



# Kakamega County

## End Line Assessment of Monitoring and Evaluation Capacity

September 2017



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**MEASURE** Evaluation

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## ABBREVIATIONS

CHMT	county health management team
DDU	data demand and use
M&E	monitoring and evaluation
MECAT	Monitoring and Evaluation Capacity Assessment Toolkit
MEval-PIMA	MEASURE Evaluation PIMA
MOH	Ministry of Health
MSC	most significant change
TWG	technical working group



# 1. INTRODUCTION

This report is a brief synthesis of an end line assessment undertaken to discern and document the capacity of the county health management teams (CHMTs) to perform monitoring and evaluation (M&E) functions in Kakamega County, as a means to understand the impact of MEASURE Evaluation PIMA (MEval-PIMA) in improving M&E systems at the county level.

The MEval-PIMA project was implemented between December 2012 and June 2017. As part of project closeout, MEval-PIMA conducted an end-of-project assessment to document achievements and provide lessons learned toward strengthening the capacity of the Ministry of Health (MOH) at the national and subnational levels to produce and use high-quality data for decision making and to communicate project results with stakeholders and beneficiaries. Specifically, the end line assessment aimed to accomplish the following:

- Document changes in M&E capacity since the baseline assessments were conducted.
- Document the key drivers of changes in M&E capacity.
- Document MEval-PIMA's contribution to the changes in M&E capacity.
- Document lessons learned in terms of strengthening M&E capacity at individual and organizational levels.

## 2. BACKGROUND

MEval-PIMA is a five-year project funded by the United States Agency for International Development, with the aim of building the M&E capacity of the MOH to identify and respond to information needs at the national and subnational levels. To do this, MEval PIMA targeted selected national programs and counties to strengthen their M&E systems and their ability to contribute high-quality data to the national health system.

MEval-PIMA was awarded in 2012 and been implemented in five national-level programs (National Malaria Control Programme, Reproductive and Maternal Health Services Unit, Community Health Services Unit, Disease Surveillance and Response Unit, and Civil Registration Services) and 24 counties, including Kakamega. The MEval-PIMA team conducted a baseline assessment in 17 counties between March and June 2014 using MEASURE Evaluation's Monitoring and Evaluation Capacity Assessment Toolkit (MECAT).<sup>1</sup> The baseline assessment found that Kakamega County had an organizational capacity index of 37.7 percent, indicating gaps in nearly all 12 capacity areas.

The key gaps identified were inadequate financial support from the Kakamega County government and a heavy reliance on development partners to support effective M&E systems, the absence of policies and strategic plans for health and attendant M&E plans to monitor implementation, a shortage of skilled staff with the technical capacity to support M&E functions, and insufficient structures to implement M&E activities.

Regarding the absence of policies to drive the M&E agenda at the county level, Kakamega lacked documents, such as a costed M&E work plan, a plan for building human capacity in M&E, and a mechanism to

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<sup>1</sup> <https://www.measureevaluation.org/pima/m-e-capacity/me-capacity>

coordinate M&E activities. In particular, there was no data use plan or policy to guide and articulate the need for and procedures to ensure the use of data in decision making.

MEval-PIMA adopted five strategic approaches to respond to the identified gaps. First, the CHMT was supported to establish and strengthen structures and mechanisms for M&E coordination, by forming an M&E technical working group (TWG) whose members included partners supporting health-related activities in the county, developing county health sector strategic plans, developing an M&E plan to help monitor progress toward the implementation of the county health sector strategic plans, and establishing stakeholder coordination forums. MEval-PIMA's initial engagements with the county involved building the necessary structures for M&E functions, developing an M&E capacity-building plan supported by a sustainable financing mechanism that was not overly reliant on partners, and developing a strong advocacy component that would instill a culture of demand-driven data use for planning.

Based on the identified gaps, MEval-PIMA provided technical support for Kakamega County strategic planning and annual work plan processes, in close coordination with the Management Sciences for Health Leadership Management Sustainability project. Following the baseline assessment, MEval-PIMA focused on the promotion of data use practices in the county, by supporting data demand and use (DDU) trainings and developing and finalizing the annual work plan. The project also focused on providing support in the development of a capacity-building plan and strengthening the CHMT's capacity to spearhead M&E activities, by promoting data use and conducting performance reviews as well as strengthening community information systems in the county. Finally, and most notably, MEval-PIMA supported Kakamega in finalizing its M&E plan and hosting M&E TWG meetings and data reviews to improve the quality of data reported.

