
Resource Mobilization for M&E; A Driver of Performance of Health Outreach Program in Kibera informal Settlement, Nairobi, Kenya

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Abstract: Non-governmental organizations in both developed and developing countries implement different types of outreach health services in collaboration with local health facilities and authorities to respond to the uneven distribution of health services. In most cases local health authorities can mobilize hospitals and their staff to support or perform health outreach-related activities in places that are difficult to reach through integrating program activities into the national health plan as a key factor for improving remote populations' health outcomes on a large scale. The objective of the study was to establish the influence of resource mobilization for M&E on performance of programs funded by NGOs. The study was mixed method hence it was guided by cross sectional survey design and correlation design. The target population totaled to 367 from which a sample of 269 was obtained using stratified proportionate sampling and simple random sampling. Descriptive data was presented in frequencies and percentages, and central tendency was explained using the means and standard deviation for variability. The Karl Pearson Product Moment was used in correlational analysis. Test of hypothesis was done using linear. The null hypothesis was tested, and the following results found: ($R^2 = 0.437$, $t = 15.972$, $p = 0.000 < 0.05$). The null hypothesis was thus rejected and concluded that resource mobilization for monitoring and evaluation has significant influence on performance of outreach programs funded by NGOs. The study, therefore, recommends policy interventions from the grant providers targeting outreach programs, and other stakeholders such as the government through the NGO Coordination Board ought to closely examine the various dimensions of M&E activities as a strategy to improve the impact made by such programs in Kenya.

Keywords: Resource Mobilization, Monitoring, Evaluation, Performance, Outreach Programs

1. Introduction

Private sectors operate throughout the country, the population covered by these NGO health services cannot be easily determined. It contributes over 40 per cent of health services in the country, providing mainly curative health services and very few preventive services [1]. In Kenya, health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 per cent of these facilities. The public health sector consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centers, and dispensaries. Dispensaries provide wider coverage for preventive health

measures, which is a primary goal of the health policy. Depending on their comparative advantage, Non-Governmental Organizations, Faith Based Organizations, and community-based organizations (CBOs) undertake specific health services [2]. A wide variety of these players can provide outreach services to address the imbalance between adequately served (or even over-served) areas and those where populations have major difficulties in accessing care. Outreach services are one of the possibilities to enhance access to health workers and to improve overall retention at country level. Better mobilization of urban health workers to serve remote or underserved areas is a strategy to improve access to health to the population in remote and rural areas [3].

2. Statement of the Problem

The Kenyan health system is significantly impacted by the work of NGOs. However, tracking and documenting of M&E activities is resource deficient. Resource allocation by both national and county levels of governments to implement these activities are limited, instead it relies on unpredictable, intermittent, and limited funding by development partners and as a result, they fall behind schedule, in most cases not done at all or are not completed and they cannot inform the next level of planning and decision making hence influencing program performance. Without a dedicated unit to coordinate M&E activities and funding set aside to implement them, M&E cannot fulfil the key expectations of the health system [4].

Studies have also demonstrated that there is a correlation between resource mobilization and sustainability of projects and programs [5, 6]. For effective resource mobilization, have emphasized the need to encourage a participatory approach by involving the community. Hence, the study aims to investigate the influence of resource mobilization on performance of health centers outreach programs in Kibera informal settlement of Nairobi County in Kenya [7].

3. Study Objective

To establish the influence of resource mobilization on performance of health outreach programs funded by NGOs in Kibera informal settlement, Nairobi County.

Study Hypothesis

H₀: Resource mobilization for M&E has no significant influence on performance of health outreach programs.

