

LOGICAL FRAMEWORK ON PROVISION OF CURATIVE AND PREVENTIVE TUBERCULOSIS HEALTH CARE SERVICES IN PUBLIC HEALTH INSTITUTIONS IN KISUMU COUNTY, KENYA

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ABSTRACT

Health care service provision is paramount and regarded as fundamental right of an individual. The aspect of logical framework in the health care activities ensures that the program is delivered as planned and the complexities that may affect the intended outcome are mitigated to ensure that the health care objectives are achieved. The National Inpatient Sample acknowledged that health care systems with planned health care activities that are focused across the health care network provides health care services that meets the expectation of the public. Logical framework may not present key components of the health care activities initiated thus may lead to the achievement of unintended objectives. This paper sought to determine how logical framework influence provision of health care services in public health institutions in Kisumu County. The study objective was to determine how logical framework influence provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County. The study was guided by pragmatism paradigm. A descriptive survey research design was employed to collect both quantitative and qualitative data and correlational design was used to test the hypothesis. Stratified random sampling was used in the study to obtain a sample of 221 from a population of 517 consisting of doctors, M&E officers, clinical officers, nurses and patients. A structured questionnaire with both open and close ended, with Likert type on 1-5 five point scale was used to collect data. Quantitative data was analyzed using descriptive and inferential statistics and data presented in frequency tables using means and standard deviations while qualitative data was presented in narrative statements. Hypothesis were tested using linear regression at 0.05 level of significance to determine the degree and direction of relationships among variables. The study attained reliability of instruments using Cronbach Alpha coefficient of 0.735 for all items implying that the instrument was reliable. The results showed that logical framework regression was ($r^2=0.98$, $p<0.05$). The study results indicated that present results for quantitative data based on composite mean score of 3.94 and standard deviation of 0.426 for this variable. The logical framework for the study summarizes, the details that the public health care institutions health care activities to be achieved are carried out through the input of resources to achieve the purpose. The logical framework further ensure that the potential problems which could affect the success of the project, and how the progress and ultimate success of the project will be measured and verified so that the mitigation measures are put in place. The study found that there was a strong correlation of efficient between logical framework for M&E and provision of curative and preventive tuberculosis health care services. M&E system contributes significantly to the provision of curative and preventive tuberculosis health care services in public health institutions. The study recommends for future studies in private sector to establish the influence of M&E system and service delivery.

Keywords: Monitoring and Evaluation System, Stakeholder Participation, Organizational Structure and Provision of Curative and Preventive Tuberculosis Health Care Services.

INTRODUCTION

Health care services provision is paramount and regarded as a fundamental right of an individual globally as acknowledged in the millennium development goals by (United Nations, 2000). The public health institutions therefore, are mandated to deliver health care services to the public which have been solely in the domain of the government due to its complexities and the nature of services offered (Aggarwal and Zairi, 1997). Rivers and Bae (1999) acknowledged that health care providers should guarantee effective health care services that meet the expectation of the public. Therefore, it is significant for the public health institutions to realize the objectives of providing effective healthcare services that satisfy the public. The global tuberculosis report is an annual event in which data is collected from all the 194 member state countries and territories. The World Health Organization is concerned with the tuberculosis global data that is controlled by tuberculosis monitoring and evaluation section (World Health Organization, 2017). Therefore, it is necessary to have effective health system with the capacity to efficiently deliver health care services (World Health Organization, 2007). In 2016, the World Health Organization assembly report on the implementation approaches that will significant towards the fight against the tuberculosis epidemic. The UNAIDS, (2010) reported that South Africa infection rate of HIV/ TB stands at 17% and is positioned number five out of twenty two nations that are heavily affected with the TB/HIV infection rate between 75% - 80% mostly in parts of KwaZulu Natal province as suggested by (Abdool Karim *et al*, 2009).

Tuberculosis is a dangerous disease that infect and if not deionized early enough for treatment leads to death (Maher, Borgdorff and Boerma 2005) more so, the HIV epidemic highly influence that impact of the widespread of disease (Corbett, 2006). On the front that face the TB epidemic through collaborations that ought to strategies on the health activities that results in the curative and preventive measures of TB especially in South Africa and sub Saharan regions are complex that leads to the spread of the disease (Maher *et al*. 2005) as well as incapacities in the health care systems across the region (Covadia *et al*, 2009). The South Africa health systems are not adequate to handle the prevalence of the TB epidemic a cross the nine provinces and fifty two districts such that the health care offered is rated between 2.2% and 45% (Department of Health 2010). In Kenya, tuberculosis survey report 2017 the survey focused on the assessment of the planning, objective in regard to the health behavior of TB patients, reported TB symptoms that informed strategy and policy formulation to curb the menace. The general view was anchored on digital platform with the objective of data collection and also application of the newly thought ideas of GeneXpert technology that tests TB (Global Health Education, 2017). The survey conducted in the 45 out of 47 counties with 63,050 people screened for TB and were interviewed to ascertain the knowledge of any TB symptoms, chest x-ray were carried out and thereafter submission of species in laboratory scrutiny, GeneXpert machine (Global Health Education, 2017). The TB findings indicated that, the TB cases were higher than previous expected with the revelation of 558 affected in the midst of 100,000 in contrast to the World Health Organization (WHO) report in 2015, indicated those affected out of 100,00 to be 233.

Tuberculosis disease was disclosed to be higher between the ages of 25 to 34 and those not affected with HIV and women were above 65 years of age. Further, it indicates that almost 40% tuberculosis prevalence in Kenya are not noticed that leads to lack of treatment (Kanabus, 2017). The undetected tuberculosis that are not treated are estimated that about 10 to 15 people can be affected with the diseases and at the same time poses the threat of spreading at a high rate that make it difficult to eradicate the disease. The significance of

survey was to enable the Government to realize the magnitude of the TB and to verify health care system is made that covers the disease diagnosis, treatment and preventive measures that are accessible to people suffering from the disease (Kenya Medical Research Institute, 2017). The logical framework is referred to a device for formulating, managing and developing of projects as acknowledged by (Taylor, 2003). It is regarded as essential tool that contributes in strengthening plan instrumental for M&E of a project and in developing and managing the processes involved during the implementation of health care activities that contribute to the objective of effective provision of curative and preventive tuberculosis health care services to the patients. The framework entails the detailed information that will help management in public health institutions in planning on how to undertake the various activities that empower the public health institutions in the realization of achieving the intended objectives (DFID, 1997). It also assures certainty in the implementation of the health programs that the institutions are undertaking with the aim of achieving the intended results.

Logically, the health programs are evaluated promising to give effective health care services expected to patients. Logical framework aspect of evaluation creates confidence to health practitioners that the services provided will be of great significance in items of meeting the demands of the dire needs of the patients. Bornstein, (2006) acknowledges that the logical framework is significance as it links the projects intended objectives with the process of achieving those objectives that will enable the health professionals to know what to measure and how to measure it. To attain this, the public health practitioners has to draw a clear process of which the health programs are detailed and activities involved that guarantee an effective delivery of curative and preventive tuberculosis health care services to patients. Chen *et al.*, (2004) acknowledge that logical framework policy is made up of coverage, motivation and competence that intervene and strengthen these attributes resulting in improved provision of curative and preventive services for the tuberculosis patients.

