



**ESTABLISH HOW MONITORING AND EVALUATION OF BENEFICIARIES' HEALTH AFFECTS PERFORMANCE  
HEALTH PROJECT IN KAKAMEGA COUNTY, KENYA**

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**ABSTRACT**

*Monitoring and evaluation (M&E) of projects is key to improving the effectiveness and implementation of projects. The study sought to establish the influence of monitoring and evaluation of beneficiaries' health effects on the performance health project in Kakamega County Kenya. A case of Imarisha Afya ya Mama na Mtoto Project. The study was hinged on the following models: Logical Framework Approach, Stakeholder Theory, Women in Development, and Women and Development. The study adopted a descriptive survey research design, which employed random sampling techniques to select 170 respondents for the study. Data was collected through 5-point Likert questionnaires and the data was analyzed using statistical package for social sciences (SPSS) and inferential analysis by factor analysis. The findings were presented in tables, graphs, regression, correlation, and study conclusions mad. The study found out that M & E beneficiaries' health has a significant influence on the wellbeing of the mother and child. The study also recommended that there is a need to receive the adequate right type of nutrition and often which type of food they should buy mostly. However, future researchers should expand the scope of this study to determine the other factors influencing the health care of the mother and child in Kenya.*

**Keywords:** *Imarisha Afya ya Mama na Mtoto, Kakamega County, monitoring and Evaluation*

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## INTRODUCTION

Monitoring and Evaluation (M&E) of projects improves the overall efficiency of project planning implementation and management. Improved efficiency of the projects is a sure way of changing the social, political, and economic status of the residents of a given region (Bamberger, 2013). The Evaluation of the projects determines the relevance and fulfillment of objectives, efficiency, effectiveness, impact, and sustainability. Therefore, evaluation should provide information that is credible and useful enabling incorporation of lessons into the decision-making process both at recipients and donors (Bagaka, 2012). According to Rogers (2009), Monitoring and Evaluation of the project have become a leading priority for many developments and humanitarian organizations and governments or public sectors. Also, he posits that monitoring and evaluation are becoming an indispensable tool that measures ensure the objectives and goals of the program are achieved.

Evaluation is the systematic and objective assessment of an ongoing or completed project or program or policy. The evaluation looks at the design, implementation, and results, aimed at determining the relevance and fulfillment of objective development efficiency, effectiveness, impact, and sustainability (Rogers, 2009). It essentially involves collecting and analyzing data on implementation, strategies, and results and recommending appropriate measures.

On the other hand, monitoring is an ongoing process of collecting and using standardized information to assess progress towards objectives, resource usage, and achievement of outcomes and impacts (Bagaka, 2012). It usually involves an assessment against agreed performance indicators and targets. Therefore information generated from monitoring and evaluation together with effective reporting should provide decision-makers and stakeholders involved in the projects with the information and knowledge

they need to identify whether the implementation and outcomes of a project, program or policy initiative are unfolding as expected and to manage the initiative on an ongoing basis (Mwangu&Amuhaya, 2015). The purpose of monitoring is to ensure that implementation of the projects is moving according to plans and if it's not the project implementation team takes corrective action to salvage the projects. Ritter (2014) asserts that monitoring is aimed at providing managers and major stakeholders with regular or day to day feedbacks and early indications of progress or lack thereof in the achievement of intended results

Health Sector has many targets and stakeholders; these may be seen as clusters of values and aims behind performance measurement. For instance, hospital staff members need positive incentives to provide timely, accurate, and complete data to external assessment programs. If such programs are perceived to have intrinsic value to the organization (for example, in staff motivation, team building; clinical and professional development, or risk management), hospitals have less need for financial or market incentives to participate (Ritter, 2014). Conversely, neither individuals nor hospitals are keen to provide information that might lead to public blame, litigation, and loss of staff, authority, and trade. Monitoring and evaluation of government programs in Kenya are very critical because lots of government resources are provided within its ministries such as health to implement various projects. Not only do best practices require that all projects must be monitored for control but also project stakeholders need transparency, accountability for resource use and impact, good performance, and organizational learning that leads to sustainability of projects especially in this era of devolution (Navon&Omuni, 2011).

### **Statement of the problem**

Monitoring and Evaluation are becoming an area of growing importance for many organizations and the development community at large. It allows those involved in development activities to learn from experience, to achieve better results, and to be more accountable. There is increased interest in M&E among the development community due to a stronger focus on the results produced by interventions. M&E processes allow those involved to assess the impact of a particular activity, determine how it could be done better, and show what action is being taken by different stakeholders. This should translate into a more effective and transparent way of working (World Bank, 2002). In the absence of effective monitoring and evaluation, it would be difficult to know whether the intended results are being achieved as planned, what corrective action may be needed to ensure delivery of the intended results, and whether initiatives are making positive contributions towards human development (World Bank, 2011). Badly designed and managed monitoring and evaluations can do more harm than good.

