

**THE EFFECT OF PARTICIPATORY MONITORING AND EVALUATION ON
HEALTH SERVICE DELIVERY IN MUNUKI PAYAM, JUBA MUNICIPALITY**

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I, ISABELLA KITARI FELICIANO, hereby certify that I am the author of this article and that all sources used in its creation are properly cited and reported. Any sources from which the information, words, or concepts were taken were cited. I verify that I wrote this essay expressly for Uganda Christian University's Master of Development Monitoring and Evaluation, which it partially fulfills.

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APPROVAL

This is to attest that with my permission as a university supervisor, the research dissertation titled "The Effect of Participatory Monitoring and Evaluation on Health Service Delivery in Munuki Payam, Juba Municipality" has been submitted for approval.

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Date: Nov. 23rd 2023

DEDICATION

This dissertation is devoted to my family, particularly to my spouse and kids, who provided me with encouragement and social support during my academic journey. In addition, I would want to dedicate it to my parents, who encouraged me to return to school.

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LIST ACRONYMS AND ABBREVIATIONS

ACODE	Advocates Coalition for Development and Environment
CME	Compliance Monitoring and Evaluation
CRCs	Citizen Report Cards
CSCs	Community Score Cards
CSOs	Civil Society Organizations
CVI	Content Validity Index
FGD	Focus Group Discussion
GoSS	Government of South Sudan
IME	Internal Monitoring and Evaluation
LGs	Local Governments
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments, Agencies
NDP	National Development Plan
NGO	Non-Governmental Organization
NIMES	National Integrated Monitoring and Evaluation Strategy
NPM	New Public Management
OECD/DAC	Organization for Economic Cooperation and Development /Development Assistance Committee
OPM	Office of the Prime Minister
PETS	Public Expenditure Tracking Surveys
SME	Social accountability Monitoring and Evaluation
SPSS	Statistical Package for Social Scientists
SSNBOS	South Sudan National Bureau of Statistics
UCU	Uganda Christian University
UNDP	United Nations Development Programme

ABSTRACT

The primary objective of this study was to ascertain the impact of participatory monitoring and evaluation on health care delivery in South Sudan's local governments, with a focus on Munuki Payam, Juba Municipality. The study was guided by the following specific objectives: to ascertain how stakeholder ownership of M&E affects the provision of health services in Munuki Payam, Juba Municipality; to investigate the effects of participatory planning and execution of M&E on the provision of health services; and more. We used a survey methodology that was descriptive. The study employed a quantitative strategy more often than a qualitative one, albeit using a qualitative technique as well. Using simple random and deliberate sampling techniques, 234 participants were selected at random from the research population of 531 participants. Descriptive statistics utilized in quantitative data analysis were percentages and frequencies. With content analysis, data from qualitative sources were examined. Results showed that participatory M&E planning had a significant, favorable, and powerful impact on the provision of health services in Munuki Payam, Juba Municipality ($r = .591$, $P\text{-value} = .000$). On the second objective, participatory M&E implementation had a favorable and significant impact on the provision of health services in Munuki Payam, Juba Municipality ($r = .236$, $P\text{-value} = .000$), and on the third objective, stakeholder ownership of M&E had a favorable and significant impact on the provision of health services ($r = .308$, $P\text{-value} = .000$). The conclusion was that all aspects of participatory M&E positively and significantly impacted the provision of health services, while the degree of participation in M&E and stakeholder ownership of M&E had less of an impact. The report advised that a clear consensus be established between local government officials and community stakeholders over how frequently data relating to M&E for health service programs should be collected.

CHAPTER ONE

INTRODUCTION

1.0 General Introduction

This study aimed at establishing whether health service delivery can be achieved through monitoring and evaluation. It should be noted that M&E refers to those inputs to achieve service quality.

1.1 Background of the Study

Participatory monitoring and evaluation (PM&E) is a process of self-assessment, collective knowledge generation, and cooperative action in which stakeholders in a program or intervention substantively and collaboratively identify the monitoring and evaluation issues, collect and analyze data, and take-action as a result of what they learn through this process (Chevalier, 2019). According to Thorn et al., (2020), PM&E is “a process of self-assessment, collective knowledge generation, and cooperative action in which stakeholders in a program or intervention substantively and collaboratively identify the evaluation issues, collect and analyse data, and take-action as a result of what they learn through this process.” This definition surpasses involving primary stakeholders in a process of “conventional” M&E (Haldane et al., 2019), to encompass a wider range of stakeholders at every stage of the process (Saner, Yiu & Nguyen, 2020). According to Thorn et al., (2020) operationalized participatory monitoring and evaluation has consisting of participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E. This study will thus borrow a leaf from operationalization of PM&E done by Chevalier (2019). In this study thus, PM&E will be measured using participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E.

The rationale of employing PM&E lies in seeking to honor the perspectives, voices, preferences and decisions of the least powerful and most affected stakeholders the local beneficiaries in a bid to ensure that evaluation in done with these key groups rather that done to them (Haldane et al., 2019). As observed by Guijt and Gaventa (2018), primary stakeholders (intended beneficiaries) roles in PM&E approach includes

designing and adapting the methodology, analyzing data, sharing findings and linking them to action as opposed to conventional M&E where primary stakeholder only provide information. Participatory monitoring and evaluation is fundamentally about sharing knowledge among beneficiaries of the program, program implementers, funders, and often outside evaluation practitioners (Haldane et al., 2019). Guijt and Gaventa (2018) further posits that participation allows opening up the design of the process to include those most directly affected, and agreeing to analyze data together.

On the other hand, quality of health service delivery refers to the degree of conformance of all the relevant features and characteristics of health service to all the aspects of the consumers' needs. It views quality as both internal and external (Peterson, Northeast, Jackson, & Fitzmaurice, 2017). It should be noted that quality of health service delivery is a direct obligation of meeting the health needs of the electorates. It specifically refers to the ability of health services offered meeting or exceeding customer's anticipations (Nweke, 2021). The study selected to investigate quality of health service delivery in Munuki Payam, Juba Municipality due to prevailing situations. Munuki Payam just like other areas in Juba Municipality, has been grappling with the challenge of ensuring effective and efficient health service delivery (UN Mission, 2019). The above has been attributed to among others, weak practice of participatory M&E systems characterized by; limited utilization of M&E findings, weak coordination and harmonization, multiple and parallel data collection systems and weak management skills at local government levels (UN Mission, 2022). In response, government developed and implemented the National Integrated Monitoring and Evaluation Strategy for health improvement (NIMESHI) with the view of improving health service delivery across the country (Ministry of Finance, Economy and Manpower, 2018). One of the programme implemented under NIMESHI was to improve access to family planning services in Juba Municipality. However, by end of the programme, the intended beneficiaries had not benefited due to misappropriation of funds and inaccessibility of services from the community. The above was matched with M&E oriented capacity building and budgetary allocations at all levels (JICA Development of Monitoring and Evaluation Capacities to Improve Government Performance, 2018).

Despite the above efforts, the quality of health service delivery in Juba Municipality and particularly Munuki Payam remains unsatisfactory (GoSS, 2019).

In a program or intervention therefore, participants identify the monitoring and evaluation concerns in a collaborative and substantive manner, collect and evaluate data, and act on the knowledge they get from this process. Oginga, Odongo and Nguku (2023) and Haldane et al., (2019) refer to this procedure as participatory monitoring and evaluation (PM&E). "A process of self-assessment, collective knowledge generation, and cooperative action in which stakeholders in a program or intervention substantively and collaboratively identify the evaluation issues, collect and analyze data, and take-action as a result of what they learn through this process," is how Thorn et al., (2020) define PM&E. This extends beyond the main parties involved in traditional monitoring and assessment (Oginga et al., 2023). Participatory planning, participatory implementation, and stakeholder ownership of M&E are the components of Peterson et al., (2017) operationalization of PM&E. This study will thus take a cue from Haldane et al., (2019) operationalization of PM&E. Therefore, participatory planning, participatory implementation, and stakeholder ownership of M&E will be used in this study to measure PM&E.

Contrarily, the level of conformity between all pertinent components of a health service and all areas of the demands of the consumer is referred to as health service delivery. It sees both internal and exterior aspects of quality (Peterson, Northeast, Jackson, & Fitzmaurice, 2017). The study selected to investigate health service delivery in Munuki Payam, Juba Municipality due to prevailing situations. Munuki Payam, like other communities in Juba Municipality, has struggled to ensure the effective and successful delivery of healthcare services (UN Mission, 2022). Several factors have been identified as contributing to the previously mentioned problems, including the poor execution of participatory monitoring and evaluation (M&E) systems, which are characterized by poor coordination and harmonization, limited application of M&E results, several simultaneous data collection systems, and insufficient managerial abilities at local government levels (UN Mission, 2022). The government responded by

developing and implementing the NIMESHI with the intention of improving the delivery of health care across the country, according to the Ministry of Finance, Economy, and Manpower (2018). One of the programme implemented under NIMESHI was to improve access to family planning services in Juba Municipality. However, due to misuse of cash and inaccessibility of community services by the program's end, the intended recipients had not profited. The aforementioned was combined with capacity building efforts focused on M&E and budgetary allocations at all levels (JICA DME Capacities to Improve Government Performance, 2018). Despite the above efforts, the health service delivery in Juba Municipality and particularly Munuki Payam remains unsatisfactory (GoSS, 2019).

1.2 Problem statement

Ideally, the introduction of National Integrated Monitoring and Evaluation Strategy for Health Improvement (NIMESHI), was expected to improve the quality of health service delivery. This strategy aimed to improve planning, implementation and shareholder communication. However, despite the efforts above, health service delivery remains a challenge. For instance, Juba Municipality has failed to offer comprehensive range of services appropriate to the needs of the target population due to insufficient medical equipment (Munuki Payam Status Report, 2023). The Municipality does not have the ability to offer continuity of treatment to patients as prescribed by Doctors as a result of lack of drugs (Munuki Payam Status Report, 2019). The ambulances to transport patient from their homes and to referred health facilities are not adequate, rendering health services inaccessible, this has resulted to undue cost being met by the patients (UN Mission SS, 2022; Transparency International report, 2022). The limited drugs and equipment available at the health centers are not efficiently put to use as some are stolen by the medical staff and find their way to private clinics (Munuki Payam Status Report, 2023). The Municipality has a total of 54 health units of which 15 are government-aided and 39 affiliated to Non-Governmental Organizations that offer curative services. However, a number of these centers are faced with challenges ranging from inadequate staff to dilapidated structures, drug stock-outs reported in a number of health centers like Payam Health Centre IV, Munuki HC III, de-motivated health workers, lack of transport especially ambulances, dysfunctional Health Unit

Management Committees and poor Sanitation facilities (Munuki Payam Status Report, 2023). If these are not attended too, the general performance of government programmes will not be achieved in the country. The study therefore sought to investigate the effect of participatory monitoring and evaluation on ensuring quality of health service delivery in Munuki Payam, Juba Municipality.

1.3 Purpose of the Study

To assess the effect of participatory monitoring and evaluation on health service delivery in local governments of South Sudan while using a case study of Munuki Payam, Juba Municipality.

1.4 Objectives of the Study

- i) To assess the effect of participatory planning of M&E on health service delivery in Munuki Payam, Juba Municipality
- ii) To assess the effect of participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality
- iii) To assess the effect of stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality

1.5 Research Questions

- i. What is the effect of participatory planning of M&E on health service delivery in Munuki Payam, Juba Municipality?
- ii. What is the effect of participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality?
- iii. What is the effect of stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality?

1.6 Rationale/Justification of the Research

The motivation of this study lied in the gaps observed in the existing studies which seemed to fail to bring about participatory M&E and service delivery in Munuki Payam. Prior studies (Malena, Forster, & Singh, 2014; Ringold, Holla, Koziol & Srinivasan, 2012) have been conducted in relations to the effect of participatory M&E and health service

delivery. However, most of these studies had been done outside South Sudan and particularly Munuki Payam. The rationale of undertaking this study was to fill this conceptual and theoretical gap while investigating the effect of participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E towards health service delivery.

1.7 Significance of the Study

1.7.1 Academicians

For scholars and other researchers who would like to conduct more research on the subject of development M&E, with a particular focus on Munuki Payam, Juba Municipality, South Sudan, in order to potentially add to the body of information already available on the subject. Put another way, because the study can benefit other scholars working on the same issue, it might serve as a source of reference data for future researchers on other connected issues. The theoretical case for multi-framework analysis is strengthened when competing but complementary theoretical frameworks are linked to provide a comprehensive understanding of an investigation.

1.7.2 Administrators of Munuki Payam, Juba Municipality

The study may contribute to improving existing M&E arrangements to a better understanding of the effect of participatory M&E on health service delivery. This is also expected to increase awareness within different stakeholders especially when it comes to service delivery in health. In the same line, this can be of importance to programmes planners as a reference material when they are developing their development plans in addressing service provision. It can also meet the public and private interests among service providers.

1.7.3 Shareholders

The study produced data that may be incorporated into the present advocacy and lobbying efforts made by different stakeholders with the goal of enhancing participative M&E and service delivery.

1.8 Scope of the study

1.8.1 Geographical Scope

The Juba Municipality region and the nearby suburbs make up Juba County in Central Equatorial State in the Southern Sudan, where this study was carried out. Juba Municipality, which includes Juba Town, Kator, and Munuki Payam, is one of them. This research was only conducted in Munuki Payam. The health care system in Munuki Payam, which is northwest of Juba Payam, is in poor shape for returnees and low-income people.

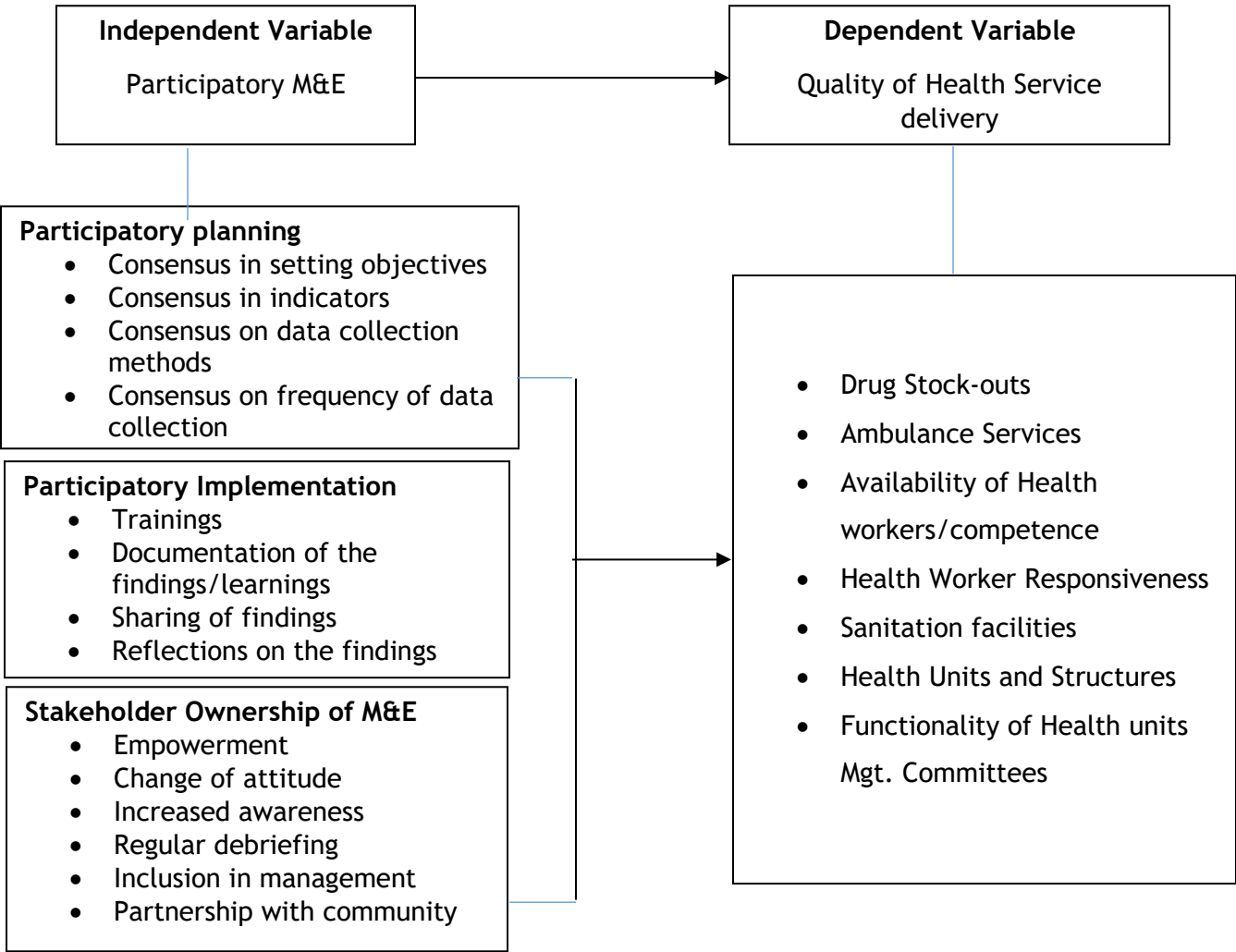
1.8.2 Content Scope

The study looked at how participatory M&E affected the provision of healthcare services. participation M&E in this study was restricted to stakeholder ownership of M&E as well as participation planning and execution of M&E. On the other hand, the ability and responsiveness of health personnel to provide services were restricted.

1.8.3 Time scope

Four months were needed for the study, including the creation and acceptance of the project, data collecting, analysis, writing of the findings, and submission to the university (Refer Appendix V).

1.9 Conceptual framework



Source: Adopted and Modified by the Researcher from (Naidoo, 2011)

Figure 1.1: Conceptual Framework

The conceptual framework above describes that having participatory M&E in form of participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E, it becomes essential that the health service delivery can easily be harnessed in form of drugs availability, ambulance services, availability of health workers/competence, health worker responsiveness, sanitation facilities, health Units and structures as well as functionality of Health units Mgt. Committees.

1.10 Definition of Key Terms

These are the key words in the study, and their definitions are expanded upon;

Participatory planning of M&E: this referred to a variety of mechanisms-formal and informal-through which the community reach a consensus with health service staff in local government in setting objectives, indicators and determining data collection methods of M&E.

Participatory implementation of M&E: this meant the mechanisms employed by Munuki Payam in ensuring that the community is trained, engaged in M&E process, documentation of M&E findings and sharing of the learning or findings from M&E.

Stakeholder ownership of M&E: this means that the method by which people, or their representatives, are able to control the M&E system and process was demonstrated through empowerment, a shift in perspective, and regular debriefings.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter aims to discuss and analyze other comparable studies, including who studied and where it was conducted, what results were found, and how the problem was analyzed using theoretical concepts and insight. It also includes case studies from various regions that demonstrate how the problem manifested itself in various sociocultural contexts. By making comparisons and responding to specific research questions, it clarifies concerns.