4. Literature Review

Constraints on resources and particularly spending, growing public expectations and concerns about safety, quality and equity all increase pressure and demands for accountable health care systems⁸. Issues related financial planning, insufficiency in the local taxation and poor and under staffing in the hospitals were noted to be negatively impacting on the implementation of health care projects in Peruvian hospitals [9]. The authors observed that provision of health care services was adversely affected, hence poor performance. On the other hand [10], while studying on the effects of participatory monitoring and evaluation on project performance at Kenya marine and fisheries institute in Mombasa, Kenya found out that there is a correlation between financial capital and viability of the project. Jamaal's study employed census sampling where all the 114 participants took part in the study. This increased validity in the responses gathered. The results of the regression analysis revealed that a unit increase in financial resources availability would lead to a unit increase in project performance by 15.3 per cent. It was also established by that resource allocation is key that 100 per cent influenced performance of medical camp projects in hospitals. Although their study was descriptive and failed to show the relationship and the extent to which this variable influenced performance, the current study addressed this gap by employing correlation and regression in analysis of data [6].

A study concluded that lack of financial resources impacted on the performance of the projects and quality in monitoring and evaluation [10]. Furthermore, the study noted that failure to allocate reasonable proportion resources on important aspects of the project management would result in poor project performance, hence, need to pay attention to resource mobilization for M&E activities. The findings by Jamaal s asserted that adequate financial resources disbursed in good time are key drivers to implementing the health care projects in Meru County in Kenya [11]. Although the study findings focused on Kenya marine, the current study focused on the performance of the health centers outreach programs funded by NGOs.

Outlining the best strategies for approaching the key stakeholders in resource mobilization remains key for be it implementation, performance, or sustainability of the project. A study on the influence of community participation in resource mobilization and sustainability of community water projects in Nyeri County, Kenya [12]. The unit of analysis was 10 water projects having 1052 beneficiaries attached to them. Out of 290 respondents sampled through Yamane formula, the questionnaires distributed 207 were returned representing 71.38 percent. The analysis of the study showed community participation in resource mobilization significantly influence sustainability of community water projects whereby the p value was 0.000. The study recommended that beneficiaries of the project should be involved in implementation and management stages of the project. The current study, however, statistically tested the influence resource mobilization for M&E and performance of health centers outreach programs as opposed to sustainability of project.

Budgeting for M&E activities is never an easy task, but finances must be there to support M&E system. On examining, [12] the influence of M&E budget on performance of horticulture projects in Nakuru County of Kenya. This study employed a mixed method whereby data was collected quantitatively and further triangulated with interviews for qualitative information. Descriptive data was presented in frequencies, percentages, standard deviation and means. Analysis of inferential statistics involved mainly correlation and regression analysis to explain relationships and strengths of the variables. The findings of the study demonstrated that budget contributed highly to horticulture performance. The R-squared of 0.694, otherwise referred to as coefficient of determination suggested that 69.4 per cent of performance in horticulture was a result budgeting for M&E whereas the rest 30.6 per cent was explained by other factors. "Monitoring and evaluation budget should be clearly delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in contributing to high project performance [12].

A study on the influence of resource mobilization on sustainability of community projects in Kakamega County in Kenya [5]. The study targeted all households with registered community boreholes whereby a sample of 237 was extracted by protonate sampling with the aid of Yamane formula. The study employed structured questionnaires which yielded reliable primary data. The findings showed that resource mobilization as a predictor variable significantly influenced sustainability of community projects. This study used

sustainability as a dependent variable, however, the current study studied the influence of resource mobilization for M&E against performance as a dependent variable.

To establish project management practices which affected the implementation of health projects in public hospitals in Nyeri County in Kenya [19]. The study employed descriptive cross sectional survey design indicating the results obtained were more reliable [13]. The findings from the correlational analysis showed results in the order in which management practiced was studied, as follows: government policies ($p=0.006$), project planning ($p=0.035$) and funding ($p=0.000$) are significant. This implied that project funding was the most important of the four variables that were studied.

5. Theoretical Framework

The theory of Optimal Resource Allocation is based on the premise that activities influencing distribution of service are at risk of collapsing when resources are not uniformly/adequately allocated. In advancing the theory, they contend that the resource is required to perform several activities/tasks by the source and that the source is glamorized with the assumption that it does possess at any given time capacity to randomly allocate fractional proportions of its service resources to one or more of its projects [14]. It is however required of the source to adopt strategies that would ensure that the apportionment of the resource is done in an optimal way that would enhance task completion time and decrease chances of project collapse [14].

