

The  
Management  
University  
of Africa



Sponsored by the Kenya Institute of Management

**DIPLOMA UNIVERSITY EXAMINATIONS**  
**SCHOOL OF MANAGEMENT AND LEADERSHIP**  
**DIPLOMA IN COMMUNITY HEALTH AND DEVELOPMENT**

**DHD 107: PROGRAM MONITORING AND EVALUATION**

**DATE: 7<sup>TH</sup> APRIL 2026**

**DURATION: 2  
HOURS**

**MAXIMUM MARKS:  
70**

**INSTRUCTIONS:**

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **FOUR** questions.
6. Question **ONE** carries **30 MARKS** and the rest carry **10 MARKS** each.

**7. Write all your answers in the Examination answer booklet provided.**

**QUESTION ONE**

**Read the Case Study below carefully and answer the questions that follow:**

**MONITORING AND EVALUATION CHALLENGES IN THE “HEALTHY FAMILIES” PROGRAM**

The Ministry of Health in a developing country launched a national program known as “Healthy Families”, aimed at improving maternal and child health in rural communities. The initiative focused on key interventions such as vaccination drives, nutritional education, and mobile health clinics. To ensure success and track progress, a Monitoring and Evaluation (M&E) team was put in place. However, despite the good intentions, the program faced numerous challenges in the implementation of its M&E component, which greatly affected its effectiveness. These health challenges were especially urgent in rural areas where access to healthcare was already limited. The program aimed to reduce preventable deaths, increase health awareness, and ensure no family was left behind. Unfortunately, the lack of strong M&E planning weakened its ability to reach these goals and make sustainable change.

One of the first challenges was limited funding and resources, which meant the program could not afford adequate technology, tools, or experienced personnel for M&E activities. This led to a lack of skilled staff, as many of those tasked with monitoring lacked proper training in data collection and analysis. As a result, the program struggled with poor data quality, with reports often incomplete or inconsistent. The limited budget also meant that basic transportation and communication systems were missing, making it hard for staff to reach remote areas. Many M&E officers had to work with

handwritten records, increasing the chance of human error. With no proper training or mentorship, staff found it difficult to interpret data for decision-making.

Further complicating the process was the use of inadequate tools and systems—many regions still relied on manual data entry and outdated registers, making tracking and reporting difficult. Additionally, resistance from stakeholders was evident. Some community leaders and healthcare workers feared evaluation would highlight their shortcomings, which caused delays and non-cooperation. This resistance often stemmed from a fear of blame or job loss if performance was rated poorly. Moreover, there was little community sensitization on the role of M&E, making it harder to gain public support. Without proper tools and cooperation, M&E efforts were slow and often inaccurate.

The lack of clear objectives and indicators also made it hard to measure progress accurately. Although the program had broad goals, it failed to define specific, measurable targets. Furthermore, the M&E team faced insufficient time to carry out proper evaluations, as there was pressure to produce quick results, leaving little room for in-depth analysis. This meant that program activities continued even when they were not producing results, simply because there was no evidence to guide adjustments. Time constraints often led to rushed evaluations, missing key feedback from the community. As a result, valuable lessons and success stories went undocumented.

Political interference further affected the accuracy of findings. Local politicians often influenced reports to make the program appear more successful than it actually was. This was worsened by inconsistent data collection methods across different regions, making comparisons and national assessments unreliable. Some districts exaggerated achievements to gain political favor or additional funding, while others underreported due to poor systems. This led to confusion at the national level when comparing

health outcomes. The lack of standard procedures for data gathering made the findings questionable.

Lastly, the program suffered from poor communication of findings—feedback and results were not shared with the community or key decision-makers, leading to missed opportunities for learning and improvement. Reports often remained at the ministry level without reaching frontline workers. Community members were rarely informed about what had worked or failed. This lack of transparency reduced trust between the government and the public. It also meant that health workers could not adjust their strategies or learn from other regions. Without feedback loops, the program could not evolve based on real-time experience.

Monitoring helps to track ongoing activities and make immediate improvements, while evaluation looks at the bigger picture to assess impact and guide future strategies. Both require clear objectives, proper tools, skilled personnel, and involvement from stakeholders to be successful. Good M&E systems also foster transparency, build accountability, and make sure that money and time are not wasted. They allow programs to adapt and become more effective over time. When used properly, monitoring and evaluation can turn a good idea into a great solution. Without effective M&E, programs risk wasting resources, failing to meet goals, and missing chances to improve people's lives. In this case, the "Healthy Families" program, though well-designed in theory, could not achieve its full potential due to weaknesses in monitoring and evaluation systems.

It serves as a valuable lesson in the need for proper planning, investment, and accountability in all stages of program development—especially when addressing crucial issues like gender and community health. The gaps in implementation proved that technical planning is not enough community engagement and accurate tracking are essential. Gender-related barriers also went unnoticed due to weak M&E, such as lack of services for pregnant

women or overlooked health issues among boys. Future programs must invest in strong monitoring and evaluation frameworks from the start to ensure long-term success and inclusive development.

**Required:**

- a) Briefly discuss FIVE roles of program monitoring and evaluation as demonstrated in the case study above

**(10 Marks)**

- b) Explain FIVE differences between monitoring and evaluation as seen from the case study above of health family program

**(10 marks)**

- c) Describe FIVE challenges of resource mobilization as evidenced from the case study

**(10 marks)**

**QUESTION TWO**

Research in Program Monitoring and Evaluation (M&E) is the systematic investigation used to collect, analyze, and interpret data to understand program performance and improve decision-making.

- a) Explain any FOUR importance of research in Program Monitoring and Evaluation

**(8 Marks)**

- b) Identify any TWO ways to improve research when conducting Monitoring and Evaluation in community development projects

**(2**

**Marks)**

**QUESTION THREE**

A Monitoring and Evaluation (M&E) system is a structured framework used to collect, analyze, and use information to track the progress, effectiveness, and impact of a program. It helps ensure that program activities are being implemented as planned and that results are used to improve decision-making and achieve desired goals.

- a) Discuss FOUR features of a good Monitoring and Evaluation (M&E) system  
**(8 Marks)**
- b) Highlight two reasons why it is important to manage feedback and use evaluation results effectively.  
**(2 Marks)**

#### **QUESTION FOUR**

- a) Explain four ways in which project managers can apply appropriate Monitoring and Evaluation (M&E) approaches to ensure the success of a program **(8 Marks)**
- b) Give any TWO reasons program managers choose to use different monitoring and evaluation approaches depending on the nature, goals, or context of the program  
**(2 Marks)**

#### **QUESTION FIVE**

- a) Discuss FOUR roles of information systems in Monitoring and Evaluation in community health programs  
**(8 Marks)**
- b) Highlight any TWO importance of information systems that are used when monitoring and evaluating various development projects  
**(2 Marks)**

#### **QUESTION SIX**

Quality assurance in Monitoring and Evaluation (M&E) is maintained by putting in place processes and standards that ensure data is accurate, reliable, and useful for decision-making.

- a) Explain FOUR ways that quality assurance can be maintained in Monitoring & Evaluation of health and community development programs? **(8 Marks)**
- b) Identify two ways why quality assurance is important in community development programs **(2 Marks)**