Misleading results can undermine the effective channeling and use of resources. Establishing international standards for methodological rigor, ethical practice, and efficient management processes in monitoring and evaluation is an ongoing challenge. Done well, M&E has the potential to make enormous contributions to development practice and theory. Good M&E can make projects work better, assess the impacts, steer strategy, increase stakeholder ownership, build the capacity of stakeholders to hold program financiers and implementers to account, and share learning more widely (Kusek and Rist, 2004). Ensuring the completeness, quality, and integrity of M&E systems and processes is vital for reaching accurate and reliable conclusions about what works and what does not work in projects and programs. International standards emphasize the need for

impartiality, appropriately skilled experts conducting the process, stakeholders' participation, proper tools and techniques, timeliness, support from the management, adequate funding, and identification of appropriate indicators (World Bank, 2011).

An elaborate and effective M & E system is a requirement for the projects and programs to be successful and meet set goals and objectives. With the changing dynamics in the donor community, it is highly improbable for any donor agency to release funds without adequate monitoring and evaluation systems and framework being put in place by the beneficiary organizations (Emmanuel, 2015). Many organizations have been carrying out monitoring and evaluation as a formality just because it is one of the requirements to get funds from donors. In large organizations, M&E activities are considered as part of ordinary projects' activities. It is not allocated autonomy and resources it deserves to ensure its effectiveness. Imarisha AFYA ya mama na motto project in Kakamega is a unique project dealing with the matter of health and such an organization will experience major hurdles in the execution of monitoring and evaluation. The four independent variables to be discussed in this study, M&E of beneficiaries' health, M&E of beneficiaries' utilization of project resources, M&E of personnel handling beneficiaries, and M&E of beneficiaries targets. The study will also look into the dependent variable of the wellbeing of the mother and child. There are limited studies on the influence of monitoring and evaluation on the performance of devolved health projects in a case study on Imarisha afya ya mama na motto project in Kakamega Kenya. Thus, this study sought to fill the gap by undertaking a study on the influence of monitoring and evaluation on a health project in Kenya monitoring and evaluation system for projects.

Despite the foregoing, there is a gap of research on the M& E on enhancing performance devolved health projects in the Kenyan context. Kakamega County has a monitoring and Evaluation unit which

focuses on various projects within the county, it is yet to be seen whether monitoring and evaluation can improve the performance of health projects. It is on this premise that the study sought to establish the influence of monitoring and evaluation on the performance of the “Imarisha Aya Ya Mtoto” project in Kakamega County Kenya.

### **Objectives of the Study**

The objective of this study was to establish the influence of Monitoring and Evaluation of beneficiaries’ health on the performance of health project: Case of Imarisha Afya Ya Mama na Mtoto in Kakamega County.

### **THEORETICAL REVIEW**

The theoretical review is a collection of exiting theories and models from literature which underpins the conceptual framework and subsequently informs the problem statement (Mugenda & Mugenda, 2012). Thus, theories are analytical tools for understanding, explaining, and making a prediction about a given subject matter. According to Bamberger (2013), a theory is a set of statements or principles devised to explain a group of facts or phenomena especially one that has been repeatedly tested or is widely accepted and can be used to predict natural phenomena. Gettler (2011) affirms that theories are important in predicting, explaining, and mastering phenomena. A theory is an accepted fact that attempts to provide a plausible or rational explanation of cause and effect relationship among a group of observed phenomena (Kothari, 2004; Bamberger, 2013; Verma, 2008). This study adopted models/theories such as logical framework, stakeholder analysis; result-based, and project management theories.

### **Stakeholders Theory**

A stakeholder is any group or individual who can affect or is affected by the achievement of an organization's objectives (Kursave, 2003). It is well known that companies produce externalities that affect different stakeholders. These externalities

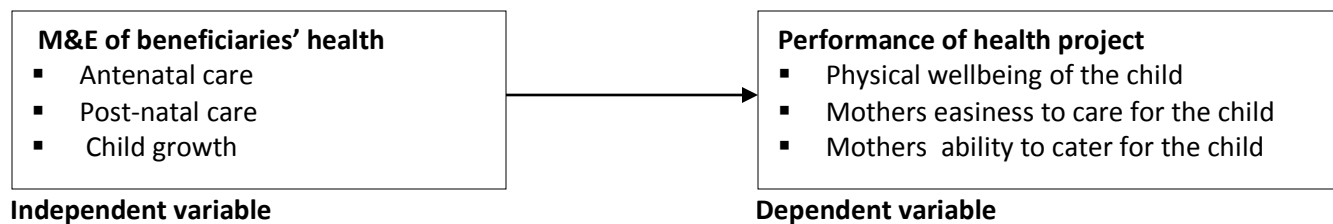
often cause stakeholders to increase pressure on companies to reduce negative impacts and increase positive ones. The theory suggests that a firm should pursue strategies that consider the parties affected by decisions while trying to minimize damage or maximize benefits to the representative groups (Kursave, 2003). Hence, this calls for the government to think beyond financial performance but have an obligation towards society and its constituent groups (Jones, et al., 2009). In this interplay monitoring and evaluation go beyond the traditional fiduciary duties to shareholders and extend to the customer’s employees suppliers and neighboring communities (Jones et al., 2009). Kursave (2003) perceived the firm as a system of stakeholders considered as a legal entity that operates for the benefits of society. He held that the purpose of the firm was to create wealth or value to the equity holders and stakeholders.

