

# Effects of Monitoring and Evaluation Frameworks on Service Delivery in the Health Sector In Uganda

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**Running Title:** Effects of Monitoring and Evaluation Frameworks on Service Delivery

**Abstract:** *The study examined the effects of Monitoring and Evaluation frameworks on service delivery using a case study of Marie Stopes Uganda. Service delivery was implemented without an M&E framework, yet in an ideal situation, there should have been a framework for an organization of that magnitude and scope of service delivery. However this seemed not to be the case as attested by Lowe and Bellows in their 2007 report in which service delivery was not informed by baseline data during the implementation of Output Based Aid (OBA) program by Marie Stopes in Western Uganda. It was noted that the program was implemented without baseline data of the people who used to access treatment for sexually transmitted infections (STIs) in the chosen centers before the OBA program (Lowe & Bellows, 2007; p.7). The purpose was to examine the effect of Monitoring and Evaluation frameworks on service delivery. The methodology employed was a case study design; data was collected at Marie Stopes centers in Northern Uganda using self-administered questionnaires and interviews. Qualitative data was analyzed using content analysis and quantitative data done using SPSS. The findings indicated a positive significant relationship between principles of monitoring and evaluation frameworks, resources, M&E plans and weak positive relationship with service delivery. The study concluded that M&E frameworks i.e. principles, resources & M&E plans had an effect on service delivery; although program outputs didn't. The major limitation was the geographic focus; it was carried out in only northern Uganda and not a country wide study, secondly being a case study; generalization of the findings was limited. The study recommended that Marie stopes Uganda needs to improve and strengthen M&E principles, resources; revisit the definitions of program outputs and strengthen the M&E plans in order to improve service delivery.*

**Keywords:** Monitoring and Evaluation, Frameworks, service delivery

## 1. Introduction

Effects of Monitoring and Evaluation frameworks on service delivery in the health sector in Uganda

A Monitoring and evaluation framework (M&E) has been a handy and effective tool for structuring the quantity and quality of project outcomes and subsequently effective service delivery in Marie Stopes Uganda. Monitoring has helped project managers and their staff understands whether the project progressed on schedule or not, this is because under this arrangement data is continuously collected that is used by different stakeholders to streamline the operations of the project through agreed control processes. Most importantly, it allows for the targets to be set. Evaluation on the other hand has helped managers and planners to assess effectiveness (Stem, 2005). In the context of Marie Stopes, this would be the net worth consumers get from utilizing their services.

Effective service delivery therefore requires that ; the principles , objectives, indicators, inputs, outputs, outcomes , impact and implementation strategies are well structured in a way that allowed collection of quality data which would be used to inform policy and project implementation, hence the need for a monitoring and evaluation framework.

One trend that has influenced the use of monitoring and evaluation frameworks is the growth in the number and membership of national, regional and global evaluation associations. In Africa; there were 16-national associations; top on the list was the African Evaluation Association. Other continents have followed suit, Latin America has; the Regional Platform for evaluation capacity building in Latin

America and the Caribbean ( PREVAL), and at the wider global level there was the International Development Evaluation Association. These initiatives had helped build a case for the global enshrinement of Monitoring and Evaluation frameworks in service delivery for both the public and private sector. According to the World Bank (2010), a Monitoring and Evaluation framework was a tool whose time had come and its adoption and use in health and other spheres of development interventions could not be ignored anymore. The World Health Organization (2010) candidly stated that Monitoring and Evaluation frameworks in health care delivery were pivotal in enhancing accountability, identifying good practices and lessons learned. They also help in assessing progress towards set goals, providing accurate and relevant information for policy formulation, supporting and enhancing efficiency and effectiveness of operations as well as supporting resource mobilization. Adoption of this practice would foster prudent use of resources and best practice identification in the health sector in addition to providing early checks and balances to unnecessary and unsafe use of inputs (WHO, 2010). In Latin America at least 20 countries are currently working to strengthen their Monitoring and Evaluation frameworks, this was influenced by exemplary achievements of Chile, Colombia, Mexico, Brazil; the motivation has been boosted by the budget constraints (World Bank, 2011). This was because there was dissatisfaction that growth in government spending in social sectors had not been matched by commensurate increase in the quantity and quality of service provided. In Uganda, the realization by the World Bank that there were 16-monitoring and evaluation sub-sector frameworks led to mixed reactions among senior officials, on the one hand; it showed an attempt among government entities to streamline service delivery but on the other hand it