Consequently, through the support of MEval-PIMA, the county has developed and launched its M&E plan, completed two county health profiles, and received various DDU trainings and a capacity assessment report. The project has also facilitated an information communication and technology infrastructure and capacity assessment targeting the county, subcounty, and two statutory institutions with an aim of strengthening M&E in the county.

### **3. METHODS**

The end line assessment was conducted in a workshop setting using three participatory data collection tools and a self-administered individual capacity tool. Respondents for this assessment were program managers and program officers, including M&E officers and data managers from Kakamega County.

The first data collection tool was the MECAT group assessment, which was also used in the baseline M&E capacity assessment. This tool guided participants through an assessment of Kakamega County's M&E capacity in 12 capacity areas. A qualitative guide based on the most significant change (MSC) approach<sup>2</sup> was used to identify and prioritize the MSCs within five domains since the baseline assessments were conducted.

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<sup>2</sup> MSC is a participatory monitoring approach that enables the identification of desired outcomes without using defined indicators. The MSC approach involves analyzing actual events to draw meaning out of them as a means of evaluating the impact of a project and to improve future planning and implementation. We used MSC to understand what program officers viewed as the most significant changes in the five domains listed in Section 3.1. Participants were guided through facilitated individual, group, and plenary sessions to identify and prioritize the MSCs within the five domains since the baseline assessments were conducted.



After an MSC was identified, participants also identified the reasons it was considered a change, the main drivers of the change, MEval-PIMA's contribution to the change (if any), and threats to the sustainability of the change. Another qualitative guide, based on the outcome mapping method, was used to map desired outcomes as a condition to sustain the gains made in strengthening M&E capacity. Using the threats to sustainability identified with the MSCs, facilitators guided participants through individual, group, and plenary sessions to identify expected changes in behavior, suggested partnerships to develop, and example activities to be undertaken to sustain the progress in M&E strengthening. In addition, the individual competency-based assessment, also used during baseline, was administered to individual participants for them to assess themselves and their M&E competencies.

### 3.1. Five MSC Domains

The evaluation used five broad domains in which MEval-PIMA intended to make an impact based on the project's mandate and findings from the baseline assessment. During the end line assessment, participants were asked to identify the changes they believed were most significant in each of the following domains:

- **Domain 1. Strengthening structure and mechanisms for M&E coordination.** Capacity building in this domain focused on strengthening structures and mechanisms for M&E coordination involved in building and supporting M&E process, policies, guidelines, and coordination of stakeholders and resources. This domain maps to many of the elements in the organizational, partnerships and governance, county M&E plan, and annual costed M&E work plan capacity areas of the MECAT group assessment.
- **Domain 2. Availability of good-quality data.** Capacity building in this domain focused on improving, developing, and printing data collection and reporting tools; training on proper coding for International Classification of Diseases-10; strengthening surveillance systems; and supporting the research agenda. This domain maps to many of the elements in the routine monitoring, surveys and surveillance, and supervision and auditing capacity areas of the MECAT group assessment.
- **Domain 3. Promoting data use practices.** The capacity-building domain of promoting data use focused on interventions to improve data use plans, promote and use data analysis tools, convene data review meetings and other data-sharing forums, and develop information products. This domain maps to some of the elements in the data demand and use and the advocacy, communication, and cultural behavior capacity areas.
- **Domain 4. M&E leadership.** The capacity-building domain of development of M&E leadership competencies focused on ownership, involvement, partnerships, and coordination for M&E as well as advocacy for the resources needed to support programs using M&E data. This domain maps to some of the elements in the advocacy, communication, and cultural behavior and the evaluation and research capacity areas.
- **Domain 5. Building capacity of staff in M&E.** The domain for building capacity of MOH staff in M&E focused on developing training curricula, conducting trainings, mentoring county staff, and evaluating programs. This domain maps to the human capacity for M&E capacity area.

