PROJECT MANAGEMENT PRACTICES INFLUENCE ON THE PERFORMANCE OF ANTENATAL CARE SERVICES PROJECTS IN KENYA: A CASE STUDY OF MERU COUNTY

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A Research Project Report Submitted in Partial Fulfillment of the Requirement for the Award of the Degree of Master of Arts in Project Planning and Management of the University of Nairobi

DECLARATION

This research project report is my original work and it has never been presented for any

award in any university.	
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DEDICATION

This research project report is dedicated to my Husband Kevin, my sons Myles, Marlon and Moen, and my mother Purity for the encouragement and support they gave me during the entire period of study.

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ABBREVIATIONS AND ACROMNYS

GOK Government of Kenya

ICT Information and communication technologies

PAN Project Activity Network

PMBOK Project Management Body of Knowledge

PRAM Project Risk Analysis and Management

SPSS: Statistical Package for Social Sciences

TRA Theory of Reasoned action

UK United Kingdom

UNAIDS: United Nations Aids Agency

UNCRC United Nations Convention on the Rights of the Child

UNDP: United Nations Development Programme

UNON United Nations Office in Nairobi

USAID: United States International Development

WHO: World Health Organization

ABSTRACT

The antenatal care services projects are poorly performing. Despise the availability of antenatal care services in the hospital through antenatal care services projects only 25% of these women were able to achieve the four recommended antenatal care visits. The purpose of this research was to establish project management practices influence on the performance of antenatal care services projects in Kenya. The study was guided by the following objectives; to determine how planning practices, project execution practices, monitoring and evaluation and project funding influence performance of antenatal care services projects in Kenya. The study was hinged on system theory, co-evolutionary theory and classical theory. A descriptive research design was undertaken to ascertain and be able to describe the characteristics of variables of interest. The target population for this study was 262 comprising of Project managers, Officials in the Ministry of Health and Beneficiaries. The sample size was a subset of the population that is taken to be representatives of the entire population. A sample population of 156 was arrived at by calculating the target population of 262 with a 95% confidence level and an error of 0.05 using the below formula taken from Kothari (2004). This study adopted a stratified and simple random sampling technique. Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. The drop and pick method was preferred for questionnaire administration so as to give respondents enough time to give well thought out responses. The researcher personally administered the research instruments to the respondents. Descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables. The qualitative data from the openended questions was analysed using conceptual content analysis and presented in prose. Inferential data analysis was done using regression and correlation analysis and information presented inform of tables. The study found that delivery method and inputs required influence performance of antenatal care services projects in Kenya to a very great extent. The study found that effective communication and managing people influenced performance of antenatal care services projects in Kenya to a very great extent. The study also found that M&E training and provision of direction influence performance of antenatal care services projects in Kenya to a very great extent. Lastly, the study found that adequate funds influence performance of antenatal care services projects in Kenya to a very great extent. The study concluded that planning practices had the greatest effect on performance of antenatal care services projects in Kenya, followed by monitoring and evaluation strategy, then project execution practices while project funding had the least effect on the performance of antenatal care services projects in Kenya. The study recommends that more stringent measures should be put in place to ensure proper monitoring and evaluation processes. Further, the study recommends that the project management should prepare documentations and manuals guiding on project planning.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Project management isn't just the project manager's responsibility. Projects as a way to attain objectives, have been used since ancient times, generating important results to society and culture. The characteristics of a project require a specific type of management. Project management is the application of knowledge skills, tools and techniques to project activities. Project management is accomplished through the application and integration of the project management processes of initiating, planning, executing, monitoring and controlling, and closing. Project management has evolved over time, becoming the principal mean of dealing with change in modern organizations. Best practices have occurred as a result of business evolution and of practicing project management at a global level. Best practices in project management, if followed, increase the chances of success in achieving goals when dealing with projects (Stark, 2015).

Antenatal care services projects are established for the health care given to pregnant women so that they have safe pregnancy and healthy babies. Recently the WHO Technical Working Group has recommended a minimum level of care to be four antenatal care clinic visits throughout the pregnancy. On 7th November 2016, the World Health Organization (WHO) released new guidelines on access to antenatal care services projects for pregnant women. The revision was necessitated by the persistently high maternal deaths globally, particularly in developing countries where deaths are still 14 times higher than in the developed regions. The WHO recommended increasing antenatal care visits from the current four to eight fundamental visits, to ensure a continuum of care during pregnancy, labour and delivery, and the postnatal period. The four-visit model (focused antenatal care) being replaced was adopted by WHO in 2002, and has been in use since then, providing goal-oriented and targeted care aimed at increasing the detection and management of complications during pregnancy (Kayombo, 2011).

