

**FACTORS AFFECTING UTILIZATION OF MONITORING AND EVALUATION  
FINDINGS IN IMPLEMENTATION OF MALARIA CONTROL PROGRAMMES IN  
MUKONO DISTRICT, UGANDA**

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**DECLARATION**

This dissertation is my original work and has not been presented for the award of a degree in this University or any other institution of higher learning.

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## APPROVAL

This is to certify that this work has been done under my supervision and submitted for examination with my approval.

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## **DEDICATION**

This report is dedicated to my late parents, Dr. Osiga A. J Gamba and Mrs. Betty Owondah, my brothers and sisters: Tonny Gamba, Ivan Gamba, Mildred Gamba, Nick Gamba and Favor Gamba and my wife Cathy and children, Keira and Keith

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## ABBREVIATIONS

ANC	Antenatal Care
APR	Annual Progress Report
DHT	District Health Team
GIS	Geographical Information System
HMIS	Health Management Information System
HIS	Health Information System
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
MCP	Malaria Control Program
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NMCP	National Malaria Control Program
NPA	National Planning Authority
OPM	Office of the Prime Minister
PSI	Population service International
RBM	Roll Back Malaria
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UMIS	Uganda Malaria Indicator Survey
UNICEF	United Nations International Children's' Emergency Fund
UNMCP	Uganda National Malaria Control Program
WHO	World Health Organization

## ABSTRACT

This study set out to ascertain the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes. Its objectives included identifying the implementation factors, decision factors and community factors that affected utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes.

The study used a survey design in which questionnaires were administered to 120 employees from Monitoring and Evaluation departments of the six organizations that were implementing Malaria Control Programmes, and 6 health facility administrators whose health facilities were benefiting from Malaria Control Programmes in Mukono district.

The study found communication of the Monitoring and Evaluation findings ( $p = 0.008 < 5\%$ ) and timeliness ( $p = 0.000 < 5\%$ ) as the implementation factors that significantly affected the utilization of Monitoring and Evaluation findings in implementation of MCP. It also found decision characteristics ( $p = 0.000 < 5\%$ ) as the only decision factor, while beliefs about malaria ( $p = 0.000 < 5\%$ ), alongside decision making ( $p = 0.030 < 5\%$ ) were the community factors that significantly affected the utilization of Monitoring and Evaluation findings in implementation of MCP activities.

The study concluded that communication of the Monitoring and Evaluation findings alongside timeliness in undertaking the Monitoring and Evaluation activities were the implementation factors that affected the utilization of Monitoring and Evaluation findings in implementation of MCPs. It also concluded that while the decision characteristics was the only decision factor, community beliefs about malaria and community decision-making with regard to malaria control were the community factors that affected use of Monitoring and Evaluation findings in the implementation of MCP activities.

The study therefore recommended, among others, that management of the organizations implementing the malaria control programmes should design and institute mechanisms which ensure timely analysis and reporting of the M&E results, and that the government, through its line ministry of Health should sensitize communities about control of malaria in order to overcome negative beliefs about malaria and support better decision-making in regard to malaria control within households, if utilization of Monitoring and Evaluation findings in implementation of MCPs is to be improve.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Introduction**

Monitoring and Evaluation is a procedure of knowledge generation, self-assessment, and joint action in which stakeholders in a programme collaboratively define the evaluation issues, collect and analyze data, and take action, as a result of what they learn through this process (Jackson and Kassam, 1998). It is primarily based on allocating knowledge among beneficiaries of the funders, programme implementers, and often outside evaluation practitioners. Monitoring calls for on-going certification of the specifics of program implementation so that outcomes can be enlightened in light of program processes; assessing calls for rulings about the effectiveness and sustainability of the program (Aguti, 2014).

This study sought to establish the factors affecting the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programs in Mukono District of Uganda. Factors affecting utilization of Monitoring and Evaluation findings in this study were envisaged, as the independent variable, while Malaria Control Programs is the dependent variable. Factors affecting utilization of Monitoring and Evaluation findings will be measured in form of; evaluation implementation, decision factors and community factors, while implementation of Malaria Control Programs will be measured in form of; program factors, malaria knowledge, and the health care system as mentioned in the conceptual framework, in figure 1.

This chapter covered the background to the study, statement of the problem, the purpose of the study, the objectives of the study, the research questions, research

hypotheses, the conceptual framework, significance of the study, justification of the study, the scope of the study and the operational definition of terms and concepts.

## **1.2 Background to the study**

### **1.2.1 Global Perspective**

Globally, all malaria-endemic countries are working towards malaria control and elimination, with aims of reducing malaria case incidence by at least 90%, reducing malaria mortality rates by at least 90%, eliminating malaria in at least 35 countries, and preventing a resurgence of malaria in all countries that are malaria-free by 2030 (World Health Organization, 2016).

To achieve such aims however, the utilization of Monitoring and Evaluation findings remains central as they provide a means for corrective as they tracking of performance and measurement of the impacts of management actions providing feedback on progress towards goals and effectiveness of the program interventions (Failing and Gregory, 2003). The examination of the implementation of the Malaria Eradication Programme through evaluations provides useful lessons for current elimination attempts (Najera, 2011). The use of such Monitoring and Evaluation findings is also known to supplement and support program performance, by means of relevant information and learning (Carvil and Sohail, 2007).

Quite challenging is that the utilization of Monitoring and Evaluation results, despite its importance, is characterized by drawbacks in the global arena (Boerma et al., 2009). It is argued that drawbacks characterized by non-linearity of political change alongside the complexity of contextual variables and issues to do with methodology, poor timings, let alone lack of a supportive organizational environment, antagonize the use of Monitoring and Evaluation results (Bamberger, Mackay, and Ooi 2004). Such factors have been best responsible for the less use of Monitoring and Evaluation

findings, thus limiting proper support to programs implementation with accurate evidence-based reporting that would inform the management and decision making to improve program performance (Acevedo et al., 2010).

### **1.2.2 Regional perspective**

In Africa, malaria remains a major public health challenge, with an estimated 85% of the global population affected (World Health Organization, 2009). It is estimated that malaria costs African countries approximately US\$ 12 billion each year and about 25% of household income is spent on malaria treatment (RBM, 2006). This therefore calls for robust implementation of Malaria Control Programmes, which robustness is only achievable through effective use of M &E results, to judge merit or worth, improve Programmes, and generate knowledge (Williams, 2010).

Unfortunately, the Monitoring and Evaluation function in the region remains a relatively new practice, to the extent that all countries within this region are described as being in a Monitoring and Evaluation formative stage (Porter, 2013). This automatically implies that the use of findings in the implementation of programs remain scant. This is not any different from the sub-Saharan Africa, where utilization of monitoring the evaluation findings is poor, as the vast region is characterized by skills and capacity gaps of designing and implementing M&E activities, with several of the experts in M&E preferring to work outside Africa (Zogo, 2015).

Much as a number of countries have shown positive initiatives with regard to movement towards best practice in public sector administration reforms that includes Monitoring and Evaluation (Porter and Goldman, 2013), a number of issues remain unresolved, amongst which is the nature of the demand for Monitoring and Evaluation in the region, lack of a learning culture, low level of control and accountability and personalization of rulers of state institutions (Schacter, 2000). The Monitoring and

Evaluation function is mostly donor-driven, yet the region is caught in a situation involving lack of tools for assessing and reporting on part of the programs implementing organizations. The region remains characterized by poorly developed M&E processes to monitor its development initiatives, without a result that they cannot monitor development programmes or initiatives amongst which are the Malaria Control Programmes (Porter and Goldman, 2013).

### **1.2.3 National perspective**

In Uganda, malaria is highly endemic, with 63 per cent of the population exposed to high transmission levels and 25 per cent exposed to moderate transmission levels, while 12 per cent live in areas with low or unstable malaria transmissions that are epidemic prone (MOH,2005). The Ministry of Health, through the National Malaria Control Program (NMCP), has been working towards improving the situation, by increasing the proportion of women attending Antenatal care (ANC) services, who have received IPT2 from 33% in 2004 to 85% by the middle of 2010. For a better achievement of these goals however, a robust Monitoring and Evaluation system, including its use to measure progress and achievements is necessary (Garley et al., 2016).

There have been significant efforts towards the utilization of Monitoring and Evaluation findings that have been noticed characterized by the introduction of planning, results based budgets, monitoring systems and developing the institutional capacity to design and implement M&E arrangements (Annual Performance Assessment Report, 2013/2014). Similarly national efforts have been directed towards providing a basis for performance improvement as provided for in the National Development Plan (National Development Plan, 2010/11-2014/15) that the utilization of Monitoring and Evaluation findings have been valued to improve malaria program

implementation (Uganda Bureau of Statistics, 2010). Such efforts have also been characterized by the establishment of an M&E function to support this role enshrined in the M & E national policy (National M&E Policy, 2013).

Unfortunately, much as national efforts have been directed towards enhancing M&E capacity as well as ensuring that sound evidence-based data and information are available to inform decision making (The Republic of Uganda, National Integrated Monitoring and Evaluation Strategy, 2006), the use of M&E results remain questionable. Evidence from unpublished reports from the Ministry of Health indicate that malaria cases accounts for about 20% of outpatient attendance, approximately 40% in-patient admissions, and about 320 malaria related deaths occurring every day despite the implementation of a Malaria Control Program.

### **1.3 Problem statement**

The increasing scale and complexity of malaria programs has intensified the need to inform decision-making and to demonstrate progress towards meeting goals such as the sustainable development goals. To meet these goals, strengthen programs and demonstrate value for money, there should be a strong utilization of Monitoring and Evaluation systems to report accurate, timely and reliable data on programmatic performances progress and impact.

The incidence of malaria in Mukono District is higher than it is in other parts of Uganda. According to the National Health Management Information System (HMIS) data of July 2009 to May 2010, there were a total of 2,156 cases of women diagnosed with malaria in pregnancy alone. Of these, about 38% were from health facilities in Mukono District compared to about 16% from other health facilities in the country, which have a comparable population size.



Despite several interventions geared towards preventing and controlling the disease in the district, malaria remains a menace possibly attributed to limited use of the Monitoring and Evaluation in interventions improvement, decision-making and learning. These include mass distribution of Insecticide Treated Nets, implementation of Intermittent Presumptive Treatment of malaria among pregnant women and between September and August 2009; Indoor Residual Spraying (IRS) was conducted in the whole district. But in spite of the above interventions, the incidence of malaria in the district is still higher compared to other parts of the country. It is possible that malaria control and prevention measures that have been uniformly implemented in the country have partly failed to achieve the desired effect, because implementation does not take into account the underlying utilization of Monitoring and Evaluation findings.

In light of the fated, this study sought to identify the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District, in order to generate information that would be used by the District Health Teams to improve on malaria control interventions.

#### **1.4 Purpose of the study**

The general objective of this study was to identify the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

#### **1.5 Objectives of the study**

Specifically, the study sought:

- 1) To identify the implementation factors that affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District, so as generate information that will help in improving

utilization of Monitoring and Evaluation findings in malaria prevention and control.

- 2) To identify the decision factors that influence utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.
- 3) To ascertain the community factors that affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

### **1.6 Research questions**

The study was guided by the following questions:

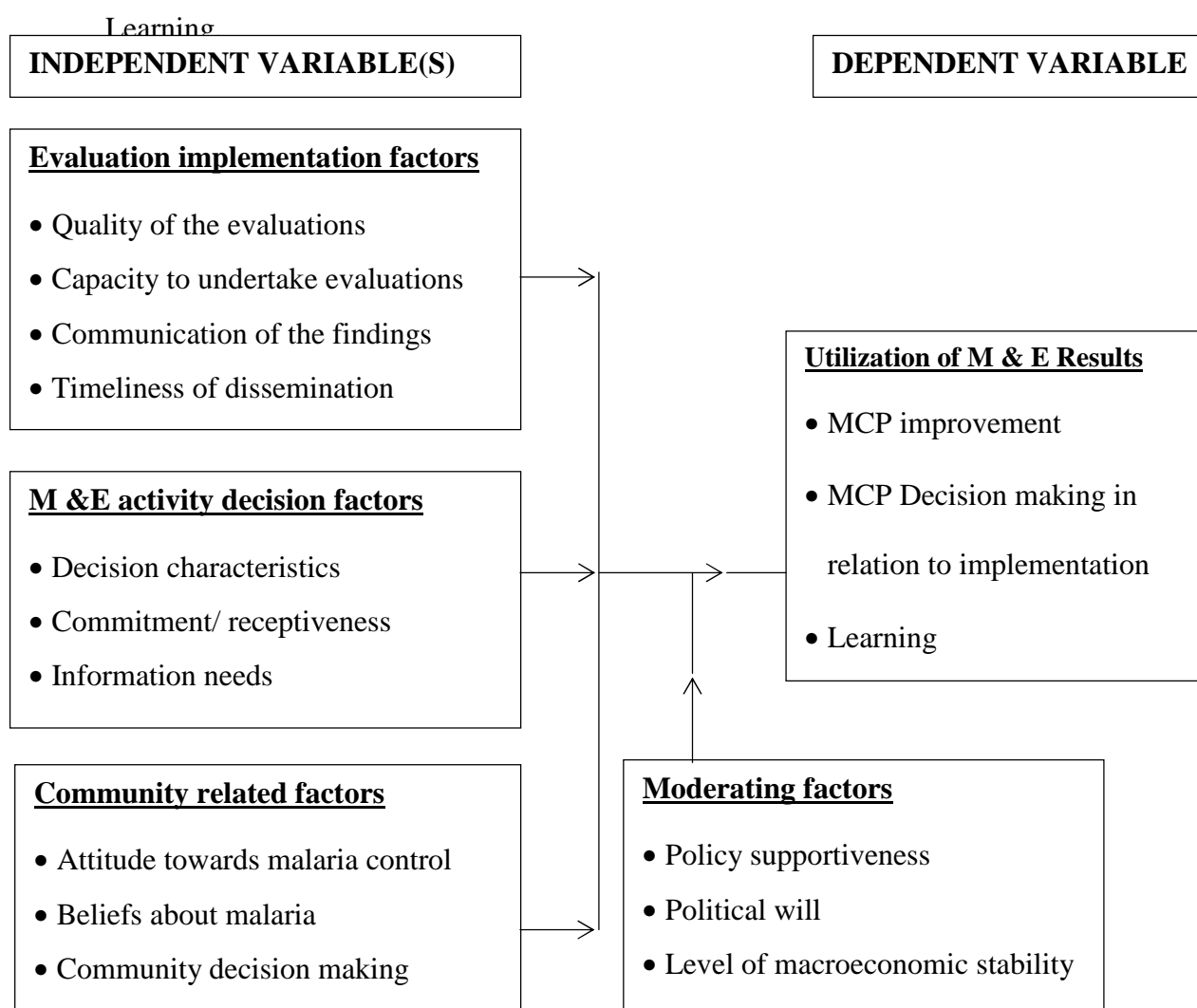
- 1) What implementation factors affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District?
- 2) Which decision factors influence the utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes?
- 3) What community factors affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District?