2.2 Theoretical Framework

2.2.1 Ladder of participation theory

The ladder of involvement idea served as a guide for this investigation. Arnstein's typology of public involvement is illustrated as a metaphorical "ladder," where each rung represents an increasing level of citizen activity, control, and power. Along with the eight "rungs" of engagement, Arnstein also provides a description of the participatory power spectrum, which goes from nonparticipation (no power) to different levels of tokenism (counterfeit power) to different levels of citizen participation (genuine power) (Gaber, 2019). Fundamental to the idea is the view that manipulation is a "illusory" form of involvement. When managers, public officials, or other institutions mislead the public into thinking they are taking control of a system that is intended to keep them from having that kind of power, this is known as manipulation. In situations where public servants and managers "assume that powerlessness is synonymous with mental illness," they design programs that purport to involve citizens in the process of changing their minds about what is actually wrong—that is, well-established institutions and policies. This is known as participation-based therapy. Thirdly, Arnstein acknowledges that educating "citizens about their rights, responsibilities, and options can be the most important first step toward legitimate citizen participation," but she issues a warning that "often the emphasis is placed on a one-way flow of information—from officials to citizens—with no channel provided for feedback and no power for negotiation...By using the straightforward tactic of giving little information,

sidestepping challenging inquiries, or making irrelevant remarks, meetings can easily turn into one-way communication platforms (Faoud, 2019). People are "intimidated by futility, legalistic jargon, and prestige of the official" when it comes to accepting information as true or endorsing the views expressed by those in positions of authority. Similar claims are made by Arnstein, who states that "inviting citizens' opinions, like informing them, can be a legitimate step toward their full participation" (Gaber, 2019). The public's ideas and concerns are not guaranteed to be taken into account, therefore even though the consultation procedures are "not combined with other modes of participation," this rung of the ladder is still fraudulent. Opinion surveys, neighborhood get-togethers, and public hearings are the most popular ways to solicit public input. When decision-makers only allow this minimal amount of public input, participation is reduced to a mere window-dressing formality. When people are given minimal influence over a process and their involvement is primarily or solely symbolic, it can lead to participation as placation. Here, people are just involved to give the impression that they are. Participation is the sixth sort of collaboration, which happens when government agencies, legislators, or administrators allow individuals to influence decisions, reject transactions, share resources, or make demands that are at least partially met. Perception of engagement as delegated authority, or the seventh level or assumption, arises when public institutions, authorities, or administrators relinquish some degree of control, administration, decision-making, or resources to citizens. When a company or citizen board is assigned the duty of overseeing a community program instead of just participating in it, they can be demonstrating delegated authority. The citizen control stage is the last one. When "participants or residents can govern a program or an institution, be in full charge of policy and managerial aspects, and be able to negotiate the conditions under which "outsiders" may change them," to use Arnstein's words, that is when participation becomes citizen control. Fedele, Brusati, Ianniello, and Iacuzzi (2019). Public financing, for instance, would be provided directly to a local group in circumstances where locals hold the reins of power. This body would then have complete discretion over the allocation of funds.

Thus, this approach was applicable for this study because it aimed to determine whether participatory M&E improved the delivery of healthcare services. This suggests that the provision of health services may be more negatively impacted by any sort of manipulation and therapy than when there is a high level of citizen control, delegated power, cooperation, placation, consultation, and informing.

Since the ladder of participation theory is highly limited to explaining participatory M&E, the theory driven evaluation was adopted to fill this gap while showing a link between PM&E and health service delivery.

2.2.2 Theory driven evaluation

Theory-driven evaluation is a structured approach to understanding and evaluating programs or policies by developing and testing a theory of how the intervention is expected to produce its results. This theory was developed by Gibbon and Lyons (1996). This theory majorly assumes that how an intervention is expected to lead to desired outcomes determines how services are improved. It maps out the causal relationships between inputs, activities, outputs, and outcomes. Secondly, this theory assumes an explicit and implicit assumptions that stakeholders have about what actions are needed to solve a problem and why those actions will be effective.

The goal of theory-driven evaluation is not only to assess whether an intervention works or doesn't work, but also to understand how and why it works (or doesn't). This knowledge is crucial for program improvement and informed decision-making. Unlike "black-box" evaluations that focus solely on whether there's an impact, theory-driven evaluation delves into the mechanisms and processes that mediate between the intervention and its outcomes. This theory is credited since it provides a more comprehensive understanding of program effectiveness; helps identify what aspects of a program are working and what needs improvement; facilitates more effective program design and implementation and enables better learning and adaptation of programs.

This theory stems on assumption that if evaluation is periodically done in an organization, it becomes easy to realize required service delivery. For instance, Gibbon and Lyons (1996) who are behind this theory argued that in order to have desired effects towards service delivery, it is significant that alternative actions are undertaken and these calls for programs evaluation periodically. This was found significant and relevant for this study in muniki Payam.

2.3 Empirical Literature Review

2.3.1 Participatory planning of M&E and health service delivery

The relationship between stakeholder involvement in planning M&E and health service delivery has been studied by a number of scholars as exhibited in the following sub themes.

2.3.1.1 Consensus in setting objectives

Many people have researched the connection between stakeholder participation in planning M&E and the provision of health services. For instance, Hassaballa, Fawcett, Sepers, Reed, Schultz, Munodawafa, and Kouadio (2019) examined the effects of the Ebola response on health services in Lofa County, Liberia through participatory monitoring and evaluation. It was evident that involvement of stakeholders in setting the objectives and indicators of Ebola Response health programme managed to prevail the required health units and structures for Ebola patients. The study further noticed that the presence of drugs for Ebola managed to be accessible 24/7 since there was required data collection related to the number of patients and where they could easily find any drugs required. In the end, the engagement of key stakeholders from different communities enabled the government to put in place reliable and responsive health services.

The opinions of Rendell et al. (2020) were corroborated by the findings of Kiracho, Namuhani, Apolot, Aanyu, Mutebi, Tetui, and Peters (2020), who conducted research on the impact of consensus on M&E practices and community scorecards on the utilization and delivery of maternal and newborn health services. They found out that there was a high level of improvement in health service delivery in areas where the community is part of the process of planning their health service programmes. They

found out that there was 15% reduction in maternal and new born health service delivery as well as utilization of PMTCT services among mothers. This was attributed to their engagement by NGOs in M&E. NGOs' levels of community participation in M&E varied excessively from those of government healthcare facilities. These studies clearly show that non-governmental organizations (NGOs) more successfully encourage community participation in M&E planning than do government agencies. Therefore, the purpose of the current study was to ascertain how much Munuki Payam has tried to incorporate important stakeholders in the M&E planning process and what effect this has had on the provision of health services.

2.3.1.2 Consensus in setting indicators

Rickwood, Paraskakis, Quin, Hobbs et al. (2019) also studied about setting indicators collectively between the community members and project teams and its influence to service delivery. These studied about the fight against malaria in Australia. It was evident that when community members are collectively engaged on the causes, prevention and control the spread of malaria. This made it easy to determine what is required to be observed to determine the success of the project. This was found true with some groups of community members who could directly report to health departments on how mosquito nets are distributed by the project teams, used by fellow beneficiaries and the drawbacks on the side of the donors. This propelled the researcher to determine whether collective determination of M&E indicators has a link to health service delivery. This study was undertaken to examine the extent to which can be explained or found in Munuki Payam, Juba Municipality.

The conclusions of Hassaballa et al. (2019) were in conflict with those of Nuhu, Mpambije, and Ngussa (2020), who used the perspectives of stakeholders in the Dar es Salaam region to analyze the difficulties in health service delivery under public-private partnerships in Tanzania. According to Nuhu et al. (2020), key stakeholders and the general public are not as involved in the planning of M&E of health services in Dar es Salaam. They discovered that there were just two community partnerships in the area of health service delivery where the government and the community collaborated seldom to decide on the goals, markers, and frequency of data collecting. It was

discovered that this has an impact on the provision of subpar health care. For example, they discovered that while 65% of the population was receiving drug stock outs, just 12% of the population was receiving care in government hospitals. They also discovered that the majority of these people's residences had uncomfortable sanitary facilities. Ultimately, they came to the conclusion that achieving healthcare quality requires active participation in M&E planning. Therefore, the purpose of this study was to ascertain how much Munuki Payam has adopted participatory planning of M&E and how much this has affected the provision of health services.

2.3.1.3 Consensus in data collection methods selected

To bolster the aforementioned, Rendell, Lokuge, Rosewell, and Field (2020) examined how stakeholder participation in PM&E planning had enhanced the provision of health services in low- and middle-income nations. They discovered that stakeholder participation in the development, monitoring, and assessment of health programs is quite low, only 5%. They found out that a good number of stakeholders are not engaged and no consensus was found in relation to the objectives, indicators, data collection methods and its frequency. The level of discrimination within sex was high. This in a number of times had increased maternal and child mortality rates, irresponsiveness of health workers, drug stock outs in health facilities, failure of sensitization of masses, absence of ambulances whereby the community is charged on use of a government ambulance and many others.

The opinions or conclusions of Rendell et al. (2020) were corroborated by the findings of Kiracho, Namuhani, Apolot, Aanyu, Mutebi, Tetui, and Peters (2020), who conducted research on the impact of consensus on M&E practices and community scorecards on the utilization and delivery of maternal and newborn health services. They found out that there was a high level of improvement in health service delivery in areas where the community is part of the process of planning their health service programmes. They found out that there was 15% reduction in maternal and new born health service delivery as well as utilization of PMTCT services among mothers. This was attributed to their engagement by NGOs in M&E. NGOs' levels of community participation in M&E varied excessively from those of government healthcare facilities. These studies clearly

show that non-governmental organizations (NGOs) more successfully encourage community participation in M&E planning than do government agencies. Therefore, the purpose of the current study was to ascertain how much Munuki Payam has tried to incorporate important stakeholders in the M&E planning process and what effect this has had on the provision of health services.

2.3.1.4 Consensus on frequency of data collection

In a study conducted by Castro, Massuda, Almeida, Menezes-Filho, et al., (2019) while investigating the health service effectiveness in Brazil health unified system. They studied the extent by which community members were being engaging in setting objectives of undertaking monitoring of health services in their localities. They established that local governments engaged community members or beneficiaries by only 15%. The major part and the most important of undertaking monitoring does not include the masses or beneficiaries of the services or service recipients. Castro et al., (2019) thus ascertained that this was affecting the quality and reliability of health facilities especially causing drug Stockouts and absence of health workers. This implies that the higher the service recipients are not engaged in monitoring health services, the higher the possibility of reduced quality of health service delivery. This was however contrary from what was further established by Makwero (2018) in Malawi while investigating on the quality of primary care in the presence of local participation in setting monitoring and evaluation of health projects. It was found out that about 74% of the service recipients or stakeholders were engaged but this did not yield the required quality of health service delivery. This was attributed to the alliance created between the CSOs, representative of community members and the project coordinators in failing to delivering to expectations. This study was undertake the examine the extent to which can be explained or found in Munuki Payam, Juba Municipality.

2.3.2 Participatory Implementation of M&E and health service delivery

The relationship between stakeholder involvement in implementing M&E and health service delivery has been studied by a number of scholars as exhibited in the following sub themes.

2.3.2.1 Training

Abayneh, et al., (2020) found out that health service user involvement in implementation of M&E had consequential contribution in utilization of healthcare services in Ethiopian rural primary healthcare setting. For instance, they found out that the community had been trained on how to monitor and evaluate primary healthcare and this enabled a good number of them to be able to determine the quality and what is not the required health services. Training stakeholders thus had a primary consequence on utilization of health services. It had also improved on functionality of health units and management committees since everyone anticipated that a good or bad report can be made on him or her.

Poli & Guerzovich's (2020) inquiry of the benefits of social accountability for cross-sector efforts to provide high-quality healthcare services is ongoing. In social accountability, Poli and Guerzovich (2020) found out that governments made sure that they had to be socially accountable to the governed by ensuring that they are involved in M&E process including, training them on the health services they must monitor and evaluate or expect, document all learnings from the community, sharing all forms of findings and ensure that these findings are reflected about with the community. In such a case, improvement in quality health service delivered was achieved through improving on sanitation and hygiene in homes, reduced drug stocks, construction of more health units and structures and presence of health workers in health facilities improved. These were associated with the M&E reports frequently produced in support of community key stakeholders. Almost all members of the community were supervisors and their feedback were credited and implemented.

2.3.2.2 Documentation of findings/learnings

The results of Abayneh et al.'s (2020) study on community participation in health care development, implementation, and assessment were found to be identical to those of Haldane, Chuah, Srivastava, Singh, Koh, Seng, and Legido-Quigley (2019). These found out that documentation of M&E findings and learnings had highly contributed on consistent supervision of health services. For instance, 80% of health services in Malaysia was being documented in M&E reports and these would be disseminated to those response. The awareness and dissemination pointed on weaker and stronger

points. This was giving a starting point for improvement and further monitoring and evaluation. This arrangement was found to have had improved on health responsiveness among workers in health facilities hence contributing on utilization. The purpose of the current study was to ascertain how much Munuki Payam has tried to involve important stakeholders in the M&E implementation process and what effect this has had on the provision of health services.

Mayanja (2020), in agreement with Poli and Guerzovich (2020), also demonstrated that enhancing quality health service delivery programs in Uganda requires the inclusive implementation of monitoring and evaluation. He discovered that there had been an increase in the number of local residents visiting health centers, the number of individuals who owned toilets, the cleanliness of dwellings, the prevalence of diarrhea, HIV testing and counseling, and many other factors. These were linked to M&E of health care services training for communities, M&E results documentation, and M&E findings distribution. The purpose of the current study was to evaluate Munuki Payam's efforts to include important stakeholders in the M&E implementation process.

2.3.2.3 Sharing of Findings

Singh & Vutukuru (2020) established that social accountability had laid grounds for a number of women actions to be seen in political platforms than before. They established that women could easily engage their fellow women and men. In 2008, women groups took the government in the court accusing it from denying a full participation of women in socio-economic and political spheres. At the end, they won the case which brought out several women in Andhra Pradesh legislative assembly. In another related study, Waly Wane and Gayle (2016) undertook a study in Juba Municipality to establish the role of civil societies and actions towards enhancing women inclusion in the country. They found out that civil societies had rallied behind several women to enable them get represented at all levels of government. They discussed subjects like public corruption, judicial independence and access to justice, voter fraud, and citizen security. Furthermore, they increased the government's checks and balances in the public interest by exposing instances of negligence, corruption, and supervision that horizontal forms of accountability are unlikely or unable to address.

Given that this research was conducted in Munuki Payam, it was imperative to ascertain the extent to which social accountability measures were being implemented and their impact on the delivery of health services.

Kondo, Rosenberg and World Health Organization. (2018) investigated on the impact of participatory M&E towards health service delivery. It was established that health service quality is threatened when the larger part of service recipients are not fully considered through the M&E cycle. This means that engaging in planning M&E is imperative in determination of health service delivery. In Philippines, Dayrit, Lagrada, Picazo, Pons and Villaverde (2018) also concurred with Kondo et al., (2018) by discovering that the selection of data collection tools needs to be between the beneficiaries and M&E teams. This is because they will need to be part of data collection tools and ensuring that the experiential learning and reporting is undertaken. This meant that to improved health quality in Munuki Payam, Juba Municipality is presumed to rely on available appropriate data collection.

2.3.3.3 Reflection on the findings

In a study conducted by in Indonesia, Gupta and Sagar (2018) while investigating the health service effectiveness in health unified system. They studied the extent by which community members were being engaging in setting objectives of undertaking monitoring of health services in their localities. They established that local governments engaged community members or beneficiaries by only 15% and a lot of discrimination is evident between those with huge evidence. The major part and the most important of undertaking monitoring does not include the masses or beneficiaries of the services or service recipients. Castro et al., (2019) thus ascertained that this was affecting the quality and reliability of health facilities especially causing drug Stockouts and absence of health workers. This implies that the higher the service recipients are not engaged in monitoring health services, the higher the possibility of reduced quality of health service delivery. This was however contrary from what was further established by Dutta, Fischer (2021). in Malawi while looking at the standard of primary care in the context of community involvement in the planning, directing, and assessing health initiatives. Although 74% of stakeholders or service recipients were determined to be

involved, the necessary level of quality in the delivery of health services was not achieved. This was ascribed to the coalition formed by the project coordinators, community representatives, and CSOs in the event that the expectations were not met. This study was conducted to determine the degree to which Munuki Payam, Juba Municipality, can be explained or found.

2.3.3 Stakeholder ownership of M&E and health service delivery

Numerous researchers have looked into the connection between stakeholder ownership of M&E and the provision of health services as reflected in the following sub themes

2.3.3.1 Empowerment

As an example, a study conducted in 2018 by McPhail-Bell, Matthews, Bainbridge, Redman-MacLaren, Askew, Ramanathan, and McCalman examined stakeholder ownership and involvement in M&E systems and how this affected the provision of HIV/AIDS services. This study was conducted in five NGOs operating in HIV/AIDS prevention and counselling. They found out that ownership among stakeholders had been created through three major ways. These included empowerment of people living with HIV, increased awareness and including them in the management teams of HIV/AIDS. They ascertained that empowerment of different women groups through educating them on several ways of monitoring and evaluating HIV/AIDS prevention programs, changing their attitudes about HIV/AIDS prevention and M&E process and ensuring that they are part of the decision-making apparatus had contributed hugely on delivery of health care services.

2.3.3.2 Attitude Change

The above findings were found incongruent with what Sajadi, Gholamreza Kashi and Majdzadeh (2020) found out in Islamic communities. They found out that there is less involvement of women in M&E process, much of the empowerment done was being conducted among men, partnerships had been done by male founded groups and majority of women were exempted because of their religious practices. This was found to have contributed to maternal mortality rates because women lacked the required knowledge and engagement in understanding the health services to expect. One wonders whether this is the case in Munuki Payam. This study thus was conducted to

determine the level of stakeholder ownership of M&E and how this was affecting the health service delivery.

2.3.3.3 Increased Awareness

Oluoch (2020) found out that a greater number of community members were part of the health management committees which is responsible for overseeing the community service provision. In the same line of argument, Blauvelt, West, Maxim, Kasiya, Dambula, Kachila and Armstrong (2018) investigated on how health and nutrition hotlines in Malawi had been scaled up. They found out that the government had initiated a program related to multisectoral collaboration. This had been realized through partnership with community associations with different healthcare needs, improved awareness, and empowerment. This study thus was conducted to determine the level of stakeholder ownership of M&E and how this was affecting the health service delivery in Munuki Payam.

2.3.3.4 Regular Debriefing

Dzigbede, Gehl, & Willoughby (2020). (2019) also studied about setting indicators collectively between the community members and project teams and its influence to service delivery. These studied about the fight against malaria in Australia. It was evident that when community members are collectively engaged on the causes, prevention and control the spread of malaria. This made it easy to determine what is required to be observed to determine the success of the project. This was found true with some groups of community members who could directly report to health departments on how mosquito nets are distributed by the project teams, used by fellow beneficiaries and the drawbacks on the side of the donors. This propelled the researcher to determine whether collective determination of M&E indicators has a link to health service delivery. This study was undertaken to examine the extent to which can be explained or found in Munuki Payam, Juba Municipality.