Performance of antenatal care services projects has growing evidence shows that a higher frequency of antenatal contacts by women and adolescent girls with the health system is associated with a reduced likelihood of stillbirths. A minimum of eight contacts for antenatal care can reduce perinatal deaths by up to 8 per 1000 births when compared to a minimum of four visits. Traditional antenatal care services projects management systems mainly provide text, basic graphs, and complicated network schedules for controlling projects and making decisions. Today's projects are becoming ever more complex and time driven, especially as the amount of project information and active project participants increases. Thus, we require more effective project tools for integration, management and communication. A standardized approach of project management comes to support the project manager when dealing with multiple projects with different competency needs, reducing the management risk and maximizing the achievement of goals (Canavan, 2009).

Managing antenatal care services projects can be daunting. Since projects are generally perceived to be unique, it cannot be expected that the same set of processes and methods will foster the success of each and every project (Ahlemann, Teuteberg & Vogelsang, 2009). Best practices in project management contribute to the achievement of goals, but project managers need to determine which project management methods can be generally applied and which are appropriate in specific situations. Project managers also need to be able to adapt the international standard to the cultural differences which appear in different areas or countries

High quality prenatal or antenatal care (ANC) is an essential component of the reproductive, maternal, newborn and child health continuum of care. During the critical prenatal period, health care providers can educate women about healthy pregnancy behaviors, danger signs of complications, breastfeeding and family planning; identify and treat pregnancy-related conditions such as pre-eclampsia/eclampsia; refer mothers to specialized care when necessary; encourage the use of a skilled birth attendant; and minimize the risk of mother-to-child transmission of HIV. For many women around the world, an ANC visit is their first adult contact with the health care system, serving as a gateway to health services both during and beyond maternity care. In addition to diagnosing and managing pregnancy-related complications, ANC provides an opportunity to screen for and treat other chronic conditions and non-communicable diseases (Gongora & Wenger, 2015).

As technology grows and changes, antenatal care services projects become bigger and more complex. According to a global survey done by the Project Management Institute, 41 percent

of projects completed in 2017 were high complexity projects. It's easy to see why. Many modern project teams have grown to include remote and international members, and innovative leaders understand that shorter project cycles are key to staying relevant. As a result, every team could benefit from more effective project management. Each project is unique, but a good place to start is with the nine best practices for effective project management outlined by the Project Management Institute (Gongora & Wenger, 2015). Sometimes the business environment changes after the project starts, so assumptions made at the beginning of the project may no longer be valid. This often means the scope or deliverables of the project need changing. If a project manager accepted all changes into the project, the project would inevitably go over budget, be late and might never be completed. By managing changes, the project manager can make decisions about whether or not to incorporate the changes immediately or in the future, or to reject them. This increases the chances of project success because the project manager controls how the changes are incorporated, can allocate resources accordingly and can plan when and how the changes are made. Not managing changes effectively is often a reason why projects fail (Kotter, 2012).

Antenatal care services projects is essential to improve maternal and newborn health and wellbeing. The majority of pregnant women in Tanzania attend at least one visit. Since implementation of the focused antenatal care model, quality of care assessments have mostly focused on utilization and coverage of routine interventions for antenatal care. Performance of routine ANC services, partly explained by insufficient resources. Poor performance was also observed for appropriate history taking, attention for client's wellbeing, basic physical examination and adequate counseling and education. Achieving quality improvement for ANC requires increased attention for the process of care provision beyond coverage, including attention for response-based services, which should be assessed based on locally determined criteria (Gongora & Wenger, 2015).

Globally, 85% of pregnant women attend at least one ANC visit with a skilled health professional, and 58% attend at least 4 ANC visits. However, ANC utilization varies within and among countries: One study found that the percentage of women who attended at least 4 ANC visits ranged from 18% in Guatemala to 81% in Nicaragua. A number of factors including socioeconomic status, place of residence and education level affect a woman's

likelihood of attending ANC, contributing to enormous disparities in access and utilization (Grimes, Bowman, Dodgion & Lavy, 2011).