Objectives of the Study

The study was to determine how logical framework influence provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County.

Research Hypothesis

The study sought to test the following research hypothesis:

H₀ Logical framework has no significant influence on provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County.

H₁ Logical framework significantly influences the provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County.

LITERATURE REVIEW

This section reviews literature related to the study based on the following themes:

Provision of curative and preventive tuberculosis health care services in public health institutions, and Logical framework and provision of curative and preventive tuberculosis health care in public health institutions.

Provision of Curative and Preventive Tuberculosis Health Care Services in Public Health Institutions

The health care services can be referred to the health services provided for patients and populace that increases the probability achieving results that are in accordance alongside the health professional standards as acknowledged by (Institute of Medicine, 2001). The health care system plays a significantly part in strengthening of provision of curative and preventive

of tuberculosis (World Health Organization, 2007). The delivery of curative and preventive of tuberculosis health care services objectives by millennium development goals to eradicate disease through effective health care programs focused on infectious diseases which significantly rely the capability of the health care system that can effectively deliver the needed essential tuberculosis health care services (World Health Organization, 2007). The world health organization, (2007) suggests that healthcare system consists of interrelated building blocks, service delivery, adequate field performing work force, and maintained functioning health information system, adequate provision of finances, vaccines, technologies, effective leadership and financing. Public health care is a fundamental concept that largely depends on the effective health system as the societal collectiveness that contributes to the well-being of its people regardless of the condition that affects them.” (Committee for the Study of the Future of Public Health, 1988). Public health institutional objectives therefore are tasked to make sure that the quality of health care activities is geared towards effective provision of curative and preventive tuberculosis that meets the expectation of the patients.

Logical Framework for M&E and Provision of Curative and Preventive Tuberculosis Health Care in Public Health Institutions

Logical framework being a tool for designing, planning, and development projects, with clarity, concise, logical and systematic way focuses to the achievement of project objectives (LFA, 1999). It stipulates what the project is intended to achieve anchored on its designed activities. Bakewell and Garbutt, (2005) acknowledges that in cases where the Logical Framework Analysis (LFA) is used for monitoring and evaluation, the focus is often the logical framework; to look at the expected achievements laid out in the matrix, rather than the work itself”. In theory, Bakewell and Garbutt, (2005) argue, that the logical framework can be revised through the programme cycle and changes made, at least to the output level; however, in practice this rarely happens. Logical framework eases complexities of the program in terms of the funding the projects based on the financial and technical aspects of the projects within the funded organizations. Barton, (1997) asserts that inputs and output indicators are easier to assess in comparison with neither the effect nor impact indicators. Therefore, logical framework is essential in the planning of health programs (Iglar, 2011) since this will enable health providers to plan on the effective and efficient way of increasing delivery of health care services to the clients.

The logical framework is fundamentally instrumental to ensure that the programs developed are within the guidelines that are in consistent with the provision of health care services to the public. The governments at all levels assurance of enough and available resources channeled to health care activities that contribute to deliver effective health services to clients and more importantly identify energy health hazards. The new approaches to health governance employed not able to provide solution of the complex inter play between the various determinants of the health that ensure better performance of the health sector. This study similarly is focused on the influence of the aspect of logical framework on delivery of effective health care services to public hopefully that the study results may be useful in its application to provide satisfied health care services to the public. The researcher hold the view that due to different member state in the study, the case study technique would have been appropriate since each member state contributing varied views that may be useful to develop framework for action that will fit the purpose of mitigating health challenges.

Theoretical Framework

The theory is linked to the logical framework and to ensures that the intended focus of the program is achieved following the laid down work plan. The theory was found by Weiss, (2000), evolve way back as an evaluation theory and that it supports the framework that systematically linked various program activities through inputs and outputs that leads in the achievement of the focused goal. It provides for the description of the intended processes that explains the initial stages with the focus on achieving the long term objectives and the relationship existing among the various executed activities that will significantly contribute to the program outcome. The theory application in this study is significant and proposes an elaborated logical framework that enhances the health care activities that focuses on the curative and preventive health care services provision to the public as planned.

RESEARCH METHODOLOGY

The study was guided by pragmatism paradigm where descriptive survey and correlational research design was used. The design chosen were appropriate as they enabled collecting both quantitative and qualitative data at the same time testing hypothesis. The target population was 517 health personnel consisting Medical doctors, M&E officers, clinical officers, Nurses and Patients The research design used was of mixed mode of approach with a descriptive survey and correlation research design of the event based on of which a sample of 221 was drawn using proportionate method recommended by Yammaneh (1967). The study used questionnaires and interviews as the main instrument of data collection. Data was analyzed using descriptive and inferential statistics.

RESULTS

The results and discussions were analyzed focusing on the thematic areas include; questionnaire return rate, general information about the respondents, logical framework for M&E and provision of curative and preventive tuberculosis health care services in public health institutions for data analysis. The results are presented in Table 1.

Table 1 Questionnaires Return Rate

Responses	Frequency	Percentage
Responses	187	84.6
Non-responses	34	15.4
Total	221	100

General Information about Respondents

The study was also interested in understanding the general information of the respondents. The areas covered under this section include; gender, highest level of education, age of the respondents and job category. The results are presented in Table 2.

Table 2 General Information about Respondents

Variables	Frequency	Percent	cumulative frequency
Gender			
Male	79	42.2	42.2
Female	108	57.8	100
Total	187	100	
Highest level of education			
Certificate	33	17.6	17.6
Diploma	53	28.3	45.9
Degree	72	38.5	84.4
Masters	26	13.9	98.3
PhD	3	1.6	100
Total	187	100	

Age bracket			
Below 25 years	20	10.7	10.7
Between 26 – 30 years	43	23	33.7
Between 31 – 35 years	35	18.7	52.4
Between 36 - 40 years	45	24.1	76.5
Between 41 – 45 years	17	9.1	85.6
Between 46 – 50 years	16	8.6	94.2
Above 51 years	11	5.9	100
Total	187	100	

Category of respondents			
Medical doctors	32	17.1	17.1
M&E officers	13	7.0	24.1
Clinical doctors	17	9.1	33.2
Nurses	21	11.2	44.4
Patients	104	55.6	100
Total	187	100	

Table 3 Provision of Curative and Preventive Tuberculosis Health Care Services in Public Health Institutions

