

## **INFLUENCE OF PROJECT PLANNING ON COMPLETION OF HEALTH PROJECTS IN KENYA, NAIROBI COUNTY**

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**Abstract:** *The successful implementation of health projects is dependent upon the effective involvement of internal stakeholders who bring their knowledge, leadership and skills to bear resulting in the anticipated change. Many health projects in Kenya have been constrained by limited or complete lack of stakeholder participation in planning including strategy formulation which has led to misaligned priorities in their implementation and resulted in dissatisfied beneficiaries. This study sought to establish the impact of stakeholder participation on completion of health projects in Kenya specifically to establish the influence of stakeholder participation in project planning in Lang'ata Sub-County, Nairobi County. Descriptive survey research design was suitable for this study as it shall help in collecting data that describe events and then organizes, tabulates, depicts, and describes the data that helped in answering research questions. The target population was 150 respondents from five healthcare projects undertaken in Lang'ata Sub-County. The researcher employed Google Forms method in administering the questionnaire. The quantitative analysis of data was conducted using the Statistical Package for Social Sciences (SPSS) to conduct regression analysis, descriptive analysis and inferential analysis. The presentation of the results was then done using graphs and tables. According to the correlation analysis, all the independent variables had strong positive correlations with the dependent variable. The multiple regression model had a fairly strong relationship with the data associated with the variables indicating that it is a good predictive model.*

**Keywords:** *Project Planning, Health Projects, Stakeholder Participation*

### **1. Introduction**

The success of organisations is premised on many different factors ranging from the availability of tangible resources to the application of these resources in the transformation of products. Ingabire, Gitahi and Mwangi (2021) posited that a crucial ingredient in establishing organizational success is the identification and involvement of the right stakeholders. Benn, Abratt and O'Leary (2016) cited Freeman's 1983 definition of stakeholders as individuals or groups who can influence the attainment of an organisation's objectives or be impacted by the attainment of an organisation's objectives. Globally, stakeholders are very crucial subjects that play a major role in organization's operations or performance or those affected by the organization's actions (Kaplan & Babad, 2011). Kaur and Victoria (2017) classified stakeholders in the healthcare sector into three primary groups, external stakeholders, interface stakeholders and internal stakeholders. Accordingly, external stakeholders comprise individuals or groups who provide inputs to a medical facility and include patients, suppliers and the financial community; those that are the facilities' competitors; and those who possess a specific interest in the running of the facility such as government regulators, professional

associations, labour unions, members of the media fraternity, among others. Interface stakeholders are those individuals or groups that operate in the interface between the organisation and the environment including the medical personnel and the hospital board of trustees. Internal stakeholders are those that operate within the medical facility including management, professional and non-professional staff.

Projects present unique operational situations for organisations. The Project Management Institute (PMI) (2017) defines a project as a temporary undertaking aimed at generating a unique product, result or service. The temporary nature denotes a definite beginning and end where the latter is determined either by the attainment of the project objectives or the failure to do so. According to Riahi (2017), the management of project stakeholders, referred to as stakeholder analysis, entails the identification of all the interested parties in the project outcome; an assessment of their specific roles, interests and capabilities; and a determination of the extent of collaboration amongst the parties. Alqaisi (2018) affirmed that there is a direct correlation between the optimal management of stakeholders' expectations and interests and the attainment of project success since the performance the underlying activities that comprise optimal stakeholder management invariably leads to project success. Indeed, the ascertainment of the timely and appropriate communication, genuine stakeholder engagement to seek their opinions on various issues, and the pursuit of stakeholder buy-in are all critical towards the attainment of project success.

The pluralist nature of Kenya's healthcare system as exemplified by the fact that it features both public and private sector service providers has necessitated the coordination of the efforts of different stakeholders both internal and external. These include the Civil Society Organisations (CSOs), International non-governmental organisations (INGOs) among others who have been engaging in different programs that support various facets of the health sector thus giving them a key role in shaping and directly influencing state decisions (Nyawira, Mbau, Jemutai, Musiega, Hanson, Molyneux, Normand, Tsofa, Maina, Mulwa, & Barasa, 2021). This has given the NGOs such as World Vision the space in the development sector and specifically health that has been profound. However, their involvement has had to be customised to the suit the healthcare priorities of the Government (Njogu, 2018). CSOs provide various categories of professional and general services in the health sector both public and medical with a large percentage of them focused on HIV/AIDS and maternal and reproductive health primarily through the facilitation of the Global Fund (GF) grants. However, their participation has been handicapped by technical and governance capacity constraints in the utilisation of the grants (Marita, Oule, Mungai, Thiam & Ilako, 2016).

