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# MONITORING AND EVALUATION SYSTEMS AND PERFORMANCE OF LINDA MAMA HEALTHCARE PROGRAM IN WEST POKOT COUNTY, KENYA

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## ABSTRACT

The Linda Mama Program was introduced in Kenya in 2013 as the government's initiative to promote the accessibility and affordability of maternal healthcare and transition to universal healthcare. However, despite its adoption in hospitals country-wide, the program has failed to make maternal healthcare affordable and expectant mothers from poor families continue to bear the burden of healthcare while many others die or lose children during childbirth. The general objective of the study was to understand the relationship between monitoring and evaluation systems and performance of Linda Mama Program in West Pokot County, Kenya. The specific objectives were to examine effect of monitoring and evaluation organizational structures and monitoring and evaluation budgeting on performance of Linda Mama Program in West Pokot County, Kenya. The study was guided by the theory of change and pecking order theory. This study adopted a descriptive research design. The unit of analysis was 110 public health facilities in West Pokot County. The unit of observation was 13 maternity nurse in-charge, 107 clinical officers, 208 attending nurses, 33 pharmacists, 41 lab technicians, 8 gynecologists, 113 medical social workers, and 56 county health M&E officers. Yamane sampling formula was used to calculate a sample of 236 respondents. Data was collected using questionnaires. The pilot was conducted with 24 respondents. The study used content and construct validity. Reliability was tested using the Cronbach Alpha coefficient. Statistical Package for Social Sciences (SPSS) version 28 computer Packages. The study used descriptive and inferential statistics. Descriptive statistics included frequency, percentage, and mean. The inferential statistics included correlation and regression. The pilot study confirmed that the research instrument is valid and reliable for assessing the impact of Monitoring and Evaluation (M&E) Systems on the Performance of the Linda Mama Healthcare Program in West Pokot, Kenya. The study established that Monitoring and Evaluation (M&E) systems significantly influence the performance of the Linda Mama Program in West Pokot County, Kenya. Specifically, M&E budgeting had the strongest positive impact ($\beta=0.479$, $p<0.000$), followed by organizational structures ($\beta=0.461$, $p<0.000$). Pearson correlation analysis indicated strong positive correlations between program performance and all independent variables: budgeting ($r=0.605$), organizational structures ($r=0.521$), all significant at $p<0.05$. The regression model was highly significant ($F=94.313$, $p<0.000$), explaining 72.4% ($R^2=0.724$) of the variation in the program's performance. These findings underscore the critical role of structured financial management, effective planning, well-defined organizational structures, and robust human resource capacity in enhancing maternal healthcare outcomes under the Linda Mama Program.

**Key Words:** Linda Mama Program, monitoring and evaluation, organizational structures, budgeting, performance

## Background of the Study

Monitoring and evaluation helps program implementers make well-informed decisions on program operations, service delivery, and efficacy by employing objective data. Monitoring and assessment techniques are an essential component of the project lifecycle and an excellent management strategy (Görgens & Kusek, 2019). The protracted process of monitoring a project involves determining if the guide has been followed, noting any changes, and implementing corrective measures where necessary. As the project progresses, information about it is gathered in a systematic and sequential manner (Patton, 2019). Monitoring and evaluation alerts managers when things are not going as planned or when the situation has changed so that they can adjust their strategies or implement the appropriate corrective measures (Gikonyo, 2018). Project evaluation is thorough, methodical, and employs techniques (Shapiro, 2017).

Monitoring and evaluation (M&E) helps to assess and improve performance of healthcare programs around the world. Healthcare projects and programs are initiated to facilitate health equity, and social justice, meet the health needs of specific populations and support the transition to universal healthcare access (Kurian & Snodgrass, 2024). Monitoring and evaluation underpin the achievement of the purposes and objectives of healthcare programs, thus, planning processes for these interventions have to incorporate monitoring and evaluation activities for success (Gatimu et al., 2021). In healthcare systems, monitoring and evaluation ensure that while programs implementation are underway, specific problems are identified as they arise and continuous feedback is also provided (de Andrade et al., 2015).

Monitoring and evaluation organization structures are the rules, principles, operational standards, and guidelines that an organization has created to accomplish its objectives related to monitoring and evaluation (Zhang et al., 2024). The process of enhancing and growing the talents, skills, resources, and procedures that communities and organizations require to thrive in the global economy is known as capacity building. It involves performing tasks to change attitudes and mindsets (Huaya, 2023).

An explanation of the program's monitoring and evaluation procedures is included in a monitoring and evaluation plan. It outlines how a project manager intends to use assessment findings to inform choices and enhance the project. Tracking, implementing, and defining a monitoring and evaluation approach are the goals of the planning (Ngure, 2021). Monitoring and evaluation budgeting is the allocation of funds for M&E activities within project. It entails allocating a portion of the total project budget to activities such as data collection, analysis, reporting, capacity development, and evaluation (Musyimi & Ondar, 2022).

## Statement of the Problem

Maternal and child mortality remains a significant public health challenge in Kenya, despite the introduction of the Linda Mama Healthcare Program in 2013. The maternal mortality rate in Kenya is 530 deaths per 100,000 live births, which is significantly higher than the global average of 223 per 100,000 live births (Kenya Demographic and Health Survey, 2022). Neonatal mortality remains at 21 per 1,000 live births, and stillbirth rates stand at 21 per 1,000 births (World Health Statistics, 2022). In West Pokot County, where healthcare infrastructure is limited, maternal deaths are even higher than the national average, with reports indicating that only 46% of births occur in health facilities, and over 50% of deliveries are conducted at home due to poor accessibility and financial barriers (Kenya National Bureau of Statistics [KNBS], 2022). Although the Linda Mama Program was established to provide free maternal healthcare, its effectiveness in West Pokot remains questionable, as many women continue to experience delays, lack of skilled personnel, and inadequate medical resources in health facilities.