Statements	Responses					Mean	Std. Dev.	C.V (%)
	1 f (%)	2 f (%)	3 f (%)	4 f (%)	5 f (%)			
I. Accessibility								
a) The TB health care services offered by the institution are directly accessible without a barrier of cost.				146 (78.1)	41 (21.9)	4.22	0.415	10
b) TB patients face economic constraints for the health care services to access the treatment.	18 (9.6)	52 (27.8)		78 (41.7)	39 (20.9)	3.36	1.339	39.8
c) Any referred TB patients has direct access to TB health care services.	50 (26.7)	56 (29.9)		62 (32.2)	19 (11.2)	2.70	1.424	52.7
d) The public awareness on how to access TB health care services at the public health institution.	10 (5.3)	28 (15.0)		101 (54.0)	48 (25.7)	3.80	1.141	30.0
c) The TB patients are assured to access to the drugs during and after the initial treatment.	1 (0.5)	3 (1.6)	1 (0.5)	129 (69.1)	53 (28.3)	4.23	0.592	13.9
II. Diagnosis								
a) The TB delay and untimely diagnosis contribute to ineffective treatment for the patients.	51 (27.3)	63 (33.7)		48 (25.7)	25 (13.3)	2.64	1.45	54.9
b) The TB patients seeking health care services must be diagnosed before treatment.	2 (1.1)	10 (5.3)		106 (56.7)	69 (36.9)	4.23	0.793	18.7
c) The institution encourages mandatory diagnosis for the referred patients before treatment.		1 (0.5)		103 (55.1)	83 (44.4)	4.43	0.528	11.9
d) Diagnosed TB patients on treatment are enlightened on the measures to observe during the treatment.	60 (32.1)			2 (1.1)	125 (66.8)	4.31	0.486	11.3
e) Upon the diagnosis, the patients are immediately put under treatment and surveillance.			3 (1.6)	142 (75.9)	42 (22.5)	4.21	0.445	10.6
III. Treatment								
a) Tuberculosis treatment is effectively offered in the institution that meets the			2 (1.1)	115 (61.5)	70 (37.4)	4.36	0.504	11.6

patient's needs.								
b) The majority of TB patients delay to seek treatment due to limited knowledge of the disease.	19 (10.2)	42 (22.5)	3 (1.6)	83 (44.3)	40 (21.4)	3.44	1.32	38.4
c) The suspected TB patients are subjected to immediate treatment to avoid the spread of the disease.	7 (3.7)	21 (11.2)	2 (1.1)	102 (54.6)	55 (29.4)	3.95	1.046	24.5
d) There are positive results recorded in the treatment of the disease.		3 (1.6)	5 (2.7)	124 (66.3)	55 (29.4)	4.24	0.576	13.6
e) TB treatment is advised to any suspected individual as an effort towards wipe out the disease.	2 (1.1)	2 (1.1)	4 (2.1)	113 (60.4)	66 (35.3)	4.28	0.662	15.5
IV. Quality								
a) The curative and preventive tuberculosis health care services quality satisfy the patients.	2 (1.1)	1 (0.5)	3 (1.6)	144 (77.0)	37 (19.8)	4.14	0.56	13.5
b) The TB infection is due to lack of proper health care service towards the disease.	37 (19.8)	83 (44.4)	4 (2.1)	46 (24.6)	17 (9.1)	2.59	1.298	50.1
c) In adequacy for curative health care services offered makes the TB persistent.	49 (26.2)	97 (51.9)	6 (3.2)	21 (11.2)	14 (7.5)	2.22	1.173	52.8
d) The TB health care services vary from one institution to another hence influences the patient's choice to seek services.	20 (10.7)	28 (15.0)	5 (2.7)	111 (59.3)	23 (12.3)	3.48	1.202	34.5
V. Continuity								
a) The institution offers after treatment care to check on the progress of the patients.		1 (0.5)	3 (1.6)	153 (81.8)	30 (16.1)	4.13	0.425	10.3
b) The TB patients are put under surveillance while on drugs to ensure compliance.		2 (1.1)	3 (1.6)	138 (73.8)	44 (23.5)	4.20	0.506	12.0
c) There are positive results of TB patient's recovery under observation.			4 (2.1)	117 (62.6)	66 (35.3)	4.33	0.516	11.9
VI. Person Centeredness								
a) The health care services offered to users are perceived to be responsive and acceptable to them.		1 (0.5)	4 (2.1)	117 (62.6)	65 (34.8)	4.32	0.541	12.5
b) The treatment for TB is focused on the disease rather than the patient.		7 (3.7)	5 (2.7)	110 (58.8)	65 (34.8)	4.25	0.683	16.0
d) The TB patients are hopeful to get well once on treatment.		3 (6.3)	7 (3.7)	101 (52.0)	76 (38.0)	4.34	0.63	14.5
e) Health care services provided guarantees positive responsiveness that hastens quick recovery.		8 (4.3)	7 (3.7)	126 (67.4)	46 (24.6)	4.12	0.665	16.1
VII. Vaccination								
a) The health care services offers vaccine to those who are perceived to be affected.	39 (20.9)	49 (26.2)	4 (2.1)	60 (32.1)	35 (18.7)	3.02	1.476	48.9
b) The vaccines are provided annually to curb the spread of the disease.	11 (5.9)	20 (10.7)	5 (2.7)	99 (52.9)	52 (27.8)	3.86	1.118	29.0
c) The TB free individual has a high probability not to be affected.	28 (15.0)	80 (42.8)	4 (2.1)	48 (25.7)	27 (14.4)	2.82	1.356	40.0
d) The administering of vaccine has significantly leads decrease of TB patients.	2 (1.1)	6 (3.2)	4 (2.1)	110 (58.8)	65 (34.8)	4.23	0.737	17.4
Composite mean and Std. Dev.						3.82	1.231	133

Table 4 Logical Framework for M&E and Provision of Curative and Preventive Tuberculosis Health Care Services

Statements	Responses					Mean	Std. Dev.	C.V (%)
	1 f (%)	2 f (%)	3 f (f)	4 f (%)	5 f (%)			
a) Indicators of logical framework for M&E are used in implementation of curative and preventive tuberculosis health care programs.		14 (7.5)	20 (10.7)	139 (74.3)	14 (7.5)	3.82	0.671	17.6
b) The institution applies the use of logical framework in assessing curative and preventive tuberculosis health care activities.	1 (0.5)	16 (8.6)	27 (14.4)	117 (62.6)	26 (13.9)	3.81	0.800	21.0
c) Planning on the use of logical framework enhances accountability in delivery of tuberculosis health care services.		2 (1.1)	23 (12.3)	118 (63.1)	44 (23.5)	4.09	0.628	15.4
d) The use logical framework indicators helps to monitor the progress in provision of curative and preventive health care activities.		2 (1.1)	49 (26.2)	96 (51.3)	40 (21.4)	3.93	0.719	18.3
e) The tool has an impact on the provision of curative and preventive tuberculosis health care services		1 (0.5)	24 (12.8)	126 (67.4)	36 (19.3)	4.05	0.584	14.4
f) Mitigation measures are in place in alignment with the objectives.		3 (1.6)	46 (24.6)	99 (52.9)	39 (20.9)	3.93	0.426	10.8
Composite Mean and Std. Dev.						3.94	0.426	10.8

Table 5 Regression of Logical Framework for M&E and Provision of Curative and Preventive Tuberculosis Health Care Services

Model	Unstandardized Coefficients		Standard co-efficient Beta	t	P - Value
	B	Std. error			
Constant	33.912	1.296	-0.379	26.173	0.000
Logical framework for M&E	-0.303	0.055		-5.565	0.000