The monitoring and evaluation, in particular, have to meet the different needs of stakeholders particularly when development projects are introduced (Navon & Omuni, 2008). According to Kursave (2003), public projects are owned collectively by members of political communities and this comes with it the pressure to meet the interest of all stakeholders. The government usually create environmental regulators as government agencies that have the authority to formulate project requirement and inspect the compliance of the project to those requirements and those that fail to comply risk incurring penalties (Mutinda & Kiruja, 2015) and having their operating permits recalled and the operations closed. In aggregate, the above views point to the fact that there is a positive relationship between stakeholders’ pressure and the effectiveness of monitoring and evaluation. This theory will be used to understand how stakeholder’s involvement in M&E affects the influence of Imarish Afya Ya Mama na Mtoto project in Kakamega county



The theory is important to my study in the sense that outlines the essence of stakeholders 'participation in the project and their role in realizing the objectives. Thus, Stakeholder benefits are the driver for the project, and the achievement of stakeholders' objectives is the driver for Project success. Cooke-Davies (2002) defines three levels of success including project management success, project success, and constant project success. From the base-organization viewpoint, Andersen (2008) described success as project product success (benefits), project management success (deliverables), and project success as the sum of both. From the stakeholder perspective, Beringer *et al* (2013) claimed that stakeholder behavior and management of such behavior is the key to project portfolio success. The study by Keogh, Fourier, Watson, and Gay (2010) on the department of health and science (MIT) proves

the importance of stakeholder involvement in the development of a new curriculum for its success. Toor & Ogunlana's (2010) research findings on large public sector development projects moved the topic beyond the traditional iron triangle and concluded that stakeholders' perception and satisfaction is the key to project success. Eskerod and Jepson (2013) reconfirmed the importance of stakeholders by stating that a project can only be successful if stakeholders are first motivated and in return have contributed to the project. In addition to this, stakeholders wield the power to influence the legitimacy of the project to the entire community thus making the management process easy. In summary, this theory acts as the foundation of engaging the stakeholders for the success of the project.



**Figure 1: Conceptual Framework**

**Empirical Review**

The World Health Organization (WHO) envisioned a world where every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth, and postnatal period within the continuum of reproductive health care. Antenatal care (ANC) provides a platform for important health care functions including health promotions, screening and diagnosis, and disease prevention. It has been established that by implementing timely and appropriate evidence-based practices ANC can save life crucially. ANC also provides the opportunity to communicate with and support women's families and communities at a critical time in the course of one's life. NC provides the importance of effective communication about the physiological, biomedical,

behavioral, and socio-cultural issues and effective support including social-cultural, emotional, and psychological support to pregnant women in a respective way. Thus ANC is key not only to save lives but to improving lives health care and utilization and quality of care as the positive experience during childbirth create the foundation for healthy motherhood. Women want a positive pregnancy experience. A positive pregnancy experience is defined as maintaining physical and socio-cultural normality, maintaining a healthy pregnancy for mother and baby including preventing or treating risks, illness, and a healthy having an effective transition to positive labor and birth and achieving positive motherhood including maternal self-esteem, competence, and autonomy. Thus ANC thrives the

family and contributes to positive happiness within the entire heart of the mother and the baby. All in all, during the ANC nutritional intervention, maternal and fetal assessment, preventive measures for common physiological symptoms, and health systems interventions to improve utilization and quality of both the mother and the baby are well-taken care.

Improving maternal and newborn health through proper postnatal care services under the care of skilled health personnel is the key strategy to reduce maternal and neonatal mortality. Postnatal care is the care provided to women and newborns in the first six weeks after birth. The postnatal period is a time interval that stems from the birth of the baby to six consecutive weeks with the recommended time of visits that is 6-24 hours, 3-6 days, and 6 weeks following childbirth. Though the health of the mother is mostly regarded as the health of society, an estimated 287,000 maternal deaths occurred worldwide. Maternal mortality recurs unacceptably high across much of the developing world especially sub-Saharan Africa and South Asia accounting for 87% of maternal death. WHO (2013) notes that a large proportion of maternal death occurs during the first 48 hours following childbirth. This makes Monitoring and Evaluation an ideal since with the utilization of this tool the number of deaths and causes is easily established and solutions well implemented. WHO (2010) argues that the first two days following birth are a very critical time to prevent complications arising from childbirth. As a result, PNC becomes very helpful to safeguard women from complications following birth and provides an important opportunity to assess the infant development to offer newborns care. Though PNC utilization is affected by several factors including maternal, age, education level of the women, occupation skills of the women and husbands, place of delivery, mode of delivery, number of pregnancies, WHO affirms that PNC gives the mother and her newborn the chance to reorganize themselves for a better future.