exposed the challenges of adoption of these tools, this was addressed by harmonization through the current framework spelt out in the National development plan (NDP), though not yet outstanding in context and content, it was a step in the right direction (World Bank; 2010). The Global agencies like the United Nations Development Program (UNDP), adopted the result based monitoring and evaluation since 2007, this was part of the agency effort to link the past to the present and subsequently with the future interventions. This meant that the frameworks were geared towards streamlining results and outcomes, (Bureau for crisis prevention and recovery, 2012). The World Health Organization (WHO) through the health impact assessment unit constantly sets different frameworks to keep track with the determinants of health like economic status, physical environment and health care delivery in every country. This covers a wide range of areas, from chronic diseases like hypertension and infectious diseases like tuberculosis (TB) to reproductive health services. With the global momentum to combat the three main infectious diseases in TB, HIV/AIDS and Malaria, more disease specific frameworks are in the offing as captured in the concept of specialized primary health care, this demanded that robust monitoring and evaluation frameworks be put in place at national level.

The concept of M&E frameworks is not a one size fits it all; each organization has a framework tailored to its needs. This means that of all the desired outputs in health, the resources required and data collection methods available one can only use a few depending of the type of project and program. The common themes that come out in the literature were as follows in no particular order, the need for accountability, efficiency, effectiveness, effective service delivery, transparency, relevance, and broad based thinking and planning in the delivery of services in the health sector. As regards the role of resources on service delivery, the World Health Organization (2000), Ye & Liang (2010), Hirschhorn (2012), Marie Stopes (2010), all agreed that resources in their different categories are important in service delivery, their absence or presence in insufficient amounts would have a negative effect on service delivery, a view shared by most authors. Bakyaite (2010), Chaplowe (2008), family planning international (2004), and UNDP (2004), are all in unison that monitoring and evaluation plans are vital for data collection and provide a recipe for common program implementation and subsequent service delivery. The World Health Organization (2000), Lowe & Bellows (2007), Lorezoni (2006), and Hardie, Cheers, Pinders, & Qaiser (2011), all concur that program outputs are important indicators of service delivery. Hyde & Williamson (2000), Al-qarioti & Al-Mutairi (2010), all agree on the relevance of organizational principles and values in shaping the way services are delivered in an organization. The diverging views that come out clearly in the literature review include the following; Bacerra and Fernandez (2004) observed that principle based organizations have the challenge of requiring too many rules to represent one phenomenon because of the need to build principle based consensus with all the set rules, making it a challenge to transfer codified knowledge in such institutions. Kling (2007) analyzes and notes that whereas M&E plans are pivotal in the M&E process, lack of follow up mechanisms for future projects, lack of baseline data, and diffuse representation of M&E elements are the reasons why

some organizations don't use them regularly. According to Kinoti (2012), low number of trained health workers, difficulty in recruiting, and mobilization of resources are the key challenges when it comes to assembling resources, making them a thorny issue in service delivery. Finally the common diverging views noted in the literature are mainly on how to apply the generic components of the M&E framework as these at times are dictated by the national and international policies and to some extent the resources available for that service.

The purpose was to examine the effect of Monitoring and Evaluation frameworks on service delivery of Marie Stopes Uganda. There were four objectives that guided the study; to establish the relationship between Monitoring and Evaluation principles and service delivery; to examine the effect of resources on the service delivery; to investigate how the program outputs relate to the service delivery and explore how M&E plans are influencing service delivery of Marie Stopes Uganda. Based on the literature and theories reviewed it was Hypothesized that; Principles of Monitoring and Evaluation frameworks affect service delivery; resources affect service delivery, Program outputs affect service delivery in Marie Stopes Uganda, Monitoring and Evaluation plans affect service delivery in Marie Stopes Uganda, but after the study three of the four variables studied had an effect on service delivery with the exception of program outputs.

## **2. Methodology**

### **2.1 Participants**

The unit of analysis was 40 employees working in Mariestopes northern Uganda who were all selected using purposive sampling, five of them being key informants from the headquarters. Out of the total number of respondents who answered this question 18(64.3%) were in the 20-29 years group, compared to 10(35.7%) who were in the 30-39 group. with 11(36.7%) males and 19(63.3%) females. This was a very fair proportion as the number of total female staff compared to the total male staff is approximately the same proportions 45% and 55% for males and females respectively.

