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Monitoring and Evaluation Framework and Performance of Level 5 Referral Hospitals in Nairobi City County, Kenya

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ABSTRACT

Purpose: The general objective of the study is to assess the influence of monitoring and evaluation framework on performance of level 5 referral hospitals in Nairobi City County, Kenya. Specifically, the study sought to assess the influence of M&E planning and M&E data collection on the performance of level 5 referral hospitals in Nairobi City County, Kenya. This study was guided by Results-Based Management (RBM) Theory and Theory of Change (ToC). **Methodology:** This study used a descriptive research design. The target population was 627 management and non-management employees working in level 5 referral hospitals in Nairobi City County, Kenya (Ministry of Health 2024). This study made use of Slovin's Formula to determine the study's sample size of 244 respondents. The study's primary data was obtained using structured questionnaires. The pretesting sample was made of 24 respondents, representing 10% of the sample size. Quantitative data was generated from the closed-ended questionnaire. Inferential and descriptive statistics were employed for analysis of quantitative data with the assistance of Statistical Package for Social Sciences (SPSS version 25).

Findings: The study showed that M&E planning has a positive and significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya. In addition, the study found that M&E data collection has a positive and significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya.

Unique Contribution to Theory, Practice and Policy: Based on the findings, the study recommends that level 5 referral hospitals in Kenya should strengthen standardized and technology-enabled M&E data collection systems by adopting integrated digital health information platforms, clear data collection protocols, and regular staff training to ensure accuracy, completeness, and timeliness of data.

Key Words: *Monitoring and Evaluation Framework, M&E Planning, M&E Data Collection, Level 5 Referral Hospitals*

Background of the Study

The health sector encompasses all organizations, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health, including hospitals, clinics, pharmaceutical services, public health programs, and health insurance systems (Hanum, Haekal & Prasetio, 2020). It plays a critical role in improving population well-being, preventing disease, and ensuring access to quality care. A health system is defined as the combination of people, institutions, and resources, organized to deliver healthcare services that meet the health needs of a population efficiently and equitably (Herman, 2023). This includes service delivery, health workforce, information systems, access to essential medicines, financing, and leadership, all working together to improve health outcomes and reduce health inequalities (Mutsune & Ngugi, 2023). Health systems play a vital role in ensuring the delivery of quality healthcare services that meet the needs of populations in an efficient, equitable, and sustainable manner. They provide the infrastructure, skilled workforce, and medical resources required for disease prevention, diagnosis, treatment, and rehabilitation (Wanjala, *et al*, 2020). By organizing and coordinating care, health systems ensure that individuals have timely access to essential services, thereby reducing morbidity and mortality rates and improving the overall quality of life (Wambua & James, 2020).

Another important role of health systems is their contribution to public health and disease prevention. Through effective health surveillance, immunization programs, health education, and sanitation initiatives, they help control the spread of communicable diseases and address emerging health threats (Boothby & Stark, 2020). In doing so, health systems not only protect individual health but also safeguard communities from large-scale health crises such as epidemics and pandemics. Health systems also have significant economic and social impacts (Bobbie & Nsiah, 2022). A well-functioning health system boosts productivity by maintaining a healthy workforce, reducing absenteeism, and enabling people to contribute effectively to economic growth (Thambura, Mwangi & Mbugua, 2023). Additionally, it promotes social stability and equity by ensuring that healthcare is accessible regardless of socio-economic status. Strong health systems foster public trust, enhance resilience against health shocks, and contribute to the long-term development and prosperity of a nation (Ngeru & Ngugi, 2021).

