Monitoring and evaluation of the quality of healthcare service delivery in Ntungamo district, Uganda

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Abstract

The need to discern the progress of development interventions has increased the demand for Monitoring and Evaluation (M&E) activities. In this paper, we report findings on a study that examined the impact of M&E on the quality of healthcare service delivery in Ntungamo District. The study used a cross-sectional research design where data from 213 respondents was used to draw inferences. The quantitative findings were generated through a questionnaire method and findings were supplemented by qualitative data through interviews. The study established that the implementation type of M&E has a statistically significant positive relationship with the quality of healthcare service delivery as depicted by a correlation coefficient of r=0.308**. Also, beneficiary type of M&E has a statistically significant positive relationship with the quality of healthcare service delivery as indicated by correlation results r=0.378**. On its part, social accountability type of M&E had a positive correlation (r=0.345**). Overall, the study demonstrates that monitoring and evaluation has a medium impact on the quality of healthcare service delivery in Uganda. The implication of this finding is that there are other factors likely to influence the quality of health care delivery other than M & E. The findings appeal to contexts beyond a local government and convey that M and E is not the only factor likely to support the success of an intervention.

Key words: Monitoring and evaluation, Quality of healthcare, Uganda

Introduction

Development partners, policy makers and academia generally agree that decentralised service delivery is beneficial to citizens in Africa. Health care delivery is one of the public services that is often decentralized. To have successful healthcare service delivery, governments through the decentralization policy must create a locally-owned Monitoring and Evaluation (M&E) system. In this system, citizens can have powers to decide on what health services are appropriate to their needs (Desai *et al.*, 2018). It has been argued (Francetic *et al.* (2020) that empowering communities allows them to exert pressure on health workers and these increases the possibility of project implementers meeting local expectations. Whereas there is a notable body of research emphasizing the significance of monitoring and evaluation (M&E) in enhancing the healthcare service delivery standards, there are still some studies that bring up mixed results. For instance, a research by Proctor *et al.* (2011) revealed that despite increased attention to M&E

in healthcare, the empirical evidence to demonstrate its continuous positive outcome on service standards like accessibility, availability, and accommodation of users' needs remain limited. For instance, monitoring and evaluation of healthcare services in Ntungamo happens but reports indicate challenges like drug stock outs, healthcare workers' absenteeism and Negligence, un utilized data, and corruption all of which hinder quality services (Ntungamo District, 2022). Hulscher *et al*. (2013) indicated that while M&E processes and practices were substantially adopted, their contribution to healthcare quality improvement varied considerably. This variation could be explained by challenges, like limited utilization of M&E findings, limited M&E manpower, failure to integrate M&E systems in organizations, and limited interests in M&E highlighted by Mendel *et al*. (2018) that limit the translation of M&E findings into meaningful changes in clinical practice. This results in delivery of healthcare services that are not aligned with the needs of clients since the health practitioners and decision makers lack adequate information informed decisions, compromising the quality of healthcare services.

From the literature, it can be concluded that while M&E has potential to boost the quality of healthcare services, its effectiveness to consistently enhance healthcare service delivery quality has remained a subject of debate and requires in-depth consideration of contextual factors and implementation strategies. In the modern world, citizen involvement in development projects has become paramount to align priorities and needs, ensure ownership of projects and increase the legitimacy and acceptance of projects (Weinberger et al. 2021). The integrated service delivery theory helped in explaining the equitable distribution of public resources and how this results in beneficiary satisfaction and local ownership which is an imperative element of effective service delivery (Kimondo & Ngugi, 2019).

From a historical context, monitoring and evaluation is an old field that has been applied to various sectors and the health sector cannot claim monopoly. It has been suggested by Declich and Carter (1994) that the use of morbidity and mortality data in informing public health decisions dates about 600 years back in Europe following the emergence of scientific thoughts. The French revolution leaders, including Mirabeau, stressed that people's health was a state responsibility and recognized surveillance as part of a healthy population (Anonymous, 1976). Health surveillance resulted in health policies in various countries like Germany where Johann Peter Frank introduced an approach to improve health and safety of the citizens through continued reporting (Thacker &Berkelman, 1988). The disease detection, management, and reporting in various countries under the surveillance system were the earliest examples of health monitoring and evaluation as they involved various data management processes that are integral parts of programme/project management.