2.3.3.4 Inclusion in Management

Kondo, Rosenberg and World Health Organization. (2018) investigated on the impact of participatory M&E towards health service delivery. It was established that health service quality is threatened when the larger part of service recipients are not fully considered through the M&E cycle. This means that engaging in planning M&E is

imperative in determination of health service delivery. In Cameroon, Thapa, Bam, Tiwari, Sinha and Dahal (2019) also concurred with Kondo et al., (2018) by discovering that the selection of data collection tools needs to be between the beneficiaries and M&E teams. This is because they will need to be part of data collection tools and ensuring that the experiential learning and reporting is undertaken. This meant that to improved health quality in Munuki Payam, Juba Municipality is presumed to rely on available appropriate data collection.

2.3.3.5 Partnership with Community

Dunleavy & Hood (2015) studied the influence of sensitization of local masses on improving the health service delivery. They ascertained that sensitization is one of opening the eyes of local masses to demand what is owed to them. Many local and vulnerable groups of people fail to demand the government or local government what must be demanded and die in health facilities with no drugs and doctors. This is contrary to what must be happening. When they are sensitized, they get a sense of entitlement to demand what they must demand and this tends to improve the functionality of health units. The views of Dunleavy and Hood (2016) concurred with those of Labeja (2018) who had studied the role of Baraza initiatives in releasing accessibility to health services in Wakiso and Mpigi districts. He ascertained that these initiatives mobilized and educated local people on their duty to demand what belongs to them. Through this civic work, many people were attracted to demand for better health service delivery. This was among the ways how drugs and ambulances were made available in the areas where this initiative was found. The views of the above scholars seems limited to certain countries while ignoring Munuki Payam, Juba Municipality. Secondly, these studies were limited to sensitization. This study however investigated the relationship between different constructs of stakeholder ownership of M&E and health service delivery.

2.4 Conclusion

The bulk of the examined studies recognized the importance of participatory monitoring and assessment in guaranteeing the provision of health services. This is due to the fact that a large number of them have shown how important participatory M&E planning has

been to the provision of healthcare services. Further, it was also evident that participatory implementation of M&E has been a way where a number of voices are heard in ensuring government responsiveness in delivery of health services. Lastly, stakeholder ownership of M&E is a tool in enhancing health service delivery. Despite these studies done, there was a need to undertake a current study in Munuki Payam. It becomes imperative to undertake this study to establish what was happening in Munuki Payam in recent times using blending methodological approaches as a way of filling the gaps observed in the above reviewed studies.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter was included with a purpose to provide detailed steps which the study applied to establish research findings. It spells out the criteria adopted or followed right from designing, sampling, collecting data and analyzing.

3.1 Research Design

This study adopted a correlational and cross section research design. A correlational research design was adopted to enable the establishing of predictive relationship between different study variables. A cross section research design was also adopted to allow the researcher to undertake this study in a specific period of time while using a cross section of respondents in Payam (Casteel & Bridier, 2021). Due to this, the researcher had to employ a mixed methods approach, which combines qualitative and quantitative techniques. This was selected to carry out a more comprehensive investigation into PM&E and service delivery in the health sector. This approach was chosen and deemed sufficient since the researcher aimed to examine multiple groups of people with the least amount of resources (Rahi et al., 2019). Triangulating qualitative and quantitative data while examining the study objectives and questions required the use of correlational and cross section research designs.

3.2 Area of Study

The study was conducted in Munuki Payam. This is found in Juba in western part of Juba in South Sudan. This place was selected due to emerging pressure on health facilities arising from a big number of returnees coming from camps as well as increasing number of low income earners in need of health services in a dilapidated health environment (Sudan Ministry of Health, 2021).

3.3 Sources of Information

In collection of data, the researcher aimed at obtaining it from interviews and questionnaires. These are primary data collection tools. In a few instances, secondary data was collected through use of document review.

3.4 Population and Sampling Techniques

All-important players in service delivery of health were included right from M&E officials, elected leaders, citizens and those citizens seeking health services in health facilities in Munuki Payam headquarters. Morgan and Krejcie Formula 1970 was used in determining the sample size as demonstrated in Table 3.1 below.

Table 3.1: Sample Size of Respondents and Sampling Technique

Category of Population	Population Size	Sample Size	Sampling Technique
Executive committee	7	7	Purposive sampling
M&E officials	12	10	Purposive sampling
Health beneficiaries Munuki Payam Regional Health Center	512	217	Simple Random sampling (These were obtained among the patients seeking health services in Munuki Payam Regional Health Center)
Total	531	234	

Source: Munuki Payam Status Report (2021)

The study utilized simple random sampling technique in choosing Health beneficiaries of Munuki Payam. This was preferred with aim to ensure that respondents are selected on the basis of objectivity without bias (Noor et al., 2022). On the side of purposive sampling, this was applied largely on M&E staff and other officials at Payam who were thought to have the knowledge appropriate to speak about the objectives of the study. This was selected since it would pick appropriate key informants to provide knowledge require (Bhardwaj, 2019).

3.5 Variables definitions and measurements

In this study, participatory M&E is operationalized to mean participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E as earlier adopted by Naidoo (2011). Service delivery was measured to mean availability of Health workers/competence and health worker responsiveness as conceived by Panchansky & Thomas (1981). The Likert scale typing was employed to measure PM&E by use of 1 to 5 scales of strongly agree to strongly disagree in that respective manner. Nominal scale was used to measure all variables that required to use names like gender while the ordinal scale was used in measuring variables which required to use numbers like age.

3.6 Procedure for data collection

Following the proposal assessment and approval, the researcher examined the validity and reliability of the instruments. The researcher then received a letter from the university once the instruments satisfied the quality control standards. Following receipt of the letter, the researcher selected study assistants and dispatched them to Munuki Payam to gather data from the populace, followed by interviews with Payam authorities. Data entry was done using the Special Package for Social Scientists after collection. After that, the researcher wrote the final dissertation. This was put forth and supported until it was accepted.

3.7 Data collection instruments

In collecting data, personal in-depth interviews using an interview guide for executive committee members, questionnaire for health beneficiaries from Munuki Payam Regional Health Center and extracting information from documents.

3.7.1 Document Review

Through document analysis, the researcher also acquired some of the important secondary data and information. The National Policy on Public Sector Monitoring and Evaluation (2015), the Second National Development Plan (NDP II) 2015/16-2019/20, the Munuki Payam Development Plan 2015/16-2019/20, and the Government Annual Performance Reports were some of the sources from which information was gathered.

The document research included information on the institutional and legal bases of service delivery, as well as existing policies, service delivery trends, and previous initiatives to enhance service delivery.

3.7.3 Key Informant Interviews

The primary data source was personal interviews conducted using an interview guide. Although time-consuming and somewhat expensive, the interviews were beneficial in many ways since they often reduced non-responses and question rephrasing. Clarification on other topics will also be asked during the interview process. Participatory M&E on service delivery was another area of emphasis throughout the interviews. The interviews were conducted at the interviewee's convenience because the researcher always schedules appointments with them and follows a predetermined framework for asking questions (see appendices). Seven members of the executive committee (senior management) of Munuki Payam, Juba Municipality, were interviewed in order to gather data.

3.7.4 Questionnaire

Closed-ended and open-ended questions are distributed approximately equally throughout the questionnaire. While the open-ended questionnaire encouraged thoughtful responses and ideas and gave respondents latitude, the closed questions were limiting to aid in the coding exercise. Because the respondents were pushed to utilize their minds and engage freely in the activity, this assisted in getting honest responses and would help them acquire confidence. Data from Munuki Payam Regional Health Center patients was gathered in this way.

3.8 Quality/Error Control

3.8.1 Validity

In determining validity, experts were used in qualifying the tools while rating those questions they found relevant over those which they found irrelevant. After rating, the researcher applied the formula of Content Validity Index whereby those items which established as relevant were divided by those they found irrelevant (Ahmed & Ishtiaq,

2021). At least three experts were selected. The findings after tabulations are demonstrated in table 3.2. As depicted in the Table 3.2 below, it is clear that CVI was 0.807 which was above 0.7 which is considered valid.

Table 3.2: Content Validity Indices for the tools

Variable	Description	No. of items	Item content validity index (CVI)	Mean CVI
Independent	Participatory planning of M&E	20	.800	0.831 > 0.7 Very valid tool
	participatory implementation of M&E	16	.891	
	stakeholder ownership of M&E	20	.796	
Dependent	health service delivery	14	.802	
	CVI		.831	

Source: Primary data, 2022

3.8.2 Reliability

In determining reliability, the researcher invested in undertaking pilot studies or pretesting of tools. In this manner, the researcher conducted two pilot tests using organizations related to Munuki Payam. After testing for two times, the researcher computed to determine the Cronbach alpha values. A Cronbach's Alpha Reliability Coefficient of 0.847 was obtained which is above 0.7 and the tool was considered applicable (Ahmed & Ishtiaq, 2021) as demonstrated in Table 3.3.

Table 3.3: Cronbach alpha(s) for the tool(s)

Variable	Description	No. of Items	Item Cronbach Alpha Coefficient	Mean Alpha (a)
Independent	Participatory planning of M&E	20	.975	[a: 0.847 > 0.7] Very reliable instrument
	participatory implementation of M&E	16	.979	
	stakeholder ownership of M&E	20	.978	
Dependent	health service delivery	14	.799	

Source: Primary data, 2022

3.8.3 Quality control of Qualitative data

To ensure that qualitative research instruments possess the required quality, four criteria were used in appraising the trustworthiness and these included: credibility, dependability, conformability, transferability and flexibility (Stahl & King, 2020). Credibility was used to measure whether the research findings are plausible and trustworthy (Patton, 2014). In the end, the researcher endeavoured to determine whether there is alignment between theory, research question, data collection, analysis and result (Miles & Huberman, 1994). Sampling strategy, the depth and volume of data, and the analytical steps taken, are appropriate within that framework. Dependability was used to determine the extent to which the research could be replicated in similar conditions (Hays & McKibben, 2021). Transferability ensured that the findings would be transferred to another setting, context or group (Langtree, Birks & Biedermann, 2019). Here, detailed description of the context in which the research was performed and how this shaped the findings was described.

3.9 Data processing and analysis

Data was processed through editing, cleaning, sorting and entering it into Epidata and consequently in Statistical Package for Social Scientists (SPSS). Missing data was also assessed to ensure that there is uniformity and consistent flow of entries.

3.9.1 Quantitative data analysis

Quantitative data analysis involved use of both descriptive and inferential statistics as generated while using SPSS. Descriptive statistics entailed determination of the mean as a measure of central tendency and percentages as a measure of dispersion. Inferential statistics included determining correlation coefficients and testing hypothesis using SPSS in order to answer the research questions and research hypotheses (Cooper, Cant, Kelly, et al., 2021). Correlation analysis was carried out to establish relationship between variables based on the Pearson product moment correlation coefficient. Through the Pearson Product Moment Correlation, the researcher was able to establish a pattern which indicated the relationship between elements of PM&E and Health service delivery. The hypotheses tested at a 5% upper level of statistical significance from which the research hypothesis for the three research objectives were tested against the null hypothesis and the statistical significance of the relationships determined. To draw conclusions or give meaning to the data, inferential statistics were applied. For instance, correlation analysis was employed to identify bivariate relationships—relationships between two variables. The association between more than two variables was ascertained using regression analysis (Kabacoff, 2022).

3.9.2 Qualitative data analysis

Both thematic and content analysis were used in qualitative data analysis, based on how the findings related to the research questions. Content analysis involved editing of qualitative data and arranging it into significant shorter sentences. Thematic analysis involved organizing data into themes and codes were established (Gibbs, 2018). After data collection, information of same type was collected together and their similarity with the quantitative data created, after which a report was written. Qualitative data was interpreted by composing explanations or descriptions from the information. The

qualitative data was illustrated and substantiated by quotation or descriptions (Gaber, 2020).

3.11 Ethical considerations

The researcher saw to it that the Uganda National Council of Science and Technology and the UCU Research Ethics Committee (REC) approved this research dissertation. The researcher tried to follow ethical guidelines. Uganda Christian University granted permission for the study to be carried out. Before travelling to the field to gather data, approval from the district administration was also sought. According to Kothari (2016), every researcher needs to be morally upstanding in order to safeguard subjects from any bodily or psychological injury and to treat them with respect. According to Safdar, Banja and Meltzer (2020), obtaining informed permission from study participants before they take part is a crucial aspect of every research. The researcher made it clear before the study began that participation was entirely voluntary and was based on informed permission. The ability to leave the research at any time, if wanted, was made clear to the participants (Wang et al., 2023). Parents and school administrators gave the researcher their informed consent before the researcher interviewed their children and the children's caretakers. The researcher also ensured confidentiality and anonymity of respondents. To ensure respondent confidentiality, data was collected anonymously whenever possible, obtain informed consent, use secure data storage and encryption, and limiting access to the data to authorized personnel. To ensure respondent anonymity, collecting data from any personally identifiable information (PII) was avoided, use of pseudonyms or codes of names, and ensuring secure storage and data handling practices.

3.12 Methodological constraints

In the first place, there were some variables which went out of hands of the researcher. For instance, the honesty of the respondents was hard to control. Secondly, personalized biases and study settings were hard to manage during the study. To overcome this challenge or limitation, the researcher endeavored to make sure that the purpose of the study was explained.

Secondly, research instruments were feared to lack reliability and validity to deliver credible data. Validity and Reliability of instruments were conducted through using experts and undertaking a pilot study respectively. This was accordingly used on both testing the questionnaire and interview guide.

The study focused only on only factor that is PM&E associated with health service delivery. It left out the other factors which can affect health service delivery in Payam.

Fourthly, even though a mixed methods approach was applied. The quantitative approach dominated the investigations hence a loophole that can be overcome.

The undertaking of the study in one local government of Payam limits generalization of findings to other local governments given the fact that this is an urban district with a bigger populations and width when compared to other district local governments in South Sudan.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

This chapter examines the effect of participatory monitoring and evaluation on health service delivery in Local governments of South Sudan while using Munuki Payam, Juba Municipality. This chapter unveils the findings on social background of respondents and study objectives (which included, assessing the effect of participatory planning of M&E, participatory implementation of M&E, stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality). It begins with analysis of response rate of the study.

4.2 Response Rate

Table 4.1: Showing the response rate

Respondents	Sample size	Frequency	Percentage
Questionnaire	227	187	82.4%
Interviews	7	7	100%
Total	234	194	82.9%

Source: Primary Data, 2022

In the table above, the response rate is indicated as 82.3% out of the 234 of the respondents expected. This is presumably ideal to support the study findings as per Creswell (2014).

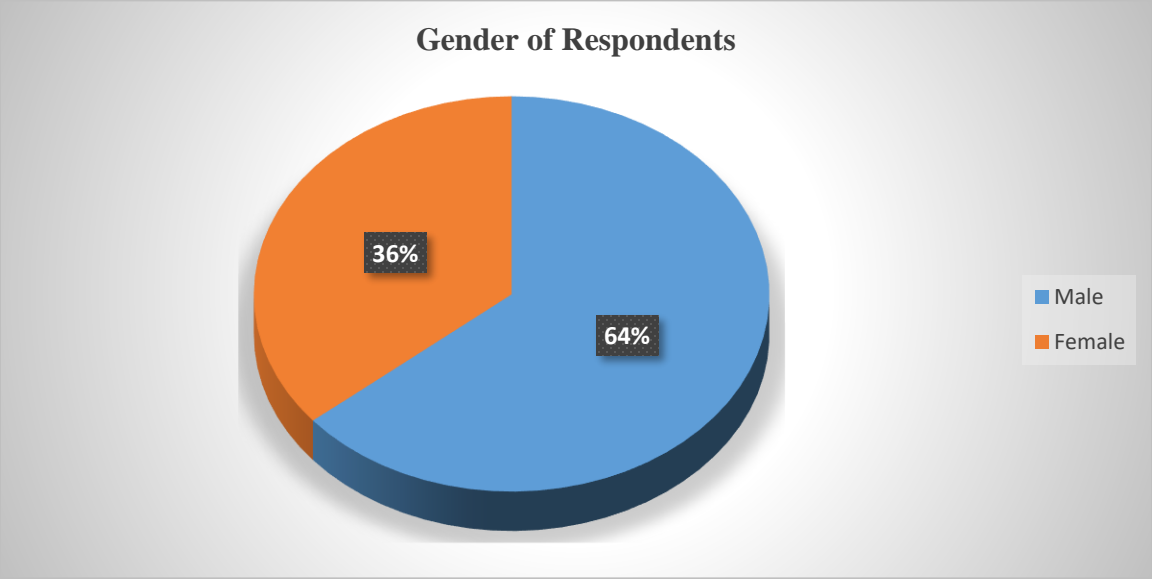
4.3 Background of the Respondents

The study investigated the background of respondents and was limited on sex, age, education of respondents, and length of period a respondent had spent serving or seeking health services from health centers in Munuki Payam, Juba Municipality. The purpose of the biographic characteristics is to establish whether the sample was adequately representative on all these aspects

4.3.1 Sex of the respondents

The details regarding the sex of respondents are in Figure 4.1.

Figure 4.1: Gender of the respondents



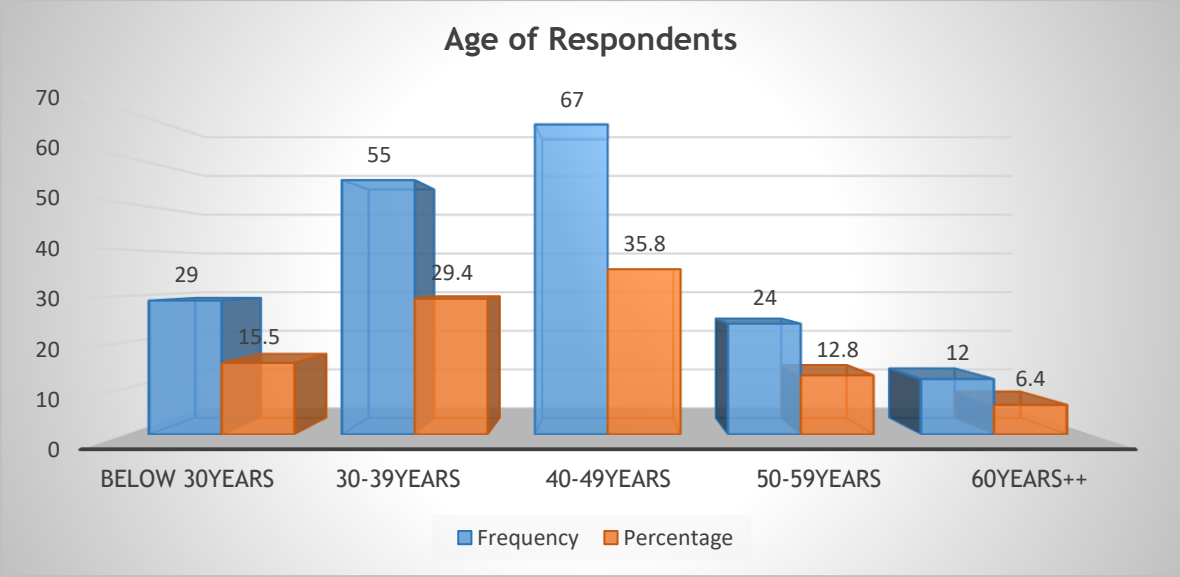
Source: Primary data, 2022

AS given in the figure 2, it is noted majority went to males with 64% while females accounted for 36%. This meant that the study considered gender balance no matter the numbers participated.