Chacha and Sitienei (2020) studied the roles and relationships of stakeholders in public health policies implementation in Kenya and found that a thorough comprehension of the different roles of the various stakeholders including communities, NGOs and private health providers, along with the interrelationships amongst each of these actors is critical towards the implementation of PHC in Kenya. In this regard, county governments in Kenya have experienced a number of issues in their relationship with the national Government as far as the implementation of their healthcare projects are concerned such as the lack of commitment in the disbursement of timely and adequate funds. Wanjau, Kivuti-Bitok, Aminde and Veerman (2021) conducted a study on stakeholder perceptions of current practices and challenges in priority setting for non-communicable disease (NCD) control in Kenya and affirmed that there is an urgent need for the alignment of the priorities of development aid partners with the specific priority areas of NCD control. This finding was based on the fact that donors tended to dictate the priority areas of their interventions.

## **2. Statement of the Problem**

NGOs in the health sector in Kenya utilised KES 13 billion in 2018/2019 on health-related projects representing 17% of the total project expenditure and an increment of 10.8% over 2017/2018 financial year. AMREF Health Africa in Kenya was the fifth highest utiliser of funding for health projects among NGOs in the Kenya with KES 2.65 billion while the health sector was the third most popular sector for newly registered NGOs at 13%. According to Fitch Solutions, spending on healthcare was valued at KES 394.68bn (US\$3.98bn) in 2017 (Medic East Africa, 2019). Per capita healthcare expenditure reached US\$80, of which as much as 61% was sourced from the private sector. Generally speaking, healthcare remains unaffordable to many, also due to the lacking infrastructure in rural areas. In 2017, total healthcare spending accounted for around 4.8% of the country's GDP, with the figure gradually falling in recent years from over 5.7% in as recently as 2014. In early 2017, WHO figures showed that almost every four out of five Kenyans had no access to medical insurance, which precluded them from being able to reach necessary healthcare services (Medic East Africa, 2019).

According to Muchunu (2015), many county health projects in Kenya fail to achieve effective cost management due to the limited participation of critical stakeholders in the budgetary process which has resulted in limited allocation of funds to some important project items.

This study will seek to contribute to the existing body of knowledge on stakeholder participation within the NGO realm in the health sector by addressing a number of gaps. The existing body of knowledge on stakeholder involvement in project communication has featured different contexts other than health.

## **3. Research Objectives**

The general objective of this study was to establish the impact of stakeholder participation on completion of health projects with a specific objective to establish the influence of project planning on completion of health projects in Nairobi County, Kenya.

## **4. Research Methodology**

This study adopted a descriptive survey research design owing to the fact that it portrays a precise assessment of individuals, events or situations and allows the collection of large amounts of data from a sizeable population in a highly economical way. Descriptive survey research design was chosen for this study as it helped in collecting data that describe events and then organized, tabulated, depicted, and described the data that helped in answering research questions or to test objectives on evaluating the impact of stakeholder participation on successful completion of health projects in Kenya.

This study was conducted in Lang'ata Sub-County, Nairobi City County. Lang'ata is situated southwest of the city's central business district, east of Karen, approximately 18 kilometres, by road, from the centre of Nairobi. Lang'ata Sub-County has a total population of 197,489 and a land area of 216.8 square kilometres as per the 2019 population census (Kenya National Bureau of Statistics, 2019). 48% of those who are within the working age bracket are employed, 8% are seeking work, while 44% are outside the labour force. This sub-county houses the biggest slum in the country, Kibra and has some of the worst healthcare problems. The target population was 150 respondents from five healthcare projects undertaken in Lang'ata Sub-County. These projects included: REACHOUT project, Afya Jijini, Amref Health Africa, AVSI Kenya Foundation, and Imarisha Maisha Project which comprised the unit of analysis. The 150 individuals (the unit of observation) were selected due to their knowledge of the project implementation issues as determined by the researcher on

the basis of her knowledge of the unit of analysis. The distribution of the target population is shown in Table 1.