### **1.7 Research hypotheses**

- 1) Evaluation implementation factors affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes.
- 2) Decision factors influence utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes.
- 3) Community factors affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

## 1.8 Conceptual framework

The conceptual framework depicts the relationship between the independent variables; evaluation implementation factors, decision factors, community factors and external factors and dependent variable; Malaria Control Programme influenced by; MCP improvement, MCP decision making in relation to implementation and



**Figure 1: Conceptual framework**

*Source: Adopted with modifications from the M&E malaria tool kit 4<sup>th</sup> Edition, MOH November 2011 p.222.*

The conceptual framework above shows how variables interact and affect each other indicating that independent variables such as evaluation implementation, decision

factors and community factors have a direct influence on utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes. The conceptual framework also suggests that external factors such as the policy supportiveness, political will, and level of macroeconomic stability do influence the relationship between the independent variable(s) and utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes. The utilization of Monitoring and Evaluation findings as a dependent variable is measured in terms of the extent to which the Monitoring and Evaluation findings are used in terms of MCP improvement, and MCP decision-making, in relation to implementation and learning.

It is important to note that while other numerous variables such as information technology systems influence utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes, this study will address itself to the factors already listed above.

### **1.9 Scope of the study**

The study focused on factors affecting utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes in Mukono District. The study limited itself to identifying the factors affecting utilization of Monitoring and Evaluation in implementation of Malaria Control Program in the District.

The study covered a period of three years, starting July 2012 to June 2014, through a cross section of Mukono District health facilities and the Malaria Control Programmes.

The table below shows Uganda's morbidity trends due to malaria between 2012 and 2014. It clearly indicates that the number of people dying from malaria has risen substantially over the past years.

**Table 1: Showing Uganda’s Morbidity trends**

<b>Y ear</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Morbidity Rates.	2,317,840	2,845,811	2,923,620

(Source: MOH, Statistical Abstract Working Paper 2014:34)

This period was therefore selected due to the above rationale and the need to identify the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District, in order to establish proper ways of how these programs would be implemented. This was however looked at in terms of the district health facilities in the research area, the Malaria Control Programmes, and how the concerned practitioners are handling this aspect. The researcher further identified factors affecting utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes in the district by looking at departments associated with valid information concerning the topic of inquiry, as the core data collection source.

### **1.10 Justification of the study**

The contribution of Monitoring and Evaluation studies to malaria prevention and control has not received much attention in Uganda (Ahmed, 2009). The study will add to the growing body of knowledge needed for malaria programming for Mukono District and the Ministry of Health NMCP, by providing strategic information to complement facility-based malaria data sources. In general, M&E can be used to improve the design of community-based Malaria Control Programmes, and help identify indicators of program effectiveness (World Health Organization, 2011). In particular, findings of this study will enable the design of more effective Malaria control campaigns. Mukono District will be able to design programs that are tailored

to the needs of the people. On the basis of the above, it is vital to identify the factors affecting utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes in the district.

### **1.11 Significance of the study**

The researcher hopes that Malaria Control Programmes staff and managers will benefit from the outcomes of this research by integrating procedures and pointers for Monitoring and Evaluation. Moreover, they will learn practices, best process, and methods that promote effective Monitoring and Evaluation.

The Government officials in several agencies mandated with Monitoring and Evaluation are expected to develop, modify, or design tools that could determine effectiveness, efficiency, relevance, and impact of evaluation. Therefore, it is hoped that the findings of the study will be used to be used by the government in formulation of policies pertaining to Malaria Control Programmes and enhance Monitoring and Evaluation.

All the stakeholders such as health care practitioners, program implementers and community partnerships in the management and governance of Malaria Control Programmes are expected to alert on their roles in the management of the programs' activities. This would pre-empt any clashes and differences related with the programs. The results of the study will also be significant to the practitioners and academicians in contributing to the existing body of knowledge in the area of Monitoring and Evaluation, on factors affecting implementation of Malaria Control Programmes.

The research was carried out as a prerequisite at the Uganda Technology and Management University, to partially fulfill the requirements for the award of the degree of Masters in Project Monitoring and Evaluation.

## 1.12 Operational definition of terms and concepts

There are a number of operational definitions that frame and help guide this research. These include:

**Evaluation:** This term was used to refer to the systematic periodic assessment of the Malaria Control Program, as an intervention to determine its value or worth, and assess its relevance as an initiative.

**Monitoring:** This term was used to refer to the continuous collection of data, analysis, reporting and responding to issues in form of corrective action, in relation to the implementation of the Malaria Control Program.

**Utilization of Monitoring and Evaluation findings:** This was used to refer to the application of Monitoring and Evaluation results in decision-making, improvement and learning, in relation to MCP implementation, inclusive of evidence-based policy making.

**Knowledge of malaria:** The ability of a person to have correct understanding of malaria in terms of causative agent, mode of transmission, signs, symptoms, treatment and prevention.

**Attitudes towards malaria:** Beliefs on susceptibility, seriousness, and threat of malaria.

**Practice of malaria prevention:** Routine activities and actions of individual or group for prevention of malaria. These include the use of insecticide-treated mosquito nets, using insecticides to spray and control/clear mosquito breeding places.

**Community-** refers to a group of people living in a particular area and having shared values, cultural patterns, and social problems.

**Malaria management-** refers to the whole process of recognition of the causes, symptoms and transmission of malaria, and seeking health care for its treatment promptly.

**Malaria control** is a process that requires eradicating the carrier mosquito or reducing man-vector contact so as to curtail the life-cycle of the parasite.

**Indoor Residual Spraying** – refers to the spraying of the stable surface inside human habitation, using an insecticide with residual effects.

**Stable malaria transmission** – refers to a situation where there is intense and continuous malaria transmission, though seasonal variation may occur.

**Unstable malaria transmission-** refers to a situation where malaria risk is unpredictable and not continuous. The malaria burden is similar in all age groups, although it may be higher in children.

**Household-** A group of persons who live and eat together



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents the literature review on Monitoring and Evaluation in relation to the Malaria Control Programmes. It mainly focuses on implementation and utilization of Monitoring and Evaluation, implementation of the Malaria Control Programmes, malaria prevalence, coordination and support of malaria control in Uganda, theoretical and conceptual frameworks, and summary and research gaps.

#### **2.2 Theoretical Review**

The study regarding the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes is underpinned by the theory of change and the evaluation as postulated by Weiss (2000) and Patton, (2012) respectively.

In the theory of change by the likes of Weiss, the achievement of a particular goal follows a set of assumption describing the steps necessary for achieving a particular long term goal of interest. Weiss as well notes that steps are necessary to make connections between program activities and outcomes, and that different exercises result in early and intermediate changes in a given community, exercises that are needed to reach a long-term goal, articulated by the community. However, the theory of change also builds on early postulations by Connell and Kubisch, (1998), that change takes time and therefore, successes may not be recognized when they occur. In this study however, it is argued that such changes can be tracked, and where possible, improved through corrective action. There is however need for certain evaluative capabilities with a result that activities are documented in order to note the change they bring about in real evaluation.

Supported by the utilization focused evaluation theory, Patton, (2012) asserts that such evaluations have to be judged by their utility and actual use. The author further notes that in any program evaluators ought to facilitate the evaluation process and design any evaluation with careful consideration that its end results have to be utilized. This, according to Patton, is best articulated looking at how the process is to be undertaken, how it will start, up to how it will end. Such arrangement needs to put into consideration how the evaluation results would be used, which area this study explores. In this study, it's argued that the utilization of Monitoring and Evaluation findings goes beyond its inherent affecting factors to the community, and that such use of evaluation results could improve the implementation of the Malaria Control Programmes.

## **2.3 Conceptual Review**

### **2.3.1 The implementation factors and utilization of Monitoring and Evaluation findings**

#### *Evaluation quality*

Studies about the utilization of Monitoring and Evaluation results remain scanty. However, the few that are available, like the one by Gebremedhin, Getachew and Amha, (2010) establishes that the source of performance data is important to the credibility of reported results and thus their utilization in future programmes implementation. The author thus notes that it is important to incorporate data from a variety of sources if the results are to be validated. Furthermore, while primary data are collected directly by the M&E system for M&E purposes, secondary data are those collected by other organizations for purposes different from M&E. However, a study by Booth, Ebrahim and Morin, (2008) reports that the Monitoring and Evaluation system allows for three levels of information by project, activity and

organization, where the data for all organizations involved in a specific activity. These can be averaged up to the activity level, and the data for all activities can be averaged up to the project level, easing utilization. This study, however, does not incline itself to the Malaria Control Programmes, which gap the current study clarified.

A study by Barton, (2007), connotes that in designing of an M&E system, the objective is to collect indicator data from various sources, including the target population, for monitoring project progress. The methods of data collection for M&E system include discussion/conversation, with concerned individuals, community/group interviews, field visits, and review of records, key informant interviews, participant observation, focus group interviews, direct observation, questionnaire, one-time surveys, panel surveys, census, and field experiments. Kusek and Rist (2004) however, reports that developing key indicators to monitor outcomes enables managers to assess the degree to which intended or promised outcomes are being achieved. Frequent data collection means more data points, which as a result, enables managers to utilize them to track trends and understand intervention dynamics, reducing items of guess work regarding what happened between specific measurement intervals. In supplement, Gebremedhin et al., (2010) reports that the more time that passes between measurements, the greater the chances that events and changes in the system might happen that may be missed, which can have consequences if utilized in subsequent studies. These studies however have contradicting results, which gap this study hopes to clarify, in context of the malaria programs.

A study by Guijt, (1999) also finds that useful information needs to be collected at optimal moments and with a certain frequency, if it is to be of quality. Moreover, unless negotiated indicators are genuinely understood by all involved, and everyone's

timetable is consulted, optimal moments for collection and analysis will be difficult to identify. On the other hand, Cornielje, Velema and Finkenflugel (2008) report that it is only when the monitoring system is owned by the users that it can generate quality data that is valid and reliable for utilization in future projects. The author however notes that all too often, the very same users may be overwhelmed by the amount of daily work, which, in their view, is seen as more important than collecting data; and that subsequently, the system may become corrupted and thus not usable in subsequent implementations. They conclude that it is of extreme importance that the front-line workers are both involved in Monitoring and Evaluation and are informed about the status of the services and activities they largely provide, in interaction with other stakeholders and beneficiaries, if quality evaluation results are to be got and utilized.

Singh et al. (2009) finds cost, time, training, data accuracy and consistency, storage, and means of data analysis as being vital in the utilization of Monitoring and Evaluation results. The early results by the likes of Innes and Booher, (1999) finds that results from a system of data collection that is self-organizing and evolving as it gathers information from the environment where the staff would then generate the information in the course of their daily activities.

In a report of strengthening the M&E system of HIV and AIDS projects in Child Fund Uganda, Ediau (2012) found that results from evaluation data were not routinely collected, compiled, stored, analyzed and shared by Child Fund Uganda and project stakeholders are rarely realized. The results from such data were not effectively utilized to track and measure performance as well as inform program improvement and learning. Similarly results from Obure (2008) indicate that some problems are associated with post collection data management. As confessed by many field

officers, the storage, processing and interpretation of data was ineffectively handled. Results from the study strongly point to a weakness in the system, arising from the inability of stakeholders to handle and process data in a meaningful way. He concludes that this challenge seriously leads to mere collection of large volumes of data, which eventually might not be used in a helpful way. Data must be collected and analyzed regularly on the objectives and intermediate results.

### *Capacity*

Gorgens and Kusek, (2010) find that since a Monitoring and Evaluation system cannot function without skilled people, who effectively execute the M&E tasks for which they are responsible, so is the utilization of its results. The author thus notes that proper understanding of the skills needed and the capacity of people involved in the M&E system is vital in the utilization of the results and thus, addressing capacity gaps is at the heart of the Monitoring and Evaluation system.

Similarly, in its framework for a functional M&E system, UNAIDS (2008) notes that, not only is it necessary to have dedicated and adequate numbers of M&E staff, it is essential for this staff to have the right skills for the work. Moreover, M&E human capacity building requires a wide range of activities, including formal training, in-service training, mentorship, coaching and internships. M&E capacity building focuses not only on the technical aspects of M&E, but also addresses skills in leadership, financial management, facilitation, supervision, advocacy and communication, which are key in supporting the use of Monitoring and Evaluation results. Building an adequate supply of human resource capacity is critical for the sustainability of the M&E system, and generally is an ongoing issue. The review in this case says nothing in connection with the Malaria Control Programmes, which need this study seeks to clarify.

In a similar study, Acevedo et al., (2010) establishes that for increased utilization of Monitoring and Evaluation findings, evaluators require far more technically oriented M&E training and development than can usually be obtained with one or two workshops. Acevedo and colleagues argue that both formal training and on-the-job experience are important in developing evaluators with various options for training and development opportunities. In contrast however, an earlier study by Nabris, (2002) finds that Monitoring and Evaluation activities carried out by untrained and inexperienced people are bound to be time consuming, costly. The results generated could also be impractical and irrelevant, thus less useful. However, the review of the above results was not based on the context of Mukono District, which gap this study hopes to fill.

There is a constant demand for training in planning, monitoring, review, evaluation and impact assessment, for both program staff and partners in projects (Gosling & Edwards, 2003). Skills for numeracy, literacy, interviewing and monitoring in qualitative and quantitative methods, for management information systems, are necessary for participatory Monitoring and Evaluation, if the findings are to attract utilization (Adan, 2012). The staff need to be trained not only on collecting descriptive information about a program, product, or any other entity, but also on using something called “values” to determine the kind of information and to draw explicitly evaluation inferences from the data, that is inferences that say something about the quality, value or importance of something (Davidson, 2004).

Murunga, (2011) reports that players in the field of project management like project and programme managers, M and E officers, project staff and external evaluators require specialized training, not just in project management and M and E, but specifically in utilization of M&E findings, if the results are to be valued and

therefore usable. In support, a study by White (2013) find that Monitoring and Evaluation best practices in development INGOs, encounter a number of challenges when implementing or managing M&E activities, one being insufficient M&E capacity. Furthermore, taking on the M&E work of too many individual projects over-stretches limited M&E capacity and leads to rapid burnout of M&E staff, whereby high burnout and turnover rates make recruitment of skilled M&E staff difficult, and limits utilization. A Mibey (2011) study on factors affecting implementation of Monitoring and Evaluation programs in Kazikwakijana project, recommends that capacity building should be added as a major component of the project, and this calls for enhanced investment in training and human resource development, in the crucial technical area of Monitoring and Evaluation.

### *Communication of findings*

TIR, (2007) establishes that as a result of lack of understanding of Monitoring and Evaluation, organizations carry out casual compilations of reports from the field guided by donors' prescribed reporting requirements. This limits the utilization of the results contained in such evaluation reports, since there is minimal analysis of the project data by the project staff. The author notes that there is a common practice among development organizations to compile information without giving meaning to the data, and given that such reporting concentrates on accountability at the expense of learning, the utilization of such results remains scanty.

Similarly, a study by PELUM Uganda, (2008) finds that if Monitoring and Evaluation can generate information that is well packaged and disseminated in the right form, utilization of the results is somewhat assured. It is thus important to appreciate different uses and users of Monitoring and Evaluation findings, which is best demonstrated by successful communication of such findings. These include giving

accountability, advocacy, learning, investigating and exploring what works and what does not work, institutional memory, empowerment of stakeholders and promoting understanding of the project. The main task is to deliver a message to an appropriate audience about progress. It is therefore important to know the information needs for all project stakeholders and their forms of preferred delivery. The information ought to be presented in a clear and understandable form.