In Africa, monitoring and evaluation has evolved over the years. Countries like South Africa adopted evaluative strategies in the 1980s, where it instituted the Audit Commission (AC) that oversees the adherence to national policies to ensure accountability, citizens' satisfaction, and value for money (Mouton, 2010). The Commission came into existence following the poor performance of local governments and sets frameworks against which local agencies can be held accountable. According to Kelly (2003), the Audit commission includes the National Health Services that conducts review with other inspectorates. Therefore, the commission came up to monitor and evaluate the actions of such lower government units to boost performance. M&E in Africa took the stage in the 1990s evidenced by the emergence of evaluation associations, with the oldest association being in Ghana as early as 1997 and the African Evaluation Association (AfrEA) in 1999 (Basheka, 2016). These associations indicate that monitoring and evaluation field has been in Africa for years.

In East Africa, M&E has been evolving just like in other regions. In Kenya, monitoring and evaluation became institutionalized around 2000 following the World Bank/International Monetary Fund requirement for government-wide evaluative arrangement for various interventions (Centrer for Learning on Evaluation and Results, 2019). Although Kenya had M&E practices before 2000, they were ad hoc project-based. As a result, Kenya has M&E instruments like draft M&E Policy, M&E department in National Treasury and Planning, National Integrated Monitoring and Evaluation System (NIMES), and a minimum of 1% of the development budget being allocated to evaluators (Centre for Learning on Evaluation and Results, 2019). In Tanzania, the demand for M&E of activities has been growing tremendously, leading to the evolution of M&E practices. These include the development of comprehensive poverty monitoring system in 2001 and institutionalization of the Tanzania Evaluation Association in 2006 to promote M&E capacity building (Magembe &Waida, 2011). The efforts are a reflection of evolving evaluative systems in the different states.

The Monitoring and evaluation concept in Uganda has evolved continuously in various sectors, including the health sector. Various reforms in service delivery have been implemented to achieve result-based performance and to account for the monies spent. According to Ssentongo and Balasundaram (2006), Uganda focused on downsizing its civil service, gearing it towards Results Oriented Management to improve service delivery. The Office of the Prime Minister (OPM) (2013) highlighted a series of policies and reforms that have been an integral part of continuous and periodic assessments to improve service delivery and account for the resources allocated. In 1999, Uganda is reported to have initiated the monitoring policy to monitor how government policies and interventions impacted poverty and citizens' well-being. For accountability reasons, the government introduced a budgeting and planning system where lower governments had to report quarterly. These added to the National Intergrated Monitoring and Evaluation Strategy (NIMES) in 2006 to enhance execution management through streamlined information flow across sectors (OPM, 2013). As part of M&E, local governments are required to have budget framework papers and development plans annually to guide the central government's decision on resource appropriation and policy adoption.

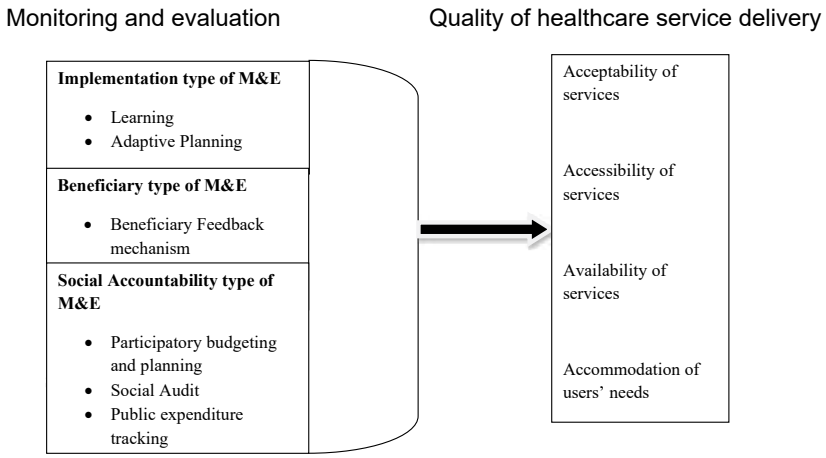
Monitoring and Evaluation is a function of many agencies and institutions. At the apex of these agencies is the Office of the President. Specifically, in the health sector, Government of Uganda (GoU) introduced the State House Health Monitoring Unit in 2009 to support an effective and accessible health system that works for all Ugandans. The unit came into existence following the presidential directive that followed continued public outcry about inadequate drugs and impoverished health service delivery in the country (Health Monitoring Unit, 2012). Furthermore, Uganda introduced the Integrated Community Case Management under the Local health systems to increase healthcare service accessibility in communities (Nanyonjo et al., 2020). The Office of the Prime Minister and the National Planning Authority are other key agencies of government involved in Monitoring and Evaluation. The next section examines the theoretical and conceptual framework adopted by the study.