*Table 1: Target Population of the Study*

	<b>Project</b>	<b>Description of participant</b>	<b>Number of participants</b>
1	REACHOUT Project – Bangladesh Slum	Project Manager	1
		Community Health Workers	15
		Monitoring and Evaluation Officer	3
		Public Health Officer	3
		Clinical Officers	3
		Nurse Assistants	5
2	Afya Jijini Program	Project Manager	1
		Community Health Workers	15
		Monitoring and Evaluation Officer	3
		Public Health Officer	3
		Clinical Officers	3
		Nurse Assistants	5
3	Amref Health Africa in Kenya	Project Manager	1
		Community Health Workers	15
		Monitoring and Evaluation Officer	3
		Public Health Officer	3
		Clinical Officers	3
		Nurse Assistants	5
4	AVSI Kenya Foundation	Project Manager	1
		Community Health Workers	15
		Monitoring and Evaluation Officer	3
		Public Health Officer	3
		Clinical Officers	3
		Nurse Assistants	5
5	Imarisha Maisha Project	Project Manager	1
		Community Health Workers	15
		Monitoring and Evaluation Officer	3
		Public Health Officer	3
		Clinical Officers	3
		Nurse Assistants	5
<b>Total Target Population</b>			<b>150</b>

This study employed the use of primary data that was collected by use of both the questionnaire and interview guide. Questionnaires was used to collect quantitative data while qualitative data was collected by use of interview guide. Questionnaires were developed from the objectives of the study and were administered to the identified stakeholders, hospital management staffs and the project beneficiaries within the slum area and beyond. Personal information of the respondents was obtained and to enable reliable measuring of each variable the questions were anchored on a five point Likert scale as they were easy to construct, reliable and objective than any other opinion scales.

## 5. Descriptive Statistics

The results relating to the descriptive statistics of project planning are presented in Table 4.5. According to the results, 60.2% of the respondents either agreed or strongly agreed that the organisation's projects have benefitted from clear formulation of project planning in terms of the scope, time and completion schedule. This indicated a moderate level of affirmation by the respondents which was confirmed by the mean of 3.5678. This was consistent with the findings of Ndachi and Kimutai (2018). Additionally, 75.5% of the respondents either agreed or strongly agreed that owing to financial challenges the organisation's health projects were unable to fulfil their pre-determined scope schedules as evidenced by the frequent changes to the scope during implementation. This was a reflection that the majority of the respondents agreed with this statement. The strong mean score of 4.1102 reinforced this view and corroborated Gitamo (2018).

Further, 94.1% of the respondents either agreed or strongly agreed that healthcare projects need to identify all the key stakeholders including customers in the setting of milestones during project implementation so that their interests can be prioritised during the formulation of the strategic plan. This, along with the high mean score of 4.3983 indicated a very high affirmation by the respondents and echoed Iddi (2020). Additionally, 70.3% of the respondents either agreed or strongly agreed that the setting of milestones has been integrated into the monitoring and evaluation (M&E) of the organisation's healthcare projects. The mean of this statement was 4.0254 indicating that most of the respondents agreed with it. This was aligned with Wario and Gakuu (2018).

The results also showed that 47.4% of the respondents either strongly disagreed or disagreed, while 12.7% were uncertain that projects undertaken by the organisation performed to an acceptable level due to the risk prevention measures that had been instituted. The mean score of the statement was 2.8898 indicating a very moderate level of agreement and contradicting the findings of Aduma and Kimutai (2018). Lastly, 75.4% of the respondents either agreed or strongly agreed that risk transfer practices have been adopted by the projects including insurance of project items to forestall delays. This statement also had a high mean score of 3.9746 indicating that there a high level of agreement with it and affirming the findings of Njuguna (2019). The standard deviations for the all statements were between 0.60114 and 1.72700 indicating that there was not much variation between the each of the responses and the average responses.