### 3.2. Data Analysis

Scores obtained from the MECAT group assessment at end line were analyzed to compute an organizational capacity index score, and changes between baseline and end line were used to document achievements toward strengthening the M&E capacity of Kakamega County. The organizational capacity index was calculated by first summing the possible scores for the 12 M&E capacities for the status and quality dimensions. The financial and technical autonomy dimensions were excluded, because the effect of these measures was not unidirectional, and the presence or absence of these dimensions could affect the performance of Kakamega County either positively or negatively. Technical and financial autonomy require long-term investment and depend on the status and quality dimensions. The organizational capacity index was then computed, by dividing the actual score of the 12 M&E functions under the two dimensions of status and quality by the total maximum possible score. Individual assessment data were analyzed to understand changes in human capacity for M&E from baseline to end line. The MSC data were analyzed to understand what the program identified as the MSCs resulting from the changes in the M&E system since baseline. The outcome mapping data were used to understand the threats to the changes made to the M&E system and to propose recommendations to mitigate these threats.

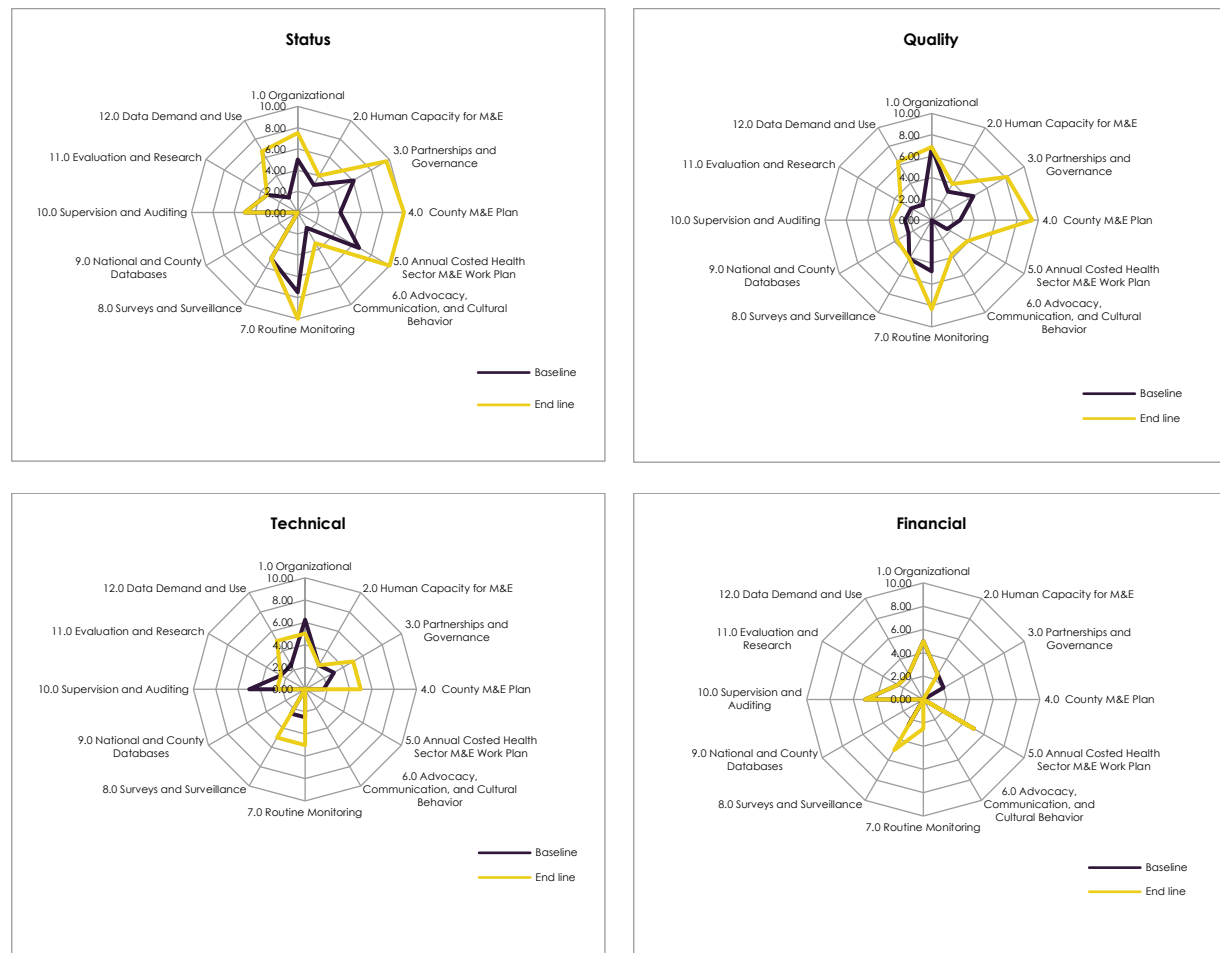
## 4. RESULTS

### 4.1. Overall Performance

Figure 1 shows the status of M&E capacity across the 12 capacity areas at baseline (in blue) and end line (in yellow). The results are displayed across the four dimensions of capacity:

- **Status:** Whether a given element within a capacity area exists, such as a county M&E plan
- **Quality:** Whether the element conforms to established quality norms
- **Technical autonomy:** The extent to which a program can develop and execute the element on its own
- **Financial autonomy:** The extent to which a program can develop and execute the element using its own resources

**Figure1. Overall scores in 12 capacity areas at baseline and at end line**

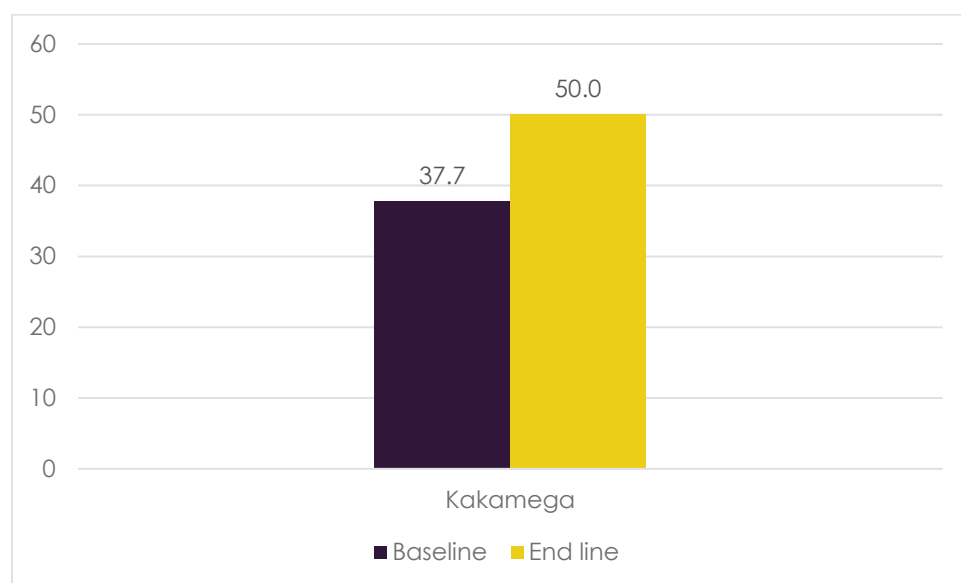


In terms of status, there was marked improvement in several capacity areas, including partnerships and governance, county M&E plan, annual costed health sector M&E work plan, routine monitoring, and data demand and use. Other capacity areas that showed modest improvement were organizational capacity; human capacity for M&E; advocacy, communication, and cultural behavior; and surveys and surveillance.

Regarding the technical autonomy dimension, the results showed a modest improvement in all capacity areas except the organizational capacity area and the supervision and auditing capacity area, which declined. There were no changes in human capacity for M&E; annual costed health sector M&E work plan; advocacy, communication, and cultural behavior; and national and county databases. The quality dimension recorded improvements in all the capacity areas.

Figure 2 shows that overall, the organizational capacity index improved, from 37.7 percent at baseline to 50 percent at end line.

**Figure 2. Kakamega County organizational capacity index at baseline and end line**



## **4.2. Findings from the MECAT Group Assessment and MSC by Capacity-Building Domain**

This section describes the key findings in each capacity area related to MEval-PIMA's five main strategic areas of focus for Kakamega County, based on qualitative data collected using the MSC and outcome mapping rapid assessment techniques. The findings provide further contextual understanding of the key changes in M&E capacity between baseline and end line. The findings are presented for MEval-PIMA's five strategic areas of focus for Kakamega County.

### **4.2.1. Domain 1: Strengthening structures and mechanisms for M&E coordination**

The MSCs in this domain were the development of the county health sector strategic plan, the development and approval of the health sector M&E plan, and the establishment of an M&E TWG. These three activities were reported as significant changes because they contributed to improvements in planning and resource mobilization, provided guidance to the CHMT on appraising performance against set targets, and provided a platform to enforce mutual accountability among stakeholders. Some of the key drivers for the reported changes were the CHMT's increased awareness of the need to monitor performance, increased opportunities for sharing best practices, and the availability of technical assistance for guidance and mentorship.