The performance of Linda Mama in West Pokot County is hindered by weak Monitoring and Evaluation (M&E) systems, which impact fund disbursement, service delivery, and

accountability. A 2023 NHIF report revealed that 70% of hospitals in rural counties experience delays of over six months in receiving reimbursements for services rendered under Linda Mama, leading to service disruptions and out-of-pocket expenses for expectant mothers (NHIF, 2023). Additionally, only 30% of hospitals in West Pokot have adequate staffing to handle maternal care, and the doctor-to-patient ratio in the county stands at 1:17,000, far below the WHO-recommended 1:1,000 (Ministry of Health, 2023). Furthermore, only 40% of healthcare facilities in the county have the necessary equipment for safe deliveries, meaning that a large proportion of mothers face complications due to inadequate emergency obstetric care (Orangi et al., 2021). The amount allocated for maternal health care in West Pokot County in FY 2022/2023 was 71,394,286.61. This was less the amount needed for the same financial year which was 94,666,000.00. There was hence a 24.6% financing gap in the health care services which affected service delivery.

Different studies have been conducted on the Linda Mama Program in Kenya. Orangi et al. (2020) studied the implementation of the project both at county and national levels. Ndambu (2022) studied the effects of resource accessibility on the execution of the Linda Mama Program in Kitui County. Langat et al. (2019) also examined effect of free maternity policy in Kenya. Despite multiple studies assessing the implementation of Linda Mama, little research has explored how M&E systems influence program performance. This study sought to bridge this gap by evaluating how M&E structures, and budgeting affect Linda Mama's success in West Pokot County. Addressing these gaps enhanced resource allocation, service efficiency, and healthcare accountability, ensuring that maternal health services are more accessible, timely, and effective for vulnerable populations.

### Objectives of the Study

### General Objective

To examine the relationship between monitoring and evaluation systems and performance of Linda Mama Program in West Pokot County, Kenya.

### Specific Objectives

i. To examine the effect of monitoring and evaluation organizational structures on performance of the Linda Mama Program in West Pokot County, Kenya.
ii. To assess the effect of monitoring and evaluation budgeting on performance of Linda Mama Program in West Pokot County, Kenya.

## LITERATURE REVIEW

### Theoretical Framework

### Theory of Change

Weiss developed the theory of change in 1995 (Funnell & Rogers, 2011). Using frequently updated diagrams and narratives, the theory may be seen as an ongoing process of discussion-based analysis and learning that yields significant insights to help project design, strategy, implementation, evaluation, and effect assessment (Vogel, 2012). Its original objective was to solve some of the issues assessors had while attempting to gauge the results of intricate social development programs. These included ill-articulated assumptions, a hazy comprehension of how change processes evolve, and a disregard for the sequence in which modifications are required to achieve long-term goals (O'Flynn, 2012).

However, because project success is far more complicated, this approach is inadequate (Babbie & Mouton, 2016). Understanding success requires more than just knowing "what works." It is rarely effective to simply replicate or scale an intervention, according to experience (Mackay, 2017). Project performance is influenced by monitoring and assessment, which includes gathering sufficient information and insight to forecast how a project and set of activities would

function in a different scenario or how it needs to be modified to yield similar or better results (Jones, 2011). The theory is especially pertinent to this study because it supports the variable on M&E organizational structures.

**The Pecking Order Theory**

Myers and Majluf (1984) created the Pecking Order Theory. The asymmetrical information flow between the firm's external suppliers and internal stakeholders, such as owners and managers, served as the basis for the idea (Adair & Adaskou, 2015). According to the theory, company executives favor internal finance over external funding and implement a financial policy that tries to reduce the costs related to asymmetric knowledge, particularly adverse selection. The foundational element of this theory was the asymmetry of information that characterize the relationship between internal stakeholders and external providers of firms. According to Cotei and Farhat (2009), Pecking Order Theory was developed as a response to challenge the trade-off theory by contending that firms follow a certain sequence when choosing the financing options over available sources of funding. The theory is applicable to this study since it will provide a basis for interpreting about the budgeting practices for M&E and their influence on the performance of Linda Mama Program

**Conceptual Framework**

A conceptual framework, according to Kothari and Garg (2014), is a hypothetical model that shows how dependent and independent variables relate to one another. The framework shows that changes in the dependent variable are more likely to be influenced by changes in the independent variables. The conceptual framework is presented in Figure 2.1.

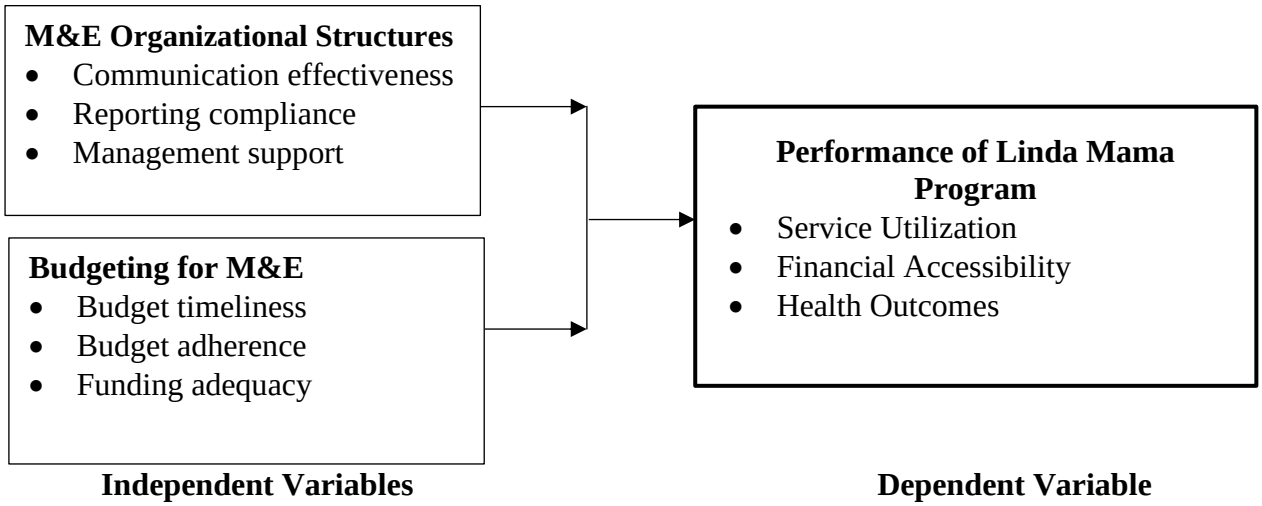


**Figure 2. 1: Conceptual Framework**

**Monitoring and Evaluation Organizational Structures**

In project management, organizational structure influences not only the distribution of tasks and responsibilities but also communication, coordination, and decision-making procedures (Zhang et al., 2024). While a difference between the organizational structure and project features might result in roadblocks that impede progress, the correct organizational structure can offer the project team strong support (Hu et al., 2024). The structure of M&E is one powerful project management tool that can help decision-makers and policymakers track progress and show the influence of a certain project, program, or policy (Kusek & Rist, 2020).