Richter (2007) notes that the first 5 years of the child's life is a golden period for their development fostering their future, learning skills, and social and emotional abilities due to fast gains in physical and cognitive growth and development. However, Nassim (1994) argues that developmental delay is fully associated with impaired psychosocial and intellectual development and learning abilities. While Roller (2005) asserts that maternal and child-related factors which are both associated with development include social-cultural, biological, and psychosocial factors. WHO (2015) notes that antenatal care attendance of mothers and birth order, pre-mature status, birth weights of the child have also been reported to be associated factors for development and growth. WHO (2003) warns that maternal psychological distress during pregnancy is known to affect behavioral, cognitive, socio-emotional, and psychomotor growth of the child while postpartum distress contributes to cognitive and socio-emotional development. Walker's (2007) tools for measuring growth should be designated to measure individual performance and provide a comparison for standardized norms. This will be very ideal if Monitoring and Evaluation are fully utilized especially in government facilities related projects. This is because M&E will take into account the screening, test growth weights, and keep records of all that is associated with mother and child growth.

Rooney (1992) suggests that antenatal care (ANC) services are umbrella describing medical procedures and care carried out during pregnancy by health professionals aimed at preventing mother and child mortality, preventing complications, and fostering a good relationship between mother and child. To achieve the full saving potentials ANC provides for women and children to have at least four visits to the facility providing essential evidence for the intervention (Lancet, 2000). However, WHO (2011) notes that monitoring and evaluation keep track of progress on antenatal consultation, immunization, and counseling.

of the pregnant mother to ensure that both are well. Africa progress panel (2010) notes that M&E enables the wellbeing of the mother and child at the antenatal care by tracking the weight of both the mother and the child, examining the blood group, number of pregnancies, last monthly period, HIV status, level of education among others. World Bank (2013) emphasizes the importance of post-natal care since it enables the breastfeeding and bonds the mother and the child. It also gives the mother opportunity to be explained in nutrition.

The health of future generation to a great extent is determined by the baby's growth and development within the womb. The success of fetal life determines not only the health of the newborn but also has a major impact on the mother's health (Barker *et al.*, 2013). There a large disparity between antenatal care and postnatal especially in sub-Saharan countries (Graff et al 2013). Thus most problems are caused by prematurity, fetal growth restriction, congenital, and abnormalities. Access to antenatal care will solve most of these problems (Fraser 2013). Harrison (2008) notes that project monitoring and Evaluation helps in tracking project progress provides regular reports on the implementation in terms of input delivery work schedules and target output. Gladder(2010) technical staff should be able to apply knowledge skills tools and techniques efficiently for the project to achieve its intended goals and minimize costs. Xha (2014) asserts that M&E is an indispensable tool that projects can only succeed by utilizing it correctly.

There is more need for great awareness amongst health professionals of the personnel and community life of pregnant women including social deprivation and domestic violence. Post-natal care is a very critical phase in the lives of mothers and newborns. Thus most maternal and infant occur in the first 24hours or the first months after birth; 66% occurs during the first week. Personnel around the maternal mortality ratio has decreased from 380 to210 per

100000 live births between 2000 and 2013 in sub-Saharan. 48% of women give births with the assistance of skilled personnel. WHO (2013) analyzes that post-natal care reaches even fewer women and newborns. In its demographic survey of 2013 data of 23 sub-Saharan countries, only 13% of women who delivered at home received post-natal care. In conclusion WHO (2014) suggests that M&E is very crucial on both antenatal and post-natal since through Records and reports of both mother and the child, their wellbeing can be improved

## METHODOLOGY

The study adopted a descriptive survey research design, which employed random sampling techniques to select 170 respondents for the study. Data was collected through 5-point Likert questionnaires and the data was analyzed using statistical package for social sciences (SPSS) and inferential analysis by factor analysis. The findings were presented in, tables, graphs, regression, correlation, and study conclusions made. The sample was determined by applying Yamane's simplified formulae shown below (Bartlett, Joe, & Chadwick, 2001). The individual was then selected randomly.

$$\text{Sample Size (n)} = \frac{N}{1+N(e)^2}$$

Where:

N- Target population size

n- Derived sample size from a large population

e- Level of precision/Margin of error 0.05- 95% significant level

$$n = 19520 / 1 + 19520 (0.05)^2 = 170$$

## RESULTS

The study sought to establish the influence of Monitoring and evaluation of beneficiaries' health on Imarisha Afya ya Mama na Mtoto in Kakamega County. The five-point Likert scale was used, were, 5 - least often, 4 - less often, 3 - often, 2 - more often, 1- most often. The research findings also sought to find the mean frequency and standard deviation. All the frequency were in percentages.