Theoretical and Conceptual Framework

The Integrated Service Delivery Model (ISDM) was used in the study. The model focuses on teamwork and clients while offering services. The model also encourages the provision of the right services, using appropriate caregivers, the best setting (easy accessibility), provision of services when needed, efficiency and economical, accountability, and gathering and sharing information (Reynolds & Sutherland, 2013). Evaluation continues to be an engine towards achieving set targets in all sectors, including healthcare

service delivery. It is an ingredient that when applied appropriately yields quality service in healthcare. To that end, M&E and the healthcare service delivery standards are closely related.

The relationship can further be explained by the Development Assistance Committee (DAC) criterion that looks at routine and periodic assessments through the lens of relevance, efficiency, effectiveness, impact, and sustainability which are integral parts of quality services (OECD/DAC, 2012). M&E was conceptualized into three dimensions to bring out the relationships. The dimensions were implementation type of M&E, beneficiary type of M&E and social accountability type of M&E. On its part, Quality of healthcare service delivery took on four dimensions as stressed by Penchansky and Thomas (1981). These include accessibility, availability, accommodation, and acceptability. Accessibility was considered as geographical access, looking at how quickly and easily patients can reach healthcare services. Availability was considered to be how well the healthcare service providers (health centres) are equipped with necessary materials like drugs, machines, and personnel to meet beneficiaries' needs. Accommodation measured the extent to which available services account for existing limitations to offer right services. Acceptability measured the magnitude of recipients' satisfaction and comfortability with the healthcare service provided. The conceptual model of how the three types of M&E affect the quality of healthcare service delivery is illustrated in the figure below:



Source: Penchansky& Thomas, 1981) and modified by the researchers, 2023

Mosadeghrad (2012) argues that quality healthcare services is a human right and like any other right, clients need to have full ownership of the right. This, as a result, calls for active citizen participation in the processes of service delivery. However, with the subjective nature of quality, measuring it becomes difficult, and it is even more difficult in the health sector because of service intangibility and heterogeneity (Mosadeghrad, 2012). People perceive quality differently but generally, quality service should meet customers' needs and conform to requirements. Thus, the study adopted accessibility, availability, acceptability, and accommodativeness as indicators of quality healthcare services. Implementation type of M&E, beneficiary type of M&E, and social accountability type M&E constructs are expected to have effect on the quality of healthcare service delivery given their constant tracking of health intervention performance that informs learning, planning, and decision-making.

Problem Statement and study Objectives

Since the adoption of the decentralization policy in the 1990s, Uganda has continuously developed strategies for improving the quality of healthcare service delivery. The goal has been that the services should answer citizens' health needs. In 2006, Uganda's Government implemented the National Integrated Monitoring and Evaluation Strategy (NIMES) primarily to improve service delivery across all departments. The strategy was intended as a mechanism for identifying bottlenecks to information systems and addressing them (OPM, 2008; Andersson *et al.* 2014). Subsequently, In 2009, the State House Health Monitoring Unit was institutionalized to support an effective and accessible health system that works for all Ugandans (Health Monitoring Unit, 2012). To further improve quality and accessibility of healthcare services, Uganda through Ministry of Health launched Integrated Community Case Management through Village Health Teams (VHTs) in 2010 (Ministry of Health, 2010). These efforts were in line with capacity building to achieve cost-effectiveness and value for money in service delivery as put forward by Arild and Keith (2004).

Despite all the efforts, the quality of healthcare services has remained low particularly across all local governments in Uganda. This is indicated by unutilized data, stock out of drugs (drug theft, expiry, and weak medical records management) in public health facilities; corruption (bribery, low salaries and incentives to health workers, inflated bills, and false accountabilities); medical staff absenteeism and negligence (Health Monitoring Unit, 2020). The situation could be explained partly by the districts' failure to prioritize M&E activities in planning and budgeting. This however needed emperical evidence to verify this assertion. In the Financial Year 2020/2021, Ntungamo District allocated 9.1% of the Primary Health Care (PHC) budget to management and monitoring of activities. This allocation was below the standard 15% of the entire PHC budget (Ntungamo District, 2022). Such a financial allocation is likely to affect the implementation of health activities. Therefore, the research aimed at investigating the impact of M&E on the quality of healthcare service delivery and the following specific objectives were formulated to aid in this endeavour.