### ***Timeliness***

The existing findings by Kusek, *et al*, (2004) overwhelmingly support the assertion that indicators measured are just as important as the timing of M&E. This means that it is imperative to get the measurement correct, but also be done in such a way that when the said information is needed, it is readily available for its utilization. Kusek and colleagues note that the practice of using inappropriate baselines defeats the whole concept of “data quality triangle”, which encompasses elements of data reliability, data validity and data timeliness, for its usability.

Bourckaert, Verhoest and De Corte (2009) observe that indicators for measuring programme performance are difficult to identify unless the M&E results are produced on time. It is therefore important to clearly define an appropriate system of indicators to measure and monitor programme performance with time. In support, a study by Cunen, (2006) finds that a system of over two thousand societal indicators to measure Results for Canadians across all sectors need to be timely. The two studies however are contradicting in that while the first one clearly points to the need for timeliness in the utilization of results, the second one remains silent, which contradiction the current study explores.

Kibblewhite and Ussher (2000) observe that developing the right measures can be a challenge but should be done from the perspective of experimenting, while realizing



that timeliness is useful and robust in achieving utilization of Monitoring and Evaluation, and is additional to program success. Getting the right measures is not done once and for all, but is a journey of trial and error. Of course, the quality of the measurement done is important.

### **2.3.2 Decision factors and utilization of Monitoring and Evaluation findings**

#### ***Decision characteristics***

According to Mulgan (2000), promotion of accountability forms the largest part of decisions during implementation of M&E findings. He points out that M&E reports promote accountability, which in turn improves performance. The author notes that accountability cannot exist without proper M&E reports, which literally mean that the absence of M&E reports means an absence of accountability. However, Roper and Petitt (2002) pose a key question as to whether meeting compliance criteria, and hence addressing the accountability dimension, is sufficient for producing the effect or outcome of good governance, or whether the production of good governance requires a more comprehensive application of M&E. This study makes efforts and addresses the question of whether accountability as a decision characteristic supports M & E results utilization.

Jabbara and Dwiredi (1989) find participation, the rule of law and inclusivity, as all-embracing concepts in spurring use of Monitoring and Evaluation results. It is possible for the Ministry of Local Government to perform well in terms of mandatory compliance, but still not meet the standards of good governance, as compliance does not equate to good governance, which is broader than meeting administrative standards. Much as accountability and good governance are antecedents for improving service delivery, these studies did not specify any form of service being improved. As a result, the current study tried to link the role of accountability

resulting from M&E reports to health services delivery. Hauge (2013) differs by finding that decisions that target the provision of information relevant for decision-making are important and animate into results utilization.

### ***Commitment/receptiveness***

Mayne (2000) argues that government's commitment to sharpening its citizen focus in designing, delivering, evaluating and reporting on government activities, has a direct role in finding the best use for evaluation results. In support Molander, Nilson and Schick (2002) observe that receptiveness, while implementing result-based monitoring is fundamental in ensuring that results are put to good use.

In another study by Kristensen, (2002), departments that showed commitment to Monitoring and Evaluation were advanced in ensuring that results were evenly used in reducing inequalities, including the amount of expenditure and its effectiveness. As result, each department was able to provide a full set of financial statements to its minister and to the Treasury on a monthly basis.

### ***Information needs***

Mackay, (2007) finds that the utilization of M&E information was central to the performance and sustainability of an M&E system, and depends on the nature and strength of demand for M&E information. The author urges that the utility of the results from evaluations requires that commissioners and evaluators undertake the evaluation with the intention to use its results. In support, Rist, Boily and Martin, (2011) found that knowing the information needed for proper implementation of a particular programme is paramount in pushing for better utilization of the evaluation results, and specifically if the evaluation is undertaken at a time when the results can meaningfully inform decision-making processes and are accessible.

In another study, Otieno (2012) finds that the majority of the respondents who are involved in project decision-making, redesign, improvement, advocacy for additional resources, program intervention and project control were more involved in utilization of the Monitoring and Evaluation results. However, the low involvement of project members in project control, after the offset of the implementing agency, contributed to the immense negative impact of the current low degree of sustainability of the project performance. In contrast, Kusek and Rist (2004) report the need to introduce incentives to encourage the use of performance information.

Thomas, (2010) finds that the external demand for specific information on outcomes and impacts plays a key role in promoting measurement of those aspects of development work, and in keeping the system in use and honest on the overall. In support the AusAID (2000) report indicates that feedback information during project implementation from local project staff, and the opportunity for beneficiaries to influence appropriate revisions to project activities contributed to the quality of monitoring information, and therefore its use in future projects.

Hunter, (2009) establishes that baseline data and needs assessments provide the information that is needed against which to assess improvements caused by project implementation over time. The author notes that with the needed information established, baseline study results will be necessarily used for most activities when the needed information is already available. In agreement, Rogito (2010) establishes that projects implemented without the baseline study information faced serious challenges on effectively tracking progress on indicators than those that had baseline information. The author thus notes that the best practice is that baseline needs to be planned and done a year earlier, to get full information on the project, and such information is key to being usable in future evaluations.

### **2.3.3 Community factors and utilization of Monitoring and Evaluation findings**

#### *Attitude towards malaria control*

In a household survey undertaken among 320 respondents in Northern Swaziland, Hlongwana et al. (2009) found that 99.7% of respondents correctly associated malaria with mosquito bites and 90% reported that they would seek treatment within 24 hours of seeing the first symptoms of malaria. The study also found that indoor residual spraying (IRS) was reported at 87.2%, while bed net ownership was reported at 38.8%. Despite the high level of knowledge about malaria within the surveyed communities, there exists no clear information about the attitude of the communities towards malaria control, which gap the current study examines.

A study by Mazigo, et al., (2010) showed that the communities were more than ready to hear about malaria, which they described as a good foundation onto which other activities like prevention and control were build. Such readiness points to the fact that the communities had a positive attitude towards malaria control. However, the results from the review echoed nothing about how such attitude transforms into the utilization of Monitoring and Evaluation findings, which gap the current study clarifies.

A number of KAP studies have also been undertaken within an urban setting. While some had a bias towards children (Njama et al., 2003), others were more general. These studies raise interesting issues to keep in mind from the mixed results in correlation between education level and knowledge about malaria, to the cost of malaria treatment as a fraction of household income (Akazili et al., 2007; Ahmed, et al., 2009). The studies however tell us nothing about the use of Monitoring and Evaluation results, which gap the current study explores.

### *Beliefs about malaria*

Hausmann-Muela et al., (2003) finds that though there is high prevalence and awareness of malaria in rural communities, there are still some misconceptions about its transmission and prevention. In a clinical study conducted in 20 post-conflict IDP camps of Gulu District, 769 pregnant women were interviewed about malaria. While the majority of respondents had ever heard about malaria (85%) and attributed its transmission to mosquito bites (80%), a number of misconceptions were discovered. In terms of transmission, 15 respondents thought malaria was transmitted by cold weather, 53 respondents faulted dirt, while 35 respondents said not sleeping under a net. In terms of cause, the majority rightly identified the mosquito (91%), but 28 suspected cold foods, 3 mentioned playing in the rain, and 19 mentioned cold weather, while 6 cited eating mangoes. On the whole, the study concluded that most pregnant women in the post-conflict IDP camps had relatively high knowledge about malaria transmission, signs, symptoms, and consequences during pregnancy. However, misconceptions about the cause and transmission of malaria still persisted. This study however remains silent about how such cultural misconceptions influence the use of Monitoring and Evaluation results, which gap this study explores.

The community's socio-cultural context can play a critical role in the prevention and control of malaria. Mbonye et al. (2006) conducted a multi-methods study to assess women's perceptions on malaria during pregnancy in Mukono District and discovered that most women could not differentiate symptoms of malaria from those of early pregnancy. Given the socio-cultural expectations for married women to get pregnant and bear children, the study found that many of them concealed symptoms like

feverishness, backache, nausea, general weakness, loss of appetite and vomiting until they were pregnant. Many women erroneously believed that malaria was a sign of pregnancy and most resorted to using traditional herbs as a remedy for both malaria and other pregnancy ailments (Obol et al., 2011). This study highlights the contextual nature of beliefs and practices and the need to understand them before one can design interventions meant to address malaria prevention and control at the community level.

### *Decision making*

A study by Gallup and Sachs (2001), establishes that community participation enables communities to influence the decisions and resources that directly affect them. This thus helps in making good use of the Monitoring and Evaluation results, given that the introduction of interventions into communities took into account all actors, their roles, competence and experience, as well as their environment. Communities which participate at the inception and planning of new interventions whenever possible, provide better information during evaluation, and make good decisions to benefit from an ongoing intervention. Continuous Monitoring and Evaluation of community activities are critical, since adjustments and improvements to interventions can only be made by identifying strengths and weaknesses in their implementation.

In addition to the perceived etiology of an illness, there are other factors that will determine treatment decisions for malaria. Issues important to understanding treatment-seeking include the type(s) of treatment chosen and the timing and sequencing of the treatment. People often choose multiple sources of treatment, both traditional and Western. Anti-malarial and other drugs used to treat malaria illness (e.g., antipyretics, antibiotics) are often obtained outside formal health care services (Foster, 2005; McCombie, 2006). Although treatment-seeking studies generally

discuss delays in seeking treatment in terms of the time lapse between onset of symptoms and a person seeking treatment at a health care facility, self-treatment for malaria occurs frequently and this may be the first type of treatment sought (McCombie, 2006). The reviewed studies are not clear on the methods used in the research study process. They are also silent about how decision-making influences utilization of the Monitoring and Evaluation results, which gap the current study addresses.

Treatment decisions might also be affected by the choice of drugs used for first-line therapy. For example, in refugee camps in western Tanzania in 1998, Burundian refugees were dismayed by the use of chloroquine as the official first-line therapy, as they had previously used sulfadoxine/pyrimethamine, which offered better clinical results than chloroquine. Treatment decisions of the host community may also be influenced by case management policies for the displaced population. If members of the host community determine that the displaced community is receiving better care or a more effective drug for malaria, the host community might also try to receive health care services from the humanitarian relief agencies. This could have serious personnel and financial implications for the relief agencies. And perceptions about preferential treatment for the displaced population can lead to feelings of resentment and/or hostility by the host population.

Williams et al. (2009), reports that interaction with the staff members of a health care facility affects treatment choices. In non-emergency contexts, parents of ill children in Africa are reluctant to discuss self-treatment, particularly when employing a traditional healer, for fear of disapproval from health care workers. In supplement however, Van der Geest, (2007) asserts that lack of respect for patients in general from health care workers in Africa has also been noted. These studies however fail to

link cultural fears with the use of Monitoring and Evaluation findings, which gap this study addresses.

## **2.4 Empirical studies**

Some international studies such as Nada and Earl (1996), particularly towards enhancing the use of evaluation findings in organizations, pointed out the importance of timing. The information contained in this report was gathered through a telephone survey with representatives from 22 international and national development and research organizations, and by examining the relevant literature on the topic. Almost three-quarters of the respondents (73%) commented on at least one of the following five aspects of the evaluation process as affecting whether results are utilized. Timing is extremely important if the results of an evaluation are to be utilized to affect change, and six respondents identified it as a main factor. It was suggested that evaluations be conducted at a point when changes can be made with relative ease, or when results can be linked to decisions about resource allocation. Oftentimes, this requires that evaluations be completed quickly. For example, if an evaluation is completed at the end of a project cycle then the next phase can be redesigned in light of the evaluation findings. Due to the nature of the topic and the type of survey conducted, a few qualifications regarding the report should be noted. The report does not purport to be a guide on how to increase the utilization of evaluation findings in an organization. Rather, it is intended as a general study of the issues involved, from which you can begin to analyze the specific situation in your organization. Also, almost all of the respondents were working in evaluation and therefore have a certain stake in, and viewpoint regarding, the subject at hand. Nadal, however, did not study the program or project context but organizational context, which gap this study



explored. Besides, the study was mainly quantitative, which leaves out the rich qualitative views from participants, a gap this study seeks to fill.

In a qualitative study by Owen (2013) on “Evaluation Utilization and Communication' Program Evaluation: Forms and Approaches in Australia”, Two-thirds of interviewees noted that the organizational culture affects whether Monitoring and Evaluation results are utilized (36.3%). Creating an environment conducive to learning, open communication, and collegiality were cited as important in developing demand and respect for evaluation. This type of learning culture is not easy to establish and requires a serious commitment by all levels of the organization. An environment respectful of information and learning helps reduce the apprehension of staff when faced with change. Negative results from an evaluation do not have to be threatening if, as one respondent put it, they can be viewed as an, "opportunity to learn rather than something you try to cover up." One interviewee suggested that evaluators be viewed as part of the team, contributing to the better management of programs and projects, and not as outsiders working from an ivory tower. Two of the respondents noted a lack of appreciation and acknowledgement of the value of the evaluation function within organizations. This, they felt, undermined the utilization of evaluation findings because staff often misunderstood the purpose of evaluations and sometimes viewed them as a threat. It was suggested that greater awareness about evaluation would make it seem less threatening. Owen (2013), however, followed qualitative approaches, which omit issues of generalization, which this study seeks to fill by following mixed methods.

The UNDP qualitative study on planning, Monitoring and Evaluation for development results, emphasizes that human resource is vital for an effective Monitoring and Evaluation, by stating that staff should possess the required technical expertise in their

line of work, in order to ensure high-quality Monitoring and Evaluation. The study was carried out in 12 developed countries in Europe, and the results revealed that implementing an effective M&E demands for the staff to undergo training as well as possess skills in research and project management, hence capacity building is critical (Nabris, 2002). The study also reveals that new innovations and methodologies in results-oriented M&E, as well as practical guidance on monitoring and performance, which includes samples and options, with adoptable formats for Monitoring and Evaluation tools, are very important. This empirical study however does not give a clear methodology which was used, and even the qualitative approach remains highly subjective, which gap this study explored.

M&E results can be criticized in regard to whether the data collection, analysis and results lead to reliable information that reflects the real situation (Nabris, 2002). In June 2013, Rasna Warah, wrote an article in the Daily Nation on UNDP's shortcomings, a reflection of a wider failure with the UN system, where she not only stated that internal evaluations are likely to be flawed, but also added that, after UNDP spent more than \$8.5 billion on activities of anti-poverty between 2004 and 2011; it was a challenge for it to show major impact on the lives of the people it was trying to change (Warah, 2013). In response to Rasna's article, Idran Naidoo, Director in UNDP's evaluation office, said that Rasna's comments called for better monitoring of the impacts of UNDP programmes (Naidoo, 2013).

Jaszczolt et al., (2010) in their study on Experience in implementing a local Government Administration Component of the World Bank Funded Development Program (RDP), recommended that local governments need to be educated on M&E through handbooks, in order to increase quality. A national professional association of evaluators also needs to be established to aid in developing technical skills among the

M&E specialists, and last but not least to develop a widely accessible depositor for evaluation reports as a system where organizations can learn from previous experiences. This previous study does not however spell out the methodology used to arrive at the results and conclusions.