A monitoring and evaluation (M&E) framework is a structured plan that outlines how data will be collected, analyzed, and used to track the progress and measure the results of specific programs, projects, or policies (Karani, Bichanga & Kamau, 2020). It provides a systematic approach for assessing whether activities are being implemented as intended and whether they are achieving the desired outcomes (Mehrotra, 2024). The framework typically specifies performance indicators, data sources, methods for data collection, reporting mechanisms, and responsibilities for carrying out M&E activities (Uwera & Wanjiku, 2023). By offering clear guidelines and measurable benchmarks, an M&E framework supports informed decision-making, accountability, and continuous improvement in program performance (Kinyanjui, Gakuu & Kidombo, 2020). Monitoring and Evaluation (M&E) planning involves developing a clear roadmap that defines the

objectives, scope, methodologies, and timelines for M&E activities. It sets out the performance indicators, baseline data, and targets against which progress will be measured, while also identifying the roles and responsibilities of stakeholders (Mohamud & Pedo, 2022).

Effective M&E planning ensures that resources are allocated appropriately, data collection methods are feasible and reliable, and timelines align with program implementation schedules (Rumenya & Kisimbi, 2023). It serves as the foundation for a coherent and coordinated approach to tracking performance, minimizing duplication of efforts, and ensuring that the right information is gathered to inform decision-making (Motamedizadeh, Alimohammadzadeh & Hosseini, 2020). Data collection focuses on systematically gathering accurate and timely information from credible sources to assess progress and outcomes (Anyembe & Yusuf, 2022). This study sought to assess the influence of monitoring and evaluation framework on performance of level 5 referral hospitals in Nairobi City County, Kenya.

Statement of the Problem

Health systems are vital to the overall social and economic development of a country, as they ensure the provision of accessible, affordable, and quality healthcare services to the population (Ngochi, Mbugua & Thion'o, 2020). A well-functioning health system promotes the prevention and management of diseases, enhances life expectancy, and improves the quality of life for citizens (Onyango, 2023). In addition, effective health systems reduce the economic burden of illness by minimizing productivity losses due to poor health, thereby supporting national economic growth (Mutsune & Ngugi, 2023). They also play a crucial role in achieving global and national health targets such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), while fostering public trust in government institutions through reliable service delivery (Wanjala, *et al*, 2020).

Nairobi City County's health system faces significant challenges that hinder its efficiency and effectiveness. Despite Nairobi accounting for 32% of all doctors in Kenya, the county's healthcare insurance coverage stands at 35.2%, surpassing the national average of 26.7% (Wambua & James, 2020). However, studies indicate that between 20% and 50% of resources allocated to health are used inefficiently (Thambura, Mwangi & Mbugua, 2023). Additionally, Kenya faces a looming health worker shortage, with a needs-based deficit of nearly 60,000 health professionals in 2021, projected to increase to 114,352 by 2030. This shortage is compounded by high unemployment rates among health workers, with approximately one in three being unemployed (Rumenya & Kisimbi, 2023).

Another pressing challenge is the inequitable distribution of health services, particularly in informal settlements like Mukuru, Korogocho, and Mathare. These areas suffer from inadequate infrastructure and limited access to quality healthcare (Ngeru & Ngugi, 2021). For instance, only about 50% of Nairobi's residents have direct access to piped water, and many rely on alternative, often unsafe, sources (Karani, Bichanga & Kamau, 2020). Such conditions contribute to poor

health outcomes and hinder the delivery of essential services. Furthermore, the health system's performance is affected by inefficiencies, with counties having the potential to increase their outcomes by 30% with existing resources. Addressing these challenges requires comprehensive reforms, including improved funding, better resource allocation, and targeted interventions in underserved communities (Kinyanjui, Gakuu & Kidombo, 2020).

A robust Monitoring and Evaluation (M&E) framework greatly influences performance by providing systematic processes for tracking, assessing, and improving service delivery. Various studies have been conducted in different parts of the world on monitoring and evaluation framework and organization performance. For instance, Projahnmo, Heblinski and Jahid (2022) examined on the influence of monitoring and evaluation framework on sustainability of donor funded projects. Magambo, Oyangi and Wako (2020) investigated on the effects of monitoring and evaluation framework on performance of public sector and Onyango (2023) researched on efficacy of monitoring and evaluation framework on implementation of development projects. However, none of these studies focused on M&E planning and M&E data collection on performance of health systems in Nairobi City County, Kenya. To fill the highlighted gaps, the current study sought to assess the influence of monitoring and evaluation framework (M&E planning and M&E data collection) on performance of level 5 referral hospitals in Nairobi City County, Kenya.