Suhaeni, Setiawati, Setiawardani, and Suhartanto (2019) assert that choosing the most appropriate organizational structure for the project is important for both the project's success and the establishment of the organization structure. Projects should also have an efficient organizational structure. By contributing their experience to help shape and influence the project structure design, project managers can play a critical role in assisting senior managers

in establishing the project's structure. Project managers must comprehend the nature and logic of their project structure in order to produce better results, even when they have no control on the organization's structure (Natalia et al., 2019).

**Monitoring and Evaluation Budgeting**

A sufficient budget allocation ensures that M&E activities are adequately resourced, allowing for the efficient implementation of M&E plans and generation of reliable data to evaluate project performance (Musyimi & Ondar, 2022). A number of issues are addressed by monitoring and evaluation budgeting, including how well the project meets goals and targets. It talks about how effective the project or budget is and whether it is being carried out effectively. It also discusses the budget's significance and effect on the project. Among the goals and targets examined by the monitoring and evaluation budget are input, output, outcomes, activity, and impacts. Financial discipline, operational efficiency, and allocative efficiency are all achieved through budgeting. M&E that is well-considered can address budgeting flaws (Onjole, 2021).

The foundation of budget M&E is the notion that it functions as a revenue and cost indication for the day-to-day operations of project managers. Information is provided, management decisions are supported, and the organization is monitored and controlled all year long (Egbunike & Unamma, 2017). M&E of budget execution is a crucial positive cycle that provides officials with the necessary framework to direct their execution in complete conformity with the outcomes (Sikhosana & Nzewi, 2019).

Project managers may establish stringent monitoring systems, collect precise data, and carry out timely reviews with the help of a strong M&E budget, which empowers them to make well-informed decisions and act quickly to address issues. Furthermore, hiring qualified staff and utilizing cutting-edge technology are made possible by adequate M&E budget, which improves effectiveness and precision of data gathering and analysis. The M&E budget enables projects to maximize their performance, enhance accountability, and produce long-lasting results for the community by allocating the required financial resources (Quashie-Sam & Adu, 2020).

**Empirical Literature Review**

**Monitoring and Evaluation Organizational Structures and Program Performance**

Beluhu (2020) sought to ascertain how the Jig-Jiga district's development educational initiative is affected by the monitoring and evaluation structure. The study focused on Jig-Jiga locals who had profited from educational initiatives supported by donors. A case study design was used in the investigation. The sample was 47 respondents from the Jig-Jiga area. Research instruments were semi-structured interviews and questionnaires. According to the report, there was no community involvement in the monitoring or assessment of the educational initiatives. Although it should be combined with effective project management techniques, participatory M&E during the planning of educational programs helps ensure their success.

Ngetich and Kisimbii (2020) studied influence of M&E structure on project performance at Kenya Ports Authority (KPA). The target was 500 respondents from KP and 50 staff were sampled. The results demonstrated that monitoring and evaluation significantly improved project performance. Conclusion was that the structure of M&E had an effect on project performance.

Ndungú and Mutundu (2023) examined impact of organizational structure monitoring and evaluation on health services in the Nyandarua County government. A descriptive survey methodology was employed. Results demonstrated that different aspects of the M&E organizational structure have an impact on how well health care professionals deliver services. Setting goals for monitoring and assessment involves the healthcare professionals to a moderate extent. Having defined goals to work toward makes monitoring and assessment more successful because it helps focus efforts where they will have the biggest impact.

**Monitoring and Evaluation Budgeting and Program Performance**

Mahyoub (2024) examined influence of M&E on performance of projects in NGOs in Yemen. The researcher employed a quantitative approach and adopting a causal research design. The sample was 297 participants sampled through convenience sampling. Findings showed a significant positive effect of M&E team skills and M&E strategy on project performance. The study further revealed that the allocation of M&E budgets has no statistically significant impact on project performance.

Wolde (2019) evaluated the efficiency of M&E systems in Ethiopian agricultural development initiatives. The study focused on 88 respondents and used a descriptive design. Results revealed that beneficiaries' participation in M&E procedures was limited and that the budget for M&E was improperly allocated. Recommendations were that the M &E personnel be involved in project design, budgeting, and capacity development.

According to Amai and Ruguru (2022), financial allocation explains monitoring and evaluation of nature-based projects in Kenyan water towers. Additionally, there was a favorable and substantial relationship between budgetary allocation and the monitoring and assessment of nature-based programs in Kenyan water towers. Conclusion was that more monitoring and assessment of nature-based projects in Kenyan water towers would result from a unit increase in financial allocation.

Ngacha (2022) investigated impact of M&E budgetary methods on project service performance. A descriptive study methodology was used. The study's target population consisted of 140 individuals and 103 were sampled. Questionnaires were used as research instruments. Findings showed that project service delivery is greatly impacted by M&E budgetary methods. The M&E budget acts as a revenue and cost indicator for the day-to-day operations of project managers. The M&E budget is utilized to monitor and oversee the company all year long, as well as to support management decisions and offer information.

Simiyu and Okwoyo (2023) assessed impact of M&E budgets on effectiveness of water and sanitation projects in Nakuru County. The research design used in the study was cross-sectional. The 192 project team members. Using a standardized questionnaire, data was gathered. The results showed that the budget for M&E has an impact on how well water and sanitation initiatives perform. The results also demonstrated a strong correlation between performance and the budget for monitoring and evaluation. This indicates that the funding for monitoring and evaluation has an impact on the performance of water and sanitation programs.