Predictors: (Constant), Logical framework for M&E
Dependent Variable: Provision of curative and preventive tuberculosis health care services
R = 0.379
R. Square = 0.143
F (30.964) = at a level of significant P = 0.00 < 0.05

$$Y_1 = 33.912 + 0.303X_2$$

Table 6 Regression Analysis of Logical Framework for M&E, M&E System and Provision of Curative and Preventive Tuberculosis Health Care Services

Model	Sum of Squares	df	Mean Square	F	Sig. level
Between groups	111.664	1	111.664	0.713	0.000
Within groups	667.158	186	3.606		
Total	778.882	187			

- a. Predictor: (Constant), Logical framework for M&E
b. Dependent Variable: Provision for curative and preventive tuberculosis health care services

DISCUSSION

The study results in Table 2 indicate that on gender 108 (57.8%) of the respondents were male while 79% (42.2%) of the respondents were female. These findings show that the in public health officers in sub county public health institution, the male are higher and above average than the female. This implies that issue of gender equality still a challenge. However, the 1/3 rule is at least adhered to. On issues of highest level of education, out of 187 respondents who participated in the study, 3 (1.6%) of the respondents had PhD degree, 26 (13.9%) had Master's degree, 72 (38.5%) had Bachelor's degree, 53 (28.3%) had Diploma and 33 (17.6%) had Certificate level of education. These findings showed that the number of respondents reduces as the level of education increases and hence adequately qualified. This implies that there was adequate academic qualifications that qualify the respondents suitable in their line of duties respectively that contribute to the effective provision of curative and preventive tuberculosis health care services to the public.

The age bracket of the respondents below 25 years were 20 (10.7%), between 26 -30 years 43 (23%), between 31-35 years were 35 (18.7%), between 36 - 40 years were 45 (24.1%), between 41- 45 years were 17 (9.1%), 46 - 50 years were 16 (8.6) and above 51 years were 11 (5.9)%. These finding indicate that the public health institution attracted the respondents of diverse age categories hence, cordial interaction leading to mutual understanding improving on provision of curative and preventive tuberculosis health care services. On various categories sought in the study, 32 (17.1%) of the respondents were Medical Doctors, 13 (7.0%) were M&E officers, 17 (9.1%) were Clinical officers, 21 (11.2%) were Nurses and 104 (55.6%) were patients. These findings indicate that the respondents in the job category were normally distributed with the highest number of patient respondents seeking the health care services higher as expected. This means that the number of patients under this study seeking the curative and preventive tuberculosis health care services were many compared to the public health officers offering the health care services.

Provision of Curative and Preventive Tuberculosis Health Care Services in Public Health Institutions

Health care services provision is basically essential and it was significant to establish the extent to which provision of curative and preventive health care services sub county public health institutions in Kisumu County. The study indicators measured were, provision of curative and preventive tuberculosis accessibility of health care services, diagnosis health care services, treatment health care services, quality of health care services, continuity of health care services, person centeredness and vaccination of health care services. The respondents were requested to give their opinion on the range of provision of curative and preventive tuberculosis health care services in public health institutions. The items were rated on a five point Likert scale of 1 – 5, where: 1= strongly disagree, 2 = disagree, 3=neutral, 4= agree and 5= strongly agree. The results are presented in Table 3.

On accessibility, statement one; The TB health care services offered are directly accessible without a barrier of cost. Out of 187 respondents, 0 (0%) strongly disagree, 0 (0%) disagree, neutral, 0 (0%), 146 (78.1%) agree and 41 (21.9%) strongly agree. The majority of the respondents agreed that the TB health care services offered are directly accessible without a barrier of cost or language. The statement mean score of 4.22 which was above the composite mean of 3.82 with a standard deviation of 1.231 implying that TB health care services offered are directly accessible without a barrier of cost positively influence provision of curative and preventive tuberculosis health care activities in public health institutions. Statement two; TB patients face economic constraints for the health care services to access the treatment. Out of

187 who responded, 18 (9.6%) strongly disagree, 52 (27.8%) disagree, neutral, 0 (0%), 78 (39%) agree while 39 (20.9%) strongly agree. The majority of the respondents agreed that the TB patients face economic constraints for the health care services to access the treatment on provision of curative and preventive tuberculosis health care activities. However, slightly above average respondents disagreed that. The statement mean score of 3.36 with a standard deviation of 1.339 which was below the composite mean of 3.82 implying that the patients face economic strain in accessing treatment does not influence provision of curative and preventive tuberculosis health care services. That there is need to rationalize the cost that had strained the clients seeking the health care services to affordable rates.

Statement three; any referred TB patients has direct access to TB health care services. Out of 187 respondents, 50 (26.7%) strongly disagree, 56 (29.9%) disagree, neutral, 0 (0%), while, 62 (32.2%) strongly agree and 19 (10.2) agree. The majority of the respondents 56 (7) agreed. Majority of the respondents disagreed that any referred TB patients has direct access to TB health care services sought direct provision of curative and preventive tuberculosis health care services. However, more than average respondent agreed that any referred TB patients has direct access to TB health care services. The statement mean score of 2.70 which was below the composite mean of 3.82 with a standard deviation of 1.231 implying that any referred TB patients has direct access to TB health care services does not influence provision of curative and preventive tuberculosis health care services. Therefore, the public health institutions does not provide direct curative and preventive tuberculosis health care services rather there are strictness in screening the referred patient before administering health care services to the patients. However, the public health care should ensure that the patients that the patients referred from other health facilities are offered direct needed health care services.

Statement four; the public awareness on how to access TB health care services at the public health institution. Out of 187 who respondents, 10 (5.3%) strongly disagree, 28 (15.0%) disagree, neutral were none 0 (0%), while 101 (54.0%) agree and 48 (25.7%) strongly agree. The majority of the respondents agreed that the public awareness on how to access TB health care services at the public health institution. The statement mean score of 3.80 which was below the composite mean of 3.82 with a standard deviation of 1.231 implying that the public awareness on how to access TB health care services at the public health institution moderately influence provision of curative and preventive tuberculosis health care services. Statement five; TB patients are assured to access the drugs during and after the initial treatment. Out of 187 who respondents, 1 (0.5%) strongly disagree, 3 (1.6%) disagree, neutral, 1 (0.5%) while 129 (69.9%) agree and 53 (28.3%) strongly agree. The majority of the respondents agreed that TB patients are assured to access the drugs during and after the initial treatment. The statement mean score of 4.23 which was above the composite mean of 3.82 m with a standard deviation of 1.231 meaning that TB patients are assured to access the drugs during and after the initial treatment influences provision of curative and preventive tuberculosis health care services in public health institutions. On the aspect of accessibility of provision of curative and preventive tuberculosis health care services, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 17.2% variability on the responses. This showed a fairly good agreement on the responses.