Objectives of the Study

General Objective

The general objective of the study is to assess the influence of monitoring and evaluation framework on performance of level 5 referral hospitals in Nairobi City County, Kenya

Specific Objectives

i. To assess the influence of M&E planning on the performance of level 5 referral hospitals in Nairobi City County, Kenya
ii. To examine the effect of M&E data collection on the performance of level 5 referral hospitals in Nairobi City County, Kenya

Theoretical Review

Results-Based Management (RBM) Theory

Results-Based Management (RBM) Theory is a strategic management approach that emphasizes achieving measurable results as the central focus of planning, implementation, and evaluation processes (Hanum, Haekal & Prasetio, 2020). It operates on the premise that organizations and programs should not merely account for the activities they carry out but should demonstrate the tangible changes and outcomes their work produces (Herman, 2023). RBM is grounded in a cause-and-effect logic, where inputs and activities are directly linked to outputs, outcomes, and long-term impacts. This theory underscores the importance of aligning all stages of a project or program towards the achievement of clearly defined, results-oriented objectives (Mutsune & Ngugi, 2023).

A core feature of RBM Theory is its use of performance measurement frameworks, such as results chains or logical frameworks, to clarify the pathways through which intended results will be achieved (Wanjala, *et al*, 2020). These tools help establish indicators, baselines, and targets to track progress and assess whether the intended outcomes are being realized (Wambua & James, 2020). The theory promotes evidence-based decision-making by encouraging continuous monitoring and evaluation to generate feedback, enabling managers to adjust strategies and interventions where necessary. It views accountability as twofold: demonstrating to stakeholders that resources are used efficiently, and ensuring that interventions lead to meaningful, sustainable change (Hanum, Haekal & Prasetio, 2020). Furthermore, RBM Theory fosters a results-oriented organizational culture, where learning and adaptation are integral. It encourages stakeholders at all levels to engage in the process of defining goals, measuring progress, and interpreting results (Herman, 2023). This participatory approach enhances ownership and increases the likelihood of success. By focusing on measurable and attributable results, RBM helps bridge the gap between policy intent and actual outcomes, ensuring that resources are effectively directed toward interventions with the highest potential for impact (Mutsune & Ngugi, 2023). This theory was used to assess the influence of M&E planning on the performance of level 5 referral hospitals in Nairobi City County, Kenya.

Theory of Change (ToC)

The Theory of Change (ToC) developed by Weiss (1995) is a conceptual framework used primarily in program planning, evaluation, and social change initiatives. It outlines how and why a desired change is expected to happen in a particular context (Boothby & Stark, 2020). At its core, a ToC articulates the relationship between the activities a program will undertake and the outcomes it aims to achieve (Bobbie & Nsiah, 2022). By detailing the pathways through which change occurs, it helps stakeholders understand the assumptions behind the program's strategies and how these strategies lead to the intended impacts (Thambura, Mwangi & Mbugua, 2023). One of the key components of a Theory of Change is the identification of specific goals and outcomes. This involves defining the long-term objectives of the program and the intermediate outcomes that must be achieved along the way (Ngeru & Ngugi, 2021). By mapping out these outcomes, stakeholders can create a logical sequence that shows how initial activities lead to short-term outputs, which in turn contribute to broader, long-term impacts (Karani, Bichanga & Kamau, 2020). This clarity allows for better planning, as well as a more coherent framework for measuring progress and success. Another important aspect of the ToC is its emphasis on assumptions and contextual factors (Bobbie & Nsiah, 2022). It encourages practitioners to articulate the beliefs and conditions that must hold true for the proposed change to occur. This might include social, economic, or political factors that could influence the success of the program (Thambura, Mwangi & Mbugua, 2023). By identifying these assumptions, stakeholders can engage in critical reflection about the feasibility of their strategies and adjust their plans accordingly. This element of the ToC fosters greater transparency and accountability, as it invites scrutiny of the underlying logic of the proposed