**Table 1: Descriptive Analysis for M & E Beneficiaries' Health**

<b>M&amp; E of beneficiaries</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>Mean</b>	<b>S.D</b>
How often did you visit the health facility?	1.8	6.5	11.8	20	60	1.7	1.025
How often were you explained to the antenatal process?	4.7	3.5	10.6	30	51.2	1.8059	1.07305
How often were you told to come back?	3.5	4.1	12.9	34.1	45.3	1.8647	1.02596
How often were you advice on a diet?	3.5	3.5	11.8	27.1	54.1	1.7529	1.03095
How often were you reminded on the due date of delivery?	4.7	4.7	19.4	21.8	48.8	1.9941	1.33455
How often were you advised on your birth plans?	5.3	4.1	11.2	24.1	55.3	1.8000	1.12844
How often have you run through your birth plan?	4.7	4.7	20.0	21.8	48.8	1.9471	1.14231
How often did you go through antenatal classes?	2.9	8.2	28.8	17.6	42.4	2.1176	1.14004
How often were you advised on your lifestyle changes?	7.6	23.5	22.9	28.8	17.1	2.7588	1.20921
How often was follow up on your home environment done?	8.8	19.4	32.4	21.8	17.6	2.8000	1.19961
How often were you advised on eating healthy foods?	5.9	10.6	16.5	23.5	43.5	2.1176	1.24427
How often was follow up on eating healthy foods do?	6.5	10.6	15.3	27.6	40.0	1588	2.1.24204
How often were you advised on your health safety?	7.1	4.1	24.7	22.4	41.8	2.1235	1.20749
How often was follow up on healthy safety done?	5.3	6.5	16.4	32.4	39.4	2.0588	1.13943
How often were you advised on postnatal care visits?	7.6	5.9	16.5	20.6	49.4	2.0176	1.26151
How often were you advised on healthy eating?	6.5	4.1	11.2	29.6	48.5	1.9053	1.16109
How often was follow up from the health facility done?	8.8	17.6	25.3	23.5	24.1	2.7588	1.20921
How often were you advised to have rest/enough sleep?	7.1	11.2	16.5	30.6	34.7	2.2529	1.24064
How often were you advised on importance of birth spacing?	7.1	12.4	22.9	23.5	34.1	2.3471	1.26051
How often were you advised on the use of family planning methods?	7.1	12.9	14.1	20.0	45.9	2.1529	1.31901
How often were you advised on infant feeding?	5.9	4.1	17.1	22.4	50.0	1.9824	1.36079
How often were you advised on breast care?	7.1	4.7	15.3	16.5	56.5	1.8941	1.24057
How often were you advised on sleeping under insecticide-treated bed net?	5.3	2.9	8.8	21.2	61.8	1.6882	1.09996
How often were you advised on the immunization schedule for the child?	5.9	5.9	13.5	19.4	55.3	1.8765	1.20258
If yes how often did you run through it?	6.5	6.5	14.1	25.3	47.6	2.0176	1.16392
How often were you advised on infant feeding?	6.5	6.5	14.1	25.3	47.6	1.9882	1.21133
How often were you advised on the importance of the home environment for child growth?	9.4	10.0	12.4	27.1	41.2	2.1941	1.32476
How often were you advised on health nutrition for the growth of the child?	9.4	3.5	15.9	30.6	40.6	2.1059	1.24533

Mean Strongly Most Often=1-1.9 More Often=2--2.9 often=3, quite often =3.1-4 least often =4.1-5

The results revealed that the majority of participants agreed that antenatal, postnatal, and child growth influences the well being of the child and the mother. Brown (1999) notes antenatal services provide pregnant women with the necessary skills to handle themselves. He further asserts that through antenatal, the weight of the child is taken, blood group tested, last month of period taken, level of education taken and HIV status examined while at the postnatal stage breast feeding is emphasized and nutrition is fully advised. All these contribute to the well being of both the mother and the child. Van Der

Wait (2004) notes that adequate knowledge about Antenatal care and postnatal care benefits and the child and influences the utilization of other health services. The United Nations and WHO recommends that pregnant women must visit at least four times for ANC and PNC. According to UNFPA(2005), newborn survival is linked to the health of the mother. Hence for both the child and the mother higher risk of health occurs at the delivery followed by the first hours and day after childbirth, thus making postnatal crucial for the first six weeks

**Table 2: Inferential Statistics on M&E Beneficiaries**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.971	49.841	49.841	8.971	49.841	49.841	5.151	28.614	28.614
2	1.553	8.629	58.470	1.553	8.629	58.470	4.347	24.151	52.765
3	1.251	6.952	65.422	1.251	6.952	65.422	2.278	12.657	65.422
4	.969	5.384	70.806						
5	.790	4.387	75.193						
6	.633	3.515	78.708						
7	.594	3.300	82.008						
8	.527	2.928	84.936						
9	.483	2.685	87.620						
10	.396	2.198	89.818						
11	.358	1.991	91.809						
12	.291	1.619	93.428						
13	.265	1.475	94.903						
14	.224	1.245	96.148						
15	.210	1.165	97.312						
16	.191	1.059	98.371						
17	.158	.880	99.251						
18	.135	.749	100.000						

Extraction Method: Principal Component Analysis.

The study used, factor analysis (Principle component analysis) to reduce the large variables into a fewer number of factors for ease of analysis before

undertaking correlation and regression analysis. The tables below details of the descriptive analysis, total variance explained, rotated component matrix,

correlation, and regression analysis. The results from the principal component analysis from the initial eighteen (18) variables were able to be loaded on three different variables after the analysis by factor

analysis. The subsequent analysis used variables based on the loading patterns in computing descriptive statistics, correlation, and regression and conclude.