### **2.2 Materials**

The questionnaire guide was a four paged booklet with a title and divided into four sections, the general information, independent variable, dependent variable and intervening variable, the interview guide and the key informant guide had one page each.

### **2.3 Procedure**

The data collection process was structured in the following way; a transmittal letter from UMI was obtained and presented to the center managers of Northern region, who granted permission for the study and access to the staff, introduction between the researcher and the respondents was done, explanation of the research expectations together with ethical issues (anonymity and confidentiality) was done. This narrative part of the session, was to stimulate the respondent to talk and served as a rapport building exercise. This was

followed by the administration of research tools of interest and subsequent explanations to clear out issues related to the research process, instruments were then collected, verified and that heralded the data analysis process.

### 3. Results

The response Rate: Response rate =

$$\frac{\text{Total number of tools received}}{\text{Total number of tools given out}} \times 100\% = \frac{35}{40} \times 100 = 83.3\%$$

The study had targeted 40 respondents, but 35 responded, of which five were key informants, and 30 responded to the quantitative aspects, both aspects had a response rate of 83.3% and a non-response rate of 16.7%. Respondent's highest level of education: The study found out that 11(36.7%) of the respondents possessed a certificate as the highest level of education, while 12(40.0%) possessed a diploma, while 7(23.3%) possessed a degree as their highest level of education. This means that most staff had their highest level of education as a diploma (40.0%) followed closely by a certificate (36.7) and a degree (23.3%).

Respondent's longest working period at Marie Stopes: The respondents were asked how long they have worked at Marie Stopes. All the respondents answered the question, with 15(50.0%) saying they had worked for Marie Stopes between 0 and 2 years, 12(40.0%) have worked for between 3-5 years and 3(10.0%) working for over 5 years as shown in the table below. The working period helped in shaping the understanding of the staff.

#### 3.1 Principles of M&E Frameworks

On the variable "Our mission driven focus contributes to service delivery", 16(53.3%) strongly agreed, 13(43.3%) agreed, while 1(3.3%) only were not sure. The mean score was 4.50 with a standard deviation of 0.57. This means that on average the responses are falling in the bracket of agreeing to the variable with a standard deviation of 0.57 only.

On the variable "Our result oriented focus contributes to serve delivery", 12(40.0%) strongly agreed, 17(56.6%) agreed, while 1(3.3%) only were not sure. The mean score was 4.37 with a standard deviation of 0.56, which means that on average the responses are also falling in the bracket of agreeing to the variable with a standard deviation of 0.56 only.

On the variable "Our customer focus influences service delivery", 11(36.7%) strongly agreed, 18(60.0%) agreed, while 1(3.3%) only were not sure. The mean score was 4.33 with a standard deviation of 0.55. These statistics reveal that on the whole the respondents are agreeing to the variable with a standard deviation of 0.55 only.

On the variable "Our people-centered approach influences service delivery", 11(43.3%) strongly agreed, 16(53.3%) agreed, while 1(3.3%) only were not sure. The mean score was 4.40 with a standard deviation of 0.56. Once again the generated statistics shows a similar trend to the variables

measuring monitoring and evaluation principles with almost all the respondents agreeing, 29 (96.6%), that people-centred approach influences service delivery at Marie Stopes, with only 1(3.3%) not sure about whether it does or does not influence.

From the above descriptive statistics, the findings generally showed that organizational principles are a key component to service delivery in the health sector. From the interviews conducted the head of output based aid had this to say "principles are actually important in shaping the decisions of the organization"

#### 3.2 Hypothesis testing for principles of M&E Frameworks

The study showed a positive significant Correlations relationship between Principles of Monitoring and Evaluation frameworks and Quality of Services in Marie Stopes Uganda, given by spearman's correlation of 0.342\*. This relationship is statistically significant as *P*-Value is less than 0.05(=0.049) This implies that when Principles of Monitoring and Evaluation frameworks is fully enhanced and adhered to, Quality of Services will improve, equally reduced adherence to principles of monitoring and evaluation frameworks will lead to poor quality of services. The model summary showed an adjusted R square of 0.148, which means that approximately 14.8% of the variability in Services Delivery can be explained by Principles of Monitoring and Evaluation frameworks.