## RESEARCH METHODOLOGY

A descriptive research design was used for this study. The goal of descriptive study design is to describe the situation as it (Render et al. 2012). The target population for this study consists of public healthcare facilities accredited under the Social Health Insurance Fund (SHIF) in West Pokot County, which serve as the unit of analysis since they are responsible for implementing the Linda Mama Healthcare Program. The unit of observation comprises 579 healthcare professionals working in 110 public healthcare facilities across West Pokot County. These professionals are directly involved in maternal healthcare service delivery and include Maternity Nurses-in-Charge, Clinical Officers, Registered Nurses, Pharmacists, Medical Laboratory Technologists, Obstetricians/Gynecologists, Medical Social Workers, and County Health Monitoring & Evaluation (M&E) Officers. Yamane formula was used in this study to determine the appropriate sample size for the study. Therefore, the target population of the study was 236. In this research, the purposive sampling technique was used to select the respondents who engage in maternity care in the hospitals in West Pokot County.

Data was gathered via questionnaires. Semi-structured questionnaires are suitable because they contain both open-ended and closed-ended questions that enable the researcher to get both qualitative and quantitative data without influencing the respondents (Taherdoost, 2016). A pilot study was conducted with 10% of the sample size as recommended by Orodho (2014).

The pilot was hence conducted with 24 respondents. The staff was picked from the County Hospital Employees. The pilot participants did not participate in the actual study. Data was verified for accuracy and consistency and examined using the Statistical Package for Social Sciences (SPSS) version 28 software. Both descriptive and inferential statistics were used in the study. Descriptive statistics included mean, percentage, and frequency. The inferential statistics included correlation and regression. Findings were tabulated.

## RESEARCH FINDINGS AND DISCUSSION

The study targeted 236 respondents selected from different cadres of healthcare professionals involved in the Linda Mama Program in West Pokot County. However, the actual number of respondents who participated was 199, yielding a response rate of 84.3%. The response rate of 84.3% is considered excellent, as it exceeds the 70% threshold recommended by Mugenda and Mugenda (2003) for survey studies.

### Descriptive Analysis

Respondents expressed their level of agreement or disagreement using a five-point Likert scale, where Strongly Disagree (1), Disagree (2), Not Sure (3), Agree (4), and Strongly Agree (5) were used to rate the statements. The mean values were categorized into five levels: 1.00 – 1.50 (Strongly Disagree), 1.51 – 2.50 (Disagree), 2.51 – 3.50 (Neutral), 3.51 – 4.50 (Agree), and 4.51 – 5.00 (Strongly Agree). A mean closer to 1.00 indicates a high level of disagreement, while a mean closer to 5.00 signifies strong agreement with the statement. Additionally, the standard deviation values indicate the level of consensus among respondents. A low standard deviation (near 0) suggests uniform responses, meaning respondents had similar opinions. Conversely, a higher standard deviation (above 1.5) indicates significant variation in perceptions.

### Monitoring and Evaluation Organizational Structure

The first objective of the study was to examine the effect of monitoring and evaluation organizational structures on performance of the Linda Mama Program in West Pokot County, Kenya. The study assessed the impact of M&E organizational structures on the performance of the Linda Mama Program. The findings are presented in Table 1.

**Table 1: Descriptive Statistics for M&E Organizational Structure**

| Statement | Mean | Std Dev |
|---|---|---|
| The M& E department is well structured | 3.812 | 0.812 |
| There are constant Monitoring and evaluation of health programs | 4.023 | 0.723 |
| Monitoring champions influence monitoring and evaluation in the performance of projects. | 3.935 | 0.765 |
| The job descriptions of M&E employees clearly define their roles and responsibilities. | 3.754 | 0.692 |
| There is suitable management for M&E in the program | 4.102 | 0.781 |
| The job description of employees carrying out projects includes the duties for monitoring and assessment. | 3.983 | 0.754 |
| The suitable monitoring tools are chosen after extensive consultation with the M&E staff. | 4.210 | 0.813 |
| **Aggregate Score** | **3.974** | **0.763** |

The findings reveal that M&E organizational structures significantly impact the performance of the Linda Mama Program, with an aggregate mean of 3.974, indicating general agreement among respondents on their effectiveness. The highest-rated aspect was the selection of suitable monitoring tools after extensive consultation with M&E staff (M=4.210, SD=0.813), suggesting that collaborative decision-making enhances the efficiency and reliability of monitoring processes. The presence of suitable M&E management (M=4.102, SD=0.781) and

constant monitoring and evaluation activities (M=4.023, SD=0.723) further reinforce the role of structured M&E frameworks in ensuring continuous assessment and improvement of healthcare programs. Additionally, the inclusion of M&E responsibilities in job descriptions (M=3.983, SD=0.754) highlights an effort to integrate monitoring roles into everyday operations.

Despite these strengths, role clarity within the M&E system remains an area of concern, as indicated by the relatively lower mean for clearly defined job descriptions of M&E employees (M=3.754, SD=0.692). This suggests that some personnel may lack a clear understanding of their M&E responsibilities, potentially affecting accountability and the effectiveness of monitoring activities. Similarly, while M&E structures are perceived as generally well-organized (M=3.812, SD=0.812), there is still room for improvement in strengthening their functionality and coordination to maximize program efficiency.

The aggregate mean of 3.974 aligns with previous research emphasizing the role of structured M&E frameworks in program success. Studies by Ndungú and Mutundu (2023) highlight that well-defined M&E structures improve service delivery by ensuring healthcare professionals are actively involved in setting monitoring goals. However, the findings also reflect challenges identified by Beluhu (2020), who found that unclear M&E roles and limited community involvement hinder the effectiveness of monitoring systems. These results suggest that while M&E structures in the Linda Mama Program are largely functional, addressing role ambiguity and strengthening coordination could enhance their overall impact on maternal healthcare services.