**Table 3: Component Matrix Indicators of M&E on Beneficiaries Rotated Component Matrix**

	Component		
	1	2	3
Visit the health facility	.270	.809	.148
Explained to about the antenatal process	.281	.787	.293
How Often were you told to come back	.336	.775	.228
How often were you advice on diet	.334	.807	.158
How often were you reminded on the due date of delivery	.315	.602	.160
How often did you go through antenatal classes	.247	.712	.125
How often was follow upon your home environment done	.085	.027	.842
How often was follow upon eating healthy foods do	.358	.192	.633
How often was follow up from the health facility done?	.137	.295	.562
How often were you advised to have rest or enough sleep?	.206	.396	.557
How often were you advised on infant feeding?	.746	.277	.200
How often were you advised on breast care?	.806	.256	.220
How often were you advised on sleeping under the treated net?	.808	.260	.232
How often were you advised on the immunization schedule?	.789	.223	.273
How often did you run through the immunization schedule?	.599	.369	.211
How often were you advised on infant feeding?	.707	.364	.223
How often advised on the importance of the home environment?	.703	.216	.075
How often were you advised on health nutrition for the child?	.763	.309	.001

The Component Matrix data obtained was used to reduce the number of eighteen (18) factors from the initial variable on which the variables under

investigation revealed high loading. The description showed different loading of the factors into three different variables.

**Table 4: Descriptive of the M&E on the Health Beneficiaries**

	N	Cronbach's Alpha	Mean	Std. Deviation
Child Growth	8	0.926	1.9684	1.00111
Antenatal	4	0.694	1.8725	.91256
Postnatal	6	0.904	2.4779	.94714

The descriptive statistics analysis from the variables based on the nature of loading on the component

matrix is the mean, alpha, standard deviation, number of items from the component Matrix and

number of respondents (N) in the survey is given in the descriptive statistics. The analysis showed a mean of 1.96, 1.87, 2.47, and Standard deviation of 1.001, 0.912, and 0.947 respectively. The findings indicated that the majority of the beneficiaries agreed child growth had a great influence on the wellbeing of the mother and child.

Rooney (1992) argues that Antenatal services prevent mother and child mortality, fosters a good relationship between mother and child, prevent pregnancy complications. While Lancet (2000) notes that pregnant women should have at least four visits at the health facility to determine their health and that of the child. On the other hand, WHO (2011) alludes that M&E keeps track of the antenatal consultation, immunization, and counseling. WHO

(2013) affirms that at the antenatal stage, the weight of the child, blood group, number of pregnancies, HIV status, level of education, is established while nutrition is well-advised thus with M&E reports, antenatal plays key role wellbeing of the mother and child. This is also in line with WID's proponent Boserup(1970) who argues that women if given quality education and proper training then they will embrace new strategies aimed at improving the wellbeing their children and a family as a whole in this case antenatal care and postnatal care are playing great role due to the acceptance of the women to adopt the advice from the medics. Thus the WID's observation that there is a need to empower women economically and technically is fully valid to reduce poverty in the society.

**Table 5: Correlation of the Indicator of influence of M&E on Beneficiaries**

		Physical wellbeing	Able care of the child	Child growth2	antenatal2	postnatal3
Physical wellbeing	Pearson Correlation	1	.564**	.662**	.650**	.438**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	170	170	170	170	170
Able care of the child	Pearson Correlation	.564**	1	.295**	.295**	.493**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	170	170	170	170	170
Child growth2	Pearson Correlation	.662**	.295**	1	.686**	.582**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	170	170	170	170	170
antenatal2	Pearson Correlation	.650**	.295**	.686**	1	.605**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	170	170	170	170	170
posna3	Pearson Correlation	.438**	.493**	.582**	.605**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	170	170	170	170	170

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The correlation between the physical wellbeing, able to care for the child and child growth, antenatal, and

postnatal was established. The results were as shown in table 5. The results revealed that there is a positive

correlation between the physical wellbeing of the child-mother ability to take care of the child and child growth. Besides, there is positive postnatal care and child growth. There is a strong relationship between the physical being of the mother and child growth in that as Mbilinyu (1984) puts it when women are economically they will be able to provide for their children proper nutrition, clothes, good education, and nurture them spiritually well all these will contribute to the physical wellbeing of the child

growth. Thus the mother's ability to take care of the child depends on how she was empowered economically within the society. This is why the project is there to ensure that these women are fully supported to reduce child mortality and empower them to sustain themselves even after the exit of the project. Hence Imarisha Afya ya Mama na motto is there to cater to both. To achieve its goal Monitoring and evaluation are employed to ensure that resources available are fully utilized.