interventions (Ngeru & Ngugi, 2021). This theory is relevant in examining the effect of M&E data collection on performance of level 5 referral hospitals in Nairobi City County, Kenya.

Conceptual Framework

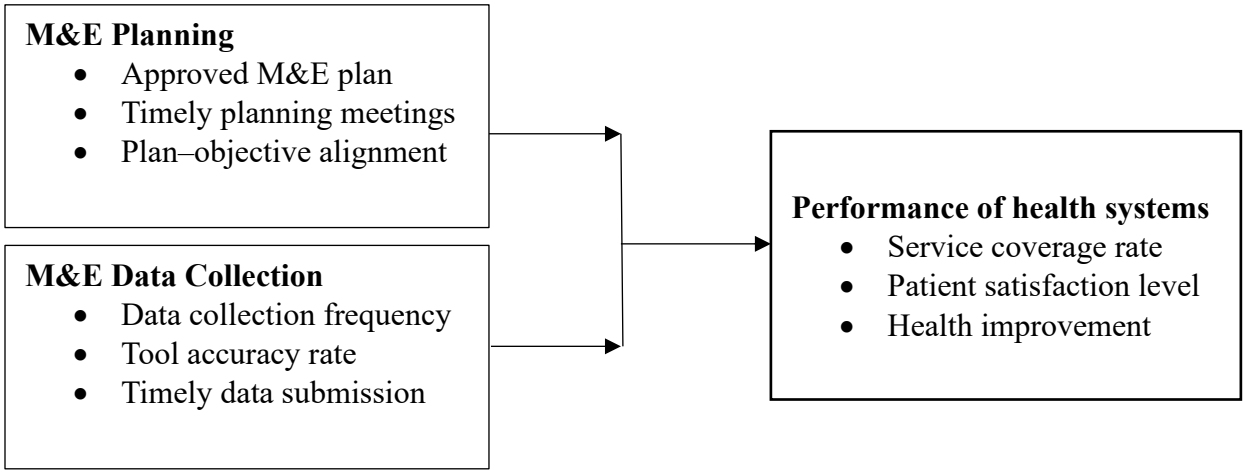

Figure 1: Conceptual Framework

Empirical Review

M&E Planning and Organization Performance

Hanum, Haekal and Prasetio (2020) conducted a study on the analysis of implementation of enterprise M&E planning in the warehouse division of trading and service companies, Indonesia. The study was conducted by distributing questionnaires to employees who deal directly with the ERP system in the company under study. The results of the questionnaire show that the relationship of user training and data analysis has an influence on the success of ERP implementation. The study concluded that after the ERP system is implemented, there are no more data miscut incidents due to work processes, spare part administration, checking of the purchase status and spare part expenditure processes in the warehouse division to be more accountable because all users use the same database for all divisions, namely the warehouse, finance, and commercial divisions.

Herman (2023) conducted a study on the factors influencing monitoring and evaluation planning on the performance of water supply projects in Dodoma City Council. A descriptive research design and a mixed method approach, both qualitative and quantitative, were used to collect and analyze data from 170 respondents, determined by the Yamane formula. The study found that monitoring and evaluation planning significantly affected water supply projects performance. The study concluded that Dodoma City Council, Dodoma Urban Water Supply and Sewerage Authority, and Rural Water Supply and Sanitation Authority Dodoma, provide adequate support for monitoring and evaluation practices in order to effectively increase efficiency in water supply project performance.