#### 3.3 Resources

On whether human resources were key in services delivery, 21(70.0%) strongly agreed, 4(13.3%) agreed, 6(20.0) were not sure and 1(3.3%) disagreed. The mean score was 4.57 with a standard deviation of 0.73. This means that on average the responses are falling within the agreement bracket with a standard deviation of 0.73 only.

On whether physical facilities are key in service delivery, 16(53.3%) strongly agreed, 10(33.3%) agreed, 1(3.3%) were not sure. The mean score was 4.37 with a standard deviation of 0.81. The average response shows that the majority of the respondents are in agreement that physical facilities are key in service delivery.

On whether equipment and supplies are important in service delivery, 19(63.3%) strongly agreed, 4(13.3%) agreed, 6(20.0) were not sure and 1(3.3%) disagreed. The mean score was 4.37 with a standard deviation of 0.93. The mean shows that on the whole the respondents are in agreement with the fact that equipment and supplies are important in service delivery with a standard deviation of 0.93 only.

On whether finances are key in service delivery, 15(50.0%) strongly agreed, 8(26.7%) agreed, 7(23.3%) were not sure. The mean score was 4.27 with a standard deviation of 0.83. The average response shows that the majority of the respondents are in agreement that finances are key in service delivery with a standard deviation of only 0.83.



From the above descriptive statistics the findings show that most of the respondents agree that resources are a key component to service delivery in the health sector. The donor manager in Marie Stopes observed that *"in health care delivery resources such as human resources, supplies, equipment and finances are pivotal in service delivery"* this was also true for the head of outreach programs who said *"without resources it's hard to talk about the services in the organization"*.

### 3.4 Hypothesis testing for resources showed

There was a positive significant Correlations relationship between Resources and Services Delivery in Marie Stopes Uganda, given by spearman's correlation of 0.696\*\*. This relationship is statistically significant as P-Value is less than 0.05(=0.000). This implies that when Resources re increased, Services Delivery is improved, equally reduced resources will lead to decreased Services Delivery. Resources and the adjusted R square of 0.521, which means that approximately 52.1% of the variability in Services Delivery can be explained by Resources

### 3.5 Program outputs

On the variable "People treated is an indicator of service delivery", 12(40.0%) strongly agreed, 15(50.0%) agreed, while 3(10.0%) only were not sure. The mean score was 4.30 with a standard deviation of 0.65. This means that on average the responses are falling in the bracket of agreeing to the variable with a standard deviation of 0.65 only.

On the variable "Service continuity is a measure of service delivery", 8(26.7%) strongly agreed, 18(60.0%) agreed, while 4(13.3%) only were not sure. The mean score was 4.13 with a standard deviation of 0.63, which means that on average the responses are also falling in the bracket of agreeing to the variable with a standard deviation of 0.63 only.

On the variable "Behavior change is a measure of service delivery", 6(20.0%) strongly agreed, 15(50.0%) agreed, while 9(30.0%) only were not sure. The mean score was 3.90 with a standard deviation of 0.71. These statistics reveal that on the whole the respondents are agreeing to the variable with a standard deviation of 0.71 only. On the variable "Acceptance of product is a measure of service delivery", 8(29.6%) strongly agreed, 13(48.1%) agreed, while 6(20.0%) only were not sure. The mean score was 4.07 with a standard deviation of 0.73. Once again the generated statistics shows a similar trend to the variables measuring program outputs with most of the respondents agreeing, 21 (77.7%), that acceptance of product is a measure of service delivery at Marie Stopes, with only 6(20.0%) not sure whether it is a measure delivery or not. From the above descriptive statistics it means that most of the respondents agree that program outputs are a key component to service delivery in the health sector. A view validated by the M&E manager when he said *"without clearly defined out puts then monitoring and evaluation will lose its key tenets"* similarly the quality assurance manager had this to say *"Out puts are the only way we can hold our employees accountable because without*

*them they will be doing business as usual, burning resources without any results"*.