In 2007, WHO estimates put annual maternal deaths at 536,000 worldwide with 95% coming from sub- Saharan Africa and Asia. Recent estimates puts maternal mortality rate in Kenya at 488 per 100,000 live births (KDHS, 2009). Other sub Saharan countries have higher rates e.g. Sierra Leone at 2100, Niger at 1800 per 100,000 live births, Cameroon, Malawi and Nigeria at 1100 per 100,000 live births (WHO, 2007). Research has shown that maternal and perinatal deaths can be drastically reduced by increasing accessibility and utilization of maternal health services especially ANC. Availability of maternal health services alone does not guarantee utilization because of other constraints like lack of information. The United Nations (UN) in 1998 observed that the most proximate determinant of maternal health and survival is the extent to which mothers have access to, and utilize high quality maternal health care services such as ANC, family planning, skilled delivery and post-natal care

The quality of care during an antenatal visit is also important. Particularly in low-resource settings, shortages in essential medicines, equipment and trained staff are barriers to providing high quality care. In addition, the content of care delivered during pregnancy is poorly measured, limiting the ability to identify and address weaknesses. Integrating ANC with other health services has the potential to improve utilization, quality and outcomes, but additional research is needed. Another approach designed to improve the quality of care is group-based ANC. Researchers in recent years have begun to assess the feasibility and acceptability of group care models such as Centering Pregnancy in diverse global settings, including Malawi and Tanzania (Grimes, Bowman, Dodgion & Lavy, 2011).

The Kenya vision 2030 social strategy emphasises the need to improve the overall livelihoods of Kenyans (Government of the Republic of Kenya, 2007). In the area of maternal health, vision 2030 aims at shifting the health bill from curative to preventive care with special attention being paid to lowering infant and maternal mortality ratios. It points out that Kenya is lagging behind in interventions which should lower infant and maternal mortality. Antenatal care is an important determinant of maternal health outcomes and one of the basic components of maternal care on which the life of mothers and babies depend. It is the entry point to the health care system and determines whether a mother will deliver in a health

facility and whether she will take the baby for preventive services like immunizations and growth monitoring (Gross, Alba, Glass, Schellenberg & Obrist, 2012).

According to Chuma and Thomas (2013), only a minority of pregnant women (36.1%) make the required minimum of four ANC visits in public health facilities in Kenya. This implies that we are unlikely to achieve millennium development goals number 5 and 6 by the end of this year 2015. Lack of access to, and low utilization of essential services and high-impact interventions, together with poor quality of health services, may be partially responsible for this lack of progress. In Kitui district hospital, out of the 2927 pregnant mothers who were within the catchment area in 2014, only 747 (25%) of them attended the recommended 4 ANC visits (DHIS, 2015). Assessing the determinants of utilization of antenatal care services in Kitui district hospital is therefore necessary since the findings are likely to help the hospital improve the quality of services and attract more clients.

1.2 Statement of the Problem

Projects need to be managed, that is, they need to be planned, staffed, organized, monitored, controlled, and evaluated. Given the sub-national disparity and inequity in access to critical health services and in health outcomes, the salient question remains whether the government should increase resources countrywide to implement the new guidelines, or focus its efforts on strengthening the current interventions, including the focused antenatal care model and free maternal health services in the 15 counties with the highest maternal death burden. Antenatal care services projects should thus be a welcome move in Kenya where maternal and neonatal deaths remain unacceptably high. According to the Kenya Demographic and Health Survey (KDHS) 2014, the average national maternal mortality ratio was 362 deaths per 100,000 live births, a decrease from 488 per 100,000 in 2008. In other words, for every 1,000 live births, approximately four women die during pregnancy, childbirth, or following childbirth. In addition, the deaths that occur in the first month of life contribute to nearly half (42 percent) of all deaths occurring among children aged under five years. The irony is that almost all these deaths are entirely preventable given proper medical surveillance and intervention. However, Kenya and other developing countries have struggled to effectively implement the four-visit program (Ochako & Gichuhi, 2016).

The antenatal care services projects are poorly performing. Despise the availability of antenatal care services in the hospital through antenatal care services projects only 25% of these women were able to achieve the four recommended antenatal care visits. This is lower than the overall Kenyan situation in which 47.1 percent of pregnant women attended at least four ANC visits in the year 2008 (KNBS & ICF Macro, 2010). This is evident through the 2014 KDHS showed that slightly more than half (58 percent) of pregnant women made four or more antenatal care visits during their pregnancy, an increase from 47 percent since the 2008-09 KDHS. In the North Eastern region which has the highest maternal and neonatal mortality rates, only about one in every three women (37 percent) made four visits, compared with over 50 percent in the other regions. North Eastern counties recorded the highest maternal mortality ratios, at 3,795 deaths per 100,000 live births in Mandera, 1,683 in Wajir, 1,594 in Turkana and 1,127 in Marsabit. Indeed, 98.7 percent of the total maternal deaths in the country occur in only 15 out of 47 counties, most them in the northern and coastal parts of the country. Increasing antenatal visits is bound to reduce maternal deaths, because it will increase contact between health workers and pregnant women. The low uptake of antenatal care services means that many mothers who have pregnancy related conditions do not receive preventive and curative services. As a result they come to labour when they already have untreated medical conditions which lead to poor outcomes like maternal death, disability or long term illnesses. These outcomes negatively affect our public health and the overall socioeconomic development.