On diagnosis, statement number one; the tuberculosis delay and untimely diagnosis contribute to ineffective treatment of the patients. Out of 187 who respondents, 51 (27.3%) strongly disagree, 63 (33.7%) disagree, neutral were none 0 (0%), 48 (25.7%) agree and 25 (13.47%) strongly agree. The majority of the respondents disagreed that the public awareness

on how to access TB health care services at the public health institution with the slight majority agreed that tuberculosis delay and untimely diagnosis contribute to ineffective treatment of the patients. The statement mean score of 2.64 which was below the composite mean of 3.82 with a standard deviation of 1.231 implying that the tuberculosis delay and untimely diagnosis contribute to ineffective treatment of the patients does not influence provision of curative and preventive tuberculosis health care services. Therefore, the public health care providers should devise ways in which the disease could be diagnosed earlier and timely that leads to curb the diseases in its early stages to avoid further infections. Statement number two; the TB patients seeking health care services must be diagnosed before treatment. Out of 187 who respondents, 2 (1.1%) strongly disagree, 10 (5.3%) disagree, while neutral were 0 (%) 106 (56.7%) agree and 69 (36.9%) strongly agree. The majority of the respondents agreed that the TB patients seeking health care services must be diagnosed before treatment. The statement mean 4.23 which was above the composite mean of 3.63 with a standard deviation of 0.793 meaning that TB patients seeking health care services must be diagnosed before treatment influence provision of curative and preventive tuberculosis health care services.

Statement number three; the institution encourages mandatory diagnosis for the referred patients before treatment. Out of 187 who responded, 0 (0%) strongly disagree, 1 (0.5%) disagree, neutral, 0 (0%), 103 (55.1%) agree and 83 (44.4%) strongly agree. The majority of the respondents agreed that the institution encourages mandatory diagnosis for the referred patients before treatment. The statement mean score of 4.43 and standard deviation of 0.528 which was above the composite mean of 3.82 and a standard deviation of 1.231 implying that the institution encourages mandatory diagnosis for the referred patients before treatment influence the provision of curative and preventive tuberculosis health care services. Statement number four; diagnosed TB patients on treatment are enlightened on the measures to observe during treatment. Out of 187 who responded, 60 (32.1%) strongly disagree, 0 (0%) disagree, neutral, 0 (0%), 2 (1.1%) agree and 125 (66.8%) strongly agree. The majority of the respondents agreed that the diagnosed TB patients on treatment are enlightened on the measures to observe during treatment. The statement mean score of 4.31 with a standard deviation of 0.486 which was above the composite mean of 3.82 and standard deviation of 1.231 implying that diagnosed TB patients on treatment are enlightened on the measures to observe during treatment influence the provision of curative and preventive tuberculosis health care services. Statement number five; upon the diagnosis, the patients are immediately put under treatment and surveillance. Out of 187 who responded, 18 (9.6%) strongly disagree, 52 (27.8%) disagree, neutral, 0 (0%), 78 (39%) agree while 39 (20.9%) strongly agree. The majority of the respondents agreed that upon the diagnosis, the patients are immediately put under treatment and surveillance. The statement mean score of 4.21 and standard deviation of 0.445 which was above the composite mean of 3.821 and a standard deviation of 1.231 meaning that, upon the diagnosis, the patients are immediately put under treatment and surveillance had an influence on provision of curative and preventive tuberculosis health care services. On the aspect of diagnosis, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 9.4% variability on the responses. This showed a good agreement on the responses.

On treatment, statement one; tuberculosis treatment is effectively offered in the institution that meet the patient's needs. Out of 187 who responded, 0 (0%) strongly disagree, 0 (0%) disagree, neutral, 2 (1.1%), 115 (61.5%) agree, 70 (37.4%) strongly agree. The majority of the respondents agreed that the tuberculosis treatment is effectively offered in the institution that meet the patient's needs. The statement mean score of 4.36 and standard deviation of

0.504 which was above the composite mean of 3.82 and a standard deviation of 1.231 implying that tuberculosis treatment is effectively offered in the institution that meet the patient's needs influence the provision of curative and preventive tuberculosis health care services. Statement two; the majority of TB patients delay to seek treatment due to limited knowledge of the disease. Out of 187 who responded, 19 (10.2%) strongly disagree, 42 (22.5%) disagree, neutral, 3 (1.6%), 83 (44.4%) agree and 40 (21.4%) strongly agree. Most of the respondents agreed that the majority of TB patients delay to seek treatment due to limited knowledge of the disease. However, with below average respondents disagreed that the majority of TB patients delay to seek treatment due to limited knowledge of the disease. The statement mean score of 3.44 with a standard deviation of 1.32 was below the composite mean of 3.82 and standard deviation of 1.231 meaning that the majority of TB patients delay to seek treatment due to limited knowledge of the disease does not influence the provision of curative and preventive tuberculosis health care services positively. Therefore, the need to identify the victims of the disease should be establish to curb the spread of the disease as well as to treat it at its initial stages.

Statement three; the suspected tuberculosis patients are subjected to immediate treatment to avoid the spread of the disease. Out of 187 who respondents, 7 (3.7%) strongly disagree, 21 (11.2%) disagree, neutral 2 (1.1%), 102 (54.5%) agree and 55 (29.4%) strongly agree. The majority of the respondents agreed that the suspected tuberculosis patients are subjected to immediate treatment to avoid the spread of the disease was in place. The statement mean score of 3.95 with a standard deviation of 1.046 which was above the composite mean of 3.82 with a standard deviation of 1.231 implying that the suspected tuberculosis patients are subjected to immediate treatment to avoid the spread of the disease influence provision of curative and preventive tuberculosis health care services. Statement four; there was positive results recorded in the treatment of the disease. Out of 187 who respondents, 0 (0%) strongly disagree, 3 (1.6%) disagree, neutral 5 (2.7%), 124 (66.3%) agree and 55 (29.4%) strongly agree. Most of the respondents acknowledged that there was positive results recorded in the treatment of the disease. The statement mean score of 4.24 with a standard deviation of 0.576 which was above the composite mean of 3.82 and a standard deviation of 1.231 implying that there is positive results recorded in the treatment of the disease thus influence provision of curative and preventive tuberculosis health care services.

Statement five; tuberculosis treatment is advised to any suspected individual as an effort towards wipe out the disease. Out of 187 who respondents, 2 (1.1%) strongly disagree, 2 (1.1%) disagree, neutral were 4 (2.1%), 113 (60.4%) agree and 66 (35.3%) strongly agree. These results indicated that the majority of the respondents agreed that tuberculosis treatment is advised to any suspected individual as an effort towards wipe out the disease. The statement mean score of 4.28 and standard deviation of 0.662 which was above the composite mean of 3.82 and a standard deviation of 1.231 implying that tuberculosis treatment is advised to any suspected individual as an effort towards wipe out the disease influence provision of curative and preventive tuberculosis health care services. The coefficient of variance of 52.7%, 52.8% and 54.9% of the line items indicate too large variability that implies there were no agreed responses. On treatment, it was noticed that, the overall composite aspect of provision of curative and preventive tuberculosis health care services was 11.3% variability on the responses. This showed a fairly good agreement on the responses. Statement number one; the curative and preventive tuberculosis health care services qualities satisfy the patients. Out of 187 who respondents, 2 (1.1%) strongly disagree, 1 (0.5%) disagree, neutral 3 (1.6%), 144 (77.0%) agree and 37 (19.8%) strongly agree. The majority of the respondents concurred that the curative and preventive

tuberculosis health care services qualities satisfy the patients. The statement mean score of 4.14 and standard deviation of 0.56 which was above the composite mean of 3.82 and a standard deviation of 1.231 meaning that the curative and preventive tuberculosis health care services qualities satisfy the patients influence provision of curative and preventive tuberculosis health care services.