### 3.6 Hypothesis testing

"Program Outputs affect Services delivery in Marie Stopes Uganda", Spearman's correlation coefficients were computed for Program Outputs verses Services Delivery to determine the magnitude and direction of each of the relationship which showed that there was a weak positive Correlations relationship between Program Outputs and Services Delivery in Marie Stopes Uganda, given by spearman's correlation of 0.161. This relationship is however NOT statistically significant as P-Value is greater than 0.05(=0.452). The model summary above shows R, R Square and adjusted R square of -0.029, which means that approximately 2.9% of the variability in Services Delivery can be explained by Program Outputs. It was deduced from the regression that Program Outputs has NO significant effect on Services Delivery, since sign. (p-value) is greater than 0.05 (=0.554). The findings therefore formed the basis for the researcher to reject the hypothesis which was stated that "Program Outputs affect Services delivery in Marie Stopes Uganda".

### 3.7 M&E plans

On the variable "Data collection methods are used during service delivery", 12(48.0%) strongly agreed, 8(32.0%) agreed, while 5(20.0%) only were not sure. The mean score was 4.28 with a standard deviation of 0.79. This means that on average the responses are falling in the bracket of agreeing to the variable with a standard deviation of 0.79 only. On the variable "Data dissemination is done during service delivery", 12(48.0%) strongly agreed, 8(32.0%) agreed, while 5(20.0%) only were not sure. The mean score was 4.28 with a standard deviation of 0.79, which means that on average the responses are also falling in the bracket of agreeing to the variable with a standard deviation of 0.79 only. On the variable "There are people in charge of M & E during service delivery", 16(64.0%) strongly agreed, 7(28.0%) agreed, while 2(8.0%) only were not sure. The mean score was 4.56 with a standard deviation of 0.65. These statistics reveal that on the whole the respondents are agreeing to the variable with a standard deviation of 0.65 only. From the above descriptive statistics it means that most of the respondents agree that M & E plans are a key component to service delivery in the health sector. This is supported by the M&E manager when he said *"for my department, the tool that guides what type of data to be collected is the M&E plan, without it then it's had to be objective in the field"*. He further added *"the designing of the M&E plans was the duty of the M&E department not the whole organization; we use a bottom up approach where all technical teams set their work plans based on the set objectives"*.

## 4. Hypothesis Testing

There is a positive significant Correlations relationship between M & E Plans and Services Delivery in Marie Stopes Uganda, given by spearman's correlation of 0.460\*. This relationship is statistically significant as P-Value is less than

0.05(=0.036), this implies that when M & E Plans are enhanced, Services Delivery will improve. To establish the extent to which M & E Plans influenced Services Delivery, a regression analysis was conducted using the ANOVA techniques of adjusted  $R^2$  values, standardized beta values, t-values and the significance measured at 0.05 levels. The model summary R, R Square and adjusted R square of 0.148, which means that approximately 21.5% of the variability in Services Delivery can be explained by M & E Plans. It can be deduced from the regression that M & E Plans have got a significant effect on Services Delivery, since sign. (p-value) is less than 0.05 (=0.020). The researcher therefore accepted the hypothesis which was stated that "M & E Plans affect Services delivery in Marie Stopes Uganda" based on the findings of the study.

## 5. Measuring the level of Service Delivery

### 5.1 Quality of service

On whether the time it takes to get the service delivered has influence on service delivery, 13(44.8%) said it has very high influence, 4(13.8%) said it has high influence, while 12(41.4%) were not sure. The mean score was 4.03 with a standard deviation of 0.94. The average response shows that the majority of the respondents were of the view that the time taken to get service delivery has influence on service, with a standard deviation of 0.94. Overall this means that the longer the waiting time for a service the higher the likelihood of discouraging the clients. This was the same view held by the quality assurance manager "time is everything in health care delivery, if people wait for long to get a service then that brings to book the skills of the person in delivering the service".

On whether the completeness of service delivery has influence on service delivery, 12(41.4%) said it has very high influence, 7(24.1%) said it has high influence, while 10(34.5%) were not sure. The mean score was 4.07 with a standard deviation of 0.88. The average response shows that the majority of the respondents were of the view that the completeness of service delivery has influence on service delivery, with a standard deviation of 0.88. The head of outreaches had this to say "if you are out there and the service is not complete, then the clients will be most likely not come back, so quality is defined by completeness of the service".

On whether the safety of service delivery has influence on service delivery, 14(44.8%) said it has very high influence, 8(27.6%) said it has high influence, while 8(27.6%) were not sure. The mean score was 4.17 with a standard deviation of 0.85. The average response shows that the majority of the respondents were of the view that the safety of service delivery has influence on service delivery, with a standard deviation of 0.85.