*Table 2: Descriptive Statistics of Project Planning*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Deviation
The organisation's projects have benefitted from clear formulation of project planning in terms of the scope, time and completion schedule.	23.7%	10.2%	5.9%	6.0%	54.2%	3.5678	1.72700
Owing to financial challenges the organisation's health projects were unable to fulfil their pre-determined scope schedules as evidenced by the frequent changes to the scope during implementation.	5.9%	0.0%	18.6%	28.0%	47.5%	4.1102	1.09219
Healthcare projects need to identify all the key stakeholders including customers in the setting of milestones during project implementation so that their interests can be prioritised during the formulation of the strategic plan.	0.0%	0.0%	5.9%	48.3%	45.8%	4.3983	.60114
The setting of milestones has been integrated into the monitoring and evaluation (M&E) of the organisation's healthcare projects.	0.0%	0.0%	29.7%	38.1%	32.2%	4.0254	.78948
Projects undertaken by the organisation performed to an acceptable level due to the risk prevention measures that had been instituted.	30.5%	16.9%	12.7%	12.8%	27.1%	2.8898	1.61607
Risk transfer practices have been adopted by the projects including insurance of project items to forestall delays.	0.0%	13.6%	11.0%	39.8%	35.6%	3.9746	1.00819

## 6. Pearson Correlation Coefficient Analysis

According to Benesty, Chen, Huang and Cohen (2009), Pearson correlation coefficient refers to the extent to which two or more variables have a linear association. The Pearson correlation coefficients of this study are illustrated in Table 3. According to the results, the four independent variables, project planning had positive correlation of  $r = 0.746$  with the dependent variable Completion of Health Projects. Thus, a change in project planning by one unit will lead to a corresponding change of 0.746 in the dependent variable.

Further, an assessment of the p-values showed that the independent variable had p-values that was below 0.05 indicating that there is a statistically significant relationship between all of them and the dependent variable. This affirmed Dahiru (2008) who determined that in instances where there are confidence intervals of 95%, p-values are supposed to be below 0.05 so that the observed differences between groups are not likely to be down to chance and, as such, statistically significant.

*Table 3: Pearson Correlation Coefficients*

		Project Planning	Completion of Health Projects
	Pearson Correlation	1	
	Sig. (2-tailed)		
	N	118	
	Sig. (2-tailed)	.008	
Project Planning	N	118	118

### 7. Beta Coefficient Analysis

Beta Coefficients as unknown constants that are projected from the data which are connected to particular independent variables (Peterson & Brown, 2005). These coefficients enable the measurement of the size of change in an independent variable and the manner in which this affects the dependent variable when the rest of the independent variables are held constant. The results of the Beta Coefficients of the study variables are shown in Table 4. The values of the constants and coefficients enabled the generation of the following multiple regression model:

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon \dots\dots\dots(1)$$

$$= 4.200 + 0.401X_1 + 0.582$$

Where; Y refers to the dependent variable (Completion of Health Projects)

$X_1$  refers to the Project Planning variable

According to the equation, taking the independent variable to be zero, Completion of Health Projects will be a constant equivalent to 4.200. A review of the findings also shows that a unit increase in Project Planning will lead to a 0.401. Lastly, the p-values for all the variables are all below 0.05, which indicates that they are all statistically significant.

*Table 4: Beta Coefficients*

Coefficients <sup>a</sup>					
		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
Model					Sig.
	(Constant)	4.200	.582		7.213
1	Project Planning	.401	.065	.562	.614

a. Dependent Variable: Completion of Health Projects

### 8. Summary of the Findings

According to the correlation analysis, the independent variable had strong positive correlations with the dependent variable. The multiple regression model had a fairly strong relationship with the data associated

with the variables indicating that it is a good predictive model. There is also a statistically significant relationship between the independent variables and the dependent variable.

The results of the descriptive statistics of Project Planning showed that the respondents were in agreement with five out of the six examined aspects. Amongst the aspects were endorsed by the respondents, the three most critical ones were: the identification of all key stakeholders in the setting of milestones during project implementation; the inability to fulfil pre-determined scope schedules due to financial challenges; and risk transfer practices have been adopted by the projects including insurance of project items to forestall delays. However, the respondents disagreed with the notion that projects undertaken by the organisation performed to an acceptable level due to the risk prevention measures that had been instituted.