Mutsune and Ngugi (2023) conducted a study on the influence of monitoring and evaluation planning on project implementation by national lands commission in Nairobi City County, Kenya. The descriptive research design was employed in study methodology. 6 projects being implemented by the commission were targeted and 66 respondents among them 6 project managers and 60 project team members were the respondents. The study found that M&E planning had a positive and significant relationship. The study concluded that M&E planning had a positive significant influence on project implementation.

Wanjala, *et al* (2020) conducted a study on the influence of monitoring and evaluation planning practices on projects performance of Kenyan State Corporations. Mixed research design was adopted and a target population of 187 state corporations was used. Simple random sampling was used to select 65 state corporations who forms the sample size. The study found that monitoring and evaluation planning had negative significant effect project performance in Kenyan State Corporations. The study concluded that monitoring and evaluation planning has a negative and significant relationship with project performance.

Wambua and James (2020) conducted a study on the effect of monitoring and evaluation planning and performance of county funded education projects in Makueni County, Kenya. The research design used is descriptive survey. The study targeted 31 county funded education projects in Makueni County. The study found a positive relationship between M&E plan and project performance. The study concluded that M&E plan had significant influence on performance of county funded education projects.

M&E Data Collection and Organization Performance

Boothby and Stark (2020) conducted a study on the effect of M&E data surveillance in child protection systems development: An Indonesian case study. The used desk review, semi-structured interviews, focus groups and site visits to identify existing data collection practices, and analyze the appropriateness and efficiency of information management mechanisms from the national down to the community level. The results show that the prevailing situation in Indonesia is characterized by a lack of accurate information on all necessary aspects of child care and protection including magnitude of problems, causality analysis and impact of programmatic responses. The study conclusion suggests that to reframe the dominant language from a “child protection information management system” to a “child protection surveillance system” to promote clearer data collection objectives and activities. Identifying a government ministry to lead child protection efforts and to forge closer partnerships among relevant actors will be required to support a national surveillance system

Bobbie and Nsiah (2022) conducted a study on the effect of design and development of a system for data collection in a monitoring and evaluation environment in Ghana. The system provides functionality for data capture and analyses in an M&E environment. It utilizes the internet to reach out to all stakeholders in the M&E processes. The study found that it showed through a pilot

implementation that the use of ICT in M&E data collection is realistic. In conclusion, the research explored the use of ICT in a monitoring and evaluation environment

Thambura, Mwangi and Mbugua (2023) conducted a study on the effect of monitoring and evaluation data collection practices and performance of livelihood programmes: a case of Caritas, Catholic Diocese of Meru, Kenya. The target population was 465 composed of 441 smallholder farmer group leaders 21 project staff and 3 senior managers of Caritas Meru. The results indicate that there was a positive correlation between monitoring and evaluation data collection and performance of livelihood programs. The study concluded that M&E data collection practices were a significant variable influencing the performance of livelihood programs at Caritas Meru

Ngeru and Ngugi (2021) conducted a study on the effect of determinants of effective implementation of monitoring and evaluation data collection systems in county governments in Kenya. The study used census method given the target population was small and therefore a sample could not be representative. The study findings established that effective implementation of M&E data collection systems in county governments in Kenya was significantly influenced by stakeholder participation positively. From the study findings, the study concluded that there was a role played by stakeholder participation on the implementation of M&E data collection systems in the county governments of Kenya as stakeholder participation contributed significantly to the variability of implementation of M&E systems

Karani, Bichanga and Kamau (2020) conducted a study on the effective use of monitoring and evaluation systems in managing HIV/AIDS related projects: A case study of local NGOS in Kenya. The data collected was analyzed using both quantitative and qualitative techniques. Measures of central tendency that is the mean, mode, and median were computed and interpreted. From the findings of the study we could deduce that there are adequate services being offered in the country which have a lot of experience in this work with regard to the number of years they have been in place. The study concluded that their work has also led to more people appreciating their services that are why there is a record growth in the registrations.