In adopting this theory, this study contends that for effective monitoring and evaluation of health care projects the existence of well laid out M&E activities particularly resource mobilization for M&E, would enhance an optimal Human resource for health (HRH) capacity building for M&E is a requirement [15]. This theory relates to study variable distribution of resources which advances that without proportionate allocation to monitoring and evaluation activities that is; M&E personnel the performance of community health care projects would be adversely influenced.

6. Conceptual Framework

Figure 1 depicts the relationship between resource mobilization for M&E (independent variable) and performance of health centers outreach programs (dependent variable). The concept of resource mobilization for M&E is explained using the following indicators: assessment of the current resource's situation; identifying required resources for the project; comparing what is needed and available to determine the gaps; identifying potential sources to acquiring needed resources; and finally, outlining best strategies for approaching stakeholders. Upon achievement of these aspects of resource mobilization, it is hoped that performance of health centers outreach programs would be realized in terms of access to health specialists; time and costs savings for patients in remote inaccessible areas; population accessing the health care services; access to quality preventive and nutrition services among poor and vulnerable populations in informal settlement; and the number of community population accessing and receiving healthcare services.

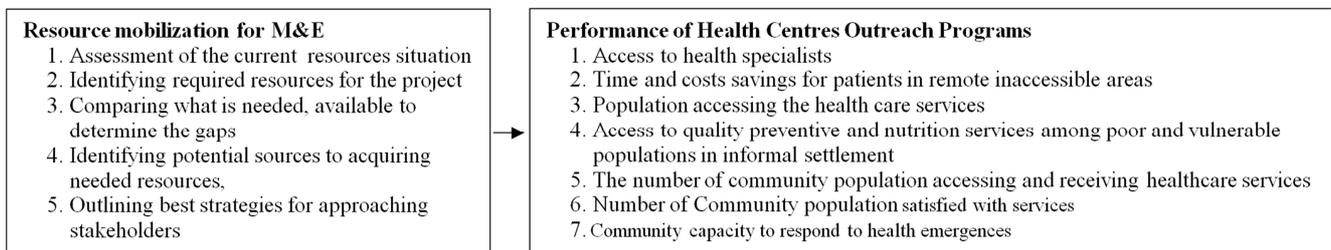


Figure 1. Conceptual Framework.

7. Methodology

The study was guided by descriptive survey design and correlational design. The target population was 367 comprising of three strata namely, 22 health facility CEO and deputies, 14 County health Officers from Nairobi County government and 327 households of beneficiaries of health centers outreach programs in Kibera informal settlement which has 11 public health facilities. A sample of 269 was drawn using stratified proportionate sampling and random sampling with the help of Krejcie and Morgan table. Sample sizes have ability to represent salient characteristics in population, usually small to allow in-depth exploration and understanding of phenomena under investigation [16]. In total 212 questionnaires were received from the respondents representing 79%. Also, there is no agreed upon standard for a minimum acceptable response rate, but 70%

response rate could be good enough [18]. Kikwatha [17] equally upholds the same view. On the other hand, Saunders, Lewis, and Thornhill noted that 30-50% responses rate would still offer thresholds for statistical generalization in any empirical study. The study, therefore, met all the response rate thresholds proposed by Fowler [18] and Kiwatha [17]. Both questionnaires and interview guide were administered to the respondents. Quantitative data was descriptively analyzed using frequencies, percentages, mean and standard deviation. The qualitative data was analyzed thematically. Correlational and regression analysis were conducted to ascertain the relationship and strength of variables among themselves.

Permission was sought from the National Council for Science, Technology, and Innovation (NACOSTI) to conduct the study. Participants' confidentiality was upheld during distribution of questionnaires and interviews. Raw data was shielded from unauthorized persons and was neither shared

nor names linked to the data.

8. Results and Discussion of the Findings

Background Information of Respondents

Background information about the respondents was gathered in terms of gender, age, level of education and experience. The results were presented in Table 2 and Table 3.

Table 1. Gender of the Respondents.