4.3.2 Age of the Respondents

The details regarding the age of respondents are in Figure 4.2.

Figure 4.2: Age of the respondents



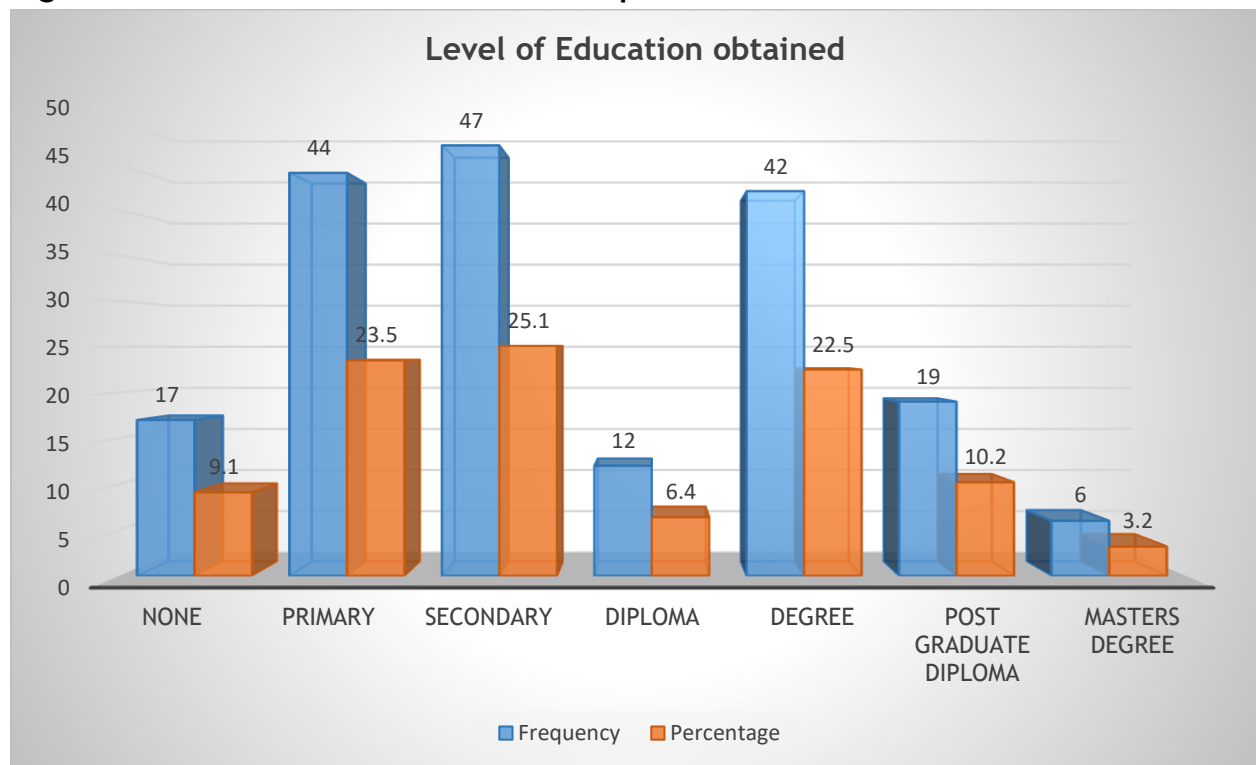
Source: Primary data, 2022

The study was dominated by 40-49years constituting (35.8%). The category of 30-39 years had 29.4% representation; those below 30years constituted 15.5% whereas 50-59years constituted 12.8% and above 60 years had a representation of 6.4%. On the side of Municipality officials, it was established that 80% of them had above 40 years, however 20% of them were below 40years. This implies that the sample of respondents was adequately represented when it came to the age categories used in the study.

4.3.3 Level of Education of the Respondents

The details regarding the level of education of respondents are in Figure 4.

Figure 4.3: Level of education of the respondents



Source: Primary data, 2022

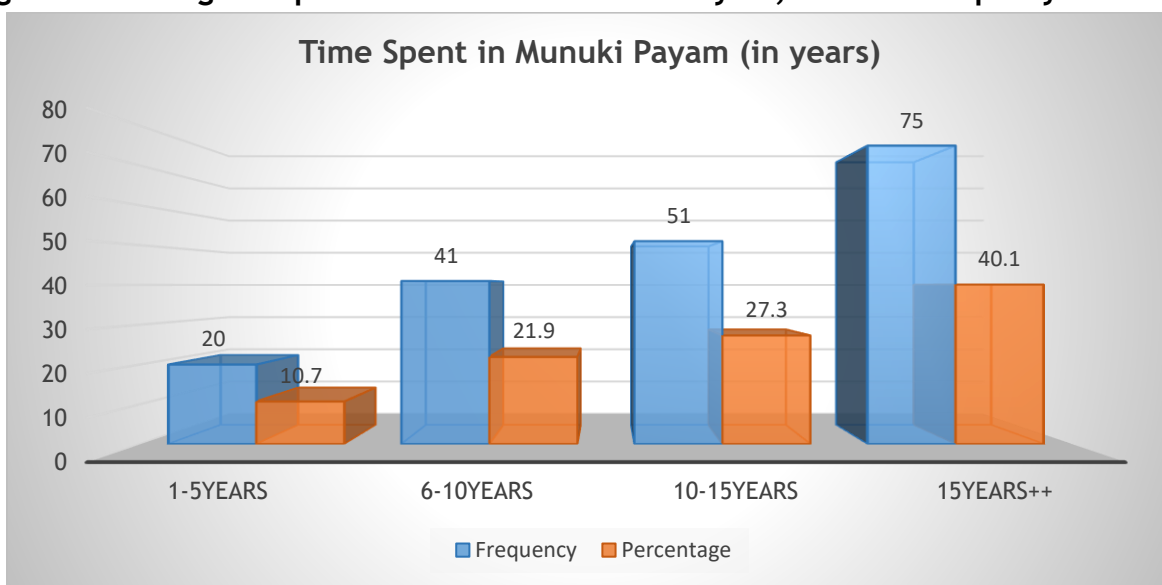
The study was answered largely by those of a secondary level with 25.1%. Those who had at least studied up to a primary level were 23.5% and bachelor’s degree level qualification had 22.5%. Those who had studied up to a post graduate diploma level had 10.2% and none of education had 9.1%. 3.2% had ended on a master’s level of education while 6.4% had a diploma. On the side of municipality officials, the biggest number had

studied with at least a degree to as far as master’s degree level. This implies that the sample of respondents was adequately represented when it came to their level of education as used in the study.

4.3.4 Length of period spent while using regional health centers in Munuki Payam, Juba Municipality

The details regarding the length of period health beneficiaries had spent while using health facilities in Munuki Payam are in Figure 4.4.

Figure 4.4: Length of period worked in Munuki Payam, Juba Municipality



Source: Primary data, 2022

The study was overtaken by those seeking health services from health facilities in Munuki Payam for the last 15 years and above and these took 40.1%. 27.3% of the respondents had spent 10-15years. Those who had spent 6-10years had 21.9% representation and 10.7% were aged 1-5years. All of the interviewees have worked with municipal officials for more than ten years. This suggests that, in terms of the amount of time respondents spent at Munuki Payam, Juba Municipality, as used in the study, the sample was suitably represented.

4.4 Empirical Findings

Results on stakeholder ownership of M&E and participatory planning and execution of M&E on health care delivery in Munuki Payam, Juba Municipality, were collected. The results are displayed with the use of descriptive statistics, such as mean values and percentages. The differences in answers can be explained using percentages.

4.4.1 Findings on health service delivery in Munuki Payam, Juba Municipality

The details regarding health service delivery in Munuki Payam, Juba Municipality are in Table 4.2 below.

Table 4.2: Descriptive Statistics on health service delivery in Munuki Payam, Juba Municipality

Items	SD	D	N	A	SA	Mean
Municipality officials						
The number of health workers Munuki Payam health facilities is equivalent to the number of people in need of health services	5.5%	41%	15%	22.5%	14%	2.03
Healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services	25%	2.5%	12.5%	45%	15%	4.20
Healthcare workers in Munuki Payam health facilities demonstrate high level of responsiveness/customer care in provision of health services	17.5%	2.5%	10%	47.5%	22.5%	4.10
The level of congestion in Munuki Payam health facilities is high	3.9%	2.6%	6.5%	53.9%	34.2%	3.80
Health services in Munuki Payam health facilities are accessible	9.2%	7.8%	4.4%	38.9%	36.8%	4.13
Health services in Munuki Payam health facilities are reliable	3.9%	3.9%	7.8%	39.4%	44.7%	4.51
The health services is generally good in Munuki Payam health facilities	38%	42%	0%	13%	6.5%	2.01
Citizens						
Health workers in Munuki Payam health facilities is not enough	0%	11.8%	15.7%	25%	48.6%	3.54
Healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services	61.8%	25%	0%	7.1%	9.2%	1.09
Health workers in Munuki Payam health facilities have customer care to patients	61.8%	31.5%	2.7%	7.1%	2.7%	1.02
The level of congestion in Munuki Payam health facilities is high	7.1%	7.1%	9.8%	39.4%	44.7%	4.50
Health services in Munuki Payam health facilities are accessible	59%	26.3%	7.1%	9.8%	5.4%	1.00
Health services in Munuki Payam health facilities are reliable	39.4%	30.1%	7.8%	13%	9.2%	1.56
The health services is generally good in Munuki Payam health facilities	44%	38%	0%	13%	6.5%	1.11

Key Note (SA= Strongly Agreed, A= Agree, N= Not Sure, D= Disagree, D= Strongly Disagree).

Source: Primary Data, 2022

Basing on survey findings, it was established from Municipality officials in relation to item 1 that the number of health workers Munuki Payam health facilities is equivalent to the number of people in need of health services, the majority strongly disagreed with the item (41%), 22.5% disagreed, 15% were not sure, 14% strongly agreed and 5.5% strongly disagreed. In support of views of Municipal officials, the biggest majority of citizens (48.6%) strongly agreed that health workers in Munuki Payam health facilities is not enough, 25% agreed and the least majority of 11.8% disagreed and the 15.7% remained neutral. With means 2.03 and 3.54, they indicated that a greater number of respondents were of the view that the number of health workers Munuki Payam health facilities is not equivalent to the number of people in need of health services. In support of the above view, a Key Informant said,

“...it is factual, the health worker human resource gap is there because of the prevailing demand, however, the municipality, has done very well in ensuring that this gap reduce.” (K.I, 5).

The findings in the above quotation tally exactly with the ACCORD Report (2021) which indicated that the number of health workers in Juba Municipality could only afford to attend to only 34% of patients during the coming of the corona virus pandemic.

To ascertain whether the cases of incompetence among health workers in Munuki Payam health facilities are observed, on average, 60% of the majority of respondents were in agreement that healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services (45%), 12.5% strongly agreed, 6.5% were not sure, and 27.5% were in disagreement. This view point is contrary with majority of municipality citizens whereby 86.8% were in disagreement that healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services, only 16.4% were in agreement. With means of 4.20 and 1.09, they indicated that there is a disarray in greater number of respondents which represents a mixed view of level of competence of staff in undertaking their work in

Munuki Payam health facilities. In support of the municipality officials, it was noted from key informant saying,

“...the competence of our health team in our health facilitation is commendable. Why am saying so, because we have registered less incidents of incompetence among our health teams despite the too much work availed to them every day...” (K.I, 2).

In addition, to measure the degree of responsiveness of health workers, respondents were asked to state whether healthcare workers in Munuki Payam health facilities demonstrate high level of responsiveness/customer care in provision of health services. On average, the majority of respondents were in agreement with the item (70%), only 10% were not decided while 20% were in disagreement. This view point was not supported by majority of citizens (93.3%) who ascertained that health workers in Munuki Payam health facilities have customer care to patients. With means of 1.70 and 4.02, they indicated that a greater number of respondents were of the view that the level of responsiveness of health workers remains highly wanting. This was not supported by some of the key informants. For instance,

“I think the issue is not about responsiveness or lack of patient care as such, the issue is about the number of staff in health facilities because it gets stressful to expect one person to work on over 30 people in a daily basis. Even though there would be some elements as always presented in newspapers but the health care staff gap is the primary danger.” (K.I, 4).

The views from key informants differed from what Malaria Consortium Report (2020) and HIV/AIDS Campaign (2019) indicated while confirming that the exploitation of mosquito nets and other HIV/AIDS services remained below in government health facilities. This was associated to lack of confidentiality and non-welcoming nature of health teams. This discredits the health service delivery.

Furthermore, 53.9% of the municipality staff agreed that the level of congestion in Munuki Payam health facilities is high while 34.2% also strongly agreed with the above assertion. However, 6.5% remained undecided, 6.5% tended towards disagreement. The view point shared by officials concurred with what was reported by the citizens. Majority of citizens (84.1%) of the respondents tended towards agreement that the level

of congestion in Munuki Payam health facilities is high. Only 9.8% were unsure and 14.2% tended towards disagreement. With means 3.80 and 4.50 respectively, this implied that the level of congestion in Munuki Payam health facilities remains high. This seemed contrary to what was informed by key informants. For instance, it was noted,

“The issue of congestion is fundamentally reduced as it was five years back. Our health facilities can now work on patients in a limited period of time. We are not yet up to perfection but we have moved a bigger step forward as a municipality...” (K.I, 7).

To determine whether health services are accessible in Munuki Payam health facilities, the majority of respondents were in agreement with the item (75.7%), 4.4% were neutral while 12% were in disagreement that health services in Munuki Payam health facilities are accessible. On the other hand, a big number of citizen by average 85.3% disagreed, 7.1% took a neutral position and 15.2% disagreed that health services in Munuki Payam health facilities are accessible. Both were recorded with means 4.51 and 1.00 which indicated that a greater number of respondents were of the view that health services are not adequately accessible in Munuki Payam health facilities on the side of citizen contrary to what officials at the municipality believed. Contrary to officials above view, a Key Informant said,

“...perhaps, health services accessible have largely improved... the only area which we deeply lacking is the number of ambulances in Munuki Payam which have remained below three serving the whole county, and this means that they have to be everywhere and at all times which is practically impossible... this has not been addressed in the last financial budgets and it largely affects the our health services delivered...for instance, we have always lost lives we would not have lost because of absence of such services and private ambulances happen to be very expensive...” (Key informant 1)

The above findings implied that health service delivery remains wanting in Munuki Payam due to absence of required access to health services.

In relation to health service reliability, it was found out that majority of officials (84.1%) agreed that health services in Munuki Payam health facilities are reliable, 7.8%

remained undecided and 7.8% were in disagreement. A means of 4.51 which indicated that a greater number of respondents were of the view that health services are reliable in Munuki Payam health facilities. However, this was incongruent with what was found out among citizens. Majority of the citizens (60.5%) were in disagreement that health services in Munuki Payam health facilities are reliable whilst 22.2% were in agreement. Only 7.8% remained not sure. A mean of 1.56 implied that majority of the citizens believed that health services were not reliable. This threatens health service delivery in the municipality. Contrary to the above view, a Key Informant said,

“...our services are 24hour based treatment and the government has endeavored to ensure that most of the medical requirements are in place which I think makes our services reliable...” (Key informant 1)

However, one of the key informants seemed to support what majority of citizens indicated. It was noted,

“...the challenge of drug stock outs is still prevalent in our health facilities especially when it comes to essential drugs category. This is attributed to the demand, corruption and private competition...” (K.I, 5).

The above findings implied that health care service delivery is limited by drug stock outs in local health facilities. This is also confirmed by Juba Municipality Status Report (2020) which indicated that the level of essential drug stock out was raising in Juba Municipality due to the increasing trends of people with differing coronavirus and cough related diseases. The stock out had remained below the required ceiling.

Lastly, to ascertain the general health services in Munuki Payam health facilities. It was revealed from municipality officials (80%) disagreeing that health services is generally good in Munuki Payam health facilities. Only 20% of the respondents agreed. This was congruent with what was reported by citizens, majority of respondents were in disagreement with the item (82%). Means 2.01 and 1.11 indicated that a greater number of respondents were of the view that the general health services in Munuki Payam health facilities is inadequate and lacking.

In summary, given the fact that majority of the items were tabulated as disagreed and strongly disagreed and only few were in strongly agree and agree. This implies that to

a large extent, health service delivery is lacking as reflected in recurring drug stock-outs, inadequate ambulance services, irresponsiveness of health workers and general poor health services. However, there is some great achievement in availing competent health workers, reliability of health services and accessibility of health services.

4.4.2 Findings on participatory planning of M&E and health service delivery in Munuki Payam, Juba Municipality

The details regarding participatory planning of M&E in Munuki Payam, Juba Municipality are in Table 4.3 below.

4.4.2.1 Descriptive Statistics on exercising participatory planning of M&E in Munuki Payam, Juba Municipality

Table 4.3: Descriptive Statistics on exercising participatory planning of M&E in Munuki Payam, Juba Municipality

Items	SD	D	N	A	SA	Mean
Official's response on Monitoring						
Setting of objectives of monitoring a health service programs is always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries.	0%	0%	14.6%	29.3%	54.8%	4.20
Setting indicators of a health service program to monitor are always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries	3%	3%	22.5%	30%	40.5%	4.08
The agreement on data collection methods to be used in monitoring health service programs is reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries	3.9%	11.8%	26.3%	31.5%	27.6%	4.00
Agreement is always reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries in relation to the frequency of data collection in monitoring of health programs	31.5%	61.8%	1.3%	1.3%	3.9%	2.19
No discrimination tendencies are based on during planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government	25%	0%	61.8%	3.9%	9.2%	3.44
Official's response on evaluation						
Setting of objectives of evaluation of a health service programs is always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries	17%	22%	4%	54%	4%	3.53
Setting indicators of a health service program to evaluate are always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries	7%	15%	11%	19%	48%	4.55
The agreement on data collection methods to be used in evaluating health service programs is reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries	6%	20%	6%	52%	17%	3.65

Agreement is always reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries in relation to the frequency of data collection in evaluation of health programs	21%	69%	10%	0%	0%	2.19
No discrimination tendencies are based on during planning of evaluation of health service programs in the department of monitoring and evaluation, Munuki Payam local government	13%	50%	6%	24%	7%	2.12
Citizen's response on monitoring						
As citizens, we are engaged in setting of objectives of monitoring a health service programs in Munuki Payam local government	38.4%	27.2%	13.6%	13.6%	7.2%	1.24
As citizens, we are engaged in setting the indicators of a health service program to monitor in Munuki Payam local government	47.2%	22.4%	13.6%	11.2%	5.6%	1.33
As citizens, we are engaged in deciding upon the data collection methods to be used in monitoring health service programs in Munuki Payam local government	36.8%	28.8%	7.2%	14.4%	9.6%	1.35
As citizens, we are engaged in determining the frequency of data collection in monitoring of health programs	22.3%	41.6%	10.4%	10.4%	15.2%	2.17
I have not realized any form of discrimination during planning of monitoring of health service programs in Munuki Payam local government	35.2%	26.4%	5.6%	21.6%	3.2%	1.28
Citizen's response on evaluation						
As citizens, we are engaged in setting of objectives of evaluating a health service programs in Munuki Payam local government	39.4%	44.7%	0%	7.8%	7.8%	1.55
As citizens, we are engaged in setting the indicators of a health service program to evaluate in Munuki Payam local government	38.5%	38.5%	0%	7.5%	17.5%	1.83
As citizens, we are engaged in deciding upon the data collection methods to be used in evaluating health service programs in Munuki Payam local government	50%	50%	0%	0%	0%	2.11
As citizens, we are engaged in determining the frequency of data collection in evaluating health programs	38.5%	50%	0%	12.5%	0%	2.16
I have not realized any form of discrimination during planning of evaluating health service programs in Munuki Payam local government	34.4%	23.2%	6.4%	11.2%	14.4%	1.22

Key Note (SA= Strongly Agreed, A= Agree, N= Not Sure, D= Disagree, D= Strongly Disagree).