**Monitoring and Evaluation (M&E) Budgeting**

The second objective of the study was to assess the effect of monitoring and evaluation budgeting on performance of Linda Mama Program in West Pokot County, Kenya. The study therefore examined how budgeting influences M&E effectiveness. Table 2 presents the findings.

**Table 2: Descriptive Statistics for M&E Budgeting**

| Statement | Mean | Std Dev |
|---|---|---|
| Planning for projects typically involves a reasonable M&E estimation. | 3.891 | 0.731 |
| M&E operations are often clearly and adequately provided for in project budgets. | 3.974 | 0.792 |
| M&E operations are often clearly and adequately provided for in project budgets. | 3.834 | 0.745 |
| Typically, a reasonable M&E estimate is made during project planning. | 3.928 | 0.768 |
| In most cases, funds to support M&E are given promptly. | 3.814 | 0.754 |
| There is a significant difference between the expected and actual budgets. | 3.945 | 0.781 |
| Frequent data gathering and analysis are made possible by the M&E budget. | 3.784 | 0.732 |
| **Aggregate Score** | **3.881** | **0.758** |

The findings in Table 2 indicate that M&E budgeting plays a crucial role in the effectiveness of the Linda Mama Program, with an aggregate mean of 3.881, suggesting general agreement among respondents on the adequacy of budget allocations for M&E activities. The highest-rated aspect was the existence of significant differences between expected and actual budgets (M=3.945, SD=0.781), indicating that while budgets are allocated, financial variances are a common challenge, potentially affecting the smooth implementation of M&E activities. Similarly, M&E operations are often clearly and adequately provided for in project budgets (M=3.974, SD=0.792), reflecting efforts to ensure financial provisions for monitoring and evaluation activities.

The study also found that reasonable M&E estimates are typically made during project planning (M=3.928, SD=0.768), suggesting that financial forecasting is integrated into the budgeting process. However, concerns arise regarding the prompt availability of M&E funds (M=3.814, SD=0.754) and the ability of budgets to support frequent data gathering and analysis (M=3.784, SD=0.732). These findings suggest that while budgeting structures are in place, delays in fund disbursement and financial limitations could hinder effective M&E operations.

The aggregate mean of 3.881 aligns with prior research emphasizing the importance of sufficient and well-allocated financial resources in enhancing M&E effectiveness. According to Amai and Ruguru (2022), budgetary allocation significantly influences M&E processes, with increased funding leading to improved program oversight and accountability. However, these findings also reflect challenges noted by Wolde (2019), who identified inadequate M&E budgeting and misallocation of funds as barriers to efficient monitoring in Ethiopian agricultural projects. This suggests that while budgeting frameworks exist within the Linda Mama Program, addressing fund disbursement delays and ensuring financial predictability could enhance the overall effectiveness of M&E efforts.

**Performance of Linda Mama Program**

The main focus of the study was to examine the relationship between monitoring and evaluation systems and performance of Linda Mama Program in West Pokot County, Kenya. Respondents were asked their opinion on performance of the Linda Mama Program. Table 3 presents summary of findings.

**Table 3: Descriptive Statistics for Program Performance**

| Statement | Mean | Std Dev |
|---|---|---|
| The maternity service are delivered on time | 4.134 | 0.698 |
| Linda mama is implemented efficiently | 4.056 | 0.721 |
| The program costs are well managed | 3.982 | 0.739 |
| The patients complaints regarding the program are minimal | 4.067 | 0.702 |
| **Aggregate Score** | **4.060** | **0.715** |

The findings indicate that the overall performance of the Linda Mama Program is perceived positively, with an aggregate mean of 4.060, reflecting general agreement among respondents on the efficiency and effectiveness of the program. The highest-rated aspect was the timely delivery of maternity services (M=4.134, SD=0.698), suggesting that the program successfully ensures expectant mothers receive prompt and necessary maternal healthcare services. Similarly, the low level of patient complaints regarding the program (M=4.067, SD=0.702) reinforces the perception that beneficiaries are generally satisfied with the quality of care provided under Linda Mama. Additionally, the program's efficiency in implementation (M=4.056, SD=0.721) indicates that resources, personnel, and healthcare delivery systems are effectively coordinated to ensure smooth service provision. However, cost management within the program (M=3.982, SD=0.739) was rated slightly lower, implying that while financial oversight is in place, there may still be areas for improvement in optimizing resource utilization and reducing unnecessary expenditures.

The aggregate mean of 4.060 aligns with studies that emphasize the impact of structured M&E systems on improving program performance. According to Mutsune and Ngugi (2023) found that well-implemented M&E frameworks contribute to improved healthcare service delivery by helping project managers focus on measurable outcomes. However, the slightly lower rating on cost management suggests the need for ongoing financial monitoring to enhance the program's long-term sustainability and efficiency.

***Secondary Data Analysis on Performance of Linda Mama Program***

This section presents an analysis of secondary data on the performance of the Linda Mama Program, focusing on key indicators such as service utilization, financial accessibility, health

outcomes, and service efficiency from 2020 to 2024. The data provides insights into trends in maternal healthcare delivery, the financial sustainability of the program, and the impact of M&E interventions on maternal and neonatal health outcomes.

**Table 4: Service Utilization Summary Data (2020-2024)**

| Year | Total Deliveries | Linda Mama Deliveries | % Coverage | Facility-Based Deliveries (%) | Home Deliveries (%) | C-Section Deliveries (%) |
|---|---|---|---|---|---|---|
| 2020 | 14,542 | 7,625 | 52.4% | 48% | 52% | 12% |
| 2021 | 15,178 | 8,251 | 54.4% | 50% | 50% | 13% |
| 2022 | 15,823 | 8,932 | 56.5% | 53% | 47% | 14% |
| 2023 | 16,395 | 9,547 | 58.3% | 55% | 45% | 16% |
| 2024 | 16,987 | 10,214 | 60.1% | 57% | 43% | 18% |