The Mexico social protection sector review (2012), that focused on main programmes in the social protection sector in Mexico, conducted through literature review, landscape survey and in-depth interviews with project implementers, states that not many programmes in Mexico have functional M&E systems, despite it being accredited for promoting transparency and accountability. From the programmes reviewed, 96% had developed some type of indicator framework for M&E, 91% conducted monitoring activities, 61% had a planned or ongoing impact evaluation and 39% had no M&E reports for public consumption. This was attributed to programmes not allocating the required resources at the design stage of the M&E system. There was also an inconsistency in the choice of performance indicators among the Mexican programmes which led to incoherent and incomprehensive M&E systems. Out of 88.1% of the Mexico safety net programmes, only 16.7% could provide a review team with a logical framework. The review also established that although M&E rarely influenced the decision-making process, its information was being used to inform project and programme designs as well as policies. The review also notes that the country relies much on M&E international consultants and therefore recommends capacity building of national experts/civil servants (locals) because they will stay in the sector over the long term.

The study by Koffi-Tessio (2002), on “Efficacy and Efficiency of Monitoring-Evaluation Systems (MES)” for Projects Financed by the Bank Group, that was done in Burkina Faso, Mauritana, Kenya, Rwanda and Mozambique, through desk review

and interviews, for projects approved between 1987 and 2000 found that, Monitoring-Evaluation systems are not meeting their obligatory requirements as decision-making tools; instead their activities are viewed as being controlled by a bureaucratic management. The poor acquisition of the appropriate M&E systems by NGOs is also attributed to the organizations' over-emphasis on the physical infrastructure (for instance computer equipment, working capital), rather than methodological and conceptual training. The use of desk reviews and interviews leaves out quantifiable issues for better generalization which, gap this study fills.

In another qualitative study by Patton (2008), entitled "Utilization in Practice: An Empirical Perspective' Utilization Focused Evaluation in California," the respondents pointed out the issue of quality data. One respondent described evaluations as the "final brick in the wall", because they often make recommendations that are already known to those involved in the project or program. However, evaluations provide the concrete information and analysis that legitimize these established beliefs and offer the evidence justifying change. Five interviewees commented that it is essential that evaluations contain high-quality findings, based on sound research, and not biased by personal opinion, institutional viewpoints, or politics. As findings can have a significant impact, it was felt that evaluators must be rigorous in gathering and analyzing the information, if it is to be useful. One respondent estimated that evaluations were 80-90% on track in terms of the quality of the data gathered. This study however suffered from lack of quantitative measures, which gap this study explored.

Morra et al., (2009) in their study which was based on Assessment of Poverty Eradication Action Plan (PEAP), found out that the utilization of M &E findings is hampered by weaknesses in design, implementation or structural and resource

challenges. The authors noted that the M&E findings are very much likely to fail in bringing out expected standards of performance which are incorporated in a given programme. As a result, the country (Uganda) is still experiencing coordination and harmonization difficulties with respect to evaluation and the PEAP (Morra, et al., 2009). They noted that, for example, the PEAP Monitoring and Evaluation regime is characterized by the separation of poverty monitoring and response monitoring, although both are coordinated by the Ministry of Finance, Planning, and Economic Development (MFPED). In addition, a review carried out in 2007 reported several problems with Monitoring and Evaluation System. For instance, sector ministry outcomes and outputs, measurable indicators, baselines and targets were not clear. The study further highlights a number of constraints which are quite obvious from the case: these include implementation failures where responsible personnel fail, manipulate or falter in operating the system well. There are also serious structural problems as manifested in the lack of coordination and harmonization between government units in the operationalization of the system. Morra *et al* (2009) in their study revealed that another strand of weaknesses is in the form of design where data collection, reporting structures, indicator construction is very shoddy and dysfunctional. Resource constraints are also adding to the woes the nation faces in its attempt to build a well-functioning Monitoring and Evaluation System. It should however be noted that most of the empirical studies of the factors affecting the utilization of M&E findings have been carried out in developed countries, with few studies in developing countries including Uganda, which is a key weakness that the current study attempts to address. Besides, most of the studies reviewed followed a qualitative approach which brings in issues to do with subjectivity, a key gap this study fills.

## **2.5 Synthesis of the Literature Review**

The studies reviewed propose different factors, among which, are implementation aspects such as evaluation quality, and capacity to undertake Monitoring and Evaluation, as having a bearing in the utilization of Monitoring and Evaluation findings. However most of the reviewed studies failed to clearly establish how such factors influence utilization of Monitoring and Evaluation findings in the context of malaria programs. This study however addressed such shortcomings by ascertaining which implementation factors influence utilization of Monitoring and Evaluation findings in the context of the Malaria Control Programmes.

The studies reviewed also showed that decision factors, amongst which are the decision characteristics and receptiveness were influencing factors in the utilization of Monitoring and Evaluation findings. These studies however showed quite contradicting results, which gap was addressed by clearly showing how the different factors influenced the use of Monitoring and Evaluation results.

The reviewed studies were also found to have issues to do with community factors such as attitudes and beliefs. However, the studies did not show a clear link on how these factors influenced utilization of Monitoring and Evaluation results, which gap this study fills. The reviewed studies also had methodological issues, which gap this study addresses by using both qualitative and quantitative study approaches. The linkage is addressed in this study through analysis using Pearson's correlations and regression approaches to find the independently influencing factors. None of the reviewed studies was particular to Mukono District, an aspect that was much of interest in the current study.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the overall methodology used in the study. This includes the research design, target population, sample size and sampling procedure, research instruments, pilot study validity of instruments, reliability of instruments, data collection procedure and data analysis.

#### **3.2 Research design**

This was a cross-sectional study that employed both quantitative and qualitative approaches that was descriptive in identifying factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District. This study intended to capture information on the current practices on utilization of Monitoring and Evaluation in implementation of Malaria Control Programmes and recommend ways of improving the same.

It involved use of varied methodologies and data sources to help ensure more accuracy and stronger research outcomes by triangulating data from different methods. The primary method was a quantitative survey of the evaluation implementation factors, decision factors, community factors and utilization of Monitoring and Evaluation findings amongst the six organizations implementing MCPs in Mukono District. To complement the survey, Key Informant Interviews (KII) were also conducted. KIIs helped the research team clarify complex phenomena like behaviors and motivations that emerged during the survey.

The descriptive survey was used to establish association between variables at a given

point in time without attempting to change their behavior or conditions (Kothari, 2004). This method is preferred because it allows for prudent comparison of the research findings.

### **3.3 Study population**

The target population of this study is 171 employees from Monitoring and Evaluation departments from the 06 organizations implementing Malaria Control Programmes in the District, namely; Global Fund Support to Malaria, Neighborhood and good governance watch, Kyetume CBHC program, Uganda Red Cross Mukono branch, Good Shepherd Support Action Center and Namulaba CBO Network and 10 health facility administrators that are benefiting from Malaria Control Program (Mukono DPP, 2010-2015).

### **3.4 Determination of the sample size**

A sample size of 120 respondents out of 171 employees was picked using simple random sampling method based on organizations that implement Malaria Control Program in the 06 organizations in the District, and health facility administrators that are benefiting from Malaria Control Programmes.

The sample is obtained by calculating the sample size from the target population by applying Cooper and Schindler, (2003).

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

Where: n= Sample size, N= Population size e= Level of Precision. At 95% level of confidence and P=5  $n = 171 / 1 + 171 (0.05)^2$  n= 120



### **3.5 Sampling techniques and procedure**

The study employed both probability and non-probability sampling. The organizations exhibit varying characteristics as far as population of employees is concerned. Some have a high population and others have a low population. The study adopted a simple random sampling to ensure organizations in the population are represented in proportion to their numbers in the population. The probability of selecting each respondent was proportional to their population so that category with larger population has proportionally greater chance of being included in the sample. Simple random sampling was used in identifying employees to fill the questionnaires. Purposive sampling method was also used in selecting health facilities where only those that implement Malaria Control Programmes were included in the sample. This technique allowed the researcher to use cases that have the required information with respect to the objectives of the study (Mugenda, 2003).

### **3.6 Data collection method and procedure**

The researcher obtained an introduction letter from the Uganda Technology and Management University for the purpose of data collection. Once permission was granted from the University and the District Health Service, the researcher visited the area of study where he made appointments with the respondents.

The data was collected using an interviews and a self-administered questionnaire issued to the respondents by the researcher with the help of research assistants who was trained on data collection and ethical considerations in research for the purpose of focusing the study to the intended objectives. In instance where it proved difficult for the respondents to complete the questionnaire immediately the researcher left them with the research assistant who picked them at a later date. In the course of piloting,

the researcher visited the area and administered the instruments. The researcher conducted interviews with health facility heads, which gave insight on the required information with respect to the objectives of the study on utilization of Monitoring and Evaluation in implementation of MCPs. The researcher also reviewed relevant documents related to the study as a source of secondary data.

### **3.7 Data collection instruments**

The data for this study was collected using a questionnaire and interview guide. The questionnaire contained closed ended items and the interview guide contained open-ended questions useful in collecting in depth answers from respondents. Questionnaires were issued to the employees from the M & E departments of the organizations implementing the MCPs in Mukono District with the help of research assistants. The interviews were conducted on health facility administrators since they have key information on the factors affecting utilization of M&E in implementation of MCPs in Mukono District.

### **3.8 Pre-testing (validity and reliability)**

Pre-testing allowed the researcher to identify any difficulty with the materials and investigate the accuracy and appropriateness of the instrument developed. Pre-testing was an important step in testing questionnaires to ensure quality data is collected at the end of the study and to enhance validity. The pre-test involved 10 respondents done through administering questionnaires randomly to selected respondents that had similar characteristics in Kampala District. This enabled the making of the necessary adjustments to the questionnaire based on the pilot study which enhanced validity. Validity determined whether the research truly measured that which it is intended to measure or how truthful the research results were. The instrument was evaluated for

the relevance of each item in the instruments to the objectives. Content Validity Index (CVI) was computed using the following formula.

$$CVI = \frac{K}{N}$$

Where K = Total number of items in questionnaire declared valid by both raters

N = Total number of items in the questionnaire (70)

The experts rated each item on the Likert- type scale: strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). CVI was given by items rated (5) and (4) by the experts divided by the total number of items in the questionnaire.

Which was given as =  $58/70= 0.90$

**CVI = 0.90**

Therefore, based on Amin (2005) thumb rule, validity was attained at Content Validity Index greater than 0.7. The researcher considered both views and affirmed the validity of the instruments used at 0.90

Reliability measured the degree to which the research instruments yielded consistent results or data after repeated trials. Reliability analysis was subsequently done using cronbach's Alpha. However, using data entered in SPSS alongside in which 70 variables in form of questions were considered, a reliability test using Cronbach alpha was undertaken and the results were as presented below;

**Table 2: Reliability Statistics**

Cronbach's Alpha	N of Items
0.913	70

The Cronbach's Alpha coefficient of 0.913 which was higher than the recommended 0.7 showed that the items within the instrument were reliable.

### **3.9 Data Analysis**

Analysis involved the process of categorizing, ordering, manipulating and summarizing data to obtain answers from research questions. It was done to reduce data to intelligible and interpretable form using statistics. After the fieldwork, the researcher edited and counter checked completion of questions in order to identify items, which were not appropriately responded to. The completed questionnaires were edited for completeness and consistency, checked for errors and omissions.

Quantitative data was analyzed using descriptive statistics where responses from questionnaire was tallied and analyzed using frequency distribution, per centage, mean, and standard deviation. In order to save time and money, while increasing accuracy of the results, Computer statistical program for social sciences (SPSS) was used in processing data. Qualitative data was analyzed using a thematic approach. In particular, the data from interview schedules were sifted through, sorted into themes, categories, and patterns. These were then illustrated using quotations from the interviewees.

### **3.10 Ethical considerations**

Approval to conduct the study was sought from Uganda Technology and Management University. Permission was also obtained from the District Health office, sub-county chiefs, and local council leaders. The investigator provided an explanation of the purpose, risks and benefits of the study to the community members before soliciting for their participation in the study. Individuals were also assured that the information they were giving was going to be treated with utter most confidentiality. They were also informed of their right to withdraws from the study at any time without fear of

any negative repercussions. Participants who accepted to take part in the study gave their verbal consent.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

#### 4.1 Introduction

This chapter provides the findings alongside their interpretation with respect to the study factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District; Uganda. The results are presented and interpreted according to the study objectives.

#### 4.2 Response rate

**Table 2: The study response rate**

Category of targeted employees	Targeted (n)	Response (n)	Response rate (%)	Overall (%)
Global Fund Support to Malaria	20	17	85	
Neighborhood and good governance watch	20	20	100	
Kyetume CBHC program	20	20	100	<b>93.3</b>
Uganda Red Cross Mukono branch	20	20	100	
Good Shepherd Support Action Center	20	17	85	
Namulaba CBO Network	20	18	90	
<b>Total</b>	<b>120</b>	<b>112</b>		

*Source: Primary*

The study targeted 120 employees of the M & E department within the different organizations that were implementing the Malaria Control Program. It however received response from 112 employees implying a 93.3% response rate. As presented

in table 1 above, this response rate constituted of employees from the different organizations that were implementing the Malaria Control Program.

#### 4.2.1 Demographic characteristics

**Table 3: The demographic characteristics of the employees**

Demographics		Frequency	Per centage
		(N = 112)	(%)
Age (years)	18 -25	43	38.4
	26 – 35	43	38.4
	35 – 45	23	20.5
	45+	3	2.7
Gender	Male	45	40.2
	Female	67	59.8
Marital status	Single	37	33.0
	Married	67	59.8
	Divorced/Separated	8	7.1
Religious affiliation	Christian	80	71.4
	Muslim	25	22.3
	Others specify	7	6.3
Education level	Diploma	35	31.3
	Undergraduate degree	66	58.9
	Postgraduate	11	9.8
Experience in the M & E department	Less than 3	34	30.4
	3 – 5	56	50.0
	More than 5	22	19.6

*Source: Primary*

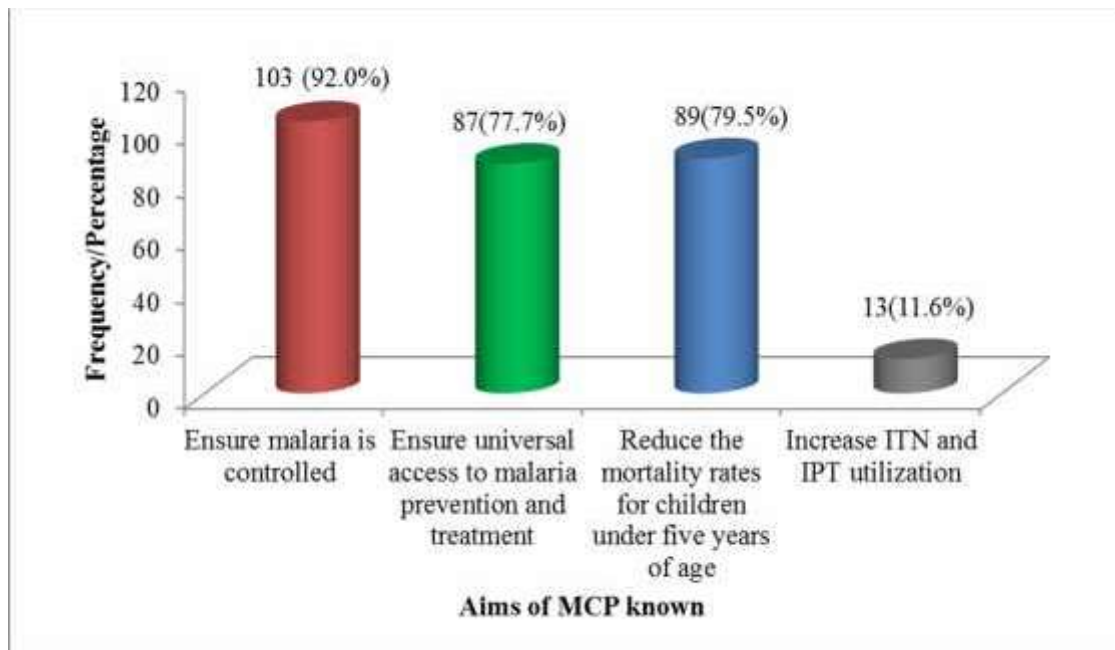
During the study period as presented a table 1 above, information was captured from a total of 112 employees who were by then working within the Monitoring and Evaluation Department of the different Malaria Control Program implementing organizations. Most of these employees were aged either 18 to 25 years or 26 to 35 years of age. This implies the majority of the respondents were young adults who were active and energetic which is good for the programme.