Statement number two; the TB infection is due to lack of proper health care service towards the disease. Out of 187 who respondents, 37 (19.8%) strongly disagree, 83 (44.4%) disagree, neutral 4 (2.1%), 46 (24.6%) agree and 17 (9.1%) strongly agree. The majority of the respondents disagreed that the TB infection is due to lack of proper health care service towards the disease. The statement mean score of 2.59 with a standard deviation of 1.298 which was below the composite mean of 3.82 with standard deviation 1.231 implying that the TB infection is due to lack of proper health care service towards the disease does not influence provision of curative and preventive tuberculosis health care services. Therefore, there is need for the sensitization of the tuberculosis disease so that the public could be able to immediately report the infection to the health facilities to be treated and to curb the diseases in its early stages to avoid further infections. Statement number three; in adequacy for curative health care services offered make the tuberculosis persistent. Out of 187 who respondents, 49 (26.2%) strongly disagree, 97 (51.9%) disagree, neutral 6 (3.2%), 21 (11.2%) agree and 14 (7.5%) strongly agree. The majority of the respondents disagreed that in adequacy for curative health care services offered make the tuberculosis persistent. The statement mean score of 2.22 with a standard deviation of 1.173 which was below the composite mean of 3.82 and standard deviation implying that in adequacy for curative health care services offered make the tuberculosis persistent does not influence provision of curative and preventive tuberculosis health care services. Therefore, the public health institutions are in a position to provide curative and preventive tuberculosis health care services that meet the needs of the clients thus, achieving its objectives.

Statement number four; the TB health care services vary from one institution to another hence influences the patient's choice to seek services. Out of 187 who respondents, 20 (10.7%) strongly disagree, 28 (15.0%) disagree, neutral 5 (2.7%), 111 (59.4%) agree and 23 (12.3%) strongly agree. Most of the respondents acknowledged that TB health care services vary from one institution to another hence influences the patient's choice to seek services. The statement mean score of 3.48 with a standard deviation of 1.202 which was below the composite mean of 3.82 implying that TB health care services vary from one institution to another hence influences the patient's choice to seek services does not influence the provision of curative and preventive tuberculosis health care services. This therefore enables the clients to seek the services in any of the public health care that offers the curative and preventive tuberculosis healthcare services. On the aspect of quality, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 20.9% variability on the responses. This showed that there was a little bit diverse opinion on the responses.

On continuity, statement one; the institution offers after treatment care to check on the progress of the patients. Out of 187 who respondents, 0 (0%) strongly disagree, 1 (0.5%) disagree, neutral 3 (1.6%), 153 (81.8%) agree and 30 (16.1%) strongly agree. Most of the respondents agreed that the the institution offers after treatment care to check on the progress of the patients. The statement mean score of 4.13 with a standard deviation of 0.425 which was above the composite mean of 3.82 with a standard deviation of 1.231 implying the institution offers after treatment care to check on the progress of the patients. Therefore, the

activities influence provision of curative and preventive tuberculosis health care services. Statement two; the tuberculosis patients are put under surveillance while on drugs to ensure compliance. Out of 187 who respondents, 0 (0%) strongly disagree, 2 (1.1%) disagree, neutral 3 (1.6%), 138 (73.8%) agree and 44 (23.5%) strongly agree. The majority of the respondents disagreed that the tuberculosis patients are put under surveillance while on drugs to ensure compliance. The statement mean score of 4.20 with a standard deviation of 0.506 which was above the composite mean of 3.82 and standard deviation of 1.231 implying that the tuberculosis patients are put under surveillance while on drugs to ensure compliance influence provision of curative and preventive tuberculosis health care services. Statement three; there are positive results of TB patient's recovery under observation. Out of 187 who respondents, 0 (0%) strongly disagree, 0 (0%) disagree, neutral 4 (2.1%), 117 (62.6%) agree and 66 (35.3%) strongly agree. Most of the respondent's agreed that there are positive results of TB patient's recovery under observation. The statement mean score of 4.33 with the standard deviation of 0.516 was above the composite mean of 3.82 with standard deviation of 1.231 meaning that there are positive results of TB patient's recovery under observation influence provision of curative and preventive tuberculosis health care services. On the aspect of continuity, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 7.8% variability on the responses. This showed a fairly good agreement on the responses.

On the person centeredness, statement number one; the health care services offered to users are perceived to be responsive and acceptable to them. Out of 187 who respondents, 0 (0%) strongly disagree, 1 (0.5%) disagree, neutral 4 (2.1%), 117 (62.6%) agree and 65 (34.8%) strongly agree. The results indicate that the majority of the respondents agreed that the health care services offered to users are perceived to be responsive and acceptable to them. The statement mean score of 4.32 with a standard deviation of 0.541 which was above the composite mean of 3.82 with standard deviation of 1.231 meaning that the health care services offered to users are perceived to be responsive and acceptable to them influence provision of curative and preventive tuberculosis health care services. Statement number two; the treatment for TB is focused on the disease rather than the patient. Out of 187 who respondents, 0 (0%) strongly disagree, 7 (3.7%) disagree, neutral 5 (2.7%), 110 (58.8%) agree and 65 (34.8%) strongly agree. The majority of the respondents acknowledged that the treatment for TB is focused on the disease rather than the patient. The statement mean 4.25 with a standard deviation of 0.683 which was above the composite mean of 3.82 with standard deviation of 1.231 meaning that the treatment for TB is focused on the disease rather than the patient influence provision of curative and preventive tuberculosis health care services.

Statement number three; the TB patients are hopeful to get well once on treatment. Out of 187 who respondents, 0 (0%) strongly disagree, 3 (6.3%) disagree, neutral 7 (3.7%), 101 (54.0%) agree and 76 (40.6%) strongly agree. Most of the respondents agreed that the TB patients are hopeful to get well once on treatment. The statement mean score of 4.34 with a standard deviation of 0.63 which was above the composite mean of 3.82 with standard deviation of 1.231 implying that the TB patients are hopeful to get well once on treatment influence provision of curative and preventive tuberculosis health care services. Statement number four; health care services provided guarantees positive responsiveness that hastens quick recovery. Out of 187 who respondents, 0 (0%) strongly disagree, 8 (4.3%) disagree, neutral 7 (3.7%), 126 (67.4%) agree and 46 (24.6%) strongly agree. The majority of the respondents agreed that the health care services provided guarantees positive responsiveness that hastens quick recovery. The statement mean score of 4.12 and a standard deviation of

0.665 which was above the composite mean of 3.82 with standard deviation of 1.231 meaning that health care services provided guarantees positive responsiveness that hastens quick recovery influence provision of curative and preventive tuberculosis health care services. On the aspect of person centeredness, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 9.1% variability on the responses. This showed a fairly good agreement on the responses.