RESEARCH METHODOLOGY

This study used a descriptive research design. The target population was 627 management and non-management employees working in level 5 referral hospitals in Nairobi City County, Kenya (Ministry of Health 2024). This study made use of Slovin's Formula to determine the study's sample size.

$$n = \frac{N}{1 + NE^2}$$

Where by: n = no. of samples; N = total population; E = error margin / margin of error (0.05)

$$n = \frac{627}{1 + (627 * 0.05^2)}$$

=244

This study used stratified random sampling technique to select 244 respondents from the target population. The strata in this study were top managers, middle level managers and lower-level managers. This technique ensures that each of the stratum's sample size is proportionate to its population size as compared to the whole population.

Primary data was used in this study. A questionnaire which is a form of quantitative data collection tool was used to collect primary data. The study's primary data was obtained using structured questionnaires. The structured questions were useful as they enabled easy analysis of data and reduced the time and resources needed for data collection. The questionnaire had three sections, with the first part requesting the respondent's socio-demographic data. Part two composed of five sections and has data on the independent variables and dependent variable.

The researcher carried out a pilot study to ensure the data collection tool is reliable and valid. The pilot test helped correct some of the challenges encountered before undertaking the final study. The pretesting sample was made of 24 respondents, representing 10% of the sample size. The results from the pilot test were not used in the main study. In addition, the respondents used in the pilot test were excluded from the final study. Quantitative data was generated from the closed-ended questionnaire. Before the data could be analysed, the researcher ensured the data was checked for completeness, followed by data editing, data coding, data entry, and data cleaning. Inferential and descriptive statistics were employed for analysis of quantitative data with the assistance of Statistical Package for Social Sciences (SPSS version 25).

The relationship between the study variables was tested using multivariate regression models.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

Whereby;

Y = level 5 referral hospitals in Nairobi City County, Kenya

β_0 = Constant

$\beta_1, \beta_2,$ = Coefficients of determination

X_1 = M&E planning

X_2 = M&E data collection

ε = Error term

RESEARCH FINDINGS AND DISCUSSIONS

Descriptive Statistics Analysis

M&E Planning and Organization Performance

The first specific objective of the study was to assess the influence of M&E planning on the performance of level 5 referral hospitals in Nairobi City County, Kenya. The respondents were requested to indicate their level of agreement on statements relating to M&E planning and performance of level 5 referral hospitals in Nairobi City County, Kenya. The results were as presented in Table 1.

From the results, the respondents agreed that M&E planning processes are clearly documented and communicated within the organization (M=3.964, SD= 0.997). In addition, the respondents agreed that M&E planning is aligned with the organization's strategic goals and health system priorities (M=3.917, SD=0.831). Further, the respondents agreed that all relevant stakeholders are involved in the M&E planning process (M=3.858, SD= 0.563).

From the results, the respondents agreed that adequate resources are allocated for M&E activities during the planning stage (M=3.831, SD= 0.851). Further, the respondents agreed that the timelines set in the M&E plan are realistic and achievable (M=3.751, SD= 0.935). The respondents also agreed that risk factors and mitigation measures are incorporated into the M&E planning process (M=3.742, SD= 0.692).

Table 1: M&E Planning and Organization Performance

	Mean	Std. Deviation
M&E planning processes are clearly documented and communicated within the organization.	3.964	0.997
M&E planning is aligned with the organization's strategic goals and health system priorities.	3.917	0.831
All relevant stakeholders are involved in the M&E planning process.	3.858	0.563
Adequate resources are allocated for M&E activities during the planning stage.	3.831	0.851
The timelines set in the M&E plan are realistic and achievable.	3.751	0.935
Risk factors and mitigation measures are incorporated into the M&E planning process.	3.742	0.692
Aggregate	**3.844**	**0.812**

M&E Data Collection and Organization Performance

The second specific objective of the study was to examine the effect of M&E data collection on the performance of level 5 referral hospitals in Nairobi City County, Kenya. The respondents were requested to indicate their level of agreement on the statements relating to M&E data collection

and performance of level 5 referral hospitals in Nairobi City County, Kenya. The results were as shown in Table 2.