The results also show that the majority of the respondent employees were females (59.8%), married (59.8%) and Christians by religious faith (71.4%). Findings also show that most of the employees who participated had up to an undergraduate level of education (58.9%) and had spent in the Monitoring and Evaluation department from 3 to 5 years which was experience enough to be conversant with the Monitoring and Evaluation activities of the MCP implementing organizations and use of the M & E findings. The finding implied that in terms of sex and marriage, the findings were representative of the study.

#### **4.2.2 The aims and activities undertaken under MCP**

The study taking into consideration the demographic characteristics of the respondent employees also established from the aims of the Malaria Control Program that their organizations implemented. The study results were as presented below;

**Figure 2: The aims of the Malaria Control Program known among employees in the M & E department**

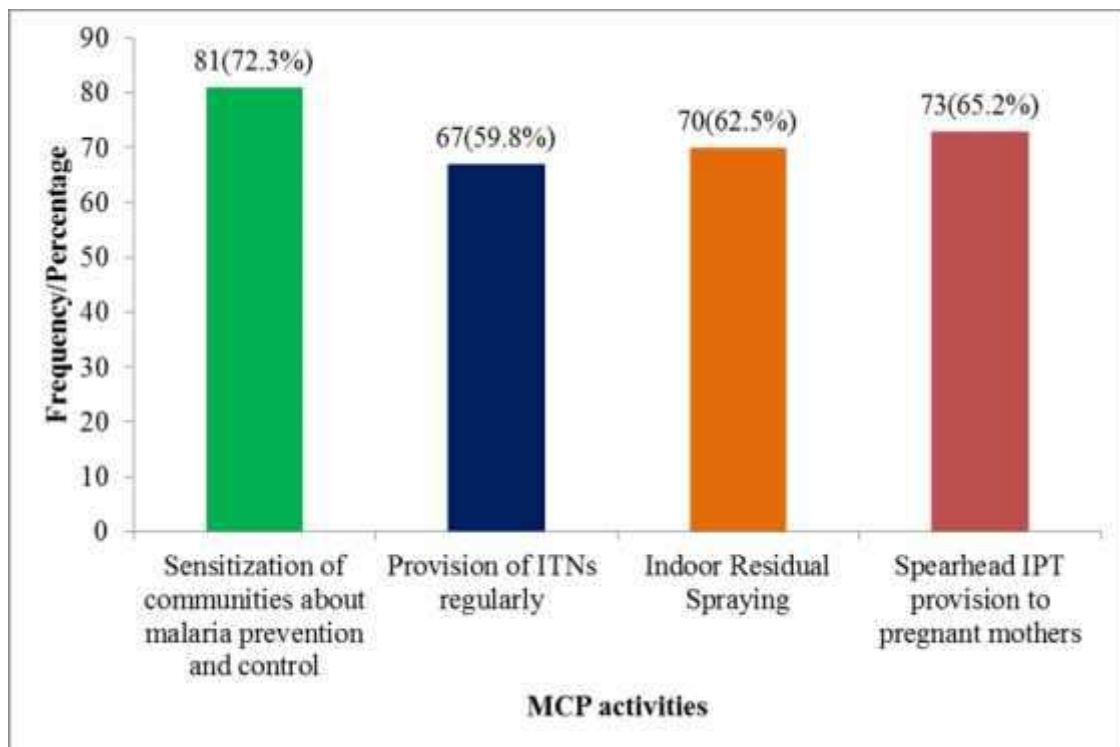


The study results show that most of the respondent employees within the M & E department of the different MCP implementing organizations knew ensuring that malaria is controlled as one of the key aims of MCP (92.0%). The other aims known includes ensuring universal access to malaria prevention and control (77.7%), reducing the mortality rates for children under five years (79.5%) and increasing the utilization of ITNs and IPT (11.6%). This meant that the within the M & E department of the different MCP implementing organizations were knowledgeable about the aspirations they needed to meet while implementing the MCP activities.

The respondent employees within the M & E department of the different MCP implementing organizations were also asked about the activities that were undertaken under MCP that they implemented. The results were as presented in figure 2 below



**Figure 3: The activities undertaken under MCP**



*Source: Primary*

The results show the Malaria Control Programmes implemented as the sensitization of communities about malaria prevention and control (72.3%), regular provision of ITNs (59.8%) alongside indoor residual spraying (62.5%).

The study results found the other activities undertaken under the Malaria Control Programmes as spearheading of IPT provision to pregnant mothers visiting the different health facilities within Mukono District (65.2%). This therefore shows that the employees within the M&E department of the different organizations implementing Malaria Control Programmes know exactly which activities to monitor and evaluate under the Malaria Control Program that their organizations are charged with implementation.

### 4.3 The factors surrounding implementation of MCP and use of M & E results

#### 4.3.1 The implementation factors surrounding implementation of Malaria

##### Control Programmes in Mukono District

**Table 4: Evaluation quality as an implementation factor within the organization**

Evaluation quality aspects	S.D	D	N.S	A	S.A	Mean(S.D)
	N (%)	N (%)	N (%)	N (%)	N (%)	
On the overall, Monitoring and Evaluation activities are undertaken in a way that satisfies the stakeholders	0(0.0)	7(6.3)	0(0.0)	73(65.2)	32(28.6)	4.16 (0.72)
The Monitoring and Evaluation process until the production of results is handled by qualified and trained staff	0(0.0)	6(5.4)	34(30.4)	71(63.4)	1(0.9)	3.59 (0.62)
The M&E activities including the final reporting are always meet the established standards of conducting M&E process.	17(15.2)	30(26.8)	0(0.0)	43(38.4)	22(19.6)	3.21(1.42)
<b>Overall Mean(S.D)</b>						<b>3.65(0.92)</b>

**Source: Primary**

The study results from the respondent employees of MCP implementing organizations showed that on the overall, Monitoring and Evaluation activities were undertaken in a way that satisfies the stakeholders (65.2%). The results also showed that the Monitoring and Evaluation process until the production of results were handled by qualified and trained staff (63.4%) and the M&E activities including the final

reporting always meet the established standards of conducting M&E process (38.4%).

The overall quality of the Monitoring and Evaluation process of the Malaria Control

Program was moderate (Mean = 3.65, S.D = 0.92).

**Table 5: The capacity level of the organizations as an implementation factor**

<i>Capacity</i>	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
Leaders ably inspire, prioritize, make decisions, provide direction, and innovate the way Monitoring and Evaluation activities are undertaken	2(1.8)	0(0.0)	34(30.4)	74(66.1)	2(1.8)	3.66 (0.61)
Management ably ensures effective and efficient use of both the human and non-human resources in the M&E activities of MCP	0(0.0)	17(15.2)	0(0.0)	29(25.9)	66(58.9)	4.29(1.06)
This organization is highly equipped to implement MCP programmatic Monitoring and Evaluation functions.	0(0.0)	17(15.2)	33(29.5)	58(51.8)	4(3.6)	3.44(0.79)
We have adequate staff that are used in the planning, data collection, analysis, reporting and dissemination of M&E findings	0(0.0)	3(2.7)	17(15.2)	48(42.9)	44(39.3)	4.19(0.79)
We are able to provide the necessary financial resources that are utilize in undertaking the M&E activities	0(0.0)	17(15.2)	0(0.0)	66(58.9)	29(25.9)	3.96(0.93)
There are functional equipment which are used in the process of collecting, analysis and disseminating M&E findings	0(0.0)	20(17.9)	24(21.4)	40(35.7)	28(25.0)	3.68(1.04)
There is necessary technology and articulate information	2(1.8)	4(3.6)	24(21.4)	56(50.0)	26(23.2)	3.89 (0.86)

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systems that are used in  
undertaking M&E of MCP

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***Overall Mean(S.D) 3.87(0.86)***

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***Source: Primary***

In regard to capacity results from most employees of the MCP implementing organizations show that the leaders in the organization ably inspired, prioritized, made decisions, provided direction, and innovated the way Monitoring and Evaluation activities were undertaken (66.1%). The results also show that the management of the organizations ably ensured effective and efficient use of both the human and non-human resources in the M&E activities of MCP (58.9%) and the organizations were highly equipped to implement MCP programmatic Monitoring and Evaluation functions (51.8%).

The study results also showed that the organizations had adequate staff used in the planning, data collection, analysis, reporting and dissemination of M&E findings (42.9%) and the organizations were able to provide the necessary financial resources that are utilized in undertaking the M&E activities (58.9%).

The study results also showed that the organizations had got functional equipment which used in the process of collecting, analysis and disseminating M&E findings (35.7%) together with the necessary technology and articulate information systems that were used in undertaking M&E of MCP (50.0%). On the overall the organizations included in this study had a moderate capacity to undertake Monitoring and Evaluation of the Malaria Control Program (Mean = 3.87, S.D = 0.86).

**Table 6: The communication of findings as an implementation factor**

	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
<i>Communication of findings</i>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
The communication of M&E findings are normally done in their rightful content as per the requirements of the stakeholders	0(0.0)	2(1.8)	0(0.0)	46(41.1)	64(57.1)	4.54(0.59)
In communicating Monitoring and Evaluation findings, formats that are friendly to the audiences are normally adopted.	0(0.0)	6(5.4)	0(0.0)	83(74.1)	23(20.5)	4.09 (0.64)
The medium used in the communication of the M&E findings is diverse enough to cater for information needs of all audiences	0(0.0)	7(6.3)	34(30.4)	15(13.4)	56(50.0)	4.07 (1.03)
The methods used in the communication of M&E findings meet the needs of the audiences that are supposed to make use of the M&E results.	17(15.2)	10(8.9)	33(29.5)	50(44.6)	2(1.8)	3.09(1.10)
<b>Overall Mean(S.D)</b>						<b>3.95(0.84)</b>

**Source: Primary**

The study results in relation to the communication of findings as an implementation factor shows according to most employees of the MCP implementing organizations that the communication of M&E findings were normally done in their rightful content as per the requirements of the stakeholders (57.1%). The results also shows that the communication of the Monitoring and Evaluation findings inclusive of the formats adopted were friendly to the audiences (74.1%).

Similarly, findings show that the media used in the communication of the M&E findings were diverse enough to cater for information needs of all audiences (50.0%) and the methods used in the communication of M&E findings met the needs of the audiences that were supposed to make use of the M&E results (44.6%). On the overall the communication of the findings from Monitoring and Evaluation activities of the malaria control program was fair (Mean= 3.95, S.D = 0.84).

**Table 7: The extent to which timeliness as an implementation factor is upheld**

<b>Aspects of timeliness</b>	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
The planning of the M&E function is normally undertaken at the right time allowing all stakeholders to participate	7(6.3)	25(22.3)	41(36.6)	38(33.9)	1(0.9)	3.01(0.9)
Finances used in M&E are availed in a timely manner by this organization	1(0.9)	23(20.5)	55(49.1)	30(26.8)	3(2.7)	3.09 (0.78)
The equipment used in M&E are availed in a timely manner by this organization	19(17.0)	13(11.6)	63(56.3)	17(15.2)	0(0.0)	2.70 (0.93)
The collection of the M&E information relating to MCP are undertaken at the right time when all stakeholders are readily accessible	28(25.0)	7(6.3)	61(54.5)	13(11.6)	3(2.7)	2.61(1.07)
The analysis and report writing of the M&E results from the M&E process are always undertaken in a timely manner for internal needs	1(0.9)	75(67.0)	30(26.8)	6(5.4)	0(0.0)	2.37(0.60)

The M&E reports are disseminated and therefore reach the external stakeholders always in a timely manner basing on the agreed need.	0(0.0)	0(0.0)	22(19.6)	82(73.2)	8(7.1)	3.88(0.50)
<b>Overall Mean(S.D)</b>						2.94(0.79)

**Source: Primary**

The study results in relation to the timeliness shows that most employees of the implementing organizations were indifferent as to whether the planning of the M&E function was normally undertaken at the right time to allow all stakeholders to participate (36.6%). Most employees who participated in the study were also indifferent as to whether the finances used in M&E were availed in a timely manner by the organizations (49.1%) and as well indifferent as to whether the equipment used in M&E were availed in a timely manner by the organizations (56.3%). The study results also show that most employees were indifferent as to whether the collection of the M&E information relating to MCP was undertaken at the right time when all stakeholders were readily accessible (54.5%)

The results however show that the analysis and report writing of the M&E results from the M&E process were rarely undertaken in a timely manner (67.0%) though the M&E reports were disseminated and therefore reached the stakeholders in a timely manner basing on the agreed need (73.2%).

**4.3.2 The decision factors surrounding implementation of Malaria Control**

**Programmes in Mukono District**

The study also established that decision factors surrounding implementation of Malaria Control Programmes in Mukono District. The results related to decision

characteristics, commitment/receptiveness and information needs. The results in relation to the decision characteristics were as presented in the table below;

**Table 8: The decision features in relation to Monitoring and Evaluation activities**

	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
<i>Decision features</i>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
We are always involved in the decisions to and of undertaking M&E activities in this organization	0(0.0)	6(5.4)	4(3.6)	48(42.9)	54(48.2)	4.34(0.89)
The decisions made in relation to the Monitoring and Evaluation function in this organization are highly executable.	0(0.0)	17(15..2)	7(6.3)	82(73.2)	6(5.4)	3.69(0.79)
The decisions made with respect the Monitoring and Evaluation in this organization provides an opportunity for empowerment of all players.	0(0.0)	23(20.5)	21(18.8)	52(46.4)	16(14.3)	3.54 (0.98)
The decisions within this organization positively impact on other organizations and stakeholders	0(0.0)	7(6.3)	55(49.1)	49(43.8)	1(0.9)	3.39 (0.62)
The decisions made in relation to Monitoring and Evaluation function of the programs implemented are highly replicable	0(0.0)	0(0.0)	0(0.0)	44(39.3)	68(60.7)	4.61 (0.49)
					<b>Overall</b>	<b>3.91(0.75)</b>

*Source: Primary*



The study results shows according to most respondent employees that the employees as stakeholders were always involved in the decisions to and of undertaking M&E activities in the MCP implementing organizations (48.2%) and that the decisions made in relation to the Monitoring and Evaluation function within the organizations were highly executable (73.2%).