On vaccination, statement one; the health care services offers vaccine to those who are perceived to be affected. Out of 187 who respondents, 39 (20.9%) strongly disagree, 49 (26.2%) disagree, neutral 4 (2.1%), 60 (32.1%) agree and 35 (18.7%) strongly agree. The majority of the respondents that agreed were slightly higher than those who disagreed that the health care services offers vaccine to those who are perceived to be affected. The statement mean score of 3.02 with a standard deviation of 1.476 which was below the composite mean of 3.82 and standard deviation of 1.231 implying that the health care services offers vaccine to those who are perceived to be affected does not influence the provision of curative and preventive tuberculosis health care services. Therefore, health care providers should ensure that vaccine admission are given to those who are not affected as a preventive measure rather than perceived patient who might not have the infection. Statement two; the vaccines are provided annually to curb the spread of the disease. Out of 187 who respondents, 11 (5.9%) strongly disagree, 20 (10.7%) disagree, neutral 5 (2.7%), 99 (52.9%) agree and 52 (27.8%) strongly agree. Most of the respondents agreed that the vaccines are provided annually to curb the spread of the disease. The statement mean score of 3.86 with a standard deviation of 1.118 which was above the composite mean of 3.82 with standard deviation of 1.231 meaning that the vaccines are provided annually to curb the spread of the disease influence provision of curative and preventive tuberculosis health care services.

Statement number three; the TB free individual has a high probability not to be affected. Out of 187 who respondents, 28 (15.0%) strongly disagree, 80 (42.8%) disagree, neutral 4 (2.1%), 48 (25.7%) agree and 27 (14.4%) strongly agree. The majority of the respondents disagreed that the the TB free individual has a high probability not to be affected with a little majority holds contrary opinion. The statement mean score of 2.82 with a standard deviation of 1.356 which was below the composite mean of 3.82 with standard deviation of 1.231 implying that the TB free individual has a high probability not to be affected does not influence provision of curative and preventive tuberculosis health care services. Therefore, the public health care providers should sensitize the population about the spread of tuberculosis rather than the assumptions that might enhance the infection. Statement number four; the administering of vaccine has significantly leads decrease of TB patients. Out of 187 who respondents, 2 (1.1%) strongly disagree, 6 (3.2%) disagree, neutral 4 (2.1%), 110 (58.8%) agree and 65 (34.8%) strongly agree. The majority of the respondents agreed that the administering of vaccine has significantly leads decrease of TB patients. The statement mean score of 4.23 with a standard deviation of 0.737 which was above the composite mean of 3.82 and standard deviation of 1.231 meaning that the administering of vaccine has significantly leads decrease of TB patients influence provision of curative and preventive tuberculosis health care services. On the aspect of accessibility, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 23.1% variability on the responses. This showed a bigger variability on the responses.

Logical Framework for M&E and Provision of Curative and Preventive Tuberculosis Health Care Services in Public Health Institutions

The logical framework for monitoring and evaluation in health care service provision has been emphasized in a number of studies. The study sought to determine how logical framework influence provision of curative and preventive tuberculosis health care services in public health institution. To achieve this objective, the respondents were asked to give their opinion on their level of agreements and disagreements using Likert scale of 1 -5 where: Where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The results are presented in Table 4.

Statement one; Indicators of logical framework for M&E are used in implementation of curative and preventive tuberculosis health care programs. Out of 187 who responded, 0 (0%) strongly disagree, 14 (7.5%) disagree, 20 (10.7%) neutral, 139 (74.3%) agree while 14 (7.5%) strongly agree. Most of the respondents agreed that Indicators of logical framework for M&E are used in implementation of curative and preventive tuberculosis health care programs. The statement mean score of 3.82 with a standard deviation of 0.671 which was below the composite mean of 3.94 and standard deviation of 0.426 implying that Indicators of logical framework for M&E are used in implementation of curative and preventive tuberculosis health care programs moderate positively influence provision of curative and preventive tuberculosis health care services. These results therefore, show that it is necessary to identify appropriate or enhance the use of logical framework and it's it merit in the will significantly improve provision of curative and preventive tuberculosis health care services in public health institutions. Statement two; the institution applies the use of logical framework in assessing curative and preventive tuberculosis health care activities. Out of 187 who responded, 1 (0.5%) strongly disagree, 16 (8.6%) disagree, 27 (14.4%) neutral, 117 (62.6%) agree, and 26 (13.9%) strongly agree. The majority of the respondents agreed that the institution applies the use of logical framework in assessing curative and preventive tuberculosis health care activities. The statement mean score of 3.81 with a standard deviation of 0.800 which was below the composite mean of 3.94 and standard deviation 0.426 meaning that the institution applies the use of logical framework in assessing curative and preventive tuberculosis health care activities this shows a moderate positive influence provision of curative and preventive tuberculosis health care services. This means that there is need employ effective logical framework that meets its purpose and that will significantly impact provision of curative and preventive tuberculosis health care services in public health institutions.

Statement three; planning on the use of logical framework enhances accountability in delivery of tuberculosis health care services. Out of 187 who responded, 0 (0%) strongly disagree, 2 (1.1%) disagree, 23 (12.3%) neutral, 118 (63.1%) agree, and 44 (23.5%) strongly agree. The majority of the respondents agreed that planning on the use of logical framework enhances accountability in delivery of tuberculosis health care services. The statement mean score of 4.09 with a standard deviation of 0.628 which was above the composite mean of 3.94 with a standard deviation of 0.4.26 implying that planning on the use of logical framework enhances accountability in delivery of tuberculosis health care services provision of curative and preventive tuberculosis health care services in public health institutions. The logical framework therefor is an essential tool that contributes to a larger extent to the achievement of the institutional set objectives. Statement four; the use logical framework indicators to monitor the progress on provision of curative and preventive health care activities. Out of 187 who responded, 0 (0%) strongly disagree, 2 (1.1%) disagree, 49 (26.2%) neutral, 96 (51.3%) agree, and 40 (21.4%) strongly agree. Most of the respondents agreed that the use logical

framework indicators to monitor the progress on provision of curative and preventive health care activities. The statement mean score of 3.93 with a standard deviation of 0.719 which was below the composite mean of 3.94 with a standard deviation of 0.426 meaning that the use logical framework indicators to monitor the progress on provision of curative and preventive health care activities does not influence provision of curative and preventive tuberculosis health care services in public health institutions. Therefore, is necessary to the public health institutions management to ensure that there appropriate logical indicator to monitor the progress of the provision of curative and preventive tuberculosis health care services are used as this will contribute to the achievement of the set objectives.