- To establish the relationship between implementation type of monitoring and evaluation (IME) and the quality of healthcare service delivery in Ntungamo District;
- To determine the effect of beneficiary type of monitoring and evaluation (BME) on the quality of healthcare service delivery in the Ntungamo District;
- To investigate the contribution of social accountability type of monitoring and evaluation (SAME) on the quality of healthcare service delivery in Ntungamo District.

Literature Review

Implementation type of M&E and quality of healthcare service delivery in Uganda

Implementation type of M&E aims at answering questions of whether the activities were executed as planned, whether required resources were availed, and whether the intended outputs were achieved. Such assessment is vital for performance and quality improvement and forms a basis for future planning (Desai *et al.*, 2018).

Routine assessment under implementation type of M&E informs the adaptive planning through learning where citizens, through their participatory engagement and experience share and identify the necessary dimensions for quality healthcare services (Morris & Lawrence, 2010). Through the routine collection of data in a locally-owned and controlled M&E system, stakeholders are able to determine whether the

activities are being executed as planned, all required resources are availed, and expected output yielded. However, the learning and adaptive planning informed by implementation type of M&E might be limited in certain situations. Some studies indicate that learning and adaptive planning are not always the reasons behind IME. For instance, Hickey and Mohan (2004) argued that in development projects, M&E systems usually focus on accountability and compliance over learning. This in the end impedes adaptive planning since there are no new ideas learnt.

M&E continuously present an enormous footprint on improving healthcare service delivery. Generally, monitoring and evaluation yields quality data throughout implementation processes that are important in improving quality and equity of healthcare services (Mukherjee, 2021). As stressed by Okello (2014), proper service delivery required conditions for collecting quality data like indicators, objectives, inputs, outputs, outcomes, impact, and implementation strategies. The data collected inform policy and project implementation, making evaluative frameworks inevitable. In delivering any kind of service, coming up with a strong M&E system is paramount to support its implementation.

A study conducted in Nigeria about the effectiveness of health information systems (M&E) on primary healthcare service delivery indicated that 59.7% of the respondent agreed that M&E contributed positively to good service delivery (Osundina & Bola, 2021). Besides, following the huge funding for the polio eradication programme, Nigeria stored routine immunization data which was part and sign of health monitoring system (Diaz *et al.* 2018). As part of M&E, various African countries, including Kenya, Nigeria, and Uganda used a web-based reporting system while Democratic Republic of Congo utilized real time data collection using health workers and local community volunteers according to study by Diaz *et al*. (2018). Although M&E improved overall health status of most African countries, marginalized communities continued to have poor healthcare services since their needs and opinions were usually ignored (Lankester, 2019). Therefore, it was critical to increase local control and ownership of the services through participatory planning and budgeting emphasized under monitoring and evaluation. In Uganda, health information systems and reports were the main tools that were used in conducting health evaluation exercises (Ministry of Health, 2010).

Various studies have yielded mixed findings concerning the impact of implementation assessment on the healthcare service delivery standards in Uganda. Some indicated that improving IME improved healthcare service quality, while others showed that IME did not always improve the healthcare quality. For example, Tashobya *et al*. (2016) found out that most monitoring and evaluation frameworks substantially improved the quality of healthcare services through boosting accountability and performance tracking amongst healthcare providers. These findings were not different from those of Nabyonga-Orem *et al*. (2015) who revealed that implementation monitoring and evaluation was associated with improved compliance with clinical guidelines and increased patient satisfaction in Uganda's healthcare facilities. On a different note, Asiimwe *et al*. (2018) pointed out that the effectiveness of monitoring and evaluation in improving healthcare quality in Uganda was usually limited by inadequate funding, limited human resources, and inconsistent data reporting. Also, a study by Kiguli *et al*. (2016) pointed out that although M&E was critical, it was not sufficient, on its own, to address wider systemic issues affecting healthcare quality in Uganda like workforce shortages and infrastructure deficits. These controversial findings indicated that there were other factors affecting healthcare service quality in Uganda which required multi-dimensional and comprehensive strategies not just M&E alone.

Beneficiary type of M&E and quality of healthcare service delivery in Uganda

BME involves the need to gather beneficiaries' perspectives, attitudes, behaviours and suggestions to be integrated within the M&E system (Hayman, 2020). Beneficiary feedback mechanisms are vital for accountability, transparency, trust, empowerment and project improvement (Bonino & Warner, 2014). As the research targeted to find out how routine and periodic assessments determined the quality healthcare service, integrating beneficiaries' feedback and complaint mechanisms would add value. As pointed out by Gatimu *et al*. (2021), stakeholders' engagement through feedback mechanisms can increase health care service delivery participation, making it critical to consider it in this study. To that end, having strong beneficiary engagement frameworks was a tool worth an investigating.