### 5.2 Availability of services

The respondents were asked whether the reach/proximity of service points has influence on service delivery, 9(31.0%) said it has very high influence, 13(44.8%) said it has high influence, while 7(24.1%) were not sure. The mean score

was 4.07 with a standard deviation of 1.09. The average response shows that the majority of the respondents were of the view that the reach/proximity of service delivery has influence on service delivery, with a standard deviation of 0.79.

The respondents were further asked whether the physical availability of service has influence on service delivery, 7(24.1%) said it has very high influence, 15(51.7%) said it has high influence, while 7(24.1%) were not sure. The mean score was 4.00 with a standard deviation of 1.09. The average response shows that the majority of the respondents were of the view that the physical availability of service delivery has influence on service delivery, with a standard deviation of 1.09. The head of outreaches had this say "clients like to come and find all services ready, so availability of a particular service determines whether they will come again"

### 5.3 Affordability of services

On whether the cost of the service being delivered has influence on service delivery, 15(50.0%) said it has very high influence, 10(33.3%) said it has high influence, while 5(16.7%) were not sure. The mean score was 4.33 with a standard deviation of 0.76. The average response indicates that the majority of the respondents were of the view that cost of the service being delivered has influence on service delivery, with a standard deviation of 0.76. This true even at the senior level where, the head of output based aid had this to say "if you hike the price, that will act as one of the key barriers to care and vise versa".

### 5.4 Accessibility of services

On whether physical access of the service has influence on service delivery, 16(55.2%) said it has very high influence, 10(34.5%) said it has high influence, while 3(10.3%) were not sure. The mean score was 4.45 with a standard deviation of 0.69. The average response shows that the majority of the respondents were of the view that physical access of the service has influence on service delivery, with a standard deviation of 0.69.

On whether financial access of the service has influence on service delivery, 15(51.7%) said it has very high influence, 11(37.9%) said it has high influence, while 3(10.3%) were not sure. The mean score was 4.41 with a standard deviation of 0.68. The average response shows that the majority of the respondents were of the view that financial access of the service has influence on service delivery, with a standard deviation of 0.68.

On whether socio-psychological status has influence on service delivery, 14(48.3%) said it has very high influence, 11(37.9%) said it has high influence, while 4(13.8%) were not sure. The mean score was 4.34 with a standard deviation of 0.72. The average response shows that the majority of the respondents were of the view socio-psychological status has influence on service delivery, with a standard deviation of 0.72. The outreach manager had this to say "with this kind of services we offer and mainly the family planning services ,

*sometimes you have to win the mind games before people can access services”.*

## 6. Discussion

The discussion of the findings was done based on the objectives that were set at the beginning of the study, each objective was examined in detail to ensure that all the sub variables of the dependent variable are given logical and exhaustive attention throughout the discussion.

### 6.1 Monitoring and evaluation Principles and service delivery

The first objective of this study was to establish the relationship between monitoring and evaluation principles and service delivery of Marie Stopes; From the positive relationship that was established by the study it can be deduced that Monitoring and Evaluation principles enhanced service delivery and this goes way back to prove what was stated in the logical framework theory of 1960, which states that when those key components of the M&E framework are captured early then one should expect quality service that meets the needs of the target population (relevance). It emerged from the study that no activity can be sanctioned if it does not arguer well with organizational principles

This positive relationship is also supported by the theory of change which also supports the structured approach to planning during service delivery. The above findings corroborates the views of Al-Qarioriti and Mutairi (2010), that principles dominate the decision making process of organizations and influence the thinking and behavior of the employees this add weight to the positive relationship seen above. The same view is shared by Hyde and Williamson (2000), when they said that adherence to principles leaves a legacy of effective service delivery, those views coupled with the findings of the study therefore define the point of departure from the negative view held by Bacerra and Fernandez (2004) that principle based organizations lead to misinterpretation of correct processes and procedures to suit the rule, they had asserted that vilification of the exception to the rule of principled thinking was common in these organizations. They further summed up in their analysis that there may be too many rules required to represent one domain because they have to be coded, verified, validated at all levels and finally transferring codified knowledge can prove difficult and error prone making principle based organization a ground for institutional errors, a trend that can see the organization spiral to a bureaucratic club, because of stringent value based management.

True as Bacerra and Fernandez (2004) views may be, the findings of the study further make it clear that principles of M&E play a key role in enhancing service delivery more so in the health sector meaning that from the study objective one was to a great extent validated exhaustively by this study.