Statement five; the tool has an impact on the provision of curative and preventive tuberculosis health care services. Out of 187 who responded, 0 (0%) strongly disagree, 1 (0.5%) disagree, 24 (12.8%) neutral, 126 (67.4%) agree, and 36 (19.3%) strongly agree. The majority of the respondents agreed that the tool has an impact on the provision of curative and preventive tuberculosis health care services. The statement mean score of 4.05 with a standard deviation of 0.584 which was above the composite mean of 3.94 with a standard deviation of 0.426 implying that the tool has an impact on the provision of curative and preventive tuberculosis health care services influence provision of curative and preventive tuberculosis health care services in public health institutions. Statement six; the mitigation measures are in place in alignment with the objectives. Out of 187 who responded, 0 (0%) strongly disagree, 3 (1.6%) disagree, 46 (24.6%) neutral, 99 (52.9%) agree while 39 (20.9%) strongly agree. The majority of the respondents agreed that the mitigation measures are in place in alignment with the objectives. The statement mean score of 3.93 with a standard deviation of 0.426 which was below the composite mean of 3.94 with a standard deviation of 0.426 implying that the mitigation measures are in place in alignment with the objectives. does not influence provision of curative and preventive tuberculosis health care services in public health institutions. Therefore, therefore, it is necessary for the public health institution management team to ensure that there is adequate health mitigation measures for the TB patients that will improve on effective provision of curative and preventive tuberculosis health care services. On the aspect of logical framework, it was noticed that overall composite aspect of provision of curative and preventive tuberculosis health care services has 10.8% variability on the responses. This showed a quite good agreement on the responses.

Correlational analysis was done to establish the relationship between human capacity for M&E and provision of curative and preventive tuberculosis health care services in public health institutions. The correlation coefficient $r = 0.379$ implies that logical framework for M&E to a greater influence on provision of curative and preventive tuberculosis health care services at $P=0.000 < 0.05$. The value of R squared = 0.143, indicating that the logical framework for M&E explain 16.2% of the respondents acknowledged that the use of logical framework and 10.8% is explained by other factors that not in the study. The results are presented in Table 5. The results indicate that there is a very weak positive influence of logical framework for M&E on provision of curative and preventive tuberculosis health care services, though not statistically significant. Therefore, the results of the test reject the null hypothesis and accept the alternative hypothesis which implies that logical framework for M&E influence has a significant influence on provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County at 0.05 level of significant. A unit change in the logical framework for M&E would result in 0.46%, less than half percent change (increase) on the provision of curative and preventive tuberculosis health care services. The monitoring and evaluation system explain the variation on the

provision of curative and preventive tuberculosis health care services. The composite mean of 4.14 of the analysis indicate that logical framework for M&E significantly related to provision of curative and preventive tuberculosis health care services at $r = 0.379$, $n = 187$, $P = 0.00 < 0.05$. Regression analysis was to determine the influence between logical framework for M&E and provision of curative and preventive tuberculosis health care services in public health institutions. The results are presented in Table 6.

The regression results show that logical framework for M&E have significant positive influence on provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County. The framework entails the detailed information that will help management in public health institutions in planning on how to undertake the various activities that empower the public health institutions in the realization of achieving the intended objectives (DFID, 1997). Logical framework aspect of evaluation creates confidence to health practitioners that the services provided will be of great significance in items of meeting the demands of the dire needs of the patients. (Bornstein, 2006) acknowledges that the logical framework is significance as it links the projects intended objectives with the process of achieving those objectives that will enable the health professionals to organize thinking, set performance indicators, allocate responsibilities and communicate effectively. The health care provision experiences a lot of complexities that might hinder on the effective delivery of health care services. The literature findings indicate that logical framework eases complexities of the program in terms of the funding the projects based on the financial and technical aspects of the projects within the funded organizations Barton, (1997). Health care services require inputs and output indicators which are easier to assess in comparison with neither the effect nor impact indicators. Therefore, logical framework is essential in the planning of health programs (Iglar, 2011) since this will enable health providers to plan on the effective health care activities that meet the client's expectations.

The hypothesis H_1 : On Logical framework significantly influences the provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County was tested. The composite index for provision of curative and preventive tuberculosis health care services was employed as the depended variable while composite mean for logical framework for M&E was employed as the independent variable. The indicators for logical framework for M&E were, indicators choice, knowledge on logical framework, use of logical framework and mitigation measures. A linear regression model was used;

$$Y_2 = a_2 + \beta_2 + X_2 + e_2 \quad \text{Where;}$$

Y_2 = Provision of curative and preventive tuberculosis health care services
 a_2 = Constant
 β_2 = Beta coefficient
 X_2 = Logical framework for M&E
 e_2 = error term

The results indicated that the P-value was 0.05 and alternative hypothesis was accepted while null hypothesis was rejected.

CONCLUSIONS

Study concludes that, logical framework for M&E and provision of curative tuberculosis health care services in public health care institutions were; indicators choice, knowledge on

logical framework, use of logical framework, indicators of the framework and mitigation measures contribute significantly to the realization of the attaining the expected outcome on provision of curative and preventive tuberculosis health care services. This implies that the use of logical framework in public health institution has an impact that the government should invest and sustain the M&E activities since it will lead to the improvement of health care services delivery to the public. The logical framework for M&E composite mean indicate that the health care activities attribute measured had a significant impact in ensuring that these activities are delivered for the intended purpose. The respondents revealed that the use of logical framework for M&E had a positive results recorded. This relationship was observed to be statistically significant and therefore the hypothesis was rejected and alternate hypothesis accepted. Therefore, logical framework for M&E had significant influence on provision of curative and preventive tuberculosis health care services in public health institutions in Kisumu County.

The provision of curative and preventive tuberculosis health care services is a basic fundamental that is significant to the human health care services. The modern health care system embraces the M&E system in the public health care institutions to enhance the provision of curative and preventive tuberculosis health care services to the public. The M&E system is a fundamentally significance not only to this specific study on the provision of health care services but to other projects in general that will contribute to the community development. The results confirm that there was a greater correlation between human capacity and provision of curative and preventive tuberculosis health care services that the objectives were dependent on the human capacity to ensure that the M&E system activities are carried out to the utmost requirement. Therefore, it is upon the public health institutions management to ensure that the new dimension of entrenching M&E system in health system is achieved. This has to be factored in all the entity of the institutions health care activities planning as well as enabling factor for implementation.

The logical framework for the study summarizes, the details that the public health care institutions health care activities to be achieved are carried out through the input of resources to achieve the purpose. The logical framework further ensure that the potential problems which could affect the success of the project, and how the progress and ultimate success of the project will be measured and verified so that the mitigation measures are put in place. The study found that there was a strong correlation of efficient between logical framework for M&E and provision of curative and preventive tuberculosis health care services. The study recommends that provision of curative and preventive tuberculosis health care services is significantly influenced by M&E system with the following indicators; human capacity for M&E, logical framework for M&E, monitoring and evaluation work plan and data dissemination and use. Therefore, this means that not only public institutions that need to embrace the M&E system applications but rather the private sector as well since it improves service delivery. More so, it is worth necessary to note that despite the fact that this study was focused on provision of health care services with M&E system as the dependent variable, it does not limit the application of M&E system but it can be used in other sectors of the economy such as production, manufacturing and processing. This show the diversity aspect of M&E system and the significant impact it can contribute to the economy.

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