Gender	Frequency	Percentages
Male	100	47.2
Female	112	52.8
Total	212	100

Results in Table 1 show that 100 (47.2%) of the respondents who participated in the study were male while 112 (52.8%) were female. The gender distribution of the respondents was good as the government usually recommends a sector to have at least a representation of 30% of the opposite gender. This implied the results of the study were representative enough in terms of the gender rule. The study was further analysed by various demographic characteristics of the respondents. The results are shown in Table 2:

To understand the level of awareness and knowledge of the subject of study, the respondents were asked to report their ages, levels of education and levels of experience. The results in Table 2 showed that majority of the respondents 65 (30.7%) were between the age 46 to 50 years, followed by 53 (25.0%) who were between 41 to 45 years, 43 (20.3%) who were between 36 to 40 years, 24 (11.3%) who were between 51 to 55 years, 14 (6.6%) who were 30 years and below, 10 (4.7%) who were 56 years and above, and 3 (1.4%) were below 31 to 35 years of age, in that order. On education level majority of the respondents 120 (57.0%) had bachelor's degree, followed by 63 (30.0%) who had diploma, 18 (8.0%) who had a master's degree, 7 (3.0%) who had certificate, and 4 (2.0%) who had other qualifications, respectively. On level of experience majority of the participants had either worked in or received services from the program for a period of 16 years and above, 75 (35.4%); followed by: 12 to 15 years, 62 (29.2%); 8 to 11 years, 50 (23.6%); 4 to 7 years, 17 (8.0%); and 3 years and below, 8 (3.8%); respectively. The

findings indicate that majority of the participants had work for or received services for the program for more than 15 years, implying that they were conversant with the issues under investigation in the study, hence could provide valid data.

Table 2. Demographic factors.

	Indicators	Frequency	Percentage
Age	30 & below	14	6.6
	31 to 35 years	3	1.4
	36 to 40 years	43	20.3
	41 to 45 years	53	25
	46 to 50 years	65	30.7
	51 to 55 years	24	11.3
	56 years and above	10	4.7
	Total	212	100
Education		7	3
	Diploma	63	30
	Bachelor	120	57
	Master	18	8
	Others	4	2
	Total	212	100
Experience	3 & below	8	3.8
	4 to 7 years	17	8
	8 to 11 years	50	23.6
	12 to 15 years	62	29.2
	16 yrs. & above	75	35.4
	Total	212	100

9. Resource Mobilization for M&E and Performance of Outreach Programs

Variables were converted to statements that respondents were required to state the extent in which they agreed with. For all the five indicators, responses were recorded on a 5-point Likert scale, ranging from 5=to a very great extent, 4=to a great extent, 3= to a moderate extent, 2= to a small extent, 1= to a very small extent. Measures of central tendency-the mean and standard deviation of the indicators were computed and the results are shown in Table 3:

In the Table 3 the five items had means ranging between 3.56 and 3.59. The composite means and standard deviation for this were 3.59 and 1.086 respectively.

Table 3. Descriptive analysis for Resource mobilization.

Statement		1	2	3	4	5	n	Mean	SD
Current situation is carried out before mobilizing resources for M&E	Freq. (%)	5 (2.4%)	54 (25.5%)	22 (10.4%)	101 (47.6%)	30 (14.2%)	212	3.56	1.070
Identification of M&E required resources for project is usually carried out	Freq. (%)	7 (3.3%)	48 (22.6%)	14 (6.6%)	97 (45.8%)	46 (21.7%)	212	3.59	1.112
Analysis and comparison of what is needed and what is available is undertaken to determine what is required	Freq. (%)	5 (2.4%)	43 (20.3%)	24 (11.3%)	103 (48.6%)	37 (17.5%)	212	3.56	1.058
Identification of M&E potential sources for acquiring M&E project resources is usually undertaken	Freq. (%)	5 (2.4%)	41 (19.3%)	23 (10.8%)	85 (40.1%)	58 (27.4%)	212	3.66	1.102
Strategies for approaching stakeholders (donors and partners) is always outlining under resource mobilization for M&E	Freq. (%)	5 (2.4%)	54 (25.5%)	22 (10.4%)	101 (47.6%)	30 (14.2%)	212	3.56	1.070
Composite Mean and Standard Deviation								3.59	1.086