Beneficiary M&E can be understood by looking at the beneficiary mechanisms of interaction – feedback and complaint mechanisms. As stressed by OECD (2019), methodological evidence-building approaches guided value addition. This kind of M&E could be a subset of beneficiary assessment since they all aimed at enhancing citizen-led interventions. Integrating beneficiary M&E in the Result-based Management (RBM) eases reporting and support organizational learning while informing decisions (IFRC, 2011). As this study evaluated the contribution of M&E to the quality of healthcare service delivery in Ntungamo, the importance of interactive systems was highly appreciated.

Although various studies confirmed the positive impact of BME on the quality of healthcare service delivery, there are those presenting evidence of BME as not positively impacting the quality of healthcare service delivery. A case in point was the research conducted by Smith *et al*. (2018) that explained that BME mechanisms can enhance transparency and accountability in healthcare systems but also indicated that the effectiveness of BME strategies varies widely depending on contextual factors like the level of community engagement, the capacity of healthcare providers, and the political environment. These findings clearly indicated that entities need to implement beneficiary monitoring and evaluation strategies alongside other possible determinants of the quality healthcare services. Beneficiary mechanisms are a vital asset in building an evaluative strategy that yield the intended results in any sector where it is applied, including health. According to Hayman et al. (2020), these mechanisms enhance accountability between donors and recipient/implementing organization, ensure citizens' voice and social accountability, and improve adaptive programming and learning. Information gathered from both feedback and complaint mechanisms ire crucial for effective implementation of projects and interventions at all levels.

Despite beneficiary monitoring and evaluation being a crucial tool for improving healthcare services in developing countries like Uganda, some studies have presented evidence against this claim. A study conducted Mangham-Jefferies *et al*. (2014) noted that beneficiary M&E systems in Uganda have struggled to translate collected data into actionable improvements resulting from lack of integration with healthcare management structures and limited capacity for data utilization. The findings implied that whereas beneficiary type of M&E was theoretically significant, its practical impact on healthcare services in Uganda could be constrained by contextual challenges and inadequate implementation strategies.

Social Accountability type of M&E and quality of healthcare service delivery in Uganda

Social accountability has remained an indispensable tool in ensuring good governance and service delivery since the citizens hold government officials accountable through SAME mechanisms (Malena, 2004). Citizens can ably hold governments accountable if there is valid and reliable information that beneficiaries base on to demand for accountability (USAID, 2018). In that regard, it is critical to a have

good top-down relationships that allow participatory planning and budgeting such that health services provided meet the clients' needs. The changing landscape of donors, civil society organizations (CSO), and development agencies into believing that citizens should define the services delivered made social accountability relevant in this study. For instance, Francetic *et al* (2020) argued that social accountability enables citizens to know who to demand accountability from and how to do it and in that sense the citizens' expectations can be met.

Regardless of the enormous contribution of participatory planning and budgeting to improved health services, there is limited empirical evidence to support the existence of participatory budgeting and planning in healthcare within Uganda. A study by Muhumuza and Barenzi (2018) revealed that despite policy commitments to decentralization and community participation in health planning, its implementation has remained largely centralized and top-down in Uganda's healthcare system, with minimal involvement of local communities in decision-making processes. This was supported by evidence from a report by the World Bank (2019) on Uganda's healthcare sector that highlighted challenges of inadequate financial resources, bureaucratic bottlenecks, and limited local capacity. These challenges set back effective participatory budgeting and planning in healthcare, hindering local communities' access to quality services. As a consequence, social audits have become vital in explaining the effect of M&E on the healthcare service standards. Social audits entail a process of collecting, analysing, and disseminating information on an organization in a participatory and collaborative way. Social audits provide in-depth interpretation of citizens' experiences and perceptions unlike other audits that assess costs and finances as in income and expenditure (Ahmad, 2008).

Methodology and approach

The study used cross-sectional research design. According to Amin (2005), a cross-sectional research design is used to collect data from case studies using survey. The research design was selected because it helped the investigators to obtain data from a considerable number of cases at a particular time, as argued by Sekaran (2003). The research design was suitable for collection of qualitative and quantitative data. The target population was 236 but a sample size of 213 respondents was used through the adoption of the formula developed by Taro Yamane (1967). The study population involved key stakeholders in healthcare service delivery in Ntungamo District, both in political and technical positions at both the district and sub-county levels. Both open-ended questions and close-ended questions were used for respondents that included district and sub-county councilors, local council chairpersons, health centre in-charges, sub-county chiefs, nurses and midwives and citizens' representatives in the capacity of health centre management committees.