**Table 6: Regression of Indicators of Postnatal, Child Growth, and Antenatal**

Model Summary					
Model	R	R Square	Adjusted R Square	Std. The error of the Estimate	
1	.493 <sup>a</sup>	.243	.230	.99751	

a. Predictors: (Constant), postnatal2, childgrow2, antenatal2

The results revealed, that postnatal, child growth, and antenatal had a positive influence on the child and mother wellbeing as shown in a correlation value of R of .483 and coefficient of determination  $R^2$  of 0.230 explained up 48.3%. Thus, according to UNFPA(2005), the number of survival is linked to the health of the mother hence for both newborn and mother higher risks of death occurs at delivery followed by the first hours and days after childbirth. This makes the postnatal period to be very critical for newborns and

mothers especially for the first six weeks and this is the time for delivery intervention to improve the health of both the mother and the newborn. WHO (2013) alludes that antenatal and postnatal services are very crucial and contribute to the wellbeing of both the mother and the child. With proper M&E, records, and reports concerning the individual mothers and they are newborn are tracked and utilized for their good health.

**Table 7: Regression Model Significance (ANOVA)**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	53.083	3	17.694	17.783	.000 <sup>a</sup>
	Residual	165.176	166	.995		
	Total	218.259	169			

a. Predictors: (Constant), postnatal2, childgrowth2, antenatal2. b. Dependent Variable: able care

The ANOVA analysis indicated the F value was 17.78 The P-value of the F statics =0.00 which was less than 5%. This showed the model was a good fit as it showed the ability to care for the child is influenced by antenatal care, postnatal care, and child growth. The **ANOVA-Value** in table tests show the forecasters

together are not equal to zero. This shows that the general regression model is a good fit for the analysis. The World Health Organization (WHO 2015) envisioned a world where every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth, and postnatal period within the



continuum of reproductive health care. WHO (2010) notes that antenatal care (ANC) provides a platform for important health care functions including health promotions, screening and diagnosis, and disease prevention. It was established that by implementing timely and appropriate evidence-based practices ANC can save life crucially. Walker (2007) also argues that ANC provides the opportunity to communicate with and support women's families and communities at a critical time in the course of one's life. ANC provides the importance of effective communication about the physiological, biomedical, behavioral, and socio-cultural issues and effective support including social-cultural, emotional, and psychological support to pregnant women in a respective way. Thus ANC is key not only to save lives but to improving lives health care and utilization and quality of care as the positive experience during childbirth create the foundation for healthy motherhood. Women want a positive pregnancy experience. More so, WHO (2013) note

that a large proportion of maternal death occurs during the first 48 hours following childbirth. This makes Monitoring and Evaluation an ideal since with the utilization of this tool the number of deaths and causes is easily established and solution well implemented. Who (2010) argues that the first two days following birth are a very critical time to prevent complications arising from childbirth. As a result, PNC becomes very helpful to safeguard women from complications following birth and provides an important opportunity to assess the infant development to offer newborns care. Though PNC utilization is affected by several factors including maternal, age education level of the women, occupation skills of the women and husbands, place of delivery, mode of delivery, number of pregnancies, WHO affirms that PNC gives the mother and her newborn the chance to reorganize themselves for a better future

**Table 8: Regression Model Significance Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.376	.222		6.184	.000
Child growth 2	.040	.109	.035	.368	.714
Antenatal 2	.003	.122	.003	.026	.979
Postnatal 2	.566	.102	.471	5.539	.000

a. Dependent Variable: able care

The results of the analysis showed how child growth, antenatal, and postnatal contributes to the ability of the mother to take care of the child. These results were analyzed through regression modeled  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots$ . If we input the statistical values obtained in the table, the model  $Y = 1.378 + 0.04 X_1 + 0.03 X_2 + 0.566 X_3$   $X_1$  =child growth and  $X_2$  =antenatal and  $X_3$  =postnatal shows positive regression. However, from the results, postnatal 2 was more significant at 0.000 (Barker *et al.*, 2013). Good post-natal health is therefore important to both mother and child and the

entire society. Thus, the health of the future generation is determined by the child's growth. Breastfeeding is the natural and optimal way of providing appropriate nutrition to infants (Kakuma, 2002). Hernell (1999) affirms that immune enhancement and physical development are all acquired at the postnatal stage. Van Der Wait (2004) affirmed that subsequent visits, recording of the blood pressure, urine testing, testing the wellbeing, and growth of the fetus takes place on the antenatal card. All these contribute to the well-being of the

child. The physical wellbeing of the child-mother ability to take care of the child. Besides, there is a positive child development and physical wellbeing.

**Table 9: Regression of Indicators**

Model Summary					
Model	R	R Square	Adjusted R Square	Std. The error of the Estimate	
1	.752 <sup>a</sup>	.565	.560	.71491	

a. Predictors: (Constant), child development, child bonding

The results revealed child development on the child wellbeing as shown in a correlation value of R of .752 and coefficient of determination R<sup>2</sup> of 0.580 explained up 75.2%.