### **4.2.2. Domain 2: Availability of good-quality data**

The MSCs relating to availability of better-quality data in Kakamega were improvements in data quality and timely reporting, improved planning due to data information, better commodity quantification, and performance monitoring enhancement.

Improvements in the quality of data and performance reporting and better planning were primarily attributed to the acquisition of M&E skills by technical staff and the availability of reliable data. A lack of advanced skills in data analysis and dissemination among health workers at different levels (county and subcounty) was reported as an important threat to the gains made in this domain.

#### 4.2.3. Domain 3: Promoting use of data

Several significant changes were reported in relation to strategies aimed at promoting data use practices at the county Department of Health. Key among them were (1) the growing number of health services referrals and linkages to care owing to frequent review of service statistics from the county health profiles and performance reviews, (2) better engagement with data owing to improved understanding of indicators and frequent analysis during the development of county health profiles and facility dashboards, and (3) increased frequency of data and performance reviews.

Other changes reported were improved malaria and HIV service coverage and delivery because of the use of Internal Classification of Diseases data and malaria internal audits, and increased understanding of indicators and data synthesis because of more-rigorous data validation. Setting designated times for such gatherings as data review meetings and other forums allowed service providers to freely discuss their performance, and the deliberate use of data provided a mechanism for evidence-informed performance.

#### 4.2.4. Domain 4: Development of M&E leadership competencies

Kakamega had a health records office that did not have full-fledged M&E functions, but it had a TWG with good representation of relevant stakeholders. The TWG met quarterly, although all meetings depended on support from MEVal-PIMA. The county and subcounties reviewed data during monthly meetings and shared skills on development of M&E plans in line with the missions and objectives of the strategic plan.

A significant change was the reported increased interest in M&E among the county health leadership, with CHMT members spearheading the importance of DDU. This resulted in better ownership of M&E activities owing to improved understanding of M&E and more participation in M&E both by senior managers and program managers. Moreover, the M&E TWG focused efforts on organizing data reviews and promoting the importance of documentation.

#### 4.2.5. Domain 5: Building capacity of staff in M&E

Like most counties, Kakamega lacked a standard curriculum for organizational and technical capacity building in M&E. The county lacked a comprehensive costed capacity-building plan, and although an assessment that identified staff training needs had been disseminated, the county lacked a budget specifically allocated to M&E. Moreover, although staff could collect and process data, not all staff were trained in handling records, and therefore more capacity building was recommended. The county had a training committee that vetted and approved trainings to avoid duplication, but these were not used specifically for M&E.

The MSC reported under this domain was the increase in technical competence in data management, analysis, indicators, interpretation, and presentation, as well as development of M&E products (i.e., bulletins and monthly reports), primarily owing to trainings, continuing medical education, and mentorship in M&E. The

county also reported improved capacity in using the scorecard, electronic data entry (e-coding), and improved monitoring of selected indicators against targets; these were all attributed to training, on-the-job-training, and mentorship developed in partnership with MEval-PIMA.

## **5. DISCUSSION**

This end line assessment showed a remarkable improvement in the county's organizational capacity index, signaling better preparedness to undertake M&E responsibilities. The improvements resulted in the establishment and strengthening of core pillars that created an enabling environment for the Department of Health to plan, implement, monitor, and measure gains toward the provision of healthcare at the county level. The establishment of structures, such as the development of the health sector strategic plan, an attendant M&E plan, stakeholder mapping, and the establishment and coordination of the M&E TWG, provided a conducive environment to strengthen capacity of the MOH to demand and use data for decision making.

The M&E TWG, with support of the CHMT and relevant M&E stakeholders, provided technical leadership in the county, which resulted in support from and the active involvement of Department of Health senior leadership in key M&E activities, such as the development of the health sector strategic plan, the development of the M&E plan, and other M&E-related activities. At the time of the end line assessment, the county had updated and structured inventories of the main stakeholders working in respective subcounties, with clear mechanisms for communicating about M&E activities. Because of the lack of communication strategies, however, this communication was largely through the TWG's minutes.