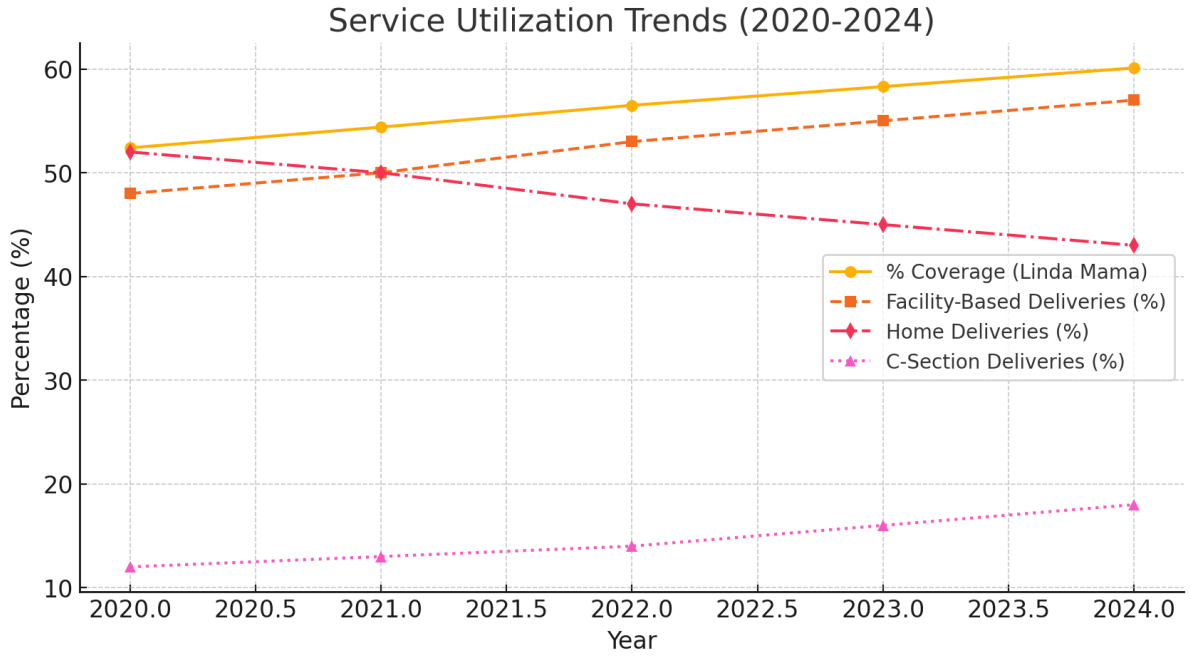


**Figure 41: Service Utilization Trends (2020-2024)**

The data in Table 4 shows an increasing trend in hospital deliveries under Linda Mama, with Linda Mama coverage rising from 52.4% in 2020 to 60.1% in 2024. Facility-based deliveries have also increased from 48% to 57%, while home deliveries have declined from 52% to 43%, reflecting a shift toward institutionalized maternal care. Additionally, C-section deliveries have risen from 12% to 18%, suggesting improved access to specialized obstetric services. These findings align with Ndungú and Mutundu (2023), who found that well-structured M&E systems contribute to better healthcare delivery by involving medical professionals in monitoring. The increase in hospital-based births and C-section deliveries suggests that improved M&E planning and facility-level monitoring have contributed to better maternal healthcare services.

**Table 5: Financial Accessibility Data (2020-2024)**

| Year | NHIF Reimbursement (KES Million) | Total Maternity Budget (KES Million) | % of Budget on Linda Mama | Avg. Out-of-Pocket Cost (KES) | % Paying Out-of-Pocket |
|---|---|---|---|---|---|
| 2020 | 124.3 | 186.1 | 66.8% | 3,175 | 47% |
| 2021 | 138.9 | 203.5 | 68.3% | 2,923 | 44% |
| 2022 | 153.7 | 226.8 | 70.2% | 2,718 | 40% |
| 2023 | 172.1 | 249.3 | 72.1% | 2,487 | 37% |
| 2024 | 189.5 | 272.6 | 74.0% | 2,230 | 33% |