Source: Primary data, 2022

Basing on survey findings, to ascertain whether there is observation of participatory planning of M&E in Munuki Payam, Juba Municipality, a number of responses were collected from both municipality officials or M&E staffs and citizens. The responses are reported in five sub themes.

i) Setting objectives of monitoring and evaluation

In relation to monitoring, to determine whether setting of objectives of monitoring a health service programs is always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries. It was established that an average of 84.1% agreed and only 14.6% remained undecided. No respondent disagreed and strongly disagreed with this item. On contrary, 65.6% of the citizens or stakeholders disagreed that are engaged in setting of objectives of monitoring a health service programs in Munuki Payam local government. With means 4.20 and 1.24, it respectively demonstrates a controversy in what was reported by M&E staff and stakeholders showing a mismatch in opinions related to involving stakeholders in setting objectives of monitoring.

Regarding evaluation, 58% of the officials indicating that setting of objectives of evaluation of a health service programs is always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries. However, 39% seemed disagreeing to the above assertion. Only 4% remained neutral on this statement. This view point contradicted what was again reported by citizens. 84.1% tended towards disagreement that they are engaged in setting of objectives of evaluating a health service programs in Munuki Payam local government. Only 15.6% seemed to agree among citizens. With the means of 3.55 and 1.55 respectively, the implication obtained on monitoring seems to match with the views from evaluation. In support of the views of officials, a Key Informant said,

“...as a department of M&E in this municipality, we ensure that all key stakeholders are called upon from community and local government to

ensure that we aim for a common objective and I think this has been the basis for achieving our annual objectives as the department” (K.I, 6).

Going by the majority opinion, it is noted that there was a non-consensus in setting objectives required in monitoring and evaluating healthcare objectives set since majority of service beneficiaries did not believe that they are integrated in the whole process of setting objectives to monitor and evaluate of a health service programme in Munuki Payam.

ii) Setting indicators of monitoring and evaluation

Respondents were asked to state whether setting indicators of a health service program to monitor are always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries. The majority of respondents strongly agreed with the item (40.5%), 30% agreed, 22.5% were not sure, 3% strongly disagreed and 3% strongly disagreed. A mean of 4.08 indicated that a greater number of respondents were of the view that there is a clear consensus between the community stakeholders and local government officers in setting indicators of the objectives for health service programs. This was also contrary on the side of citizens, for instance, 69.6% were in disagreement that they are engaged in setting the indicators of a health service program to monitor in Munuki Payam local government, 16.8% of the respondents were in agreement and 13.6% remained neutral. A mean of 1.33 was scored which implied that setting the indicators of a health service program to monitor in Munuki Payam local government largely remains within M&E team.

In relation to evaluation, by average, majority of officials (67%) agreed that setting indicators of a health service program to evaluate are always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries, 22% were in disagreement and 11% remained in-between. The mean of 4.55 implied that setting indicators of a health service program to evaluate is an integration of department of M&E and service beneficiaries. This was refuted on the other hand. For instance, 77% of the respondent disagreed that they are engaged in setting the indicators of a health service program to evaluate in Munuki Payam local government. Only 23% of them tended towards agreement with the assertion. A mean

of 1.83 further confirmed the extent to which citizens or service beneficiaries are excluded. In support to the above view of officials, a Key Informant said,

“...the indicators are communally obtained while using rural rapid appraisals and beneficiary checklists...” (Key informant 3)

However, one of the key informants seemed to come to terms in agreeing with the fact that service beneficiaries are excluded;

“The reason why our health service programs and targets are not met as required is because the community has always been less engaged, our approach has largely been a top down method rather than a bottom-up approach...” (Key informant 6)

The above findings therefore implied that exclusion of service beneficiaries in setting objectives to monitor and evaluation in a health service programme takes a bigger reportage hence can have an association with health service delivery in Munuki Payam.

iii) Deciding Data collection methods

Respondents were also questioned if the Munuki Payam local government's department of monitoring and evaluation and service recipients had achieved an agreement on the data collection techniques to be utilized in monitoring health service programs. The item was agreed upon by the majority of respondents (31.5%), strongly agreed by 27.6%, disagreed by 11.8%, and very disagreed by 3.9% of respondents. A mean of 4.00 suggested that a higher proportion of respondents believed local government officials and community stakeholders always agreed on the data collection techniques to be employed during M&E of health service programs. This point of view showed an inconsistency with the information provided by citizens. For example, in Munuki Payam local government, the majority of citizens (65.6%) voted on the data gathering methods to be employed in monitoring health service programs, while 7.2% remained unsure and 24% agreed. The majority of stakeholders are largely left out of the process of deciding on data collection techniques to be used in health service program monitoring, according to a mean score of 1.35.

On the side of evaluation, the agreement on data collection methods to be used in evaluating health service programs is reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries was largely agreed by 69% of the officials, however, a relative minority of 26% and 6% were in disagreement and not sure. This was further confirmed by a mean of 3.65. However, the above view point was wholly denounced or disagreed by citizens by 100% with a mean value of 2.11. In support of the citizens, a Key Informant said,

“Professionally, there are some information that cannot be determined by the common people, but at least 90% of our data collection instruments are developed with integration of stakeholders, though on technical grounds, we sometimes exclude them.” (K.I, 2).

In line with the officials, it was quoted,

“Our evaluation is community led, we have a participatory evaluation approach which we use in coming up with questions from the community or use templates for past encounters are developed...you need to consult our stakeholder mapping exercises.” (K.I, 2).

The implication of the above findings is that largely, the citizens are not adequately engaged in determining or agreeing on data collection methods to be used in monitoring and evaluating health service programs in Munuki Payam which threaten health service delivery.

iv) Deciding frequency of data collection

Furthermore, to ascertain whether an agreement is always reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries in relation to the frequency of data collection in monitoring of health programs. 61.8 percent of respondents disagreed strongly with the item, followed by 31.5% who disagreed, 1.3% who were unsure, 1.3% who agreed, and 3.9% who strongly agreed. A mean of 2.19 suggested that a higher proportion of respondents believed that local government officials and community stakeholders frequently disagree on how frequently data linked to monitoring health service programs should be collected. This was congruent with what was established among citizens. For

instance, 63.9% disagreed that they are engaged in determining the frequency of data collection in monitoring of health programs. A portion of 10.4% were not neutral and 25.6% agreed. A mean of 2.17 meant that a good number of stakeholders are not engaged in determining the frequency of data collection in monitoring of health programs.

In relation to evaluation, 90% of officials disagreed that agreement is always reached between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries in relation to the frequency of data collection in evaluation of health programs. Only 10% remained undecided. This is qualified by a mean of 2.19 confirming disagreement with assertion. In the same line of response, majority of citizens (88.5%) were also disagreeing that they are engaged in determining the frequency of data collection in evaluating health programs. Only 12.5% disagreed to be engaged.

The implication of the above findings is that largely, the citizens to a large extent, non-engaged in determining the frequency of data collection to be used in monitoring and evaluating health service programs in Munuki Payam which threaten the health service delivery

v) Discrimination in planning Monitoring and Evaluation

Finally, to assess if discriminatory tendencies have not been observed during the planning and monitoring of health service programs at the Munuki Payam local government's department of monitoring and evaluation. With regard to the item, the majority of respondents (61.8%) were neutral, 25% strongly disagreed, 0% disagreed, 3.9% agreed, and 9.2% strongly agreed. With a mean score of 3.44, it was evident that a higher proportion of participants were unsure about whether Munuki Payam local government health service programs are planned or monitored with respect to any basis for prejudice. This was however disagreed with majority of citizens (61.6%) who indicated that they have realized any form of discrimination during planning of monitoring of health service programs in Munuki Payam local government.

On the side of evaluation, the officials took a similar path like citizens. For instance, a greater majority were disagreement (63%) that no discrimination tendencies are based on during planning of evaluation of health service programs in the department of monitoring and evaluation, Munuki Payam local government, 6% remained neutral and 31% took an agreement side. This was confirmed by a mean value of 1.12. On the side citizen, 57.6% disagreed that they have not realized any form of discrimination during planning of evaluating health service programs in Munuki Payam local government, whereas 25.6% agreed and 6.4% remained undecided. This view point seemed contrary to what was reported by key informants. It was noted,

“As a municipality, our aim is never to discriminate a given minority group or what, but rather, it is sometimes resources to undertake the overall exercise, but whatever the experience, we have endeavored to integrate the ideas of the beneficiaries in our process of monitoring and evaluation.” (K.I, 2).

By overall, the citizens are largely discriminated during planning of evaluating health service programs in Munuki Payam local government which threaten the health service delivery.

In summary, given the fact that majority of the items were tabulated as were disagreed and few were in agreement. This implies that to a large extent, there is less observation

of participatory planning of M&E in Munuki Payam, Juba Municipality exhibited in lack of consensus in setting objectives, consensus in setting indicators, data collection methods, the frequency of data collection and discrimination during planning of M&E. The next theme digs deeper in the correlation between participation planning of M&E and health service delivery.

4.4.2.2 Correlation results on participatory planning of M&E on health service delivery

The details regarding correlation analysis of participatory planning of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.4 below.

Table 4.4: Correlation results

		Participatory planning of M&E	health service delivery
Participatory planning of M&E	Pearson Correlation	1	.591**
	Sig. (2-tailed)		.000
	N	101	101
health service delivery	Pearson Correlation	.591**	1
	Sig. (2-tailed)	.000	
	N	101	101

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

Source: Primary Data, 2022

It was clear that the correlation coefficient touched 0.591 when the bivariate association between participatory planning of M&E and health care delivery was tested. Given that it is stronger than the 0.5 threshold, this is considered strong. Since it had no negative connotations, it was also positive in nature. The P-value of 0.000, which is measured as being below the conventional value of 0.01(99%), indicated that it was then significant. This implied that the original theory was approved. This implies that the improvement in the delivery of health services will increase with the level of participation from various stakeholders in the planning of M&E.

4.4.2.3 Regression Analysis

The details regarding linear regression analysis between participatory planning of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.5 below.

Table 4.5: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.591 ^a	.349	.328	.569

a. Predictors: (Constant), participatory planning of M&E

Source: Primary Data, 2022

According to the model summary above, the study question that sought to determine the degree of the association between M&E participatory planning and health care delivery was met at adjusted R² (0.328). This indicates that if M&E participatory planning is implemented in Munuki Payam, it will be more effective in facilitating improvements in the provision of health services.

4.4.3 Findings participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality

4.4.3.1 Descriptive Statistics on exercising on participatory implementation of M&E in Munuki Payam, Juba Municipality

The details regarding observation of participatory implementation of M&E in Munuki Payam, Juba Municipality are in Table 4.6 below.

Table 4.6: Descriptive Statistics on exercising on participatory implementation of M&E in Munuki Payam, Juba Municipality

Items	SD	D	N	A	SA	Mean
Official's response on monitoring						
There is clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level	15.7%	10.5%	0%	51.3%	22.3%	4.20
Sharing of the findings/learnings is done with all stakeholders in monitoring of health service programs	25%	6.5%	12.3%	33.6%	34.3%	3.56
There is a period of reflection on the findings obtained in monitoring health service programs	47.3%	22.3%	5.2%	11.8%	13%	1.61
There is general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end	51.3%	32.3%	0%	5.7%	10.5%	2.10
Official's response on evaluation						
There is clear documentation of the findings obtained from evaluation of health service programs in Munuki Payam local government level	7.8%	42%	2.9%	2.9%	25%	4.12
Sharing of the findings/learnings is done with all stakeholders in evaluating health service programs	5.4%	16.5%	17.1%	47.1%	24.2%	4.24
There is a period of reflection on the findings obtained in evaluating health service programs	22%	39.8%	12.8%	15.7%	17.6%	1.46
There is general participation of all stakeholders in the process of evaluating, from the beginning of execution to the end	58.5%	31.5%	9%	0%	0%	1.24
Citizen's response on monitoring						
Documents about the findings from monitoring health service programs are accessible in Munuki Payam local government	9.2%	14.4%	19.7%	25%	32.8%	4.66
Sharing of the findings is done with selected citizens in monitoring health service programs	5.4%	5.4%	6.5%	57.1%	34.2%	4.14
I am engaged in reflecting upon the findings obtained in monitoring health service programs	50.2%	37.6%	6.5%	2.7%	2.7%	1.04
There is general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end	10%	47.5%	22.5%	17.5%	2.5%	1.77

Citizen's response on evaluation						
Documents about the findings from evaluating health service programs are accessible in Munuki Payam local government	51.6%	38%	0%	0%	12.8%	1.24
Sharing of the finding is done with selected citizens in evaluating health service programs	3.9%	2.6%	6.5%	34.2%	53.9%	3.65
I am engaged in reflecting upon the findings obtained in evaluating health service programs	43.4%	25.3%	16.6%	10.4%	6.4%	1.99
There is general participation of all stakeholders in the process of evaluating, from the beginning of execution to the end	45%	15%	2.5%	12.5%	25%	1.12

Key Note (SA= Strongly Agreed, A= Agree, N= Not Sure, D= Disagree, D= Strongly Disagree).

Source: Primary Data, 2022

Basing on survey findings, to ascertain the extent of stakeholder participation in implementation of M&E, responses were ascertained as reflected in the following sub themes.

i) Documentation of the findings

it was established from the respondents in relation to item 1 that stated that there is clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level, the majority strongly agreed with the item (51.3%), 22.3% agreed, 0% were not sure, 15.7% disagreed and 10.5% strongly disagreed. This implied that stakeholders are trained on how to monitor and evaluate health service programs in Munuki Payam local government. Citizens in support of the same view, majority of them (57.8%) indicated that documents about the findings from monitoring health service programs are accessible in Munuki Payam local government whilst 19.7% remained moderate, a percentage of 25.6 agreed with the item. This implies that stakeholders are on frontline of health service monitoring and evaluation in Munuki Payam.

On the side of evaluation, a greater majority further agreed (49.8%) that there is clear documentation of the findings obtained from evaluation of health service programs in Munuki Payam local government level. However, a significant portion of 29% was neutral

and 27.9% reportedly disagreed. A mean of 4.12 implied that there is clear documentation of findings obtained from evaluation of health service programs. This was contrary with citizens whereby majority of respondents (90.4%) also disagreed that documents about the findings from evaluating health service programs are accessible in Munuki Payam local government. Only 9.6% were found to disagree with the above assertion. A mean of 1.24 further implies that even evaluation findings are largely inaccessible to citizens. The above responses seemed contrary. For instance, a Key Informant said,

“Before undertaking any form of monitoring and evaluation, there are periodical trainings done to all those selected to be part of the process because without training them, the likelihood of having consensus on set goals and their implementation is lost” (K.I, 3).

Based on minutes and documentations received from offices at local government of Munuki Payam, training of stakeholders engaged in monitoring and evaluation is done and all facilitations in M&E training are provided. On overall, it is quite clear that there is proper documentation of the findings obtained from monitoring and evaluating of health service programs in Munuki Payam local government level.

ii) Sharing of M&E findings with citizens

In order to ascertain the extent of sharing of the results, participants were asked if all parties involved in the oversight of health service programs were informed of the findings and lessons. The question was strongly agreed upon by the majority of respondents (34.3%), followed by 33.6% who agreed, 12.3% who were unsure, 25% who strongly disagreed, and 6.5% who disagreed. A mean of 3.56 suggested that more respondents were of the opinion that the results of the M&E of the health service programs in the local government of Munuki Payam are well documented. This was consistent with what the residents themselves indicated, indicating that, on average, a large majority (91.3%) agreed that selected citizens are notified of the findings in order to monitor health service programs. The aforementioned claim is further supported by the mean of 4.14. This suggests that better health service delivery in Munuki Payam and the dissemination of M&E findings to stakeholders have a favorable relationship, which supports the prior goal and study questions.

On evaluation however, 71.3% of the officials agreed that sharing of the findings/learnings is done with all stakeholders in evaluating health service programs whilst 17.1% and 21.9% were neutral and disagreed to the response. The mean of 4.24 thus confirmed the above agreement. This concurred with 88.1% who also agreed that sharing of the finding is done with selected citizens in evaluating health service programs. The percentage of 6.5% remained neutral and disagreed with the statement respectively. In addition, the mean of 3.65 confirmed that sharing of the findings/learnings is done with all stakeholders in evaluating health service programs. In line with the above, interviewees also admitted that sharing of findings with most of the stakeholders is done, however, a good number of stakeholders demonstrate less interests to know. One of the Key Informant said,

“...haven’t you accessed our M&E reports when you reached here, that is the same thing that happens when a person wants to see these, they are made for our stakeholder committees. However, even the stakeholder representatives tend to demonstrate less interests to know and this is why they tend to conclude that we do not share...” (Key informant 2)

The implication of the above findings is that there is proper sharing of the findings obtained from monitoring and evaluation of health service programs in Munuki Payam local government level.

iii) Seeking feedback on M&E findings

To ascertain whether a time for contemplation regarding the results of health service program monitoring exists. 47.3% of respondents disagreed strongly with the item, compared to 22.3% who disagreed, 5.2% who were unsure, 11.8% who agreed, and 13% who strongly agreed. A mean of 1.61 suggested that a higher proportion of participants believed Munuki Payam did not have a period of reflection on the results of monitoring health service initiatives. This was also shared with citizens or stakeholders engaged in the study. For instance, 87.8% of the respondent were in disagreement that they are engaged in reflecting upon the findings obtained in monitoring health service programs. 6.5% and 5.4% were neutral and agreed with the assertion. With the mean value of 1.04,

this is enough to conclude that there is limited engagement of service beneficiaries in M&E findings.

In the same beat with monitoring, in relation to evaluation findings, 61.8% of the officials disagreed that there is a period of reflection on the findings obtained in evaluating health service programs. Whilst, 12.8% and 33.3% were neutral and agreed. A mean of 1.46 confirmed this position. This concurred with citizen's view point. For instance, 68.7% disagreed that engaged in reflecting upon the findings obtained in evaluating health service programs. This was also supported by a mean value of 1.99 which confirmed exclusion of service beneficiaries in reflecting upon the findings obtained in evaluating health service programs. In congruence with the above view, a Key Informant said,

“...on reflection, it is a big No, much of the reflection is done in the department of M&E and may be with some representatives at the county level to make final decisions....” (K.I, 5).