## References

- Aduma, L. K. & Kimutai, G. (2018). *Project risk management strategies and project performance at the National Hospital Insurance Fund in Kenya. International Academic Journal of Information Sciences and Project Management*, 3(2), 80-110.
- Alqaisi, I. F. (2018). *The effects of stakeholder's engagement and communication management on projects success. In MATEC Web of Conferences (Vol. 162, p. 02037). EDP Sciences.*
- Barasa, E. W., Cleary, S., Molyneux, S., & English, M. (2017). *Setting healthcare priorities: a description and evaluation of the budgeting and planning process in county hospitals in Kenya. Health policy and planning*, 32(3), 329-337.
- Benesty, J., Chen, J., Huang, Y., & Cohen, I. (2009). *Pearson correlation coefficient. In Noise reduction in speech processing (pp. 1-4). Springer, Berlin, Heidelberg.*
- Benn, S., Abratt, R., & O'Leary, B. (2016). *Defining and identifying stakeholders: Views from management and stakeholders. South African journal of business management*, 47(2), 1-11.
- Chacha, W. R., & Sitienei, S. K. (2020). *The roles and relationships of stakeholders in public health policies implementation in Kenya: Case of Baringo County. International Journal of Scientific and Research Publications*, 10(5), 247-251.
- Cooper, D. & Schindler, P. (2014). *Business Research Methods (12<sup>th</sup> Ed.)*, New York: McGraw-Hill.
- Dahiru, T. (2008). *P-value, a true test of statistical significance? A cautionary note. Annals of Ibadan postgraduate medicine*, 6(1), 21-26.
- Gitamo, M. M. I. (2018). *Project management implementation practices in provision of reproductive health services in selected health facilities in Nairobi County (Doctoral dissertation, JKUAT).*
- Iddi, S. T. (2020). *Determinants of the Implementation of Healthcare Projects in Kenya: a Case of Coast General Hospital, Mombasa County (Doctoral dissertation, University of Nairobi).*
- Ingabire, F., Gitahi, N., & Mwangi, F. (2021). *Stakeholders' Involvement and Success of Strategy Implementation. Journal of Strategic Management*, 5(1), 70-92.
- Kaplan, R. M., & Babad, Y. M. (2011). *Balancing influence between actors in healthcare decision-making. BMC health services research*, 11(1), 1-14.



- Kenya National Bureau of Statistics (2019). 2019 Kenya Population and Housing Census: Volume 1: Population by County and Sub-County. Nairobi: KNBS.*
- Marita, E., Oule, J., Mungai, M., Thiam, S., & Ilako, F. (2016). Capacity and readiness of civil society organisations to implement community case management of malaria in Kenya. The Pan African Medical Journal, 25(Suppl 2).*
- Medic East Africa (2019). 2019 Healthcare Market Insights: Kenya. Retrieved from <https://www.medic east africa.com/content/dam/Informa/mediceastafrica/2019/downloads/kenya-healthcare-overview.pdf>*
- Ndachi, H. N., & Kimutai, G. (2018). Project management practices and implementation of health projects in public hospitals in Nyeri County, Kenya. The Strategic Journal of Business & Change Management, 5(2), 2518-2532.*
- Njogu, E. N. (2018). Factors influencing performance of Non-Governmental Organization Health Care Project in World Vision in Nairobi County, Kenya (Doctoral dissertation, University of Nairobi).*
- Njuguna, P. G. (2019). Risk management practices and performance of projects in Nairobi City County, Kenya (Master's thesis, Kenyatta University).*
- Nyawira, L., Mbau, R., Jemutai, J., Musiega, A., Hanson, K., Molyneux, S., Normand, C., Tsofa, B., Maina, I., Mulwa, A., & Barasa, E. (2021). Examining health sector stakeholder perceptions on the efficiency of county health systems in Kenya. PLOS Global Public Health, 1(12), e0000077.*
- Peterson, R. A., & Brown, S. P. (2005). On the use of beta coefficients in meta-analysis. Journal of Applied Psychology, 90(1), 175.*
- Project Management Institute (2017). A guide to the project management body of knowledge (6<sup>th</sup> Ed.). Pennsylvania: Project Management Institute.*
- Riahi, Y. (2017). Project stakeholders: Analysis and management processes. SSRG International Journal of Economics and Management Studies, 4(3), 37-42.*
- Wanjau, M. N., Kivuti-Bitok, L. W., Aminde, L. N., & Veerman, L. (2021). Stakeholder perceptions of current practices and challenges in priority setting for non-communicable disease control in Kenya: a qualitative study. BMJ open, 11(4), e043641.*
- Wario, A., & Gakuu, C. (2018). Factors influencing implementation of health projects in Garbatula Sub-county, Isiolo County, Kenya. International Academic Journal of Information Sciences and Project Management, 3(2), 37-57.*