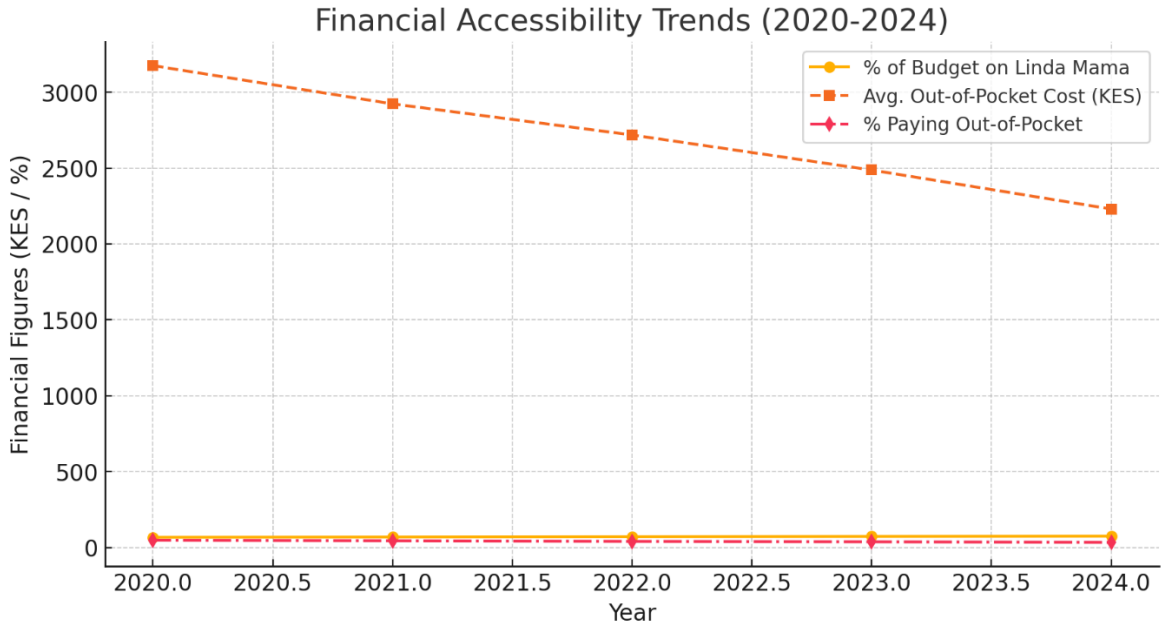


**Figure 2: Financial Accessibility Trends (2020-2024)**

NHIF reimbursement for Linda Mama services increased from KES 124.3 million in 2020 to KES 189.5 million in 2024, while the overall maternity budget rose from KES 186.1 million to KES 272.6 million. The percentage of the maternity budget allocated to Linda Mama also grew from 66.8% to 74.0%, demonstrating increased financial prioritization of maternal care. Notably, the average out-of-pocket cost declined from KES 3,175 to KES 2,230, reducing the percentage of mothers paying out-of-pocket from 47% in 2020 to 33% in 2024. These findings align with Amai and Ruguru (2022), who found that financial allocation significantly influences M&E effectiveness and service accessibility. Increased NHIF reimbursements for Linda Mama have reduced financial barriers, improving access to maternal healthcare services.

**Table 6: Health Outcomes and Service Efficiency (2020-2024)**

| Year | Maternal Mortality (per 100,000 births) | Neonatal Mortality (per 1,000 births) | Stillbirth Rate (%) | Avg. Time from Admission to Delivery (Hours) | NHIF Processing Time (Days) |
|---|---|---|---|---|---|
| 2020 | 524 | 22 | 4.2% | 6.7 | 149 |
| 2021 | 499 | 20 | 3.9% | 6.3 | 138 |
| 2022 | 473 | 18 | 3.7% | 6.0 | 126 |
| 2023 | 445 | 16 | 3.4% | 5.8 | 114 |
| 2024 | 412 | 14 | 3.1% | 5.5 | 102 |

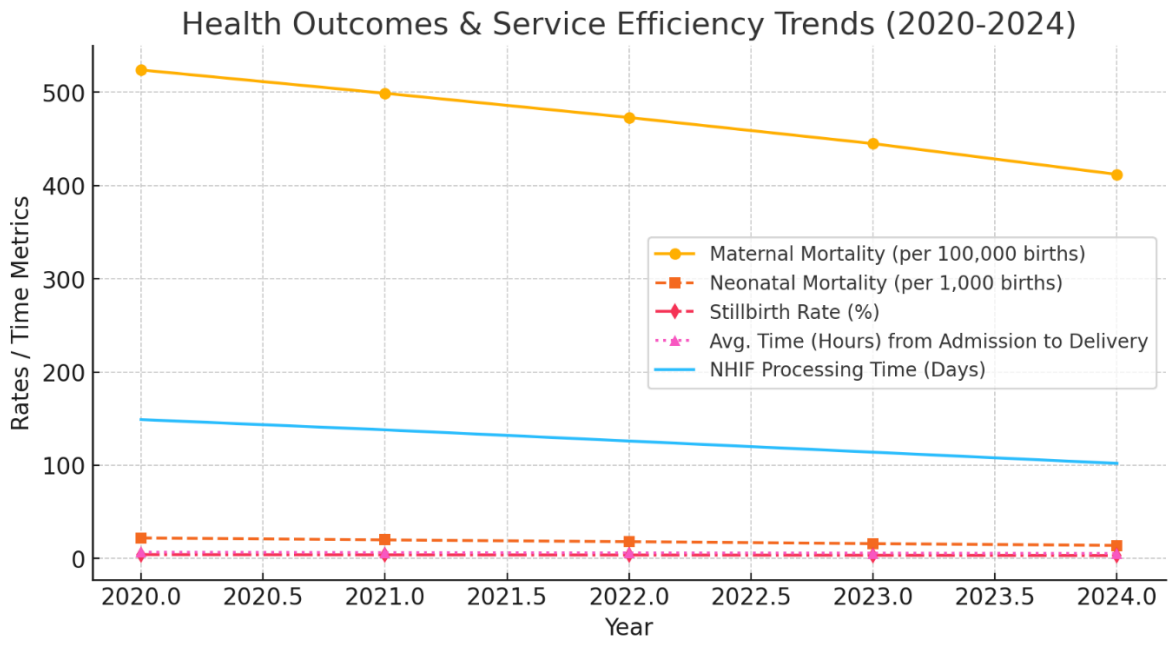


**Figure 3: Health Outcomes & Service Efficiency Trends (2020-2024)**

The maternal mortality rate has declined from 524 per 100,000 births in 2020 to 412 in 2024, while neonatal mortality has reduced from 22 to 14 per 1,000 births. The stillbirth rate has also dropped from 4.2% to 3.1%, indicating improvements in perinatal care. Additionally, the average time from admission to delivery has decreased from 6.7 to 5.5 hours, and NHIF processing time has improved from 149 to 102 days, demonstrating faster service delivery and claims processing.

These trends align with Hubert (2018), who found that structured M&E planning leads to better maternal health outcomes by enabling faster response times and continuous service monitoring. The decline in mortality rates and reduced NHIF processing times suggest that M&E frameworks in the Linda Mama Program have contributed to improved service efficiency and patient outcomes.

## Correlation Analysis

A Pearson correlation analysis was conducted to determine the strength and direction of relationships between M&E Organizational Structure, M&E Budgeting, and Program Performance. Pearson's correlation coefficient (r) ranges from -1 to +1, where strong positive correlations ($r \geq 0.5$) indicate a significant association, suggesting that well-structured M&E systems contribute to better program performance. Moderate correlations ($0.3 \leq r < 0.5$) imply a reasonable connection, though external factors may also influence performance, while weak correlations ($r < 0.3$) suggest limited impact. A negative correlation ($r < 0$) would indicate an inverse relationship, though none were observed in this study. Table 7 presents correlation findings.