The implication of the above findings is that there is inadequate engagement of stakeholders in reflecting upon the findings obtained in evaluating health service programs in Munuki Payam local government level.

iv) General participation in implementing M&E

Respondents were also questioned about whether all stakeholders generally participate in the M&E process from the beginning of execution to the finish in order to reflect on the study's findings. No one stayed neutral, and just 16% of respondents agreed with the statement, making up the majority of respondents (83.6%). A mean of 2.10 showed that more respondents believed that not all stakeholders generally participate in the monitoring process from the beginning of execution to the end, which is a sign that some important stakeholders are excluded from the implementation of M&E in Munuki Payam. The widespread engagement of all stakeholders in the monitoring process, from the start of execution to the finish, was likewise disputed by a larger percentage of citizens (57.5%), while 22.5% remained neutral and 19% agreed. This was tabulated with a mean of 1.77, which suggested that all stakeholders generally do not participate in the monitoring process from the start of execution to the finish.

In terms of evaluation, the majority of respondents (91%) disagreed with the item, and 9% were unsure whether all stakeholders generally participate in the process from the start of execution to the finish. A mean of 1.24 showed that more respondents believed that not all stakeholders generally participated in the evaluation process from the start of execution to the end, which is a sign that some important stakeholders are excluded from the M&E implementation in Munuki Payam. A similar majority of individuals (60%) disputed that all stakeholders generally participate in the evaluation process from the start of execution to the conclusion. This was tabulated with a mean of 1.12, which suggested that all stakeholders generally do not participate in the evaluation process from the start of execution to the finish.

The data above imply that there is a general lack of participation by all parties in the process of keeping an eye on and evaluating health care initiatives, which is probably going to have an effect on how health services are provided at the local government level in Munuki Payam.

4.4.3.2 Correlation results on participatory implementation of M&E on health service delivery

The details regarding correlation analysis between participatory implementation of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.7 below.

Table 4.7: Correlation results

		Participatory implementation of M&E	health service delivery
Participatory implementation of M&E	Pearson Correlation	1	.236**
	Sig. (2-tailed)		.000
	N	101	101
health service delivery	Pearson Correlation	.236**	1
	Sig. (2-tailed)	.000	

N	101	101
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** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data, 2022

It was clear that the correlation coefficient hit 0.236 when examining the bivariate association between the delivery of health services and the participative implementation of M&E. Given that it is less than the 0.5 threshold, this is considered weak. Since it had no negative connotations, it was also positive in nature. The P-value of 0.000, which is measured as being below the conventional value of 0.01(99%), indicated that it was then significant. This implied that the original theory was approved. This implies that the improvement in the delivery of health services will increase with the level of participation from various stakeholders in the M&E implementation.

4.4.3.3 Regression Analysis

The details regarding regression analysis between participatory implementation of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.8 below.

Table 4.8: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.236 ^a	.056	.044	.6432

a. Predictors: (Constant), participatory implementation of M&E

Source: Primary Data, 2022

The research question in the model summary above, which sought to determine the degree of the association between participatory M&E implementation and health care delivery, was clearly met at adjusted R² (0.044). This implies that if M&E is implemented participatorily in Munuki Payam, it will be more likely to facilitate changes in the provision of health services.

4.4.4 Findings on stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality

4.4.4.1 Descriptive Statistics on stakeholder ownership of M&E in Munuki Payam, Juba Municipality

The details regarding stakeholder ownership of M&E in Munuki Payam, Juba Municipality are in Table 4.9 below.

Table 4.9: Descriptive Statistics on stakeholder ownership of M&E in Munuki Payam, Juba Municipality

Items	SD	D	N	A	SA	Mean
Official responses on monitoring						
The community is evenly educated and sensitized in undertaking monitoring of health service programs	30.3%	65%	0%	0%	4.7%	1.52
There is regular debriefing of the community stakeholders regarding the progress made in relation to monitoring findings on improvement of health services	20.6%	50%	0%	10%	9.4%	1.91
The community is fully represented in managing monitoring of health service programs	10%	25%	15%	12.5%	37.5%	3.56
Partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is done	37.5%	47.5%	2.5%	12.5%	0%	2.51
There is partnership between the department of monitoring and evaluation, Munuki Payam local government and private sector organizations in undertaking monitoring of health service programs is done	42%	25%	2.6%	7.8%	22.3%	3.25
Official responses on evaluation						
The community is evenly educated and sensitized in undertaking evaluating health service programs	51.3%	22.3%	0%	15.7%	10.5%	1.11
There is regular debriefing of the community stakeholders regarding the progress made in relation to evaluating findings on improvement of health services	61.8%	25%	0%	7.1%	9.2%	1.09
The community is fully represented in managing evaluating of health service programs	2.7%	7.1%	2.7%	61.8%	31.5%	4.02
Partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking evaluation of health service programs is done	7.1%	7.1%	9.8%	39.4%	44.7%	4.50

There is partnership between the department of monitoring and evaluation, Munuki Payam local government and private sector organizations in undertaking evaluation of health service programs	7.1%	9.8%	5.4%	59%	26.3%	4.00
Citizen's response on monitoring						
I am evenly educated and sensitized in undertaking monitoring of health service programs	59%	26.3%	5.4%	7.1%	9.8%	1.33
I am regularly debriefed regarding the progress made in relation to monitoring findings on improvement of health services	31.5%	61.8%	2.7%	2.7%	7.1%	2.02
I am fully represented in managing monitoring of health service programs	12.7%	61.8%	7.1%	21.5%	2.7%	1.67
The local government partners with selected citizens in undertaking monitoring of health service programs	50%	42.2%	9.8%	0%	0%	1.11
The local government partners with me in undertaking monitoring of health service programs	42%	25%	5.4%	9.8%	22.3%	1.17
Citizen's response on evaluation						
I am evenly educated and sensitized in undertaking evaluation of health service programs	23.6%	26.3%	22.3%	25%	6.5%	1.53
I am regularly debriefed regarding the progress made in relation to evaluating findings on improvement of health services	31.5%	58.5%	9%	0%	0%	2.14
I am fully represented in managing evaluation of health service programs	38.6%	40.7%	0%	11.8%	10%	2.26
The local government partners with selected citizens in undertaking evaluation of health service programs	15.7%	17.6%	12.8%	22%	39.8%	3.56
The local government partners with selected citizens in undertaking evaluation of health service programs	71.8%	21.5%	7.1%	2.7%	2.7%	1.07

Key Note (SA= Strongly Agreed, A= Agree, N= Not Sure, D= Disagree, D= Strongly Disagree).

Source: Primary Data, 2022

Basing on survey findings, on stakeholder ownership of M&E, several results were obtained as depicted in themes below;

i) Community education and sensitization

It was established from a greater majority of officials (95.3%) who disagreed that the community is evenly educated and sensitized in undertaking monitoring of health service programs. Only 4.7% strongly agreed. A mean of 1.52 indicated that a greater number of respondents were of the view that the community is evenly educated and sensitized in undertaking monitoring of health service programs. This was synonymous with what was reported by citizens whereby majority 85.3% also disagreed that they are educated and sensitized in undertaking monitoring of health service programs. A portion of 16.9% were in disagreement and 7.1% remained neutral.

On evaluation, 73.6% of the respondents were in disagreement the community is evenly educated and sensitized in undertaking evaluating health service programs whereas 26.2% seemed to agree with the item. The mean of 1.11 confirmed that the community was less educated and sensitized in undertaking such health service programs. Furthermore, 49.9% of the citizen shared the same view point that they are not educated and sensitized in undertaking evaluation of health service programs. A significant percentage of 22.3% remained neutral and 31.5% disagreed. The mean of 1.53 further confirmed this results.

The key informants reported that due to lack of required resource by the local government, education and sensitization of stakeholders has remained a major challenge which come to affect the successful delivery of health services. It was noted,

“...we still have a challenge with certain resources needed in empowering communities in some areas like Monitoring and evaluation due to issues of resources and coordination but it’s on our agenda and we have partly moved some steps about it on a smaller extent” (K.I, 2).

The implication of the above results is that the community is not evenly educated and sensitized in undertaking evaluating health service programs in Munuki Payam hence likely to sabotage the health service delivery.

ii) Regular debriefing of the community stakeholders

To further whether there was regular debriefing of the community stakeholders regarding the progress made in relation to monitoring findings on improvement of health services, majority of respondents disagreed (50%) and 20.6% strongly disagreed.

whilst, 10% agreed and 9.4% were strongly agreed. A mean of 1.91 which indicated that a greater number of respondents were of the view that debriefing of the community stakeholders regarding the progress made in relation to monitoring findings on improvement of health services was not regular. On the side of community stakeholders, a greater majority of 93.3% disagreed that they are regularly debriefed regarding the progress made in relation to monitoring findings on improvement of health services. Only 2.7% were remained undecided, whereas 9.8% agreed with the response. This scored a mean value of 2.02 which further confirmed the position of officials from the municipality.

On the side of evaluation, majority of respondents disagreed (87.3%) strongly disagreed. whilst, 16.3% were in agreement. A mean of 1.09 was tabulated which indicated that a greater number of respondents were of the view that debriefing of the community stakeholders regarding the progress made in relation to evaluating findings on improvement of health services was not regular. On the side of community stakeholders/citizens, a greater majority of 90% disagreed that they are regularly debriefed regarding the progress made in relation to evaluating findings on improvement of health services. Only 9% were remained undecided, whereas none of the respondents agreed. This scored a mean value of 2.14 which further confirmed the position of officials from the municipality.

The position of respondents in the questionnaire was opposed to what was reported by the interviewees. It was explored that debriefing was being done though not regularly as required. It was noted from one the key informants saying,

“The briefing on some many issues is done on quarterly basis not regularly and this is limited among supervisory teams at the headquarters, service heath service providers, medical stores, local sanitation committees, waste management organizations and others and this has been vital in improving the health service delivery...” (K.I, 3).

The implication of the above results is that there is irregular debriefing of the community stakeholders regarding the progress made in relation to monitoring and evaluating findings on improvement of health services was in Munuki Payam hence likely threatening the health service delivery.

iii) Community representation in monitoring and evaluation

In relation to community representation, on the side of monitoring, 50% of the respondents agreed that the community is fully represented in managing monitoring of health service programs. The minority side took a percentage of 35% and 15% were not decisive. A mean of 3.56 which indicated that a greater number of respondents were of the view that the community is fully represented in managing monitoring of health service programs. On the side of community stakeholders, a greater majority of 74.5% disagreed that they are fully represented in managing monitoring of health service programs. Only 7.1% remained undecided, whereas 24.2% disagreed with the response. This scored a mean value of 1.67 which was contrary to the position of officials from the municipality.

On the side of evaluation, 93.3% of the respondents agreed that the community is fully represented in managing evaluation of health service programs. The minority side took a percentage of 9.8% and 2.7% were not decisive. This achieved a mean of 4.02 which indicated that a greater number of respondents were of the view that the community is fully represented in managing evaluation of health service programs. On the side of community stakeholders, a greater majority of 79.3% disagreed that they are fully represented in managing evaluating of health service programs. Only 21.8% agreed with the response. This scored a mean value of 2.26 which was contrary to what was reported by M&E officials from the municipality.

In support of the officials interviewees indicated that there is appropriate representation of community in the process of managing monitoring and evaluation because of periodical voting and volunteerism promoted in the council. It was noted,

“...even right here, you found when we had just concluded our meeting with grass root representatives, some of them are elected by the community themselves, others are civil society organizations and others are volunteers. These usually act as a bridge of what is happening among people and bring up their voices periodically...” (K.I, 6).

The implication of the above results is that the community is fully represented in managing monitoring and evaluation of health service programs in Munuki Payam hence likely to have a positive impact on the health service delivery.

iv) Community partnerships

In relation to community partnerships, on the side of monitoring, 85% of the respondents disagreed that partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is done. A few of respondents (12.5%) disagreed and 2.5% were undecided. This had a mean of 2.51 which implied that a greater number of respondents were of the view that partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is done are minimal. On the side of community stakeholders, a greater majority of 92.2% disagreed that the local government partners with selected citizens in undertaking monitoring of health service programs. Only 9.8% remained undecided with the response. This scored a mean value of 1.11 which was in line with officials from the municipality.

On the side of evaluation on the other hand, 84.1% of the respondents disagreed that partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is done. A few of respondents (14.2%) agreed and 2.5% were undecided. This had a mean of 4.50 which implied that a greater number of respondents were of the view that partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is highly observed. On the side of community stakeholders, a greater majority of 61.8% agreed that the local government partners with selected citizens in undertaking evaluation of health service programs. Only 9.8% remained undecided with the response. This scored a mean value of 3.56 which was in line with officials from the municipality.

The views of the key informants supports the majority position above who reported that much of the successes in delivering quality health service programme is associated with partnerships entered in as a municipality or at the level of M&E. It was quoted,

“...much of our successes, achievements in monitoring and evaluation are partly explained by the partnerships we make with individuals, CSOs and common people...” (K.I, 6).

“...I think one of the big step regarding stakeholder empowerment and partnership, there has been several engagements related to ensuring that the community forms a primary frontier for owning M&E activities in this local government. For instance, we have several partnership with local private health facilities to ensure that government health programs on malaria, HIV counselling, Tuberculosis, recent coronavirus and vaccinations are a success. These provide periodical reports to local government and the central government at large and this has been central in improving health service quality because of accessibility and reliability they promote...” (K.I, 7).

“...some of the M&E reports we rely on are those made by uncoordinated stakeholders like civil society organization in the area of health care monitoring, media houses and whistleblowers from the general community members.” (K.I, 4) added.

The implication of the above results is that the local government partners with selected citizens, private sector organizations, civil society organizations and others in undertaking monitoring and evaluation of health service programs in Munuki Payam hence likely to have a positive impact on the health service delivery.

In summary, it has been established that stakeholder ownership of M&E in Munuki Payam is generally lack especially when it comes to limited community education and sensitization and community partnership with selected citizens, private sector organizations and civil society organizations, irregular debriefing of the community stakeholders and community representation is lacking.

4.4.4.2 Correlation results on stakeholder ownership of M&E on health service delivery.

The details regarding correlation analysis between stakeholder ownership of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.10 below.

Table 4.10: Correlation results

		Stakeholder ownership of M&E	health service delivery
Stakeholder ownership of M&E	Pearson Correlation	1	.308**
	Sig. (2-tailed)		.000
	N	101	101
health service delivery	Pearson Correlation	.308**	1
	Sig. (2-tailed)	.000	
	N	101	101

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

Source: Primary Data, 2022

In testing bivariate relationship between stakeholder ownership of M&E and health service delivery, it was evident that the correlation coefficient hit 0.381. This is interpreted as weak since it is less than 0.5 level of strength. It was also positive in nature since it had no negative connotation. Then, it was significant since the P-value was 0.000 which is measured as below the standard value of 0.01(99%). This meant that the initial hypothesis was accepted. This means that the higher different stakeholders own M&E, the higher the improvement in health service delivery.

4.4.3.3 Regression Analysis

The details regarding regression analysis between stakeholder ownership of M&E and health service delivery in Munuki Payam, Juba Municipality are in Table 4.11 below.

Table 4.11: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.308 ^a	.095	.087	.4321

a. Predictors: (Constant), stakeholder ownership of M&E

Source: Primary Data, 2022

In the model summary above, the research question which required to understand the extent of the relationship between stakeholder ownership of M&E and health service delivery, it is clear that it was achieved at adjusted R² (0.087). This thus means that stakeholder ownership of M&E has a greater ability to enable improvements in health service delivery if it is prioritized in Munuki Payam.

4.5 Conclusion of the Chapter

The study concluded that there is a positive significant effect of participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality. It was however learnt that participatory planning of M&E, participatory implementation of M&E and stakeholder ownership of M&E were inadequately done to make a significant effect on health service delivery in Munuki Payam, Juba Municipality.

CHAPTER FIVE

SUMMARY AND DISCUSSION OF STUDY FINDINGS

5.1 Introduction

This is the fifth chapter of the study which lays down briefly what has been achieved out of the study while providing the study summary, making discussions, offering conclusive remarks and recommendations in regard to improving delivery of health services.

5.2 Summary

5.2.1 The effect of participatory planning of M&E on health service delivery Munuki Payam, Juba Municipality

This study's primary objective was to determine how Munuki Payam, Juba Municipality's health service delivery was impacted by participatory M&E planning. In Munuki Payam, Juba Municipality, the study found that participatory planning of M&E had a substantial and positive impact on the delivery of health services. This effect was positive at r value of .591** and significant at .000 at a set level of 0.01. This indicates that using participatory M&E planning can significantly, favorably, and improve the provision of health services in Munuki Payam, Juba Municipality. It was discovered that in Munuki Payam, Juba Municipality, participatory planning of M&E contributed 32.8% to the delivery of health services. In particular, the study found that there was less participation in participatory M&E planning in Munuki Payam, Juba Municipality. This was demonstrated by differences in the frequency of data collection, data collection methods, objectives and indicators that were not agreed upon, and discrimination in M&E planning, all of which had a negative impact on the improvement of health service delivery.

5.2.2 The effect of participatory implementation of M&E on health service delivery Munuki Payam, Juba Municipality

The second objective of this study was to assess the effect of participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality. The study revealed a significant and positive effect of participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality which was positive at r value of .236** significant at .000 at a set level of 0.01. This means that exercising

of participatory implementation of M&E had a strong, positive and significant contribution to health service delivery in Munuki Payam, Juba Municipality, it was found out that participatory implementation of M&E contributed a moderate 5.6% on health service delivery in Munuki Payam, Juba Municipality. Specifically, the study revealed that to a large extent, there is high exercising of proper participatory implementation of M&E in terms of training of stakeholders and documentation of the findings/learnings. However, there is limited sharing of findings and reflections on the findings hence affecting negatively the improvement of health service delivery.

5.2.3 The effect of stakeholder ownership of M&E on health service delivery Munuki Payam, Juba Municipality

Evaluating the impact of stakeholder ownership of M&E on health care delivery in Munuki Payam, Juba Municipality, was the study's second goal. The results of the study showed that stakeholder ownership of M&E had a positive and substantial impact on the provision of health services in Munuki Payam, Juba Municipality. This impact was significant at a set level of 0.01 and positive at an r. value of .308**. This indicates that the Juba Municipality's Munuki Payam health service delivery benefited greatly from the exercise of participatory M&E implementation. Stakeholder ownership of M&E was found to have a moderate 8.7% impact on the provision of health services in Munuki Payam, Juba Municipality. The study revealed that there is general lack of participatory implementation of M&E in terms of limited community education and sensitization and community partnership with selected citizens, private sector organizations and civil society organizations, irregular debriefing of the community stakeholders and community representation is lacking.

5.3 Discussion of the study findings

5.3.1 The effect of participatory planning of M&E on health service delivery in Munuki Payam, Juba Municipality

The study results for hypothesis one showed that the correlation coefficient $r=0.591^{**}$ and $p=0.000$. Findings revealed that participatory planning of M&E is central in the realization of health service delivery. Specifically, the study findings revealed that a greater number of respondents were of the view that there is a clear consensus between

the community stakeholders and local government officers in setting objectives of health service programs. This is congruent with what Hassaballa, et al., (2019) had earlier established while studying participatory monitoring and evaluation of Ebola response activities in Lofa County, Liberia and how it had impacted on health services. It was evident that involvement of stakeholders in setting the objectives and indicators of Ebola Response health programme managed to prevail the required health units and structures for Ebola patients. The study further noticed that the presence of drugs for Ebola managed to be accessible 24/7 since there was required data collection related to the number of patients and where they could easily find any drugs required. In the end, the engagement of key stakeholders from different communities enabled the government to put in place reliable and responsive health services.