From the results, the respondents agreed that the organization uses standardized tools and methods for M&E data collection (M=3.968, SD= 0.905). In addition, the respondents agreed that staffs involved in data collection are adequately trained for the task (M=3.959, SD= 0.885). Further, the respondents agreed that data collection activities are carried out according to the planned schedule (M=3.920, SD=0.605).

From the results, the respondents agreed that the organization has clear protocols to ensure data quality assurance and control (M=3.815, SD= 0.981). In addition, the respondents agreed that there is sufficient technology and infrastructure to support timely data collection (M=3.811, SD= 0.873). Further, the respondents agreed that stakeholders are engaged in providing the necessary data for M&E purposes (M=3.798, SD=0.786).

Table 2: M&E Data Collection and Organization Performance

	Mean	Std. Deviation
The organization uses standardized tools and methods for M&E data collection.	3.968	0.905
Staffs involved in data collection are adequately trained for the task.	3.959	0.885
Data collection activities are carried out according to the planned schedule.	3.920	0.605
The organization has clear protocols to ensure data quality assurance and control.	3.815	0.981
There is sufficient technology and infrastructure to support timely data collection.	3.811	0.873
Stakeholders are engaged in providing the necessary data for M&E purposes.	3.798	0.786
Aggregate	**3.879**	**0.839**

Organization Performance

The respondents were requested to indicate their level of agreement on various statements relating to performance of level 5 referral hospitals in Nairobi City County, Kenya. The results were as presented in Table 3.

From the results, the respondents agreed that their health system consistently meets its service delivery targets and objectives (M=3.896, SD=0.865). In addition, the respondents agreed that the available resources are sufficient to support optimal health system performance (M=3.819, SD=0.945). Further, the respondents agreed that the quality of healthcare services provided meets the required national and international standards (M=3.798, SD=0.611).

From the results, the respondents agreed that there is timely and accurate reporting of health system performance indicators (M=3.731, SD=0.908). In addition, the respondents agreed that their health system effectively addresses emerging health challenges and emergencies (M=3.724, SD=0.877).

Further, the respondents agreed that collaboration and coordination between departments enhance overall health system efficiency (M=3.709, SD=0.543).

Table 3: Organization Performance

	Mean	Std. Deviation
Our health system consistently meets its service delivery targets and objectives.	3.896	0.865
The available resources are sufficient to support optimal health system performance.	3.819	0.945
The quality of healthcare services provided meets the required national and international standards.	3.798	0.611
There is timely and accurate reporting of health system performance indicators.	3.731	0.908
Our health system effectively addresses emerging health challenges and emergencies.	3.724	0.877
Collaboration and coordination between departments enhance overall health system efficiency.	3.709	0.543
Aggregate	**3.780**	**0.792**

Inferential Statistics

Correlation Analysis

The present study used Pearson correlation analysis to determine the strength of association between independent variables (M&E planning and M&E data collection) and the dependent variable (performance of level 5 referral hospitals in Nairobi City County, Kenya) dependent variable. Pearson correlation coefficient range between zero and one, where by the strength of association increase with increase in the value of the correlation coefficients.

Table 4: Correlation Coefficients

		Organization Performance	M&E Planning	M&E Data Collection
Organization Performance	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	218		
M&E Planning	Pearson Correlation	.842**	1	
	Sig. (2-tailed)	.001		
	N	218	218	
M&E Data Collection	Pearson Correlation	.867**	.167	1
	Sig. (2-tailed)	.000	.048	
	N	218	218	218

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

From the results, there was a very strong relationship between M&E planning and performance of level 5 referral hospitals in Nairobi City County, Kenya (r = 0. 842, p value =0.001). The relationship was significant since the p value 0.001 was less than 0.05 (significant level). The findings are in line with the findings of Hanum, Haekal and Prasetio (2020) who indicated that there is a very strong relationship between M&E planning and organization performance.