5= To a Very Great Extent, 4=To a Great Extent, 3= To a Moderate Extent, 2= To a Small Extent, 1= To a Very Small Extent, SD=Standard Deviation

The first item on this variable of resource mobilization for M&E, as presented in Table 3, sought from the respondents whether the current situation or needs assessment was carried out prior to mobilizing resources for M&E. The responses recorded indicated that 30 (14.2%) agreed to a very great extent, 101 (47.6%) to a great extent, 22 (10.4%) to a moderate extent, 54 (25.5%) to a small extent and 5 (2.4%) to a very small extent. A mean of 3.56 against a composite mean of 3.59 was obtained implying that the organizations were not keen on assessing the current situation to ascertain the needs for resource mobilization. This could be one of the major reasons which could be affecting the financial statuses of the health centers. It is therefore important for the senior management of these centers to dedicate adequate time in assessing their financial situation to salvage the centers from poor performance. A standard deviation of 1.070 generated on this line item indicated that opinions did converge.

The second item sought from the respondents whether the identification of M&E required resources for projects were carried out. The results from the analysis revealed that 46 (21.7%) agreed to a very great extent, 97 (45.8%) to a great extent, 14 (6.6%) to a moderate extent, 48 (22.6%) to a small extent and 7 (3.3%) to a very small extent. A mean of 3.59 obtained was an indication that the process of identifying M&E resources for projects was being done and that a standard deviation of 1.112 showed that the views from the respondents did not converge. The line item means of 3.59 was at par with the composite mean of 3.59 which clearly shows that more effort is required to address the financial aspects of the health centers in informal settlements in Nairobi County.

Thirdly, responded on the line item that sought to establish whether analysis and comparison of what was needed by the program and what was available was undertaken to determine the exact of what is required. In this regard, 3 (17.5%) indicated that to a very a great extent it was happening, 103 (48.6%) to a great extent, 24 (11.3%) to a moderate extent, 43 (20.3%) to a small extent and 5 (2.4%) to a very small extent. It was established by a mean of 3.56 that analysis and comparison were not being carried before determining the resources needed for the project. This implies that the health centers across were facing serious budget deficits. It was however supported by convergent opinions from the respondents which were represented by a standard deviation of 1.058.

A fourth item sought whether identification of M&E potential sources for acquiring M&E project resources was being undertaken. The results presented were as follows; 58 (27.4%) stated that to a very great extent the identification of M&E potential sources of resources being carried out. This was followed by 85 (40.1%) that stated to a great extent, 23 (10.8%) to a moderate extent, 41 (19.3%) to a small extent and 5 (2.4%) to a very small extent. This item recorded the highest mean of 3.66 which implied that identification of potential sources for M&E resources was being carried and it influenced project performance of health centers outreach programs. A standard deviation of 1.102 implied that views did not converge generally.

Last but not least, was the fifth item that was about strategies for approaching donors and partners, also referred to as stakeholders in resource mobilization which attracted the following responses; 30 (14.2%) indicated that a very great extent that was happening and that it had been put in place, 101 (47.6%) indicated to a great extent, 22 (10.4%) to a moderate extent, 54 (25.5%) to a small extent and 5 (2.4%) to a very small extent. Arising from this item was a mean of 3.56 indicating that the strategies for approaching donors and partners were not part and parcel of the process. This explains the inability for the health centers to gather sufficient resources because of strategies which must be clearly outlined to ensure resources are adequately mobilized. It emerged that a standard deviation of 1.07 indicating that the respondents' views were divergent.