**Table 10: Regression Model Significance (ANOVA)**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	109.491	2	54.745	107.112	.000 <sup>a</sup>
	Residual	84.332	165	.511		
	Total	193.823	167			

a. Predictors: (Constant), child development, child bonding

b. Dependent Variable: physical wellbeing

The ANOVA analysis indicated the F value was 107.112 The P-value of the F statics =0.00 which was less than 5%. This showed the model was a good fit as it showed child development and child bond influenced by child physical well-being. The **ANOVA-Value** in table tests showed the forecasters together were not equal to zero. This showed that the general regression model was a good fit for the analysis. According to an international labor organization, Health and safety is the key prevention and maintenance of the mental social as well as physical well-being of workers and prevention of illness caused by working conditions. The Health and safety of the performance of the project is achieved when the project is completed successfully without the occurrence of any major accidents and injuries (Auffan et al 2009). Chan and Chan note that the occurrence of accidents during the execution of projects can affect the success of the project in many ways. Accidents can lead to cost overruns or delays that can sometimes affect the reputation of the

institution. Jha and Lyer (2007) observes that there should be a good co-existence between the project implementers and the stakeholders to reduce disputes and promote easy completion of the project

According to Plan international (2014) mothers' age may sometimes serve as a proxy for the women accumulated knowledge of health projects which may have a positive influence on the use of health services. On the other hand, due to the development of modern medicine and improvement in educational opportunities for women in recent years young women might have enhanced knowledge of modern health care services and placed more value upon antenatal services thus contributing physical wellbeing of the child. More so, World Vision (2013) categorizes issues that govern the health of the mother and the Child into two say Environmental and economically structured challenges. An environmental issue like nutrition among under-fives has been cited as a global challenge in the 21<sup>st</sup> century. However prominent scholars such as Akhter

(2010), Chowdhury (2010) who focus on maternal Child Health project implementation say that all these can be eliminated through antenatal and post-natal

services hence improving the wellbeing of both the mother and the child.

**Table 11: Regression Model Significance Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.255	.169		1.505	.134
child bonding	.164	.061	.152	2.678	.008
Child development	.671	.056	.674	11.880	.000

a. Dependent Variable: physical wellbeing

The results of the analysis showed how the child growth, antenatal, and postnatal contributes to the ability of the mother to take care of the child. These results were analyzed through regression modeled  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots$ . If we input the statistical values obtained in table, the model  $Y = 0.255 + 0.164 X_1 + 0.67 X_2 + 0.566 X_3$   $X_1 = \text{child bond}$  and  $X_2 = \text{child development}$ .

From the results of antenatal care, the study findings indicated that the respondents more often did visit the health facility. They were more often explained to the antenatal process. They were more often told to come back. The respondents stated that they were more often advised on diet and reminded of the due date of delivery. The respondents also indicated that they were more often advised on their birth plans and had run through their birth plan. The respondents posited that they more often did go through antenatal classes and they were advised on their lifestyle changes. Further, the respondents indicated that more often they followed up on their home environment done. The respondents stated that they were advised on eating healthy foods. On the postnatal care the study results indicated that the respondents were often advised on postnatal care visits and advised on healthy eating.

Moreover, the study results indicated that the respondents more often were followed up from the

health facility done and advised to have rest/enough sleep. The study results indicated that the respondents were advised on the importance of birth spacing. They were often advised on the use of family planning methods. The respondents indicated that they were advised on infant feeding. The respondents indicated that they were often advised on breast care. They were more often advised on sleeping under an insecticide-treated bed net. They were more often advised on the immunization schedule for the child. The respondents indicated that they were more often. Regarding child growth, the study results indicated that the respondents were often advised on infant feeding. They also indicated that they were often advised on the importance of the home environment for child growth. Finally, the respondents stated that they were often advised on health nutrition for the growth of the child.

### CONCLUSIONS AND RECOMMENDATIONS

The study concluded that M & E beneficiaries' health influence the wellbeing of the mother and child in the study area. The regression coefficients results of the study showed that M & E beneficiaries' health has a significant influence on the wellbeing of the mother and child. This showed that M & E beneficiaries' health has a positive influence on the wellbeing of the mother and child.

The study recommended that there is a need to enhance antenatal processes and more often on antenatal classes and lifestyle changes. There is a need to enhance the home environment follow up especially on the eating of healthy foods. On the postnatal care visit, and advice on healthy eating and more follow-ups from the health facility can be done and advised to have rest/enough sleep.

The study recommended that there is a need to receive the adequate right type of nutrition and often which type of food did they should buy mostly. There should be adequate monitoring of the type of food, visit the home, and monitor on use of drugs. There should be more often professional health workers and medical specialists.

Finally, the study recommended that there is a need to enhance the weighing of children and get height measured. The study recommends that they should be advised on the child's developmental stages, to evaluate child growth. There should be adequate

playing time with the child and appreciate the behavior of the child.

### **Areas for Further Research**

The study contributed to the body of knowledge by examining the influence of M & E on the wellbeing of the mother and child. The wellbeing of the mother and child is greatly influenced by the M& E of beneficiaries' health, M & E. The study contributed to the existing literature in the field of & E and health care in Kenya by elaborating existing theories, models and empirical studies on how M & E can influence the health care of the mother and child. The study should, therefore, be expanded in the future to determine the other factors influencing the health care of the mother and child in Kenya. Existing literature indicated that as a future avenue of research, there was a need to undertake similar research in the other organizations and counties and other countries to establish whether the explored factors can be generalized.

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