The study results also show that the decisions made with respect the Monitoring and Evaluation in the different implementing organizations provided an opportunity for empowerment of all players (46.4%) and that such decisions made in relation to Monitoring and Evaluation function of the programs implemented were highly replicable (60.7%)

The study results however show that most employees were indifferent as to whether the decisions within the different organizations positively impacted on other organizations and stakeholders (49.1%). In general, within the different MCP implementing organization there were fair decision characteristics as per the Monitoring and Evaluation function of the Malaria Control Program.

**Table 9: The receptiveness of Monitoring and Evaluation of MCP activities**

	SD	D	NS	A	SA	Mean(S.D)
Receptiveness aspects	N (%)	N (%)	N (%)	N (%)	N (%)	
The organization is committed to supporting the functioning of Monitoring and Evaluation of the MCP	17(15.2)	0(0.0)	16(14.3)	52(46.4)	27(24.1)	3.64 (1.28)
The staff in the organization alongside those the implementation team always demonstrate commitment to undertaking the Monitoring and Evaluation of MCP	0(0.0)	17(15.2)	0(0.0)	51(45.5)	44(39.3)	4.09(1.00)
The management of this organization and that implementing MCP are	0(0.0)	0(0.0)	0(0.0)	32(28.6)	80(71.4)	4.71 (0.45)

highly welcoming to a Monitoring and Evaluation function						
I would accept almost any type of assignment in relation to the Monitoring and Evaluation of the programs in order to keep working under the projects of this organization	0(0.0)	0(0.0)	17(15.2)	84(75.0)	11(9.8)	3.95 (0.49)
I have a good understanding of where the Malaria Control programme implementation is going	0(0.0)	17(15.2)	17(15.2)	51(45.5)	27(24.1)	3.79(0.98)
<b>Overall</b>						<b>4.04(0.84)</b>

*Source: Primary*

The study results in relation to receptiveness show according to most employees within the implementing organizations that the organizations were committed to supporting the functioning of Monitoring and Evaluation of the MCP (46.4%). Similarly, the employees in the different implementing organizations alongside those on the implementation team always demonstrated commitment to undertaking the Monitoring and Evaluation of MCP (45.5%). The study findings also show that the management of the implementing organizations and that implementing MCP were highly welcomed the Monitoring and Evaluation function (71.4%).

The study results also show that most employees would accept almost any type of assignment in relation to the Monitoring and Evaluation of the programs in order to keep working under the projects of the implementing organization (75.0%). The results also showed that most respondent employees had good understanding of where the Malaria Control Programmes implementation was going (45.5%).

In general, the results showed a high commitment to the Monitoring and Evaluation of Malaria Control Program within the implementing organization (Mean = 4.04, S.D = 0.84).

**Table 10: Information needs in relation to the Monitoring and Evaluation function**

<i>Information needs</i>	<b>SD</b>	<b>D</b>	<b>NS</b>	<b>A</b>	<b>SA</b>	<b>Mean(S.D)</b>
	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
The Monitoring and Evaluation exercises are highly based on the information needs of the MCP stakeholders	0(0.0)	0(0.0)	17(15.2)	78(69.6)	17(15.2)	4.00(0.55)
The information captured during the Monitoring and Evaluation exercise normally meets the expected uses of the results	0(0.0)	0(0.0)	17(15.2)	14(12.5)	81(72.3)	4.57 (0.74)
The Monitoring and Evaluation function normally provides the rightful information for learning in relation to best practices in MCP implementation	0(0.0)	0(0.0)	41(36.6)	66(58.9)	5(4.5)	3.68(0.56)
The information provided following an M&E exercise is often well suited meet the decision making needs with regard to MCP activities	0(0.0)	17(15.2)	17(15.2)	52(46.4)	26(23.2)	3.78(0.97)
The Monitoring and Evaluation exercise provides information that is needed for	0(0.0)	7(6.3)	0(0.0)	73(65.2)	32(28.6)	4.16 (0.72)

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improvement purposes  
regard to MCP  
implementation.

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**Overall 4.04(0.71)**

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*Source: Primary*

The study results also show that the Monitoring and Evaluation exercises were highly based on the information needs of the MCP stakeholders (69.6%) and that the information captured during the Monitoring and Evaluation exercise normally met the expected uses of the results (72.3%).

Similarly, the results showed that the Monitoring and Evaluation function normally provided the rightful information for learning in relation to best practices in MCP implementation (58.9%), the information provided following an M&E exercise was often well suited to meet the decision making needs with regard to MCP activities (46.4%).

The study findings also show that the Monitoring and Evaluation exercise provided information that was needed for improvement purposes regard to MCP implementation (65.2%). On the overall the Monitoring and Evaluation activities of the Malaria Control Program highly provided and met the information needs for learning, decision making and improvement of the Malaria Control Program (Mean = 4.04, S.D = 0.71).

### 4.3.3 The community factors surrounding implementation of Malaria Control

#### Program in Mukono District

**Table 11: Community factors surrounding implementation of MCP in Mukono**

#### District

	S.D	D	N.S	A	S.A	Mean(S.D)
Community aspects	N (%)	N (%)	N (%)	N (%)	N (%)	
<i>Attitude towards malaria control</i>						
The communities believe that sleeping under a mosquito net during the night is one way to prevent getting Malaria	6(5.4)		34(30.4)	71(63.4)	1(0.9)	3.59(0.61)
The community members are more than ready to recommend other members of the community to prevent themselves against malaria	17(15.2)	30(26.8)	0(0.0)	43(38.4)	22(19.6)	3.21(1.42)
The communities where MCP is implemented feel they need to be involved to much more extent in the implementation and M&E of MCP	2(1.8)	0(0.0)	34(30.4)	74(66.1)	2(1.8)	3.66(0.61)
The community members report misuse of the ITNS provided under MCP to the implementing organization	0(0.0)	17(15.2)	0(0.0)	29(25.9)	66(58.9)	4.36(1.10)
The community thinks that malaria is a serious disease and can result in loss of life not attended	0(0.0)	17(15.2)	33(29.5)	58(51.8)	4(3.6)	3.44(0.79)

	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
<b>Community aspects</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
to in a timely manner						
						<b>Overall mean (S.D) 3.65(0.91)</b>
<b><i>Beliefs about Malaria Control</i></b>						
The community in which the Malaria Control Program is implemented believes that malaria cannot be prevented.	0(0.0)	51(45.5)	61(54.5)	0(0.0)	0(0.0)	2.54 (0.50)
There is a general belief within the community that the ITNs and indoor Residual spraying as provided under the MCP reduce their life span.	0(0.0)	82(73.2)	27(24.1)	3(2.7)	0(0.0)	2.35(0.51)
The communities have got this belief that traditional malaria control approaches are better than MCP approaches	0(0.0)	60(53.6)	48(42.9)	4(3.6)	0(0.0)	2.50 (0.57)
						<b>Overall mean (S.D) 2.46(0.53)</b>
<b><i>Decision making</i></b>						
The decisions involving the use of the items and services provided under MCP is undertaken by a versed majority of all community stakeholders	2(1.8)	28(25.0)	82(73.2)	0(0.0)	0(0.0)	2.71 (0.49)
The community served under the Malaria Control Programme are highly involved in the decision making process	0(0.0)	2(1.8)	95(84.8)	15(13.4)	0(0.0)	3.12(0.37)

	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>	<b>Mean(S.D)</b>
<b>Community aspects</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	
of MCP Monitoring and Evaluation activities						
The views of the community are always incorporated in the decision making process by both the MCP implementing team and the key stakeholders	0(0.0)	6(5.4)	94(83.9)	12(10.7)	0(0.0)	3.05 (0.39)
<b>Overall mean (S.D)</b>						<b>2.46(0.53)</b>

**Source: Primary**

The study results with regard to attitude towards malaria control show according to the to the responses of the employees from Monitoring and Evaluation departments that the communities believed that sleeping under a mosquito net during the night was one way to prevent getting Malaria (63.4%). The employees also reported the community members as being more than ready to recommend other members of the community to prevent themselves against malaria (38.4%). The results also show according to the to the responses of the employees from Monitoring and Evaluation departments that the communities where MCP was implemented felt they needed to be involved to much more extent in the implementation and M&E of MCP (66.1%). The findings also show that the community members reported misuse of the ITNS provided under MCP to the implementing organization (25.9%) and the same community thought that malaria was a serious disease and could result in loss of life if not attended to in a timely manner (51.8%). On the average the results show a fair attitude towards malaria control within the communities were MCP were implemented.

The study results in relation to beliefs about malaria showed that most of the communities where the Malaria Control Programmes were implemented were not sure whether malaria can be prevented or not (54.5%). There was however disagreement among the respondent employees that the communities had a belief that traditional malaria control approaches are better than MCP approaches (73.2%). Most of the employees as well disagreed to the general belief within the community that the ITNs and indoor Residual spraying as provided under the MCP reduced their life span (53.6%). On the overall there is a good belief about malaria control using the MCP initiatives (Mean = 2.46, S.D = 0.53).

The findings showed that the employees of the MCP implementing organizations were undecided as to whether the decisions involving the use of the items and services provided under MCP were undertaken by a versed majority of all community stakeholders (73.2%). The findings also show that most of the employees were equally indifferent as to whether the views of the community were always incorporated in the decision making process by both the MCP implementing team and the key stakeholders (84.8%). The employees were also indifferent as to whether the community served under the Malaria Control Programmes were highly involved in the decision making process of MCP Monitoring and Evaluation activities (83.9%). On the overall there is poor decision making in relation to Malaria Control Programmes among the communities where the program is implemented (Mean = 2.46, S.D =0.53).

#### **4.3.4 The utilization of Monitoring and Evaluation findings**

The study also established that utilization of Monitoring and Evaluation findings in as far as the implementation of the Malaria Control Program within Mukono District was concerned. The study findings were as presented in the table below;



**Table 12: Utilization of Monitoring and Evaluation findings implementing MCP activities**

<i>M &amp; E utilization aspects</i>	<b>S.D</b> N (%)	<b>D</b> N (%)	<b>N.S</b> N (%)	<b>A</b> N (%)	<b>S.A</b> N (%)	<b>Mean(S.D)</b>
The results from Monitoring and Evaluation of MCPs have been used inform the current ways we manage risks during the program implementation	0(0.0)	66(58.9)	46(41.1)	0(0.0)	0(0.0)	2.41 (0.49)
The M&E findings have used in the planning and designing of the malaria control program being implemented	0(0.0)	69(61.6)	41(36.6)	1(0.9)	1(0.9)	2.41 (0.56)
The M&E results are always used as a learning point in regard to the implementation of MCP	0(0.0)	80(71.4)	29(25.9)	2(1.8)	1(0.9)	2.32 (0.56)
The preceding M&E findings have always been utilized for making decisions regarding the implementation of malaria control program	0(0.0)	77(68.8)	34(30.4)	1(0.9)	0(0.0)	2.32 (0.49)
The formulation of policies on the implementation of MCP has always been based on the successful use of the preceding M&E results	17(15.2)	73(65.2)	20(17.9)	1(0.9)	1(0.9)	2.07 (0.67)
The results from M&E have also been explicitly used in undertaking MCP impact assessment	2(1.8)	74(66.1)	34(30.4)	2(1.8)	0(0.0)	2.32 (0.54)

The improvement in the implementation of MCP has been based on the successful utilization of the M&E findings	0(0.0)	46(41.1)	61(54.5)	3(2.7)	2(1.8)	2.65 (0.63)
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**Overall**

**2.34(0.56)**

*Source: Primary*

The study findings show that the respondent employees were indifferent as to whether the improvement in the implementation of MCP within the different implementing organizations was based on the successful utilization of the M&E findings (54.5%).

The study results however show that the results from Monitoring and Evaluation of MCPs were rarely used inform the current ways the implementing team managed risks during the program implementation 66(58.9). Findings also show that the M&E findings were rarely used in the planning and designing of the malaria control program being implemented (61.6%)

The study findings according to the majority respondent employees also showed that the M&E results were rarely used as a learning point in regard to the implementation of MCP (71.4%) and rarely were such M&E findings utilized for making decisions regarding the implementation of malaria control program (68.8%).

Similarly findings show that the formulation of policies on the implementation of MCP were rarely based on the successful use of the preceding M&E results (65.2%) besides the results from the Monitoring and Evaluation function were rarely explicitly used in undertaking MCP impact assessment (66.1%). On the overall there is a poor utilization of the Monitoring and Evaluation results in the implementation of the Malaria Control Program among the implementing organizations in Mukono District

(Mean = 2.34, S.D = 0.56). In this regard one of the health facility administrators in a separate interview said the following verbatim;

*“To me I don’t think the results they get from the evaluations are used”. “Most of the things we advise them like increasing the ITNs remain unhandled”, he added. “We are even out of the IPTs for the pregnant mothers”, said another health facility administrator in a separate interview. “This to me points to the fact that the findings they the MCP implementing organizations get from are possibly not used”, she lamented. “Because by now we would be having IPT highly stocked”, she further explained.*

#### **4.4 The bivariate results of the implementation, decision, and community factors that influence utilization of M&E results**

The study particularly established the factors that significantly affected the utilization of Monitoring and Evaluation findings in the implementation of the Malaria Control Program among the implementing organizations in Mukono District. The study results in relation to the significant factors were in relation to implementation, decision, and community factors as shown below;

**Table 13: Pearson’s correlation results of the factors that influence utilization of M&E results**

<b>Factors</b>	<b>Pearson Correlation(r)</b>	<b>p- value</b>
<b>Implementation factors</b>		
Evaluation quality	0.256	<b>0.003**</b>
Communication	0.279	<b>0.001**</b>
Timeliness	0.533	<b>0.000**</b>
<b>Decision factors</b>		
Decision characteristics	0.476	<b>0.000**</b>
Receptiveness	-0.031	0.372
Information needs	0.205	<b>0.015**</b>
<b>Community factors</b>		
Attitude towards malaria control	0.132	0.083
Beliefs about malaria	0.524	<b>0.000**</b>
Decision making	0.281	<b>0.001**</b>

**\*\*Significant at 5%**

The study findings following a Pearson’s correlational analysis found the significant factors implementation factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District as evaluation quality ( $r = 0.256, p = 0.003 < 5\%$ ), communication of the findings ( $r = 0.279, p = 0.001 < 5\%$ ) and timeliness of the M & E activities ( $r = 0.533, p = 0.000 < 5\%$ ). Findings show that much as evaluation quality and communication of the M & E results had a weak significant effect, timeliness of the M & E activities had a significantly moderate positive effect on the utilization of M & E findings in the implementation of the MCP activities across the organizations. This meant that the

better the evaluation quality, communication of M & E results and timeliness of the M & E activities, the higher the utilization of such findings in the implementation of the MCP activities across the organizations and the poorer the better the evaluation quality, communication of M & E results alongside timeliness of the M & E activities, the lower the utilization of such findings in the implementation of the MCP activities across the organizations. In this regard one of the Health facility administrators said the following verbatim;