A qualitative analysis was conducted to verify the results of the quantitative analysis. On resources, the focus groups were asked to comment on their availability, sources, and approaches to acquire more. The focus group of beneficiaries did not seem to understand a lot about the aspect of resources for these health centers; however, the health officers and CEOs seem to have a grip of this aspect and its importance. This was expected because several the beneficiaries who more of concerned with their treatment aspects rather than the operations of the health facilities. Some of the comment from one of the beneficiaries was:

"I cannot tell if these health centers identify first the required resources, but I believe there are specialists in that field and they ought to know that, but on a personal level, I think they are important for the performance of the health centers since improper planning may contribute to it being shut down"

From the comment above, it could be observed that, though the beneficiaries were unaware of the current situation of resources in the area, they still think proper handling of the resources is important for good performance of the health facility. Another seemed to have a grasp of the resource aspect of the health facilities around his area, his comment was:

"Well, I think these health centers have few resources especially the lab facilities and the doctors themselves. We find ourselves queuing for hours to see a doctor, it's not that they are not there but they are few, once you are done with a doctor you might take a lot of time on the blood tests, I think they few machines and this may affect their performance, but they are trying"

Like the first beneficiary, this second one is also of the opinion that resources are important for good performance of the health centres. He is attributing some challenges faced by the health centres to be enough resources. On the side of health officers and CEOs, majority of them seemed to be on the same script, where they consider the resources are important, but they are not very adequate compared with the patients that are being handled. Some of the comments from the CEOs were:

"Yes, the health facility usually does an analysis of what is available and what is needed, then we plan on how to approach the donors to support us, sometimes it might take

a while for donors to respond, and this is usually considered during the planning process, otherwise if we do not do this, operations here might be difficult”

Another CEO was of the view:

“We always, have to do an assessment of the situation, in terms of what we have before start planning, then we plan on how to use them and how we can get the deficit, our main funders are the donors and partners, so we always ensure we comply to their requirements in order to sustain the funding”

Comments from the health officers were in tandem with those of the CEOs, but they did not seem to have a lot of in-depth information about how for instance the resources are obtained, but they generally agreed that the resources are important for performance, some of their views were:

“There are people who are in charge of resource mobilization in this center, however from my view I think the resources are not very plenty, but the few available I think they are well managed, there is not much wastage”

Another one was of the view:

“I always see donors visiting our centre and give out various items, the management is not very bad since much

of the resources are kept in good use and thus helping to boost the activities of the centre”

Generally, from the views above it can be observed that the respondents are of the view that resource mobilization and usage is important for performance of the health outreach programs. There is a general perception that the resources are not very adequate, but the few that are available are important for the operations of the centres. This general view supports the results of the quantitative analysis.

9.1. Correlation Analysis of Resource Mobilization for M&E and Performance

Correlation analysis was conducted using Pearson moment correlation, where a rank (r) of 1 implies perfect correlation, a rank of 0.10<r>0.29 implies a weak correlation, a rank of 0.30<r>0.50 implies a moderate correlation and a rank of 0.5<r>1 implies a strong correlation. The statistical measure was based on a 95% confidence level, meaning that the sample proportion (p) which is less is or equal to 0.05 is statistically significant. Table 4 shows the correlation between the dependent variable and the independent variable:

Table 4. Correlation Matrix for Resource Mobilization for M&E.

Variables		Performance of Outreach Program	Resource Mobilization for M&E
Performance of Outreach Programs	Pearson Correlation	1	0.661*
	Sig. (2-tailed)		0.000
	n	212	212
Resource Mobilization for M&E	Pearson Correlation	0.661*	1
	Sig. (2-tailed)	0.000	
	n	212	212

*. Correlation is significant at the 0.05 level (2-tailed).

There is positive strong correlation between performance of health centers outreach projects and Resource mobilization for M&E with [r=.661, n=212, p=0.00<0.05], the Pearson correlation is very close to 1, implying resource mobilization for M&E is perceived to highly contribute to good performance of health centers outreach programs funded by NGOs.

9.2. Regression Analysis of Resource Mobilization for M&E and Performance of Outreach Programs

The objective of the study was to establish the extent to which resource mobilization for M&E influences performance of health centers outreach programs by funded NGOs in Kibera informal settlement, Kenya. A linear regression analysis was conducted to examine how well resource mobilization for M&E predicted performance of health centers outreach programs funded by NGOs in Kibera. The results of the analysis are presented in Table 5:

Table 5. Regression Summary for Resource Mobilization for M&E and Performance of Outreach Programs.