**Table 7: Correlation Matrix**

| Variables | | Program Performance | M&E Organizational Structure | M&E Budgeting |
|---|---|---|---|---|
| Program Performance | Pearson Correlation | 1.000 | | |
| | Sig. (1-tailed) | | | |
| | N | 199 | | |
| M&E Organizational Structure | Pearson Correlation | 0.562 | 1.000 | |
| | Sig. (1-tailed) | | | |
| | N | 199 | 199 | |
| M&E Budgeting | Pearson Correlation | 0.605 | 0.589 | 1.000 |
| | Sig. (1-tailed) | | | |
| | N | 199 | 199 | 199 |

*All correlations are significant at $p < 0.05$ (1-tailed).*

M&E Organizational Structure recorded a strong positive correlation with program performance ($r = 0.562$, $p < 0.05$). This indicates that clearly defined roles, effective communication, and strong leadership support contribute significantly to program efficiency and accountability. The finding is supported by Ngetich and Kisimbii (2020), who emphasized the value of structured M&E systems in ensuring continuous oversight and improved project outcomes.

M&E Budgeting exhibited the strongest correlation ($r = 0.605$, $p < 0.05$), confirming that adequate financial resources for M&E activities significantly enhance program effectiveness. Budgeting enables timely data collection, analysis, training, and evaluation—critical elements in decision-making and program responsiveness. This supports findings by Mbogo and Mirara (2022), who identified strategic M&E financing as a cornerstone of successful project implementation.

**Regression Analysis**

The regression coefficients provide insights into the individual contributions of M&E Organizational Structure, and M&E Budgeting on program performance.

**Table 8: Beta Coefficients of Study Variables**

| Variable | Unstandardized B | Std. Error | Standardized B (β) | t-Statistic | Sig. (p-value) |
|---|---|---|---|---|---|
| Constant | 2.663 | 0.305 | 0.000 | 8.746 | 0.000 |
| M&E Organizational Structure | 0.461 | 0.044 | 0.398 | 10.446 | 0.000 |
| M&E Budgeting | 0.479 | 0.040 | 0.455 | 11.964 | 0.000 |

Regression Equation:

$$Y = 2.663 + 0.461X_1 + 0.479X_2$$

Where: Y = Program Performance; $X_1$ = M&E Organizational Structure; $X_2$ = M&E Budgeting

The results indicate that M&E Organizational Structure significantly influences Program Performance, with an unstandardized coefficient (B) of 0.461, a standardized beta (β) of 0.398, and a t-statistic of 10.446 ($p < 0.000$). This means that for every one-unit improvement in M&E Organizational Structure, Program Performance is expected to increase by 0.461 units, holding other factors constant. The positive beta value ($\beta = 0.398$) further confirms that M&E Organizational Structure has a substantial impact on program outcomes. The statistical

significance ($p < 0.000$) indicates that this relationship is highly reliable. These findings align with Ndungú and Mutundu (2023), who found that a well-established M&E organizational structure enhances service delivery by ensuring efficient tracking, clear role definitions, and accountability in health programs. The results suggest that strengthening M&E frameworks and ensuring structured coordination within healthcare institutions will lead to improved program performance.

M&E Budgeting emerged as the strongest predictor of Program Performance, with an unstandardized coefficient (B) of 0.479, a standardized beta (β) of 0.455, and a t-statistic of 11.964 ($p < 0.000$). This means that for every one-unit increase in M&E Budgeting effectiveness, Program Performance improves by 0.479 units. The beta value ($\beta = 0.455$) confirms that budgeting is the most influential factor in determining program outcomes, as proper allocation of financial resources ensures that monitoring and evaluation activities are well-funded and sustainable. The highly significant p-value ($p < 0.000$) reinforces that this relationship is highly reliable. These results align with Amai and Ruguru (2022), who found that financial allocation to M&E activities significantly enhances program oversight, ensuring that healthcare services are effectively monitored and evaluated. The findings suggest that ensuring timely and sufficient funding for M&E processes will directly improve program efficiency, reduce financial constraints in monitoring activities, and ultimately enhance service delivery under the Linda Mama Program.

## Conclusions

### M&E Organizational Structure

The study concludes that a robust and clearly defined M&E organizational structure is critical for the effective performance of the Linda Mama Program. Clear role definitions, structured coordination, and management support enhance efficiency, accountability, and the overall success of M&E practices. Addressing the identified gaps in role clarity and structure will further enhance the effectiveness of monitoring activities.

### M&E Budgeting

The study concludes that effective budgeting and timely funding are paramount for successful M&E implementation. Ensuring financial allocations are sufficient, timely, and accurately reflect planned activities is essential for smooth and sustainable monitoring and evaluation processes.

## Recommendations

### Monitoring and Evaluation Organizational Structure

The study found that well-structured M&E organizational frameworks are crucial for improving program coordination and accountability. However, some healthcare workers lacked clarity in their monitoring roles. West Pokot County should clearly define the roles and responsibilities of all personnel involved in M&E activities for the Linda Mama Program. This includes formalizing job descriptions with explicit monitoring responsibilities and reporting lines. Dedicated M&E units should be established in key health facilities—such as the County Referral Hospital and sub-county health centers—to coordinate evaluation efforts. These units must be adequately staffed and equipped with standardized tools to support consistent data tracking and informed decision-making. By addressing role clarity and strengthening M&E structures, the county can enhance program efficiency and service delivery.

### Monitoring and Evaluation Budgeting

The study identified inadequate and delayed M&E funding as a major constraint, despite budgeting being the strongest enabler of program performance. The county should ensure that all M&E activities under the Linda Mama Program are supported by a dedicated, timely, and transparent budget. This includes allocating resources for routine data collection, training,

supervision, and periodic evaluations. Disbursement mechanisms should be streamlined to prevent funding delays that disrupt service delivery. Additionally, financial monitoring systems should be strengthened to track expenditure against M&E activities and ensure accountability. Properly funded M&E systems will enhance the program's ability to deliver accessible, timely, and high-quality maternal healthcare services.

**Suggestions for Further Studies**

Future studies could explore additional factors not covered by this research, including external stakeholder involvement, beneficiary perspectives, and the broader policy environment. Considering that 27.6% of variations in program performance were not explained by this study, further research should investigate other relevant variables influencing maternal healthcare outcomes to achieve a comprehensive understanding and enhance the effectiveness of maternal healthcare programs.

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