The development of a data use plan was instrumental in spearheading activities to promote use of data, including the collecting, recording, collating, analyzing, and reporting of data. Although Kakamega did not have a specific communication strategy, its M&E plan has an annex for dissemination, and other documents such as fact sheets, published reports, emails, and electronic media have been used to communicate information. Data review meetings and learning forums organized by MEval-PIMA also promoted evidence-informed decision making and sharing of M&E information. MEval-PIMA's efforts to engage other cadres in data issues to encourage an appreciation for the data were found to be helpful in promoting a culture of data use in decision making.

The sustainability of the gains made in the five domains is contingent on continued support by the county leadership of the Department of Health, increased resource allocation to finance the implementation of the various strategies that support M&E, and the availability of a critical mass of staff at the Department of Health with appropriate skills relevant to M&E.

Innovative ways that cushion the Department of Health from negative effects of frequent changes in the CHMT will be required to safeguard the gains made in terms of building staff skills for M&E. Another threat to sustainability is the limited skills transfer.

## 6. RECOMMENDATIONS

Despite progress over the four years in developing a conducive environment that supports planning and prioritization of resources for M&E at the county level, several threats to the sustainability of these gains remain. Recommendations to address these threats are as follows:

- Huge funding gaps exist in resources to support the proper functioning of M&E structures at the county level. There is a need to invest in innovative funding models to address the limited budget allocation to core M&E activities at the county level.
- There is a need to establish broad-based partnerships that include other sectors and line ministries and departments, health programs at the national level, and the private sector. Some activities that can contribute to developing such broad-based partnerships are identifying M&E champions to advocate the prioritization of M&E, developing innovative resource mobilization strategies, and engaging with the legislature and civil society groups during the budget and planning processes.
- The CHMT should establish linkages with local training institutions to develop a critical mass of people with M&E skills through in-service training and short-term education.
- The CHMT should develop a skills database for M&E professionals in the county and invest in career development strategies to recruit and retain skilled and competent staff to drive the M&E agenda. This should include developing clear terms of reference and job descriptions for M&E staff, refreshing staff's M&E skills, and providing continuous mentorship and on-the-job training and motivation for staff, by developing rewards such as sponsorship, scholarships, and promotions. Strategies should be developed to support the implementation of skills gained by staff.
- Accountability for results should be promoted among program managers, by involving them in M&E-related planning and implementation, such as resource mobilization, supportive supervision, performance reviews, and data quality audits.

## APPENDIX. BASELINE AND END LINE ASSESSMENT METHODS

**Table A1. Baseline assessment methods**

Tool	Method	Target	Questions addressed
Excel-based Monitoring and Evaluation Capacity Assessment Toolkit (MECAT) group assessment workbook	Participatory group assessment	Members of the county health management teams	<ul style="list-style-type: none"> <li>What is the status of M&amp;E activities?</li> <li>What is the capability in M&amp;E capacity areas?</li> </ul>
Excel-based MECAT individual assessment workbook	Individual self-assessment	Monitoring and evaluation (M&E) staff (M&E officers and county, subcounty, and facility health records and information officers)	
Desk review guidance	Desk review	Organizational documentation (policy and strategic documents and reports on health and measurements)	<ul style="list-style-type: none"> <li>What are the objectives and expectations for the organization's M&amp;E?</li> <li>What is the organization's capacity for M&amp;E?</li> <li>How well is the organization performing against its objectives and expectations for M&amp;E?</li> </ul>
Key informant interview guide	Key informant interviews	M&E stakeholders and program and other technical staff	

**Table A2. End line assessment methods**

Tool	Method	Target	Questions addressed
Excel-based MECAT group assessment workbook	Participatory group assessment	Members of the county health management teams	<ul style="list-style-type: none"> <li>What is the status of M&amp;E activities?</li> <li>What is the capability in M&amp;E capacity areas?</li> </ul>
Excel-based MECAT individual assessment workbook	Individual self-assessment	M&E staff (M&E officers and county, subcounty, and facility health records and information officers)	
Most significant change guide	Focus group discussion	Members of the county health management teams	<ul style="list-style-type: none"> <li>What are the most significant changes in the M&amp;E system since baseline?</li> <li>What were the drivers of these changes?</li> </ul>



Tool	Method	Target	Questions addressed
			<ul style="list-style-type: none"> <li>• What role, if any, did MEval-PIMA have in these changes?</li> </ul>
Outcome mapping	Focus group discussion	Members of the county health management teams	<ul style="list-style-type: none"> <li>• What are the threats to sustainability of the most significant changes identified?</li> <li>• What are recommendations to mitigate these threats to sustainability?</li> </ul>



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