### 6.2 Resources and Service Delivery of Marie Stopes Uganda

The second objective of this study was to examine the effect of resources on the service delivery of Marie Stopes Uganda. A number of important findings emerged from the study. It was discovered that during M&E planning process different types of resources are required as part of prudent planning in preparation for service delivery, apart from the traditional belief that money was everything. It emerged that human resources are a key resource, supplies, equipment, and most importantly finances. Notably though the organization is 66% donor funded and so the respondents put much emphasis on finances as a key resource. In the 2010 global report by Marie Stopes, it was clearly noted that 7% of the Marie Stopes funding in the developing countries; Uganda inclusive comes from the organization's reserves, 27% from the local revenues and 66% from donors, it therefore means that for Marie Stopes to deliver services well, then there must be a well laid strategy in the M&E framework defining which resources go where and in what proportions, therefore the right mix of these resources forms the foundation for effective service delivery as supported by the findings in the explanation below.

From the findings of the study there was a positive relationship between resources and service delivery with 52.1% of the variability in Services Delivery explained by Resources, this holds true for the two theories reviewed in the study i.e. the logical framework approach and the theory of change all talk about the linkage between activities and outcomes, having resources planned out is one of the key paths to achieving effective service delivery, and goes without mention therefore that a good monitoring and evaluation process must be well resourced for better outcomes. The above views on the positive role of resources on service delivery are validated by the position of the World Health Organization (2000), Ye & Liang (2010), Hirschhorn (2012), Marie Stopes annual report (2010), all agree that resources in their different categories are important in service delivery, their absence or presence in insufficient amounts would have a negative effect on service delivery as showed by the results of the study. It is clear from the above findings that objective two was achieved by this study therefore negating a view held by Kinoti (2012), suggesting that resource mobilization is a costly venture for most employers, that must be avoided, true as this may be the researcher thinks that based on the study findings, this can be an opportunity cost worth taking.

### 6.3 Program outputs and Service Delivery of Marie Stopes Ugand

The third objective of the study was to investigate how the program outputs relate to the service delivery of Marie Stopes Uganda. It emerged from the study that key outputs listed are behavior change, number of people treated, service continuity and acceptance of products were commonly mentioned in the interviews. It was also noted that the M&E team always defines the outputs for every project but the challenge was that most field staff didn't have access to project documents with such detail and from the interviews it was clear that some were not sure of what outputs were



expected of them partly explaining the findings below, the gap in knowledge skewed the thinking of the respondents to a tunnel vision mentality of looking at the small picture.

The study established a weak positive relationship between Program Outputs and Services Delivery in Marie Stopes Uganda, given by spearman's correlation of 0.161. This relationship was however not statistically significant as P-Value is greater than 0.05(=0.452) and only approximately 2.9% of the variability in Services Delivery can be explained by Program Outputs. Much as there is a statistical insignificance as portrayed in the quantitative data, the key informants gave a parallel view to this one "*out puts help them track the performance of the employees and monitor progress to the intermediate results*". This only makes a case that there is weakness in area that the organization must focus attention to.

This weak relationship still holds true to the logical framework approach theory which puts emphasis on the defining outputs in advance before project implementation as a structured way of doing things, this same structured way of program implementation is true for the theory of change, it therefore means that objective three was not achieved by this study.

This is true to some extent because the organization was found to have implemented some projects without baseline data and outputs (Lowe & Bellows, 2007), this could explain the gaps in the respondents, because it was not emphasized as a strategic goal. This finding however casts doubt on the decision to roll out the output based aid model of service delivery set up in 2006 by Marie Stopes in western Uganda (Lowe & Bellows, 2007).