Model	R	R Squared	Adjusted R Squared	Std. Error of the Estimate	B	Predictor Variables
1	0.661 ^a	0.437	0.435	0.034 0.029	0.138 0.462	Constant Resource Mobilization

a. Predictors: (Constant), resource mobilization for M&E
 b. Dependent Variable: Performance of Health Centre Outreach Programs
 Model 1: F (1, 211) = 255.098; P=0.000<0.05

The results in Table 5; show that Resource Mobilization for M&E was significantly related to performance of health centers outreach programs funded by NGOs with F (1, 211) = 255.098; P=0.000<0.05. The results further show that the coefficient of correlation r = 0.661 implying there is a moderate positive linear relationship between resource mobilization and performance of outreach programs. The

coefficient of determination (R²), particularly adjusted R² was 0.435 an implication that resource mobilization explains 43.5% of the variation of performance of health centers outreach programs funded by NGOs, the other percentages arise from other variables other than resource mobilization. Based on these research findings, we reject the null hypothesis which stated that resource mobilization for M&E

does not have a significant influence on performance of health center outreach programs funded by NGOs. Using the statistical findings, the regression model can be substituted as follows:

$$\text{PHC} = 0.138 + 0.462\text{RM} \quad (1)$$

Where:

PHC = Performance of Outreach Programs

RM = Resource Mobilization for M&E

These current findings are compared with the findings from other authors in the reviewed literature. For instance, assessment of the current resources is important and is part of financial planning although in this study it was revealed that somehow it was not keenly being taken into consideration. The Peruvian hospitals findings state that poor financial planning impacts negatively on the implementation of health care projects [19]. The effects of participatory monitoring and evaluation on project performance at Kenya marine and fisher is institute in Mombasa, Kenya [19]. The study findings indicated that financial capital explained a unit increase in project performance by 15.3 per cent whereas the current study established that resource mobilization explains 43.5% of the variation of performance of health centers outreach programs funded by NGOs hence need to have more financial support for health institutions [10].

Disbursement financial resources adequately and in good time, is a key driver to the implementation of health care projects would be speedily achieved [11]. It was however noted in the current study that the best strategies for approaching stakeholders were lacking. For this to improve and ensure sustainability of the project, community participation in resource mobilization would significantly influence sustainability of community projects, even though their focus was on water projects. The P value in their study was $P=0.000 < 0.05$ same as the current study. Hence, it was recommended that beneficiaries of the project should be involved in implementation and management stages of the project [7].

Through the descriptive analysis whereby one of the line items had a mean of 3.56 obtained against the composite mean of 3.59 indicating that analysis and comparison of what is needed and what is available is not properly done. ON examining the influence of M&E budget on performance of the project asserted that budget contributes highly to project's performance [12]. Resource mobilization as a predictor variable significantly influenced sustainability of community projects. A study finding supports the current study findings whereby [5], it affirmed that project funding as a management practice affects the implementation of health projects in public hospitals [19].

10. Conclusion

The objective of the study was to establish the influence of resource mobilization for M&E on performance of health center outreach programs funded by NGOs. The corresponding null hypothesis was that there is no significant influence of resource mobilization for M&E on performance

of health center outreach programs funded by NGOs. The null hypothesis was tested, and the following results found: ($R^2 = 0.437$, $F(1, 211) = 255.098$; $P=0.000 < 0.05$, $R=0.661$). The R coefficient of 0.661 implied there is a high correlation between resource mobilization for M&E and performance of health outreach programs. The R^2 coefficient of 0.437 implied resource mobilization explained 43.7% of the variation of performance of health outreach programs. The F statistic of 255.098 was statistically significant an implication that the model was well specified and as such the null hypothesis rejected.

11. Recommendation

For maximization of the benefits associated with M&E activities, the health centers should scale up the aspect of resource mobilization for M&E. The findings have revealed that there are other factors accounting for variation in performance of health centers outreach programs covering up to 56.3% hence the need to study them.

12. Further Studies

Other researchers should consider assessing other programs targeting the improvement of quality of life of residents of the Kibera informal settlement. This is because the current study focused on the health center outreach programs. Other programs that may require similar investigation include the various family support programs. This is because the findings of the current study are limited to the health center outreach programs.

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