The study revealed that a greater number of respondents were of the view that there is a clear consensus between the community stakeholders and local government officers in setting indicators of the objectives for health service programs. The findings were supported by what Kiracho, et al., (2020) who had established in their study related to the influence of consensus on M&E practices and community scorecards on maternal and newborn health service delivery and utilization. They found out that there was a high level of improvement in health service delivery in areas where the community is part of the process of planning their health service programmes. They found out that there was 15% reduction in maternal and new born health service delivery as well as utilization of PMTCT services among mothers. This was attributed to their engagement by NGOs in M&E. The level of community involvement in M&E among NGOs differed too much with government healthcare institutions. It is evident in these studies that NGOs fairly promote participatory planning of M&E among the community it is serving more than government departments.

The study revealed that a greater number of respondents were of the view that there is always consensus between the community stakeholders and local government officers on data collection methods to be used during M&E of health service programs. The findings were contrary with what Nuhu, et al., (2020) found out in their study related to the challenges in health service delivery under public-private partnership in Tanzania while utilizing stakeholders' views from Dar es Salaam region. Nuhu et al., (2020) found

out that in Dar es Salaam, there is less involvement of the masses or key stakeholders in planning M&E of health services. They found only two community partnerships in health service provision done between the government and the community which also did not engage frequently in determining the objectives, indicators and frequency of data collection. This was found to have contributed to poor health service delivery. For instance, they found out that drug stock out had reached 65%, only 12% of the citizens enjoyed health services in government health facilities. They further found out that the sanitation facilities in most of these people's homes was irritating. In the end, they realized that participatory planning of M&E is significant in realizing quality in healthcare.

Furthermore, the study revealed that a greater number of respondents were of the view that in many times, there is no consensus between the community stakeholders and local government officers on the frequency of data collection related to health service programs' M&E. This concurs with what Kiracho, et al., (2020) had established in their study related to the influence of consensus on M&E practices and community scorecards on maternal and newborn health service delivery and utilization. They found out that there was a high level of improvement in health service delivery in areas where the community is part of the process of planning their health service programmes. They found out that there was 15% reduction in maternal and new born health service delivery as well as utilization of PMTCT services among mothers. This was attributed to their engagement by NGOs in M&E. The level of community involvement in M&E among NGOs differed too much with government healthcare institutions. It is evident in these studies that NGOs fairly promote participatory planning of M&E among the community it is serving more than government departments.

Lastly, the study revealed that a greater number of respondents were of the view that there is no discrimination based on any ground during planning of M&E of health service programs in Munuki Payam local government. In support of the above, Rendell, et al., (2020) investigated involvement of stakeholders in planning PM&E and how it had improved health service delivery in low-and middle-income countries. They found out that there is limited involvement of stakeholders in planning monitoring and evaluation of health programmes and this was rated at only 5%. They found out that a good number

of stakeholders are not engaged and no consensus was found in relation to the objectives, indicators, data collection methods and its frequency. The level of discrimination within sex was high. This in a number of times had increased maternal and child mortality rates, irresponsiveness of health workers, drug stock outs in health facilities, failure of sensitization of masses, absence of ambulances whereby the community is charged on use of a government ambulance and many others.

5.3.2 Findings participatory implementation of M&E on health service delivery in Munuki Payam, Juba Municipality

The study results for hypothesis one showed that the correlation coefficient $r=0.236^{**}$ and $p=0.000$. Findings revealed that participatory implementation of M&E is primary in the realization of health service delivery. Specifically, the study findings revealed that a greater number of respondents were of the view that stakeholders are inadequately trained on how to monitor and evaluate health service programs in Munuki Payam local government. This is synonymous with what Abayneh, et al., (2020) investigated in participatory action research to pilot a model of mental health service user involvement in an Ethiopian rural primary healthcare setting. The study found out that health service user involvement in implementation of M&E had consequential contribution in utilization of healthcare services in Ethiopian rural primary healthcare setting. For instance, they found out that the community had been trained on how to monitor and evaluate primary healthcare and this enabled a good number of them to be able to determine the quality and what is not the required health services. Training stakeholders thus had a primary consequence on utilization of health services. It had also improved on functionality of health units and management committees since everyone anticipated that a good or bad report can be made on him or her.

The study established that a greater number of respondents were of the view that there is clear documentation of the findings obtained from M&E of health service programs in Munuki Payam local government. The findings from Abayneh et al., (2020) were found synonymous with what Haldane, et al., (2019) who had found out in their study on community participation in health services development, implementation, and evaluation. These found out that documentation of M&E findings and learnings had highly contributed on consistent supervision of health services. For instance, 80% of

health services in Malaysia was being documented in M&E reports and these would be disseminated to those response. The awareness and dissemination pointed on weaker and stronger points. This was giving a starting point for improvement and further monitoring and evaluation. This arrangement was found to have had improved on health responsiveness among workers in health facilities hence contributing on utilization.

The study found out that sharing of the findings/learnings is not done with all stakeholders in M&E of health service programs. This is similar to Poli and Guertzovich (2020) found out that governments made sure that they had to be socially accountable to the governed by ensuring that they are involved in M&E process including, training them on the health services they must monitor and evaluate or expect, document all learnings from the community, sharing all forms of findings and ensure that these findings are reflected about with the community. In such a case, improvement in quality health service delivered was achieved through improving on sanitation and hygiene in homes, reduced drug stocks, construction of more health units and structures and presence of health workers in health facilities improved. These were associated with the M&E reports frequently produced in support of community key stakeholders. Almost all members of the community were supervisors and their feedback were credited and implemented.

The study revealed that a greater number of respondents were of the view that there is no general participation of all stakeholders in the process of M&E from the beginning of execution to the end which is a signal that some key stakeholders are left out in implementation of M&E in Munuki Payam. Singh & Vutukuru (2020) established that social accountability had laid grounds for a number of women actions to be seen in political platforms than before. They established that women could easily engage their fellow women and men into action aimed at holding the state to account using strategies such as social mobilization, press reports and legal action. In 2008, women groups took the government in the court accusing it from denying a full participation of women in socio-economic and political spheres. At the end, they won the case which brought out several women in Andhra Pradesh legislative assembly. In another related

study, Waly et al., (2016) undertook a study in Juba Municipality to establish the role of civil societies and actions towards enhancing women inclusion in the country. They found out that civil societies had rallied behind several women to enable them get represented at all levels of government.

5.3.3 Findings on stakeholder ownership of M&E on health service delivery in Munuki Payam, Juba Municipality

The study results for hypothesis one showed that the correlation coefficient $r=0.308^{**}$ and $p=0.000$. Findings revealed that stakeholder ownership of M&E is primary in the realization of health service delivery. Particularly, it was evident that the community is not evenly empowered in undertaking M&E of health service programs. This concurs with McPhail-Bell, et al., (2018) who had studied about stakeholder involvement and ownership of M&E systems and its implication on HIV/AIDs service delivery. This study was conducted in five NGOs operating in HIV/AIDs prevention and counselling. They found out that ownership among stakeholders had been created through three major ways. These included empowerment of people living with HIV, increased awareness and including them in the management teams of HIV/AIDs. They ascertained that empowerment of different women groups through educating them on several ways of monitoring and evaluating HIV/AID prevention programs, changing their attitudes about HIV/AIDs prevention and M&E process and ensuring that they are part of the decision-making apparatus had contributed hugely on delivery of health care services.

The study findings revealed that change of community member's attitudes towards M&E of health service programs is not regularly done. This is similar to what Oluoch (2020) who found out that stakeholder participation in M&E had contributed largely empowerment, changing of attitude, increasing awareness, regular debriefing and partnership with the community. For instance, a greater number of community members were part of the health management committees which is responsible for overseeing the community service provision. In the same line of argument, Blauvelt et al., (2018) investigated on how health and nutrition hotlines in Malawi had been scaled up. They found out that the government had initiated a program related to multisectoral collaboration. This had been realized through partnership with

community associations with different healthcare needs, improved awareness, and empowerment.

The study revealed that there is increased awareness among the community members in relation to how M&E of health service programs is supposed to be done. This can largely explain increased awareness as far stakeholder ownership of M&E is concerned. The above findings were found incongruent with what Sajadi, et al., (2020) found out in Islamic communities. They found out that there is less involvement of women in M&E process, much of the empowerment done was being conducted among men, partnerships had been done by male founded groups and majority of women were exempted because of their religious practices. This was found to have contributed to maternal mortality rates because women lacked the required knowledge and engagement in understanding the health services to expect.

Lastly, the study found out that there is no regular debriefing of the community stakeholders in relation on the progress made in improvement of health services. Dunleavy & Hood (2015) in support of the findings related to the influence of sensitization of local masses on improving the health service delivery. They ascertained that sensitization is one of the major activity which opens eyes of the community beneficiaries. A good number of people fail to demand the government or local government what must be demanded and die in health facilities with no drugs and doctors. This is contrary to what must be happening. When they are sensitized, they get a sense of entitlement to demand what they must demand and this tends to improve the functionality of health units. The views of Dunleavy and Hood (2016) concurred with those of Labeja (2018) who had studied the role of Baraza initiatives in releasing accessibility to health services in Wakiso and Mpigi districts. He ascertained that these initiatives mobilized and educated local people on their duty to demand what belongs to them. Through this civic work, many people were attracted to demand for better health service delivery. This was among the ways how drugs and ambulances were made available in the areas where this initiative was found.

CHAPTER SIX

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This is the last chapter of the study which lays down briefly what has been achieved out of the study while offering conclusive remarks and recommendations in regard to improving delivery of health services.

6.2 Conclusions

The study looked into how South Sudan's local governments delivered health services and the impact of participatory monitoring and evaluation. Under each particular purpose, the investigation comes to the following results.

6.2.1 Participatory planning of M&E and health service delivery in Munuki Payam, Juba Municipality

The study concluded that there is limited participatory planning of M&E which has affected health service delivery in Munuki Payam, Juba Municipality. For instance, several key informants confirmed that *“The reason why our health service programs and targets are not met as required is because the community has always been less engaged, our approach has largely been a top down method rather than a bottom-up approach...”* (K.I.6). This means that the more stakeholders are engaged in M&E, the higher the health service delivery in Munuki Payam, Juba Municipality.

6.2.2 Participatory implementation of M&E and health service delivery Munuki Payam, Juba Municipality

The study concluded that there is limited participatory implementation of M&E which has affected health service delivery in Munuki Payam, Juba Municipality as applauded by several key informants whereby one of them indicated, *“on reflection, it is a big No, much of the reflection is done in the department of M&E and may be with some representatives at the county level to make final decisions and this has been affecting timely service provision.”* (K.I, 5). It was thus learnt that participatory implementation of M&E was below average. This meant that the higher the exercising of participatory implementation of M&E, the higher the health service delivery in Munuki Payam, Juba Municipality.

6.2.3 Stakeholder ownership of M&E and health service delivery Munuki Payam, Juba Municipality

The study concluded that there is limited stakeholder ownership of M&E which has affected health service delivery in Munuki Payam, Juba Municipality, for instance, K.I.2 reported, “...we still have a challenge with certain resources needed in empowering communities in some areas like Monitoring and evaluation due to issues of resources and coordination but it’s on our agenda and we have partly moved some steps about it on a smaller extent”. This meant that the higher the exercising of stakeholder ownership of M&E , the higher the health service delivery in Munuki Payam, Juba Municipality.

6.3 Recommendations

6.3.1 Participatory planning of M&E and health service delivery in Munuki Payam, Juba Municipality

Based on the revelations from the study findings, it is recommended that a clear consensus between the community stakeholders and local government officers on the frequency of data collection related to health service programs’ M&E needs to be built. This can be done by ensuring that key stakeholders in the community are engaged in planning data collection tools and the frequency it is going to be done. This means that appropriate data collection tools and frequency will be developed from the very people who are intending to be used with. This can therefore enhance the integration of community stakeholders in monitoring and evaluation of service delivery quality in local governments.

6.3.2 Participatory implementation of M&E and health service delivery Munuki Payam, Juba Municipality

Based on the findings, it is recommended that community stakeholders are adequately trained on how to monitor and evaluate health service programs in local governments. This can be done by initiating adequate community based workshops, sensitization and mobilizations related to monitoring and evaluation of health service programs. This can be achieved by ensuring that all concerned community members are fully engaged. In addition, there is a need for sharing of the findings/learnings with all stakeholders in M&E of health service programs. This can be done by use of media programmes related

to sharing important information with the community. Furthermore, there is a need for a general participation of all stakeholders in the process of M&E from the beginning of execution to the end. This will increase social accountability to health care programmes available in the area.

6.3.3 Stakeholder ownership of M&E and health service delivery Munuki Payam, Juba Municipality

In relation to study findings, it is recommended that the community is evenly empowered in undertaking M&E of health service programs. This can be done by ensuring that the community is empowered financially and socially to be able to monitor and evaluate the healthcare service programmes. Secondly, it is recommended that change of community member's attitudes towards M&E of health service programs need to be regularly done. This can be achieved by constantly dealing with all campaigns related to disembarking community groupings from engaging directly in monitoring and evaluating health service programmes. In addition, there is a need for regular debriefing of the community stakeholders in relation on the progress made in relation to M&E findings and improvement of health services. Lastly, local governments need to partner with different community groupings/private sector in undertaking M&E of health service programs. This can be achieved by ensuring that key potential partners are identified and work in congruence with the government to ensure that the health service delivery is improved.

6.6 Limitations of the Study

Being a period of Covid-19 Pandemic, collection of data was largely limited to phone calls and emails. In many cases, this did not allow proper probing and prompting of respondents. However, the researcher managed to continuously follow up with interviewees wherever there was a gap that needed to be filled.

6.7 Areas for further research

The study chose to study participatory monitoring and evaluation other than any other factors affecting health service delivery. This was the basis of understanding the effect of participatory monitoring and evaluation on health service delivery. This calls for a further study to investigate other factors that could be responsible for determining health service delivery in local governments.

In addition, it is important for a further study to be conducted in other local governments other than Munuki Payam so as a better conclusion can be reached in regard to the extent by which participatory M&E affect health service delivery.

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	of monitoring and evaluation in Munuki Payam local government and service beneficiaries.					
2	Setting indicators of a health service program to monitor are always agreed on between the department of monitoring and evaluation in munuki Payam local government and service beneficiaries					
3	The agreement on data collection methods to be used in monitoring health service programs is reached between the department of monitoring and evaluation in munuki Payam local government and service beneficiaries					
4.	Agreement is always reached between the department of monitoring and evaluation in munuki Payam local government and service beneficiaries in relation to the frequency of data collection in monitoring of health programs					
5	No discrimination tendencies are based on during planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government					
	<i>Evaluation</i>					
6	Setting of objectives of evaluation of a health service programs is always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries					
7	Setting indicators of a health service program to evaluate are always agreed on between the department of monitoring and evaluation in munuki Payam local government and service beneficiaries					
8	The agreement on data collection methods to be used in evaluating health service programs is reached between the					

	department of monitoring and evaluation in munuki Payam local government and service beneficiaries					
9	Agreement is always reached between the department of monitoring and evaluation in munuki Payam local government and service beneficiaries in relation to the frequency of data collection in evaluation of health programs					
10	No discrimination tendencies are based on during planning of evaluation of health service programs in the department of monitoring and evaluation, Munuki Payam local government					

ii. **Participatory Implementation of M&E**

No.	Statement	1	2	3	4	5
	<i>Monitoring</i>					
1	There is clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level					
2	Sharing of the findings/learnings is done with all stakeholders in monitoring of health service programs					
3	There is a period of reflection on the findings obtained in monitoring health service programs					
4	There is general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end					
	<i>Evaluation</i>					
5	There is clear documentation of the findings obtained from evaluation of health service					

No.	Statement	1	2	3	4	5
	programs in Munuki Payam local government level					
6	Sharing of the findings/learnings is done with all stakeholders in evaluating health service programs					
7	There is a period of reflection on the findings obtained in evaluating health service programs					
8	There is general participation of all stakeholders in the process of evaluating, from the beginning of execution to the end					

iii. **Stakeholder ownership of M&E**

No	Statement	1	2	3	4	5
	<i>Monitoring</i>					
1	The community is evenly educated and sensitized in undertaking monitoring of health service programs					
2	There is regular debriefing of the community stakeholders regarding the progress made in relation to monitoring findings on improvement of health services					
3	The community is fully represented in managing monitoring of health service programs					
4	Partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking monitoring of health service programs is done					
5	There is partnership between the department of monitoring and evaluation, Munuki Payam local government and private sector organizations in undertaking monitoring of health service programs is done					

Evaluation						
6	The community is evenly educated and sensitized in undertaking evaluating health service programs					
7	There is regular debriefing of the community stakeholders regarding the progress made in relation to evaluating findings on improvement of health services					
8	The community is fully represented in managing evaluating of health service programs					
9	Partnership between the department of monitoring and evaluation, Munuki Payam local government and civil society organizations in undertaking evaluation of health service programs is done					
10	There is partnership between the department of monitoring and evaluation, Munuki Payam local government and private sector organizations in undertaking evaluation of health service programs					

SECTION F: HEALTH SERVICE DELIVERY IN MUNUKI PAYAM, JUBA MUNICIPALITY

In this section please tick in the box that corresponds to your opinion/view according to a scale of 1 = Strongly Disagree, 2 = Disagree, 3 = Not Sure, 4 = Agree, 5 = Strongly Agree

No	Statement	1	2	3	4	5
1	The number of health workers Munuki Payam health facilities is equivalent to the number of people in need of health services					
2	Healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services					

3	Healthcare workers in Munuki Payam health facilities demonstrate high level of responsiveness/customer care in provision of health services					
4	The level of congestion in Munuki Payam health facilities is high					
	Health services in Munuki Payam health facilities are accessible					
5	Health services in Munuki Payam health facilities are reliable					
6	The health services is generally good in Munuki Payam health facilities					

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX II: QUESTIONNAIRE FOR CITIZENS IN MUNUKI PAYAM

Introduction

2	As citizens, we are engaged in setting the indicators of a health service program to monitor in Munuki Payam local government					
3	As citizens, we are engaged in deciding upon the data collection methods to be used in monitoring health service programs in munuki Payam local government					
4.	As citizens, we are engaged in determining the frequency of data collection in monitoring of health programs					
5	I have not realized any form of discrimination during planning of monitoring of health service programs in Munuki Payam local government					
	<i>Evaluation</i>					
6	As citizens, we are engaged in setting of objectives of evaluating a health service programs in Munuki Payam local government					
7	As citizens, we are engaged in setting the indicators of a health service program to evaluate in Munuki Payam local government					
8	As citizens, we are engaged in deciding upon the data collection methods to be used in evaluating health service programs in munuki Payam local government					
9	As citizens, we are engaged in determining the frequency of data collection in evaluating health programs					
10	I have not realized any form of discrimination during planning of evaluating health service programs in Munuki Payam local government					

v. **Participatory Implementation of M&E**

No.	Statement	1	2	3	4	5
	<i>Monitoring</i>					

No.	Statement	1	2	3	4	5
1	Documents about the findings from monitoring health service programs are accessible in Munuki Payam local government					
2	Sharing of the findings is done with selected citizens in monitoring health service programs					
3	I am engaged in reflecting upon the findings obtained in monitoring health service programs					
4	There is general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end					
	<i>Evaluation</i>					
5	Documents about the findings from evaluating health service programs are accessible in Munuki Payam local government					
6	Sharing of the finding is done with selected citizens in evaluating health service programs					
7	I am engaged in reflecting upon the findings obtained in evaluating health service programs					
8	There is general participation of all stakeholders in the process of evaluating, from the beginning of execution to the end					

vi. **Stakeholder ownership of M&E**

No	Statement	1	2	3	4	5
	<i>Monitoring</i>					
1	I am evenly educated and sensitized in undertaking monitoring of health service programs					
2	I am regularly debriefed regarding the progress made in relation to monitoring findings on improvement of health services					

3	I am fully represented in managing monitoring of health service programs					
4	The local government partners with selected citizens in undertaking monitoring of health service programs					
5	The local government partners with me in undertaking monitoring of health service programs					
	<i>Evaluation</i>					
6	I am evenly educated and sensitized in undertaking evaluation of health service programs					
7	I am regularly debriefed regarding the progress made in relation to evaluating findings on improvement of health services					
8	I am fully represented in managing evaluation of health service programs					
9	The local government partners with selected citizens in undertaking evaluation of health service programs					
10	The local government partners with selected citizens in undertaking evaluation of health service programs					

SECTION F: HEALTH SERVICE DELIVERY IN MUNUKI PAYAM, JUBA MUNICIPALITY

In this section please tick in the box that corresponds to your opinion/view according to a scale of 1 = Strongly Disagree, 2 = Disagree, 3 = Not Sure, 4 = Agree, 5 = Strongly Agree

No	Statement	1	2	3	4	5
1	Health workers in Munuki Payam health facilities is not enough					
2	Healthcare workers in Munuki Payam health facilities demonstrate high level of competence in provision of health services					

3	Health workers in Munuki Payam health facilities have customer care to patients					
4	The level of congestion in Munuki Payam health facilities is high					
5	Health services in Munuki Payam health facilities are accessible					
6	Health services in Munuki Payam health facilities are reliable					
7	The health services is generally good in Munuki Payam health facilities					

THANK YOU FOR YOUR PARTICIPATION!

