59 (27.83%)	212	3.66	1.118
M&E project indicators is usually defined and identified at planning level	Freq (%)	6 (2.8%)	32 (15.1%)	46 (21.7%)	77 (36.3%)	51 (24.1%)	212	3.62	1.110
M&E data collection tools, timelines, dissemination and reporting methods is usually defined and identified at planning level	Freq (%)	6 (2.8%)	40 (18.9%)	51 (24.1%)	72 (34.0%)	43 (20.2%)	212	3.62	1.099
M&E rules and responsibilities are usually established at planning level	Freq (%)	9 (4.2%)	33 (15.6%)	50 (23.6%)	89 (42.0%)	31 (14.6%)	212	3.51	1.077
Composite Mean and Standard Deviation								3.60	1.101
5= To a Very Great Extent, 4=To a Great Extent, 3= To a Moderate Extent, 2= To a Small Extent, 1= To a Very Small Extent, SD=Standard Deviation									

The results in Table 4 show the composite mean of 3.60 and standard deviation of 1.101 for responses for all the four indicators of the variable under the study.

On the first statement in Table 4, respondents were asked whether project M&E objectives and goals were usually identified during M&E planning. Opinions recorded showed that 59 (27.83%) agreed a very great extent, 63 (29.72%) to a great extent, 44 (20.75%) to a moderate extent, 39 (18.40%) to a small extent and 7 (3.30%) to a very small extent. Both mean

of 3.66 and standard deviation of 1.118 were obtained implying that planning stage was used to clearly outline M&E objectives and goals. On the other hand, the respondents were inconsistent in opinions to this statement.

On the second line item which sought from the respondents whether M&E project indicators were also identified and defined at the planning stage, 51 (24.1%) stated that they agreed to a very great extent that the exercise was being done, 77 (36.3%) to a great extent, 46 (21.7%) to a moderate extent,

32 (15.1%) to a small extent, whereas 6 (2.8%) to a very small extent. Also obtained was a mean of 3.62 implying that M&E indicators were selected at early stage of planning before the program or project kicked off. This is needed to support the monitoring process and track and report on any deviation that might arise during project or program implementation. It was however noted that opinions were divergent given a standard deviation of 1.110.

Third, was a statement on whether M&E data collection tools, timelines, dissemination and reporting methods were defined and identified at the planning stage. It recorded that 43 (20.2%) of the respondents agreed with the statement to a very great extent, 72 (34.0%) to a great extent, 51 (24.1%) to a moderate extent, 40 (18.9%) to a small extent and 6 (2.8%) to a very small extent. Also obtained was a line item mean of 3.62 which meant that data collection tools, timelines, dissemination and reporting methods were properly identified and defined during the planning phase. Without properly designed tools for data collection and reporting methods it can be a challenge sometimes to collect adequate and reliable data or information for decision making hence the need for the health centres to pay a lot more attention on this aspect of service delivery. The recorded opinions however indicated consistency because of a standard deviation of 1.099 on this statement.

On last forth statement, the study sought from the respondents about their view on whether M&E rules and responsibilities were clearly established during planning. It was found that 31 (14.6%) agreed to the statement to a very great extent, 89 (42.0%) to a great extent, 50 (23.6%) to a moderate extent, 33 (15.6%) to a small extent and 9 (4.2%) to a very small extent. This statement had the lowest mean of 3.51 compared to rest of the statements indicating that those rules and responsibilities were not being fully identified and defined as required to some degree. With a standard deviation of 1.077, opinions were apparently convergent.