*“We have not even seen any of the reports those who monitor and evaluate these MCP programs have done”, she noted. “There is limited communication of the findings which makes it had for us to help implement the MCP program better”, said another health facility administrator. “Sometimes the people collecting information seem like they do not know what they are doing”, said a facility administrator in a separate interview. “How can we use such results where quality seems compromised”, he continued to lament. “In my thinking the people evaluating are trained but some things are left out in the collection of the information which sometimes is done too late to understand when it is to be used”, reported another health facility administrator. “I rarely see the reports from the evaluation of the MCP activities but when they come they are untimely”, said another health facility administrator. “The reports needs to be produced and received before the budgeting time if we are to ably use them”, he continued to explain.*

The study results in relation to decision factors show that commitment or receptiveness ( $r = -0.031$ ,  $p = 0.372 > 5\%$ ) did not significantly affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District. However, factors such as decision characteristics ( $r = 0.476$ ,  $p = 0.000 < 5\%$ ) and information needs ( $r = 0.205$ ,  $p = 0.015 < 5\%$ ) significantly affecting utilization of Monitoring and Evaluation findings in implementation of malaria control program. Given that it was a positive correlation, it meant that the better the decision features in undertaking M & E activities and meeting of information needs, the higher the utilization of such findings in the implementation of the MCP activities across the organizations and vice versa. In this regard one of the health facility administrators said the following verbatim;

*“Of course, you cannot use the findings if they don’t meet the information needs”. “The information needs require being used for improvement like in the provision of IPT even these nets”, he continued to explain. “But the problem is we don’t even know what the results are used for even the ITNs are now very few, so when will the malaria go”, he explained. “The decisions made..... I don’t think many of us are involved or are they even possible to reach?”, asked another health facility administrator during a separate interview. “Decisions need to involve the stakeholders if they are to be successfully used”, she continued to explain.*

The study results in relation to the community factors also shows the attitude towards malaria control ( $r = 0.132$ ,  $p = 0.083 > 5\%$ ) as not significantly affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program in Mukono District. The beliefs about malaria ( $r = 0.524$ ,  $p = 0.000 < 5\%$ ) and

decision making ( $r = 0.281$ ,  $p = 0.001 < 5\%$ ) were the community factors that significantly affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District. The effect of these community factors was such that the better the community beliefs about malaria control and decision making, the high the utilization the utilization of such findings in the implementation of the MCP activities across the organizations and vice versa. In this regard one of the health facility administrators said the following verbatim;

*“The community just uses some of the MCP items for fishing and they are not concerned since they don’t know”. “This affects the use of the evaluation results since when asked they will have nothing to say”, she explained. “Even when the MCP activities have been around some (Community members) are ready to be involved especially the opinion leaders”. “This makes use of the findings possible since there are those who demand accountability”, she explained.*

#### **4.5 The multivariate results of the factors that independently influence utilization of M&E results**

The study also conducted a multiple regression analysis to determine the factors that independently influence utilization of M&E results in implementation of Malaria Control Programmes in Mukono District. The results in this regard were as presented in table 14 below;

**Table 14: Multiple regression results for the factors that independently influence utilization of M&E results**

Model	Unstandardized Coefficients		Standardized Coefficients	t	p - value
	B	Std. Error	Beta		

1 (Constant)	5.511	1.323		4.165	0.000
Evaluation quality	-0.050	0.039	-0.215	-1.263	0.209
Communication	-0.260	0.097	-0.445	-2.684	<b>0.008**</b>
Timeliness	0.222	0.046	0.445	4.802	<b>0.000**</b>
Decision characteristics	0.369	0.084	0.656	4.403	<b>0.000**</b>
Information needs	-0.040	0.094	-0.064	-0.422	0.674
Beliefs about malaria	0.612	0.073	0.492	8.358	<b>0.000**</b>
Decision making	0.243	0.111	0.146	2.198	<b>0.030**</b>
			R	0.810	
			R Square	0.656	
			Adjusted R Square	0.633	
			Std. Error of the Estimate	0.80133	
<b>Change Statistics</b>					
			R Square Change	0.656	
			F Change	28.301	
			df1	7	
			df2	104	
			Sig. F Change	0.000	

***Dependent Variable: Utilization of M&E results***

The study findings from the regression analysis established that evaluation quality ( $p = 0.209 > 5\%$ ) and information needs ( $p = 0.674$ ) were not significant factors that independently affected the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program in Mukono District.

The study however found that communication of the Monitoring and Evaluation findings ( $p = 0.008 < 5\%$ ) and timeliness ( $p = 0.000 < 5\%$ ) as the implementation factors that independently affected the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.



The findings also show the decision characteristics ( $p = 0.000 < 5\%$ ) as per the Monitoring and Evaluation activities as the only decision factors affecting the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

The results as presented in table 14 above also show beliefs about malaria ( $p = 0.000 < 5\%$ ) and decision making ( $p = 0.030 < 5\%$ ) as the community factors that independently affecting the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

Study results show that at 5% level of significance, beliefs about malaria and its control within the community had the highest significance level of 8.358, followed with timeliness of M & E activities with a 4.802 significance and decision characteristics in undertaking M & E activities with a significance of 4.403. Whereas the issue of decision making within the community had a significance of 2.198, information needs as a decision factors was the least with a significance of -0.422.

Study results from table 14 above, shows a coefficient of determination of 0.656. This meant that evaluation quality, communication of M & E findings, timeliness, decision characteristics, information needs, beliefs about malaria and decision making explain 65.6% of the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District. The remaining 34.4% is explained by other factors which could be the political environment, issues to do with environment in which MCP operates among others.

## **CHAPTER FIVE**

### **SUMMARY, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter provides a summary of the findings, discusses the findings with respect to the objectives. It also makes conclusions based on the findings and makes recommendations for possible improvements with regard to the study identifying the factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District.

## 5.2 Summary

### **The implementation factors that affect utilization of Monitoring and Evaluation findings**

The current study found on average Monitoring and Evaluation results were rarely utilized in the implementation of the Malaria Control Program among the implementing organizations (Mean = 2.34, S.D = 0.56).

This study found that at bivariate level the implementation factors amongst which in the evaluation quality ( $r = 0.256, p = 0.003 < 5\%$ ), communication of the findings ( $r = 0.279, p = 0.001 < 5\%$ ) and timeliness of the M & E activities ( $r = 0.533, p = 0.000 < 5\%$ ), were found to significantly affect the utilization of Monitoring and Evaluation findings in implementation of malaria control program. The study however found communication of the Monitoring and Evaluation findings ( $p = 0.008 < 5\%$ ) and timeliness ( $p = 0.000 < 5\%$ ) as the only implementation factors that independently affected the utilization of Monitoring and Evaluation findings in implementation of MCP.

### **The decision factors that influence utilization of Monitoring and Evaluation findings**

The current study also found that while commitment or receptiveness ( $r = -0.031, p = 0.372 > 5\%$ ) wasn't a decision factor that affected utilization of Monitoring and Evaluation findings in implementation of MCP, decision characteristics ( $r = 0.476, p = 0.000 < 5\%$ ) and information needs ( $r = 0.205, p = 0.015 < 5\%$ ) were the factors that significantly affected utilization of Monitoring and Evaluation findings in implementation of MCP at bivariate level. This study however found decision characteristics ( $p = 0.000 < 5\%$ ) as the only decision factor that independently

affected utilization of Monitoring and Evaluation findings in implementation of MCP at multivariate level.

### **The decision factors that influence utilization of Monitoring and Evaluation findings**

This study also established at bivariate level that community attitude towards malaria control ( $r = 0.132$ ,  $p = 0.083 > 5\%$ ) insignificantly affected utilization of Monitoring and Evaluation findings in implementation of MCP. The study however ascertained the significant community factors as beliefs about malaria ( $r = 0.524$ ,  $p = 0.000 < 5\%$ ) and decision making ( $r = 0.281$ ,  $p = 0.001 < 5\%$ ). The study found at multivariate level similarly beliefs about malaria ( $p = 0.000 < 5\%$ ) and decision making ( $p = 0.030 < 5\%$ ) as the community factors that independently affected the utilization of Monitoring and Evaluation findings in implementation of MCP.

### **5.3 Discussion**

#### **The implementation factors that affect utilization of Monitoring and Evaluation findings**

The current study found communication of the Monitoring and Evaluation findings ( $p = 0.008 < 5\%$ ) as one of the implementation factors that affected the utilization of Monitoring and Evaluation findings in the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program. This study also found timeliness in undertaking of the Monitoring and Evaluation activities ( $p = 0.000 < 5\%$ ) as an implementation factor that significantly affected the utilization of Monitoring and Evaluation findings in implementation of MCP. These findings compare well with those in an earlier study by PELUM Uganda, (2008) that if Monitoring and Evaluation can generate information that is well packaged and disseminated in the right form, utilization of the results is somewhat assured but best

demonstrated by successful communication of such findings. The results are also similar to those by Kusek and the colleagues who found the practice of using inappropriate baselines defeats the whole concept of “data quality triangle which encompasses elements of data reliability, data validity and data timeliness for its usability. The current results are also similar to those found by Cunnen, (2006) finds that a system of over two thousand societal indicators to measure Results for Canadians across all sectors need to be timely.

### **The decision factors that influence utilization of Monitoring and Evaluation findings**

This study also established that commitment or receptiveness of the M & E function ( $r = -0.031$ ,  $p = 0.372 > 5\%$ ) insignificantly affected utilization of Monitoring and Evaluation findings in implementation of MCP. These findings are quite different from those earlier found by Mayne (2001) that government’s commitment to sharpening its citizen focus in designing, delivering, evaluating and reporting on government activities has a direct role in having the evaluation results best put to use. They are also different from those earlier found by Molander, Nilson and Schick (2002) that receptiveness while implementing result based monitoring is fundamental in ensuring the results are put to good utilization. This could be explained by the fact that while the latter comparisons were based undertaken in other regions other than Uganda.

The study in this current form found decision characteristics with regard to M & E activities ( $p = 0.000 < 5\%$ ) as the decision factor that independently affected utilization of Monitoring and Evaluation findings in implementation of MCP. These findings compare well with those in an earlier study by Jabbra and Dwiredi (1989) who found participation, the rule of law and inclusivity, as a more and all-embracing

concept in the making of decisions as spurring use of Monitoring and Evaluation results.

### **The community factors that affect utilization of Monitoring and Evaluation findings**

The current study found beliefs about malaria ( $p = 0.000 < 5\%$ ) besides decision making in relation to controlling malaria ( $p = 0.030 < 5\%$ ) as the community factors that affected the utilization of Monitoring and Evaluation findings in implementation of MCP. These findings are similar to those found by Gallup and Sachs (2001), that community participation enabled communities to influence the decisions and resources that directly affect them. This thus helps in making good use of the Monitoring and Evaluation results given that the introduction of interventions into communities took into account all actors, their roles, competence and experience, as well as their environment. They are however different from those found by Obol et al., (2011) that many women erroneously believed that malaria was a sign of pregnancy and most resorted to using traditional herbs as a remedy for both malaria and other pregnancy ailments. This could be attributed to the fact that the comparison study remains silent about utilization of Monitoring and Evaluation results.

## **5.4 Conclusions**

### **The implementation factors that affect utilization of Monitoring and Evaluation findings**

The communication of the Monitoring and Evaluation findings and timeliness in undertaking the Monitoring and Evaluation activities are the implementation factors that affect the utilization of Monitoring and Evaluation findings in implementation of MCP.

### **The decision factors that influence utilization of Monitoring and Evaluation findings**

The decision characteristics with regard to Monitoring and Evaluation activities alongside the information needs of the Monitoring and Evaluation function affect utilization of Monitoring and Evaluation findings in implementation of MCP at bivariate level.

### **The community factors that affect utilization of Monitoring and Evaluation findings**

The community factors that affect utilization of Monitoring and Evaluation findings in implementation of MCP include the beliefs about malaria and community decision making in regard to malaria control.

## **5.5 Recommendations of the study**

### **The implementation factors that affect utilization of Monitoring and Evaluation findings**

The management of the organizations implementing the malaria control program should design and institute mechanisms which ensure timely analysis and reporting of the M&E results from the M&E process if utilization of such results is to be enhanced.

The management of organizations implementing MCPs should also involve all relevant stakeholders in all programme phases, that is right from planning through implementation to reporting and when reporting special considerations should be made as to the kind of report that is relevant for each stakeholder

Furthermore, the management of organizations implementing MCPs the District Health Teams should use M&E to design community based MCPs and help identify

indicators of programme effectiveness as these programmes should be tailored to the needs of the people.

### **The decision factors that influence utilization of Monitoring and Evaluation findings**

The implementing agencies of the Malaria Control Program should ensure that the decisions undertaken in relation the Monitoring and Evaluation function within the organization should positively impact on other organizations and stakeholders if the utilization of such results is to be enhanced.

The Monitoring and Evaluation Experts within the MCP implementing organizations should support their respective organizations in ensuring in building a Monitoring and Evaluation system that provides the rightful information for learning and decision making needs with regard to MCP activities.

The communities in which MCPs are implemented should be involved in making decisions in relation to the implementation of Programmes

### **The community factors that affect utilization of Monitoring and Evaluation findings**

The government through the line ministry of Health should sensitize communities about control of malaria as to overcome negative beliefs about malaria and support better decision making in regard to malaria control within their respective households.

## **5.6 Limitations to the study**

The researcher limited by the fact that some of the respondents were reluctant to respond to the different questions within the questionnaire. In some cases, some of the



participants failed to complete the questionnaire resulted to a limited number of respondents other than that which was targeted as appropriate.

The study was also partly limited by some of the interviewees politicizing the whole issue with regard to what the implementing organizations of the malaria control program is supposed to provide and what activities it is supposed to cover. This was quite time wasting as the investigator spent more than optimal time trying to reverse such interviewees to the topical matter.

The issue of Monitoring and Evaluation also remains new to most of the interviewees which limited proper articulation of the views in relation to how the different aspects of Monitoring and Evaluation inclusive of results were being used to improvement the malaria control program improvement.

The other very paramount items that were a limitation to this study surrounded the limited funds and logistics to appropriate reach out and address all the issues surrounding the utilization of the Monitoring and Evaluation in the implementation of malaria control program.

## **5.7 Contribution of the Study**

The study raised awareness to both the Malaria Programme implementers, the Mukono District Health Team and the community at large on the relevance and benefits of Utilizing M&E.

All the MCPs that were being implemented in the District adopted a top-down approach. This implied that there was little or no involvement of all stakeholders right from Planning the MCPs through their implementation and reporting. This study therefore emphasized the need for stakeholder involvement.

This study has also contributed to the body of knowledge for both academicians and professionals whose focus is on MCPs and M&E considering the fact that Monitoring and Evaluation is still a new concept to most.

### **5.8 Recommendations for further Research**

The current study was carried involving only up to 120 employees of the Monitoring and Evaluation departments of the Malaria Control Program implementing organizations moreover from only one District. The results to this study would vary if more districts and implementing organizations were to be involved. It is thus recommended that a more appropriate study possibly a survey be carried out for optimal intervention.