Interviews took place with key selected participants to collect data relevant for the research and these included Chief Administrative Officer (CAO), District health Officer (DHO), district chairperson. Secondary data was collected from important documents like the health monitoring unit reports and strategic plans of different years, reports by Ministry of Health and Ntungamo District; M&E policy documents about Uganda and other relevant scholarly documents were reviewed. Quantitative data was analysed using Special Package for Social Science (SPSS) version 20 where descriptive statistics (Mean and standard deviation) were used to describe data in an understandable way. Besides, inferential statistics (correlation and regression) was used to establish relationships among variables. Qualitative data was analysed using narrative analysis.

Findings

The respondents were a mixture in terms of gender, age and education levels. Of the respondents, females contributed 51.1% and 48.6% were males. All the respondents were aged above eighteen years and had reasonable education levels with the minimum being secondary education. Such a mix of respondents' biographic background helped to check whether we satisfied all the required checklists for the research, and hence to verify eligibility.

Implementation type of M&E and the quality of healthcare service delivery

Table 1.1 Descriptive Statistics

Statements	SA	A	N	D	Strongly Disagree	Mean	Std. Deviation
The delivery of healthcare services in Ntungamo district is guided by consciously formulated health plans	35(19.8)	110(62.1 %)	6(3.4%)	19(10.7%)	7(4.0%)	2.1695	.99691
There are action plans guiding the implementation of healthcare services in Ntungamo District	99(55.9%)	38(21.5%)	7(4.0%)	29(16.4%)	4(2.3%)	2.2203	1.03465
Activities involved in implementation of healthcare services in Ntungamo District are executed as planned	31(17.5%)	97(54.8%)	11(6.2%)	33(18.6%)	5(2.8%)	2.3446	1.06060
All planned inputs are optimally utilized during implementation of healthcare services.	20(11.3%)	65(36.7%)	36(20.3%)	55(31.3%)	1(0.6%)	2.7288	1.04170
Ntungamo District realizes expected outputs from implementation processes as planned	18(10.2%)	68(38.4%)	35(19.8%)	52(29.4%)	4(2.3%)	2.7345	1.04588
District Health budgets are adequate and are readily availed as planned	7(4.0%)	34(19.2%)	17(9.6%)	93(52.5%)	26(14.7 %)	3.5480	1.08146
Ntungamo Districts executes all activities involved in implementation of healthcare services within the pre-determined time schedules	10(5.6%)	89(50.3%)	23(13.0%)	49(27.7%)	5(2.8%)	2.7159	1.02482
Ntungamo District healthcare delivery plans specify responsibilities for each stakeholder involved in the implementation of the healthcare plans	20(11.3%)	129(72.9 %)	11(6.2%)	15(8.5%)	2(1.1%)	2.1525	.77196
There is routine evaluation of performance indicators to identify areas of weaknesses and strengths to improve delivery of quality services	20(11.3%)	109(61.6 %)	15(8.5%)	32(18.1%)	1(0.6%)	2.3503	.92406
Ntungamo District healthcare delivery staff always utilize the information gathered from the evaluation of performance indicators in their subsequent planning and implementation of new healthcare service delivery programmes	17(9.6%)	123(69.5 %)	12(6.8%)	24(13.6%)	1(0.6%)	2.2599	.83273
Ntungamo district health staff integrates all learned information about the prevailing social, economic, political and environmental conditions in their subsequent planning and implementation of healthcare services.	34(19.2%)	150(59.3 %)	11(6.2%)	24(13.6%)	3(1.7%)	2.1921	.95783
Valid N (listwise)	177						

Source: Field Data 2023

Generally, most respondents agreed to the statements about the impact of implementation monitoring and the health care services standards. This was also evidenced by one respondent who said that "Ntungamo district health staff ensures that activities are guided by the work plans, however, the government does not provide sufficient resources for the implementation of the planned activities. More to that, resources are usually disbursed late and they end up not being utilized, hence remitted back to the treasury at the end of quarters".

Table 1.2 Correlation analysis results.