The results from the quantitative analysis had to be verified using a qualitative analysis regarding planning for M&E. The qualitative aspects of planning captured several items, but they were categorized according to the focus group, the beneficiary groups were only asked to comment on their general levels of understanding of planning and whether they thought it was an important aspect. The CEOs and health officers were asked in-depth questions on goals and objectives, data collections tools and timelines and their data analysis plan and methods of reporting data. One important comment from a member in the group of beneficiaries was:

*"I personally think planning is important in any organization, I am not very aware of the plans of the health centres, but I believe they have some constructive plans which are helping them perform their day-to-day activities, and importantly managing their resources"*

The above comment was a general blanket statement; however, it showed that the beneficiaries perceive planning to be an important aspect even though they were not deeply involved in the planning process. Comments from the CEOs were diverse but there were some general opinions from them,

some of the comments were:

*"We invest a lot on the planning process, actually we have to, it is the backbone of all our activities, and in performance of day-to-day tasks, we have to focus on the laid-out plan, you cannot just wake up and start doing anything!"*

Another one was of the view:

*"We have to consider our goals and then set them very right, otherwise we might lose track of the direction we are heading, objectives and goals have definitely to be considered while planning"*

The same sentiments were echoed by another one who noted:

*"Personally, I have to ensure some things when planning, one is that my objective and goal is clear, second is that my purpose and responsibilities are well defined and finally I have to always do a follow-up, so yes, timelines are usually well defined in our plans, and everybody knows his or her role"*

From some of the comments of the CEOs above, it can clearly be seen that these senior people always must consider several factors during planning stages, especially they always keep in mind their objectives and goals that they want to be achieved. The comments from the health officers were not very far from those of the CEOs, one of the officers noted:

*"Yes, a number of factors are usually considered when planners are planning, they sometimes call us for meetings to discuss their plans before they are executed so that we can give our inputs, in most cases one can detect from the plans that the objectives and goals are clear"*

Another one supported the first one's view by saying:

*"I think our planners are well informed, from their plans you can usually see a number of aspects have been captured, the plans are clear on how data will be collected, how it will be analyzed, reported and disseminated"*

The above comments from the focus groups are an indication of a clear support of planning in monitoring and evaluation. All the focus group categories agree of the contribution of planning to performance of projects. The CEOs and the health officer confirmed that several items are taken into considerations during planning, like the objectives and goals of the plan, roles and responsibilities of everyone, timelines of projects, data analysis plans and reporting of information to relevant people. These outcomes support the conclusion from the quantitative analysis.

### **5.3. Correlation Analysis of Planning for M&E and Performance of Outreach Programs**

Correlation analysis was conducted using Pearson moment correlation, where a rank ( $r$ ) of 1 implies perfect correlation, a rank of  $0.10 < r < 0.29$  implies a weak correlation, a rank of  $0.30 < r < 0.50$  implies a moderate correlation and a rank of  $0.5 < r < 1$  implies a strong correlation. The statistical measure was based on a 95% confidence level, meaning that the sample proportion ( $p$ ) which is less is or equal to 0.05 is statistically significant. Table 4 shows the correlation between the

dependent variable and the independent variable.

In the Table 5, the stakeholders perceive Planning for M&E to have a major contribution Performance of health centres outreach programs funded by NGOs as seen with [ $r=0.634$ ,

$n=212$ ,  $p=0.000<0.05$ ]. This shows that there exists a strong positive correlation between Planning form M&E and performance of health centres.

**Table 5.** Correlation Matrix of Planning for M&E and Performance of Outreach Programs.

Variables		Performance of Programs	Planning for M&E
Performance of Outreach Programs	Pearson Correlation	1	0.634*
	Sig. (2-tailed)		0.000
	n	212	212
Planning for M&E	Pearson Correlation	0.634*	1
	Sig. (2-tailed)	0.000	
	n	212	212

\*. Correlation is significant at the 0.05 level (2-tailed).

#### 5.4. Regression Analysis of Planning for M&E and Performance of Outreach Programs

The objective of this study was to examine how planning for monitoring and evaluation influence performance of health centres outreach programs funded by NGOs in Kibera

informal settlement, Kenya. A linear regression analysis was conducted to examine how well Planning for M&E, predicted performance of health centres outreach programs funded by NGOs in Kibera. The results of the analysis are presented in Table 6:

**Table 6.** Regression Summary of Planning for M&E and Performance of Outreach Programs.

Model	R	R Squared	Adjusted R Squared	Std. Error of the Estimate	B	Predictor Variables
1	0.634 <sup>a</sup>	0.402	0.400	0.033	0.137	Constant
				0.031	0.451	Planning for M&E

Predictors: (Constant), Planning for M&E

Dependent Variable: Performance of Outreach Programs

Model 1:  $F(1, 211) = 221.134$ ;  $P=0.000<0.05$ .