**APPENDIX III: INTERVIEW SCHEDULE FOR EXECUTIVE COMMITTEE MEMBERS AT
MUNUKI PAYAM**

1. Position
2. How do you engage communities in planning M&E?
3. Why do you involve the community in planning M&E?
4. How do communities engage in implementation of M&E?
5. Why do you involve the community in implementing M&E?
6. Has community involvement in implementing M&E improved on health services in Munuki Payam?
7. How do you engage communities in ownership of the process and system of M&E in Munuki Payam?
8. Why is the community involved in ownership of the process and system of M&E in Munuki Payam?
9. Has community involvement in ownership of the M&E process and system improved on health services in Munuki Payam?

THANK YOU SO MUCH

APPENDIX IV: DOCUMENTARY REVIEW CHECKLIST

Document	Variable being investigated
Juba Municipality Status Reports	<i>health service delivery</i> ➤ What is the number of health workers at Munuki Payam health facilities?

	<ul style="list-style-type: none"> ➤ What is the magnitude of drug stock out in Munuki Payam health facilities? ➤ Are health workers qualified in provision of health services in Munuki Payam health facilities? ➤ What is the level of congestion in Munuki Payam health facilities? ➤ Are all health services in Munuki Payam health facilities accessible?
<p>CSO reports</p>	<p><i>Community involvement in planning M&E</i></p> <p>Monitoring</p> <ul style="list-style-type: none"> ➤ Are objectives set for monitoring a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in monitoring health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are data collection methods used in monitoring health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Is there any form of discrimination in planning of evaluation of health service programs in the department of monitoring and evaluation, Munuki Payam local government? <p><i>Community involvement in implementing M&E</i></p> <p>Monitoring</p> <ul style="list-style-type: none"> ➤ Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of

	<p>monitoring and evaluation in Munuki Payam local government and service beneficiaries?</p> <ul style="list-style-type: none"> ➤ Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government? <p><i>Evaluation</i></p> <ul style="list-style-type: none"> ➤ Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government? <p><i>Stakeholder ownership of M&E</i></p> <p><i>Monitoring</i></p> <ul style="list-style-type: none"> ➤ Is there clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level?
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	<ul style="list-style-type: none"> ➤ Is sharing of the findings/learnings done with all stakeholders in monitoring health service programs ➤ Is there a general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end? <p>Evaluation</p> <ul style="list-style-type: none"> ➤ Is there clear documentation of the findings obtained from evaluation of health service programs in Munuki Payam local government level? ➤ Is sharing of the findings/learnings done with all stakeholders in evaluating health service programs ➤ Is there a general participation of all stakeholders in the process of evaluation, from the beginning of execution to the end? <p>health service delivery</p> <ul style="list-style-type: none"> ➤ What is the number of health workers at Munuki Payam health facilities? ➤ What is the magnitude of drug stock out in Munuki Payam health facilities? ➤ Are health workers qualified in provision of health services in Munuki Payam health facilities? ➤ What is the level of congestion in Munuki Payam health facilities? ➤ Are all health services in Munuki Payam health facilities accessible?
<p>International civil society organizations Reports operating in Juba Municipality</p>	<p>Community involvement in planning M&E</p> <p>Monitoring</p> <ul style="list-style-type: none"> ➤ Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries?

	<ul style="list-style-type: none"> ➤ Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government? <p>Evaluation</p> <ul style="list-style-type: none"> ➤ Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government? <p>Stakeholder ownership of M&E</p> <p>Monitoring</p> <ul style="list-style-type: none"> ➤ Is there clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level? ➤ Is sharing of the findings/learnings done with all stakeholders in monitoring health service programs
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	<ul style="list-style-type: none"> ➤ Is there a general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end? <p>Evaluation</p> <ul style="list-style-type: none"> ➤ Is there clear documentation of the findings obtained from evaluation of health service programs in Munuki Payam local government level? ➤ Is sharing of the findings/learnings done with all stakeholders in evaluating health service programs ➤ Is there a general participation of all stakeholders in the process of evaluation, from the beginning of execution to the end? <p>health service delivery</p> <ul style="list-style-type: none"> ➤ What is the number of health workers at Munuki Payam health facilities? ➤ What is the magnitude of drug stock out in Munuki Payam health facilities? ➤ Are health workers qualified in provision of health services in Munuki Payam health facilities? ➤ What is the level of congestion in Munuki Payam health facilities? ➤ Are all health services in Munuki Payam health facilities accessible?
<p>Annual Budget Report Juba Municipality</p>	<p>Monitoring</p> <ul style="list-style-type: none"> ➤ Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries? ➤ Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and

evaluation in Munuki Payam local government and service beneficiaries?

- Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government?

Evaluation

- Are objectives set for evaluating a health service programs always agreed upon between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries?
- Are indicators of a health service program used in evaluating health service delivery always agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries?
- Are data collection methods used in evaluating health service programs agreed on between the department of monitoring and evaluation in Munuki Payam local government and service beneficiaries?
- Is there any form of discrimination in planning of monitoring of health service programs in the department of monitoring and evaluation, Munuki Payam local government?

Stakeholder ownership of M&E

Monitoring

- Is there clear documentation of the findings obtained from monitoring of health service programs in Munuki Payam local government level?
- Is sharing of the findings/learnings done with all stakeholders in monitoring health service programs
- Is there a general participation of all stakeholders in the process of monitoring, from the beginning of execution to the end?

Evaluation

	<ul style="list-style-type: none">➤ Is there clear documentation of the findings obtained from evaluation of health service programs in Munuki Payam local government level?➤ Is sharing of the findings/learnings done with all stakeholders in evaluating health service programs➤ Is there a general participation of all stakeholders in the process of evaluation, from the beginning of execution to the end?
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APPENDIX V: TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381

N	S	N	S	N	S
200	132	1000	278	75000	382
210	136	1100	285	1000000	3273

Source: Krejcie& Morgan (1970, as cited by Amin, 2005)

Note.—*N* is population size.

S is sample size.

APPENDIX VI: PLAGIARISM TEST



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Summary



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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 7th/4/2025

Name of Candidate: Isabella Kitari Feliciano Lobeding Reg. No: RJ20M66/008

Title of Dissertation “*The Effect of Participatory Monitoring and Evaluation on Health Service Delivery in Munuki Payam, Juba Municipality*”

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	The structure appears okay though the Introduction is short and needs to be beefed up	This has been widened from 1-4 pages while exploring what PME means as well as health service delivery including exploring the contradictions leading to undertaking a new study like this	Check page 1-4
2	The Introduction is very brief. Reading through the background, one is really not sure what the writer is saying or trying to say. It does appear as if the background is a mixture of sentences joined together without any sequence. I was thinking that a study of this nature will start with a background that will focus on PM&E around the	The issue of old references has been sorted throughout the introduction. In addition, real examples of what happened some time ago to prove the fact that there is a problem have been demonstrated. Furthermore, a clear rationale has been inserted as to why we are taking on this study. All social, cultural and environmental factors that affect PME and Health Service delivery have been	Check page 1-4

	<p>world and in health care in particular. This is to enable the reader to have an idea of what is happening elsewhere and what it entails. This very first reference is 26 years old. This is very disheartening and gives the impression that the writer is lazy. One is at a loss as to what this background is all about. It is also so short and filled with very very very very old references. How do we establish that what you are talking about is a problem as there are no real examples to support the claim? What we have here are all claims which may not be correct. We need real examples of what happened some time ago to prove the fact that there is a problem. Also, the justification for the study is not clearly stated. The candidate needs a crash course in academic writing. The framework forgot social, cultural and environmental factors that could affect how all these may play out. The explanation is too mundane and short as if the writer is in a hurry to get it over and done with. It is as if there is a page limit. The chapter falls short in so many ways. But the most critical is the brief nature of all the sections. It does appear as if the student has some page limitations and so they are being very careful not to exceed it. At the end of the day, nothing was achieved.</p>	<p>demonstrated from the historical basis of this study.</p>	
3	<p>The empirical literature appears like conjectures. It was as if the candidate is not sure what is required in an empirical review. Also, the arrangement of the literature is so haphazard and somewhat confusing.</p>	<p>This has been revisited and improved its flow to reflect the study objectives and dimensions as set out in the conceptual framework</p>	<p>Check page 11-21</p>
4	<p>Some of the information on the Research design is wrong while some are confusing. There were some vagueness as to the type of simple random sampling that was done. Generally, the candidate appears not to be sure of the methodology. So disheartening that the</p>	<p>The research design has been improved by ensuring that descriptive survey design is well integrated and justified for this study.</p> <p>Then simple random sampling has been erased since it wasn't used in selecting M&E staff but rather it was</p>	<p>Check page 22, 23, 27 and 39</p>

	candidate does not know the full meaning of SPSS. Document review was discussed in the methodology but not in Chapter Four. There is a need for full disclosure of all the processes involved in the Methodology	limited on beneficiaries. The issue of SPSS has been improved to clearly indicate that it stands for “Statistical Package for Social Scientists” Documents reviewed have been clearly indicated in Chapter four on page 39	
5	Your Tables are too long and should be broken into three or four Tables each. It may be good to have different sections on the following: Official’s response on monitoring, Official’s response on evaluation, Citizen’s response on monitoring and Citizen’s response on evaluation. This will help to give the analysis the depth needed in a quantitative study	To avoid congestion, the tables have been compressed into one table for easy follow-up since PM&E were studied as one and breaking them down would affect easy interpretation of results and would communicated a different message to the reader.	Check page 46,55 and 67
6	What the candidate had is not discussion of Findings as there was no literature to support or disprove your findings. The hallmark of a Discussion of Findings is references to other studies as they relate to the findings of the present study. Also, the theoretical framework appears to have been forgotten here	Having improved the literature, the researcher has endeavored to discuss the findings in a proper and well executed manner. The theoretical framework has also been integrated across different objectives	Check page 71-77
7	Conclusions should not have subheadings. Recommendations should not have subheadings.	This has been adhered too.	Check page 78-79
8	Having looked through the in-text and end-text references, cannot seem to fathom the name of the referencing style the candidate used.	APA style of referencing has been adopted throughout to offer a clear understanding of the style used	Throughout

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	The abstract is too lengthy and should be reduced to acceptable range.	This has been improved while shortening it to recommended range	Check page XII
2	The student needs to cite properly use APA 7 th edition. The student should learn how parenthetical citation is done and needs to revise the entire dissertation and align the references to the APA 7 th edition format. For example, in this edition, when citing more than two authors on first mention, et al. should be used.	This has been revisited throughout the work	Done throughout
3	The dissertation has some grammatical and typographical errors that need to be addressed.	The researcher has endeavored to edit the entire work	Done throughout
4	There is inconsistent use of font type and size. Some text is presented in Calibri font 11 and the majority text in Trebuchet MS font 12. The approved font type and size should be used across the entire dissertation.	This has been improved throughout the dissertation	Check page 27,33,45,46,54,55,66,67
5	The knowledge gap is not is missing in the problem statement. The student needs to indicate what was unknow that her study addressed. The student should note that though there might be challenges facing health service delivery it is not adequate to constitute a problem statement on its own. Moreover, the statement of purpose at the end of the problem statement does not align with the aim and objectives of the study.		
6	The constructs indicated under the dependent variables though crucial, they are insufficient in measuring service delivery, and focus on these leave out other critical aspects of service delivery like availability	All dimensions have been provided with clear indicators for proper understanding of how they were measured and used in the study	Check page 8-9

	of drugs, medical equipment among others which may also have an implication on competence.		
7	The literature review is focused and current/up to date. Nevertheless, the follow must be addressed to improve the quality of this chapter.	This has been revisited and improved its flow to reflect the study objectives and dimensions as set out in the conceptual framework	Check page 11-21
8	The student applies the Ladder of participation theory and Theory driven evaluation, while these are relevant in the current study the student the student needs to give more detail about the Theory driven evaluations and explain how they two were integrated.	The how bit of how the two theories integrate with each other has been demonstrated since the theory driven evaluation was introduced to enhance the narrative of the ladder of participation theory. Theory driven evaluation has also been expanded to become more meaningful	Check page 11-13
9	Many sources in this chapter like Mayanja (2020); Poli & Guerzovich's (2020) Haldane et al. (2019) among others are not appearing in the reference list. As such, the student should check the entire dissertation and make sure that all sources cited in text are adequately referenced.	All missing references have been added in the reference list	Done throughout
10	The research design used- “descriptive survey” is not suitable for a study of this nature whose aim is to establish effect.	A descriptive survey has been replaced with correlational and cross-sectional research design since this study aimed to determine effects within specified timeframe	Check page 24
	The sample determination and sampling procedure employed by the student appears to be flawed. For example, it is not clear how the student applied the Morgan table to select the sample. The source for the population on the basis of which the student determines the sample is not known. It is not clear how a simple random procedure was conducted in the selection of health beneficiaries and M&E official. The student applies a random sampling method on a sample for a qualitative component of the student. The student	The morgan and Krejcie Table was applied while using the Table appended in appendix V. This is because the table indicates the sample to take on every population given. The source of the population was properly showed as “ <i>Munuki Payam Status Report (2021)</i> ”. The simple random sampling has been changed to cater for only beneficiaries not M&E officials	Check page 25

	MUST address all these issues.		
	The levels of measurements employed in the study are not well stated by the student.	It has been clarified and improved to showcase how ordinal, nominal and Likert scales were employed in measuring study variables.	Check page 26
	Under quality and error control. The student should explain how quality of the qualitative component of her study was achieved by explaining the trustworthiness methods employed-credibility, transferability, dependability, and confirmability.	A section on how quality of qualitative data was controlled has been inserted. Check section 3.83	Check page 29
	The student tries to explain how both qualitative and quantitative data were analyzed. Nevertheless, the explain is unsystematic, and unspecific. As such, the student should clearly explain how the entire process of analysis was conducted starting from data processing. The specific methods of analysis and the test employed together with the variables tested by these should be explained in a clear and systematic manner.	A clear process of how qualitative and quantitative data analyses were done has been further demonstrated. Specifically, qualitative analysis was done while using thematic and content analyses. However, quantitative analysis was done by use of SPSS to generate descriptive and inferential statistics.	Check page 30-31
	The methodological limitations provided are not convincing.	These have been improved since to make them convincing	Check page 32
	The student should explain how anonymity and confidentiality of the respondents/participants were ensured or safeguarded.	Anonymity and confidentiality of the respondents/participants have been demonstrated on how they were safeguarded	Check page 31
	A section of the respondents that should have been treated as key informants are considered here to be part of the target population. As such, quantitative data from these MUST be removed.	Such data have been categorically and statistically erased	Check page 30-67
	The tables for descriptive data are too big/long-some are two-three pages long. The statements in the item section should	To avoid congestion, the tables have been compressed into one table for easy follow-up since PM&E were studied as one and breaking them down would affect easy interpretation of results	Check page 46,55 and 67

	be edited to capture only the main concept.	and would communicated a different message to the reader.	
	Under section “4.4.3.2 Correlation results on participatory implementation of M&E on health service delivery”, and “4.4.4.2 Correlation results on stakeholder ownership of M&E on health service delivery” the student argues that the argues that the correlation coefficients of 0.236 and 0.381 are strong which is not true, this should be indicated as weak to moderate. Similar mistakes need to be addressed.	This has been addressed since these are weak correlations	
	The study links the study findings to existing literature. However, the student should clearly state the main findings of the study. The student should cautious of implying causation in her statements. There is need for more detail on how participatory M&E influences health service delivery. For example, how the involvement of stakeholder leads to improved health outcomes.	Having improved the literature, the researcher has endeavored to discuss the findings in a proper and well executed manner. The theoretical framework has also been integrated across different objectives	Check page 71-77
	This chapter is missing because the student combines discussion, and conclusion and recommendation in one chapter. The student should align the conclusions with the findings of the study	Chapter six has been introduced to cater for conclusion and recommendations	Check page 79
	The reference list must be written following the APA 7 th edition format, and all source used in text should be have to be referenced. Moreover, the presentation of the reference list needs to be improved.	This has been revisited throughout the work	Done throughout

SN	ACTION TAKEN	INDICATOR
1	This has been reviewed by ensuring that a proper flow is followed from ideal, reality, gap, actual situation and way forward	Check page 4-5
2	Clear labeling has been done while ensuring that a narrative is done within the boxes and arrows provided	Check page 8
3	All dimensions have been provided with clear indicators for proper understanding of how they were measured and used in the study	Check page 8
4	UCU research manual has been revisited to ensure that theoretical review and empirical review are provided throughout	Check page 9-21
5	A proper presentation of findings has been adopted to ensure that presentation of findings is done before quotations, correlations and regressions are provided as per every study objective	Check page 30-67
6	This issue has been improved throughout all regressions tabulated to stick to points more than percentages	Check page 46,55 and 67
7	This has been clarified while adopting decimals more than using percentages.	Check page 46,55 and 67
8	The voices have been provided to enhance the point of views extracted from the findings	Check page 76