M&E plans and Service Delivery of Marie Stopes Uganda: The fourth objective of the study was to explore how M&E plans are influencing service delivery of Marie Stopes Uganda. It emerged from the study that the organization had data collection strategies and tools with most of the respondents having an idea of at least "interviews and questionnaires", as the most used, it was also established that there was an M&E department in the organization and so people responsible for M&E were there as a fully-fledged team, finally data collected and transformed always found its way back to the field staff through annual reports, electronic media such as emails, annual meetings and regional notice boards. In light of the above the study found out a positive significant relationship between M & E Plans and Services Delivery in Marie Stopes Uganda, This implied that when M & E Plans are enhanced, Services Delivery will improve and vice versa. Notably approximately 21.5% of the variability in Services Delivery can be explained by M & E Plans, this is true according to the logical framework approach theory which puts focus on having good M&E plans that will be used to direct the monitoring and evaluation process, however weakness in developing and enforcing M&E Plans meant that objective four; exploring how M&E plans are exploring service delivery of Marie Stopes was not fully achieved by the study. The above findings are supported by earlier findings of the United Nations Development Program (UNDP, 2009), which identified and singled out a monitoring and evaluation plan as a key a

component of a monitoring and evaluation framework that operationalizes the M&E system. Its goals were usefully summarized to include, validating the performance of a project or program by examining how the implementation plan fits in with the inputs, outputs, and outcomes as the project continues, the M&E plan was viewed by UNDP as a tool for moderating project or program actions. A solid Monitoring and Evaluation plan should most importantly have a mid-term and end term evaluation schedule; this is because at any one point in time during service delivery data collected should be readily available to inform policy and future budgets, planning and implementation, this would help prioritize service delivery for Marie Stopes Uganda. Chaplowe (2008), while writing the monitoring and evaluation plan for the catholic relief services, made a good analysis when he voiced out that a monitoring and evaluation plan is a key document for the coherence and continuity within a projects M&E process. He astutely stated the roles of a M&E plan as; setting the goals of the project, setting the stage for data collection and analysis, and subsequent dissemination, Chaplowe further argued and suggested that tracking the indicators and how they will be measured are other roles of M&E plans, this too was done with due cognizance of the causal links with the M&E framework, 4x4 log frame, indicator matrix, data collection and analysis process, the four core components of any M&E process, which in my opinion any organization offering services on a large scale must have. However Joroslav (2007) wisely reviewed and clearly identified the following weaknesses of M&E plans; one being that they are developed without follow up mechanisms for future services, secondly M&E plans do not provide sufficient distinction of the M&E elements like the goals, objectives, and activities, and finally the M&E plans do not at times cater for the baseline data because of lack of funds. This analysis makes them a challenge to use in service delivery in most organizations, a flaw which makes M&E systems function without baseline studies in some organizations, the same short fall was also wisely pointed out by Lowe & Bellows (2007) in implementation of the output based aid program by Marie Stopes in western Uganda where the program had to take off without baseline data on the number of people with sexually transmitted infections prior to roll out of the output based aid program. In the context of Marie Stopes Uganda, M&E plans set the stage of checking whether the inputs, outputs, outcomes and impact where applicable were on track, because the data collected can be used to inform policy when processed into information. Better still future budgets, planning and implementation of activities can be streamlined by good M&E plans because they guide the capture of qualitative and quantitative data that can be used to inform future activities. Informed by those views the researcher believes that proper development and correct adherence to use of good M&E plans will enforce effective service delivery because quality data on progress can be picked and used as a basis for corrective actions on ongoing activities.

## 7. Limitations of the Study

The study was limited by the geographic scope in that it was focused to Marie Stopes centres in Northern Uganda, valuable information would have been gained if this study was done for all the fourteen country wide centres. Secondly

this being a case study design, the researcher was limited to study Marie Stopes Uganda. Therefore results cannot be applied to other private health service organizations outside Marie Stopes. Thirdly the study focused on one private sector health providing organization, it would have been good for the future to study the effect of M&E frameworks on a cross section of other private sector organizations involved in health care and public institutions. The study sample included respondents from non-clinical departments who may not be knowledgeable about health care delivery in the organization. There is a chance that participants in the survey were not fully honest in answering the questions and their responses may not be representative of their actual implementation strategies with regard to M&E.

The practical implication of this study is that M&E frameworks inform service delivery. This research has been a ground breaking endeavor on the effect of M&E frameworks on service delivery in the health sector and has demonstrated that the different components of M&E frameworks i.e. principles, resources, outputs and M&E plans have an effect on service delivery as suggested by the World Bank (2010). It also has gone a long way in ensuring that at any one time a good M&E exercise should be well resourced and fully funded if quality data must be captured to inform policy and track program progress. Another key contribution has been clearly bringing out the distinct role of M&E plans in service delivery and finally the study contributes to the body of knowledge regarding the positive effect of monitoring and evaluation frameworks on service delivery in private organizations involved in health care.

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