The current study showed that the factors addressed or studied such as the evaluation quality, communication of M & E findings, timeliness, decision characteristics, information needs, beliefs about malaria and decision making only explained 65.6% of the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Programmes in Mukono District. The remaining 34.4% is explained by other factors which could be the political environment, issues to do with environment in which MCP operates among others. It is thus recommended that another study be carried out ascertain how such other factors amongst which is political environment influences the utilization of Monitoring and Evaluation results.

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## APPENDICIES

### **Appendix I: Questionnaire for the employees with the M & E departments of organizations implementing Malaria Control Program**

Dear respondent, my name is **Perry Gamba** undertaking a study to factors affecting utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program in Mukono District. The information to be given here is for academic purposes only and in no way shall it be disclosed to any other person. It is



strictly confidential. Please take your time read through and answer to the best of your knowledge.

ID No. \_\_\_\_\_/\_\_\_\_\_

### SECTION A. BIODATA

1. Name of the organization:

\_\_\_\_\_

2. Age (years): (a) 18 -25(.....) (b) 26 – 35(.....) (c) 35 – 45 (.....) (d) 45+ (.....)

3. Gender: (a) Male (.....) (b) Female (.....)

4. Marital status: (a) Single (.....) (b) Married (.....) (c) Divorced/Separated (.....)

(d) Widowed(.....)

5. Religious affiliation

(a) Christian (.....) (b) Muslim (.....) (b) Others\_\_\_\_\_ specify (.....)

6. Education level

(a) Diploma (.....) (b) Undergraduate degree (.....) (c) Postgraduate (.....)

7. Years so far spent working in this organizations M&E department?

(a) Less than 3 (.....) (b) 3 – 5(.....) (d) More than 5(.....)

8. For the time you have been working in this organization, are you conversant with the implementation of Malaria Control Program in Mukono District?

(a) Yes (.....) (b) No (.....)

9. If yes in 8 above, please indicate the aims of Malaria Control Program you implement as an

organization\_\_\_\_\_

10. Irrespective of the responses in 9 above, in which ways have you as an organization been able to help in achieving the above indicated aims\_\_\_\_\_

11. Do you as an organization undertake the M & E function in relation to the implantation MCP activities? (a) Yes (.....) (b) No (.....)

**SECTION B. IMPLEMENTATION FACTORS**

**On a scale of 1 to 5 where 1-Strongly Disagree (SD), 2- Disagree, 3 – Not Sure, 4- Agree and 5- Strongly Agree, rate the following implementation in relation the Monitoring and Evaluation of the MCP activities**

<i>Evaluation quality</i>	<b>SD</b>	<b>D</b>	<b>NS</b>	<b>A</b>	<b>SA</b>
12. On the overall, Monitoring and Evaluation activities are undertaken in a way that satisfies the stakeholders					
13. The Monitoring and Evaluation process until the production of results is handled by qualified and trained staff					
14. The M&E activities including the final reporting are always meet the established standards of conducting M&E process.					
<i>Capacity</i>					
15. The leaders in this organization ably inspire, prioritize, make decisions, provide direction, and innovate the way Monitoring and Evaluation activities are undertaken					
16. The management of this organization ably ensures effective and efficient use of both the human and non- human resources in the M&E activities of MCP					

17. This organization is highly equipped to implement MCP programmatic Monitoring and Evaluation functions.					
18. The organization has got adequate staff that are used in the planning, data collection, analysis, reporting and dissemination of M&E findings					
19. The organization is able to provide the necessary financial resources that are utilize in undertaking the M&E activities					
20. The organization has got functional equipment which are used in the process of collecting, analysis and disseminating M&E findings					
21. The organization has got the necessary technology and articulate information systems that are used in undertaking M&E of MCP					
<b><i>Communication of findings</i></b>					
22. The communication of M&E findings are normally done in their rightful content as per the requirements of the stakeholders					
23. In communicating Monitoring and Evaluation findings, formats that are friendly to the audiences are normally adopted.					
24. The medium used in the communication of the M&E findings is diverse enough to cater for information needs of all audiences					
25. The methods used in the communication of M&E findings meet the needs of the audiences that are supposed to make use of the M&E results.					
<b><i>Timeliness</i></b>					

26.The planning of the M&E function is normally undertaken at the right time allowing all stakeholders to participate					
Finances used in M&E are availed in a timely manner by this organization					
27.The equipment used in M&E are availed in a timely manner by this organization					
28.The collection of the M&E information relating to MCP are undertaken at the right time when all stakeholders are readily accessible					
29.The analysis and report writing of the M&E results from the M&E process are always undertaken in a timely manner for internal needs					
30.The M&E reports are disseminated and therefore reach the external stakeholders always in a timely manner basing on the agreed need.					

**SECTION C. DECISION FACTORS**

**On a scale of 1 to 5 where 1-Strongly Disagree (SD), 2- Disagree, 3 – Not Sure, 4- Agree and 5- Strongly Agree, rate the following aspects in relation decision in undertaking the Monitoring and Evaluation of the MCP activities**

<i>Decision characteristics</i>	<b>SD</b>	<b>D</b>	<b>NS</b>	<b>A</b>	<b>SA</b>
32. We are always involved in the decisions to and of					

undertaking M&E activities in this organization					
33. The decisions made in relation to the Monitoring and Evaluation function in this organization are highly executable.					
34. The decisions made with respect the Monitoring and Evaluation in this organization provides an opportunity for empowerment of all players.					
35. The decisions within this organization positively impact on other organizations and stakeholders					
36. The decisions made in relation to Monitoring and Evaluation function of the programs implemented are highly replicable					
<b><i>Commitment/receptiveness</i></b>					
37. The organization is committed to supporting the functioning of Monitoring and Evaluation of the MCP					
38. The staff in the organization alongside those the implementation team always demonstrate commitment to undertaking the Monitoring and Evaluation of MCP					
39. The management of this organization and that implementing MCP are highly welcoming to a Monitoring and Evaluation function					
40. I would accept almost any type of assignment in relation to the Monitoring and Evaluation of the programs in order to keep working under the projects of this organization					
41. I have a good understanding of where the Malaria Control programme implementation is going					
<b><i>Information needs</i></b>					
42. The Monitoring and Evaluation exercises are highly based on the information needs of the MCP stakeholders					
42. The information captured during the Monitoring and Evaluation exercise normally meets the expected uses of the results					
43. The Monitoring and Evaluation function normally provides the rightful information for learning in relation to best practices in MCP implementation					

44. The information provided following an M&E exercise is often well suited meet the decision making needs with regard to MCP activities					
45. The Monitoring and Evaluation exercise provides information that is needed for improvement purposes regard to MCP implementation.					

#### SECTION D. COMMUNITY FACTORS

**On a scale of 1 to 5 where 1-Strongly Disagree (SD), 2- Disagree, 3 – Not Sure, 4- Agree and 5- Strongly Agree, rate the following aspects in relation community perspectives in implantation of the MCP activities**

<i>Attitude towards malaria control</i>	SD	D	NS	A	SA
46. The communities believe that sleeping under a mosquito net during the night is one way to prevent getting Malaria					
47. The community members are more than ready to recommend other members of the community to prevent themselves against malaria					
48. The communities where MCP is implemented feel they need to be involved to much more extent in the implementation and M&E of MCP					
49. The community members report misuse of the ITNS provided under MCP to the implementing organization					
50. The community thinks that malaria is a serious disease and can result in loss of life not attended to in a timely manner					
<i>Beliefs about Malaria</i>					
51. The community in which the Malaria Control Program is implemented believes that malaria cannot be prevented.					
52. There is a general belief within the community that the ITNs and indoor Residual spraying as provided under the MCP reduce their life span.					
53. The communities have got this belief that traditional malaria control approaches are better than MCP approaches					
<i>Decision making</i>					

54. The decisions involving the use of the items and services provided under MCP is undertaken by a versed majority of all community stakeholders					
55. The community served under the Malaria Control Programme are highly involved in the decision making process of MCP Monitoring and Evaluation activities					
56. The views of the community are always incorporated in the decision making process by both the MCP implementing team and the key stakeholders					

## **SECTION E: UTILIZATION OF MONITORING AND EVALUATION**

### **FINDINGS**

**21. a) Please on a scale of 1 to 5 where 1-Strongly Disagree (SD), 2- Disagree, 3 – Not Sure, 4-Agree and 5- Strongly Agree, rate how often you utilize Monitoring and Evaluation findings as per the following indicated aspects?**

<i>M &amp; E utilization aspects</i>	<b>S.D</b>	<b>D</b>	<b>N.S</b>	<b>A</b>	<b>S.A</b>
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57. The results from Monitoring and Evaluation of MCPs have been used inform the current ways we manage risks during the program implementation					
58. The M&E findings have used in the planning and designing of the malaria control program being implemented					
59. The M&E results are always used as a learning point in regard to the implementation of MCP					
60. The preceding M&E findings have always been utilized for making decisions regarding the implementation of malaria control program					
61. The formulation of policies on the implementation of MCP has always been based on the successful use of the preceding M&E results					
62. The results from M&E have also been explicitly used in undertaking MCP impact assessment					
63. The improvement in the implementation of MCP has been based on the successful utilization of the M&E findings					

*Thanks for your cooperation*

**Appendix II: Interview guide for the health facility administrators**

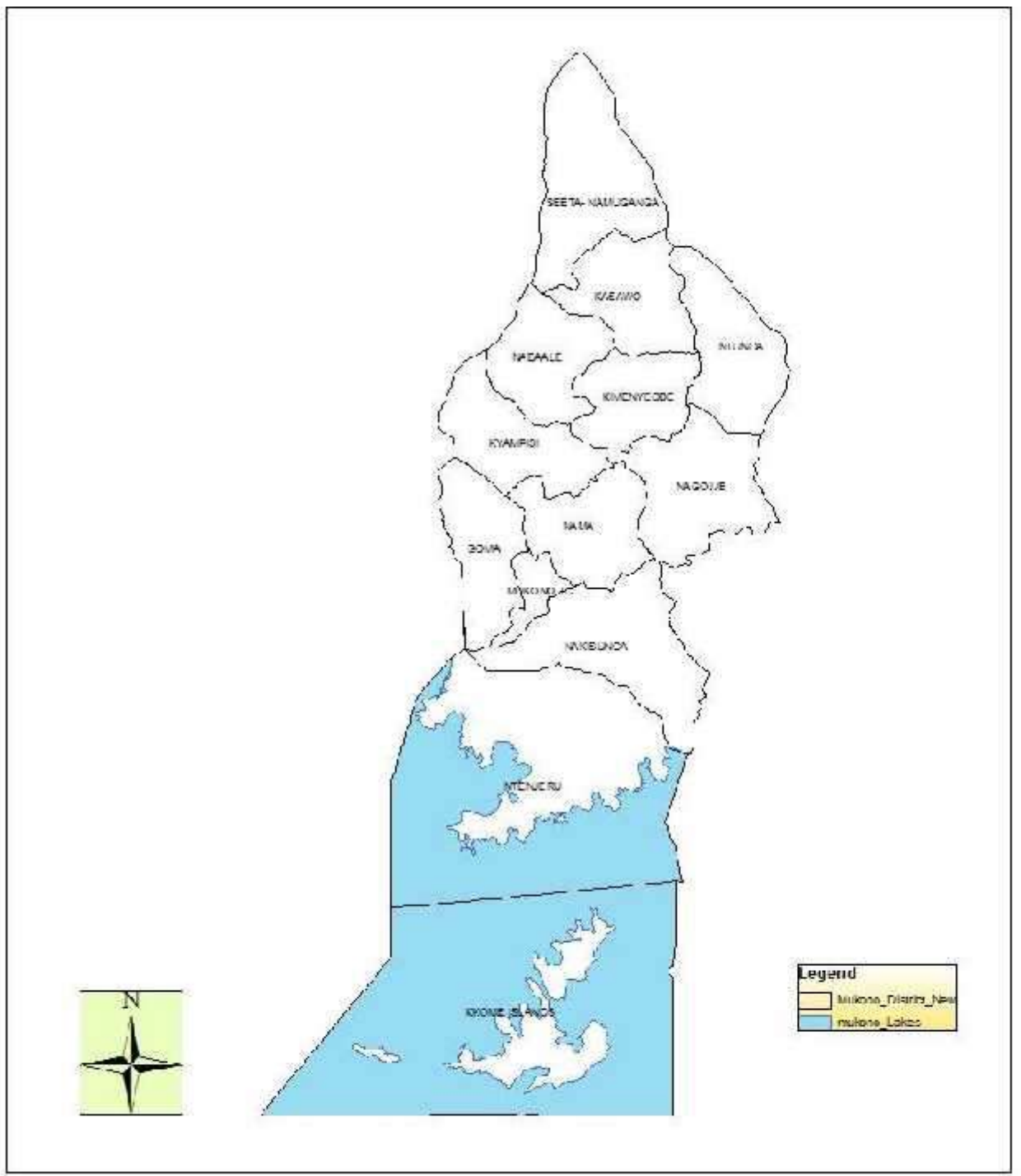
- 1) Does this health facility benefit from the Malaria Control Program? If yes in which ways
- 2) In your own view, are the Monitoring and Evaluation activities undertaken? What is your view about their adequacy?



- 3) What implementation factors in your own view affect utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program?
- 4) Are decision factors pertinent in the utilization of M & E results? If yes which decision factors in your view influence the utilization of Monitoring and Evaluation findings in implementation of Malaria Control Program that you receive.
- 5) In relation to the community which benefit from the Malaria Control Program, which beliefs, attitudes and community decision issues make utilization of Monitoring and Evaluation findings hard when it comes to the implementation of Malaria Control Program.
- 6) What other factors additional to what you have indicated affect the use of M & E results in the implementation of Malaria Control Program.
- 7) In your own view, what do you think can be done to improve the use of M & E results when it comes to the implementation of Malaria Control Program?

*Thanks for your time.*

**Appendix III: The map showing Mukono District**



**MUKOTANI RUGYENDO**

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**P.O. BOX**

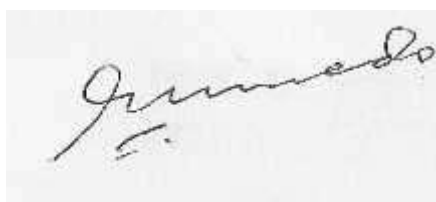
**KAMPALA**

**TEL:**

**25 September**

**CERTIFICATE OF PROOF THAT DISSERTATION HAS BEEN EDITED**

This is to certify that the Master's Degree dissertation entitled, **Factors Affecting Utilization of Monitoring and Evaluation Findings in Implementation of the Malaria Control Programme in Mukono District, Uganda by Perry Gamba** , has been reviewed and corrected in order to ensure clarity of expression and consistency regarding key style aspects like general grammar, sentence structure to ensure logical flow and effectiveness of meaning, all-round punctuation, use of tenses and articles, consistency in citation and referencing.

A handwritten signature in black ink, appearing to read 'Perry Gamba', is written on a light-colored background.

**Mukotani Rugyendo**

**Professional Editor**