Correlations

		1	2
Quality of healthcare service delivery in Ntungamo District	Pearson Correlation	1	.308**
	Sig. (2-tailed)		.000
	N	177	177
Implementation Type of Monitoring and Evaluation	Pearson Correlation	.308**	1
	Sig. (2-tailed)	.000	
	N	177	177

**. Correlation is significant at the 0.01 level (2-tailed).
Source: Field Data, 2023

The output presented in Table 1.2 above indicated that there was a statistically significant relationship between implementation type of monitoring and evaluation and the quality of healthcare service delivery in Ntungamo District (r=0.308, P=0.000, N=177). Such relationship was statistically significant at a margin of error (confidence interval) of 99% given that 'p-value'<0.01. The results, therefore, implied that there was a 30.8% chance that improving implementation type of monitoring and evaluation led to improvement in the standards of healthcare services delivered to citizens in Ntungamo District.

Beneficiary type of M&E and the quality of healthcare service delivery.

Table 1.3 Descriptive Statistics.

Statements	S	A	N	D	SD	Mean	Std. Deviation
Ntungamo District has a well-established feedback mechanism where service providers and users freely interact	28(15.8%)	83(46.9%)	14(7.9%)	45(25.4%)	7(4.0%)	2.5480	1.14773
Beneficiaries are aware of the available feedback mechanisms and can ably use them to provide information that leads to improvement of service delivery in Ntungamo District	24(13.6%)	82(46.3)	14(7.9%)	48(27.1%)	9(5.1%)	2.6384	1.16497
Citizens are empowered through capacity-building programmes like training and sensitization to understand what quality healthcare services entail.	11(6.2)	86(48.6%)	14(7.9%)	54(30.5%)	12(6.8%)	3.1299	3.23863
Service users can freely complain about inadequate or poor healthcare services through a well-established complaint mechanism without fear or favour	10(5.6%)	98(55.4%)	16(9.0%)	49(27.7%)	4(2.3%)	2.6554	1.01684
Ntungamo District health team consults beneficiaries about their experiences with healthcare services.	9(5.1%)	110(62.1%)	15(8.5%)	38(21.5%)	5(2.8%)	2.5480	.97655
Valid N (listwise)	177						

Source: Field Data, 2023

From the results presented in the above table, a considerable number of participants agreed to the statements presented which meant that they were relevant to the study and should inform the policy decisions among the health staff of Ntungamo District if they were to boost health care services in the district.

Table 1.4 Correlation analysis results.

Correlations

		1	2
Quality of healthcare service delivery in Ntungamo District	Pearson Correlation	1	.378**
	Sig. (2-tailed)		.000
	N	177	177
Beneficiary type of Monitoring and Evaluation	Pearson Correlation	.378**	1
	Sig. (2-tailed)	.000	
	N	177	177

**. Correlation is significant at the 0.01 level (2-tailed).
Source: Field Data, 2023

The correlation coefficient of r=0.378 indicated that a positive statistically significant relationship existed between beneficiary type of monitoring and evaluation and the quality of healthcare service delivery in Ntungamo District. The results implied that improving the beneficiary type of monitoring and evaluation either by strengthening feedback and complaint mechanisms or consulting service users would give 37.8% chances of improving the quality of healthcare service delivery in Ntungamo District. This was in line with what one of the interviewee responded:

> "If the District is to improve healthcare services, citizens must be given a platform where to express their dissatisfaction about healthcare services such that the responsible people in planning and budgeting can understand what the people feel and want. This approach without doubt can improve healthcare services since the district can ably align services to the needs of the citizens".

Social accountability type of M&E and the quality of healthcare service delivery

Table 1.5 Descriptive Statistics.

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Std. Deviation
Citizens participate in civic education to understand how and when to hold leaders and service providers accountable to improve delivery of quality healthcare services	16(9.0%)	108(61.0%)	10(5.6%)	41(23.2%)	2(1.1%)	2.4633	.98284
Ntungamo District ensures that citizens participate in planning and budgeting for health care services such that their priorities are integrated in healthcare plans and budgets for delivery of healthcare services that suits local needs	30(16.9%)	102(57.6%)	9(5.1%)	34(19.2%)	2(1.1%)	2.2994	1.00320
Ntungamo district conducts social audits regularly by comparing actual records with realities to ensure that resources are well utilized for quality service delivery	21(11.9%)	102(57.6%)	20(11.3%)	32(18.1%)	2(1.1%)	2.3898	.95377
Ntungamo usually conducts public expenditure tracking surveys to ensure resources reach intended destination to improve service delivery	27(15.3%)	95(53.7%)	22(12.4%)	30(16.9%)	3(1.7%)	2.4746	1.77760
Ntungamo district usually implements initiatives to track leakages in public funds to ensure effective service delivery.	24(13.6%)	90(50.8%)	22(12.4%)	37(20.9%)	4(2.3%)	2.4746	1.03938
Valid N (listwise)	177						

Source: Field Data, 2023

Generally, respondents agreed to the statements presented in the question, implying that if the district was to enhance effective healthcare service delivery, the ideas presented would become paramount in informing the strategies for improvement.