Moreover, the results revealed that there is a very strong relationship between M&E data collection and performance of level 5 referral hospitals in Nairobi City County, Kenya (r = 0.867, p value =0.000). The relationship was significant since the p value 0.000 was less than 0.05 (significant level). The findings conform to the findings of Bobbie and Nsiah (2022) that there is a very strong relationship between M&E data collection and organization performance.

Regression Analysis

Multivariate regression analysis was used to assess the relationship between independent variables (M&E planning and M&E data collection) and the dependent variable (performance of level 5 referral hospitals in Nairobi City County, Kenya).

Table 5: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.801	.642	.641	.10120

a. Predictors: (Constant), M&E planning and M&E data collection

The model summary was used to explain the variation in the dependent variable that could be explained by the independent variables. The r-squared for the relationship between the independent variables and the dependent variable was 0.642. This implied that 64.2% of the variation in the dependent variable (performance of level 5 referral hospitals in Nairobi City County, Kenya) could be explained by independent variables (M&E planning and M&E data collection).

Table 6: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	42.285	2	21.143	192.209	.000[b]
	Residual	23.568	215	.110		
	Total	65.853	217			

a. Dependent Variable: performance of level 5 referral hospitals in Nairobi City County, Kenya
b. Predictors: (Constant), M&E planning and M&E data collection

The ANOVA was used to determine whether the model was a good fit for the data. F calculated was 192.209 while the F critical was 3.038. The p value was 0.000. Since the F-calculated was greater than the F-critical and the p value 0.000 was less than 0.05, the model was considered as a good fit for the data. Therefore, the model can be used to predict the influence of M&E planning and M&E data collection on performance of level 5 referral hospitals in Nairobi City County, Kenya.

Table 7: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.264	0.068		3.382	0.000
	M&E planning	0.375	0.096	0.376	3.906	0.001
	M&E data collection	0.388	0.099	0.387	3.919	0.000

a Dependent Variable: performance of level 5 referral hospitals in Nairobi City County, Kenya

The regression model was as follows:

$$\mathbf{Y = 0.264+0.375X_1 + 0.388X_2 + \varepsilon}$$

According to the results, M&E planning has a significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya (β_1=0.375, p value= 0.001). The relationship was considered significant since the p value 0.001 was less than the significant level of 0.05. The findings are in line with the findings of Hanum, Haekal and Prasetio (2020) who indicated that there is a very strong relationship between M&E planning and organization performance.

The results also revealed that M&E data collection has significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya (β1=0.388, p value= 0.000). The relationship was considered significant since the p value 0.000 was less than the significant level of 0.05. The findings conform to the findings of Bobbie and Nsiah (2022) that there is a very strong relationship between M&E data collection and organization performance.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The study concludes that M&E planning has a positive and significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya. Findings revealed that approved m&e plan, timely planning meetings and plan–objective alignment influence performance of level 5 referral hospitals in Nairobi City County, Kenya. In addition, the study concludes that M&E data collection has a positive and significant effect on performance of level 5 referral hospitals in Nairobi City County, Kenya. Findings revealed that data collection frequency, tool accuracy rate and timely data submission influence performance of level 5 referral hospitals in Nairobi City County, Kenya.

Recommendations

The study recommends that level 5 referral hospitals in Kenya should institutionalize comprehensive Monitoring and Evaluation (M&E) planning frameworks that are fully integrated into their strategic and operational plans. In addition, the study recommends that level 5 referral hospitals in Kenya should strengthen standardized and technology-enabled M&E data collection systems by adopting integrated digital health information platforms, clear data collection protocols, and regular staff training to ensure accuracy, completeness, and timeliness of data.

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