From Table 6, the variable planning for M&E is statistically significant at 5% level of significance level, since the p value of the F statistic  $F(1, 211) = 221.134$  is less than 0.05. An implication to this is that planning for M&E has a significant positive relation to performance of health centres outreach programs. The coefficient of correlation  $r = 0.634$  imply that there is a moderate positive linear relationship between planning for M&E and performance of health centres outreach programs funded by NGOs. Consequently, the coefficient of determination ( $R^2$ ), was 0.402, imply planning for M&E explain 40.2% of the variations in performance of health centres outreach programs, while the other percentage is explained by other variables not included in the model. Based on these research findings, we reject the null hypothesis which stated that Planning for M&E does not have a significant influence on performance of health centre outreach programs by funded NGOs. Using the statistical findings, the regression model can be substituted as follows:

$$PHC = 0.137 + 0.634PL$$

Where:

PHC = Performance of Health Centre Outreach Programs Funded by NGOs.

PL = Planning for M&E.

The current findings on M&E planning are consistent with the notion held by [6] in their book titled, "Fundamentals of Management: Theories, Concepts and Practice," where they stated that planning assists in determining "what needs to be

done," "how it should be done," "why it should be done," "when to do it," "where to do it," and "who to implement it." they concluded by stating that planning is a requirement for the success of any organization. This is particularly true whereby it was revealed in the current study that goals and objectives were identified during planning, M&E indicators were defined, and data collection tools and design were planned for.

The current study also supports [7] who studied on the challenges in implementing M&E, a case of the Mfolozi Municipality in South Africa. The study findings highlighted the importance of planning and involving the local community members in the planning and execution of the projects intended to serve them. Furthermore, the current study found that dissemination and reporting tools are planned for during the planning phase. Winiko, Mbugua and Kyalo [8], asserted that how we disseminate information corresponds with how we communicate the results to various stakeholders in the project including funders, beneficiaries and the project staff involved in the implementation. Their study revealed that dissemination of monitoring and evaluation had a moderate positive influence on performance of DET project hence the need to factor it in during the M&E planning process.

The current study also affirms the findings by Micah and Luketero [1] who studied on the influence of monitoring and evaluation systems on performance of non-governmental based maternal health projects in Bungoma Sub-County in Kenya. The findings a strong correlation of 0.607 on M&E



plans that demonstrated M&E planning or planning for M&E activities is important to ensure performance of the project. Finally, the current study found that rules and responsibilities were not properly established, in which case [9] posited that “clarifying who should play each role and what they should do makes it easier to monitor the contributions each stakeholder makes to the aim of the project.”

## 6. Study Conclusion

The objective of the study was to determine the influence of planning for M&E on performance of health centre outreach programs. The corresponding null hypothesis was that there is no significant influence of planning for M&E on performance of health centre outreach programs funded by NGOs. The null hypothesis was tested and the following results found: ( $R^2 = 0.402$ ,  $F(1, 211) = 221.134$ ;  $P = 0.000 < 0.05$ ,  $R = 0.634$ ). The  $R$  coefficient of 0.634 implied there is a high correlation planning for M&E and performance of health outreach programs. The  $R^2$  coefficient of 0.402 implied M&E planning explained 40.2% of the variation of performance of health outreach programs. The  $F$  statistic of 221.134 was statistically significant an implication that the model was well specified and as such the null hypothesis rejected.

## 7. Study Recommendation

One of the important aspects of M&E activities or practices is planning. According to the findings M&E planning explains up to 40.2% in performance of health centres outreach programs. This therefore calls for further research into what accounts for the balance as far as M&E activities is concerned.

## 8. Further Studies

There is need to study other programs intended to improve the quality of life of citizens of Kibera informal settlement. This is because the current study delimited itself to health centre outreach programs only.

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