Table 1.6 Correlation anaysis results.

		1	2
Quality of healthcare service delivery in Ntungamo District	Pearson Correlation	1	.345**
	Sig. (2-tailed)		.000
	N	177	177
Social Accountability Monitoring and Evaluation	Pearson Correlation	.345**	1
	Sig. (2-tailed)	.000	
	N	177	177

**. Correlation is significant at the 0.01 level (2-tailed).
Source: Field Data, 2023

The Correlation coefficient of 0.345** implied that a statistically significant positive relationship exists between the social accountability evaluation and the healthcare service quality in Ntungamo district. The moderate relationship meant that other things needed to be done to support social Accountability M&E in improving the healthcare service standards. For instance, one interviewee suggested that,

> "There should be a legal procedure for dealing with people who divert government funds. The District usually identifies the victims but because the most District personnel are corrupt, they do not follow up the cases and resources end up being misused. Like in the recent scandal where the District had 'ghost health workers and health centers, the people responsible were not charged accordingly because information was manipulated and the district also gave shield to the perpetrators. This is in line with the ideas of Vilmer et al (2018) who stress that information manipulation is a challenge to democracy and service delivery. Therefore, a centralized team to deal with the corrupt officials would be the most appropriate answer to improve service delivery"

Most resources meant to implement health care activities are usually diverted to other uses including personal benefits due to the fact that the health care staff at the district find less time to follow up on projects since budget resources are usually disbursed towards the end of the quarter and this accounts for the poor health care services within the District. The resource misuse idea was stressed by wild et al. (2012) who argued that public service delivery fails in developing countries due to resource diversion among implementers.

Conclusions and Recommendations

The findings indicated that there was a statistically significant relationship between implementation type of monitoring and evaluation and the quality of healthcare service delivery. This implied that continuous learning and adaptive planning improved the quality of healthcare service delivery in Ntungamo District. Generally, improving the implementation type of monitoring and evaluation through ensuring that health plans, required resources are available and executing activities as planned and timely improves the quality of healthcare service delivery.

The regression results showed that implementation type of monitoring and evaluation accounted for 8.9% of the variations in the quality of healthcare services. This means that there were other significant factors responsible for the quality of healthcare services in Ntungamo district that the district needs to consider.

The study found out that beneficiary type of monitoring and evaluation had a statistically significant positive relationship with the quality of healthcare service delivery in Ntungamo District. This means that for Ntungamo District to improve the status of healthcare service delivery, it must improve the beneficiary monitoring through establishing feedback and complaint mechanisms and empowering the beneficiaries to ably utilize the information platforms. The regression findings indicated that beneficiary type of monitoring and evaluation influenced the healthcare service quality by 13.8%, implying there are other factors contributing to health care quality in Ntungamo District.

Similarly, the correlation results indicated a statistically significant relationship between social accountability and the quality of healthcare service delivery in Ntungamo District. Also, regression analysis revealed that social accountability M&E accounted for 11.4% of the variation in the healthcare service delivery standards. Thus, to benefit from such association, Ntungamo District must engage citizens in planning and budgeting, conduct civic education, conduct social audits, and track public expenditure.

From the findings and conclusions, some recommendations are suggested. First, the Government should increase healthcare service funding and ensure timely disbursement since the research findings indicated that the funds were always inadequate and delayed, which affected implementation of activities adversely. Second, there is a need for the District to conduct subsidiary monitoring like budget monitoring to avoid resource re allocation which compromised the service quality as revealed by the research findings. Third, there is much need to strengthen the feedback and complaint mechanisms to allow service users and providers interact with ease. It was through such streamlined mechanisms that the District could understand beneficiaries' opinions, perceptions, and behaviours towards the existing health services to identify areas of concern. More so, the government should establish a centralized reporting system so that information would not be manipulated in subsidiary reporting channels. This also would reduce the bribery that most respondents pointed out as a major challenge hindering M&E within the District that led to distortion of information. The findings revealed that there was limited knowledge about M&E among the District staff. The District should thus hire and train existing employees in monitoring and evaluation so that those involved in the process have adequate knowledge about the field. Finally, Ntungamo District should conduct social audits and expenditure tracking to ensure that there were no leakages in public funds. This would boost the effectiveness of service delivery within the district due to optimal resource utilization.

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