Previously, studies have been conducted on project management practices such as Ogero (2014) who established the influence of project management information system on project performance in the industry: a case of Nairobi County, Kenya. While there are obvious benefits of increasing antenatal visits, implementing the new guidelines is going to be much more difficult to achieve given current resources constraints. There is therefore need for careful considerations of the extra challenge the new guidelines pose and to understand the implications on the resources needed including among others: human resources, infrastructure, and equipment. Therefore, the study sought to fill the existing knowledge gap by determine project management practices influence on the performance of antenatal care services projects in Kenya

1.3 Purpose of the Study

The purpose of this research was to establish project management practices influence on the performance of antenatal care services projects in Kenya.

1.4 Research Objectives

The study was guided by the following objectives:

- i. To determine how planning practices influence performance of antenatal care services projects in Kenya.
- ii. To assess how project execution practices influence performance of antenatal care services projects in Kenya.
- iii. To examine how monitoring and evaluation influence performance of antenatal care services projects in Kenya.
- **iv.** To determine how project funding influence performance of antenatal care services projects in Kenya.

1.5 Research Questions

The study sought to answer the following questions;

- i. How does planning practices influence performance of antenatal care services projects in Kenya?
- ii. What is the influence of project execution practices on performance of antenatal care services projects in Kenya?
- iii. How does monitoring and evaluation influence performance of antenatal care services projects in Kenya?
- iv. How does project funding influence performance of antenatal care services projects in Kenya?

1.6 Significance of the Study

The study was valuable to the management of antenatal care services projects in Kenya in that it provided an insight on factors influencing performance of antenatal care services projects in Kenya. The management was hoped to be in a position of instituting measures that promoted performance of antenatal care services projects to effective assessing project progress and achieve product development project success.

The government gained insight on the project management practices influence on the performance of antenatal care services projects. This enabled policy makers such as Ministry of Health in formulating and implementing measures that foster efficient project management practices on the performance of antenatal care services projects in county development projects. This led to success in development project leading to economic development, increase economic activities in the country hence alleviate poverty among communities in Kenya.

The study was of importance to researchers and scholars. The scholars are found the study valuable as they gained knowledge on project management practices influence on the performance of antenatal care services projects. The study formed a foundation in which further study was carried out. Therefore, the study added unto existing literature hence provided material for further related research.

1.7 Delimitations of the Study

The study determined project management practices influence on the performance of antenatal care services projects in Kenya. This study specifically established the influence of planning practices, project execution practices, monitoring and evaluation and project funding on performance of antenatal care services projects. The study population comprised of Project managers, Officials in the Ministry of Health and Beneficiaries. The study was carried out in a period of three months.

1.8 Limitation of the Study

In undertaking this study, the researcher encountered challenges as follows: Fear of victimization was a key limitation to this research work. Respondents were afraid to provide factual information on the basis that information provided could be used against them. There were concerns of confidentiality of respondents thus affecting their honesty in providing information. The researcher informed the respondents that the information they provided was used for academic purpose only.

Respondents were uncomfortable sharing information with the researcher based on rank differences, that is, the researcher being of a senior rank in management than the respondents and the evident chain of command in communication between junior and senior officers

within the organization. The researcher sought permission from the county management to be provided with support necessary to be able to collect data from the respondents and develop a rapport with the respondents from the top management level. The researcher neither pointed out any names nor requested for identification numbers in any of the research instruments and therefore no chances of linking any information to particular respondents. This influenced respondents to provide true, factual and adequate information.

The top management were usually busy and it was a challenge to secure time to collect data within the time of the day. The researcher sought permission from the National Commission for research, the university and County director of development so that respondents were allowed time off during their free time to provide information for the study.

1.9 Assumptions of the Study

Assumptions considered important in this study were that the documents utilized were original and authentic documents. Other assumptions were that respondents would answer questions correctly and truthfully. It was assumed that planning practices, project execution practices, monitoring and evaluation and project funding influence performance of antenatal care services projects. The study assumed that respondents were not biased and that the chosen sample population would participate voluntarily. This study also assumed that the respondents would be honest, cooperative and objective in the response to the research instruments and would be available to respond to the research instruments in time. Finally, the study assumed that the authorities in the firms would grant the required permission to collect data.

1.10 Definition of significant Terms used in the study

Evaluation: Is a systematic and independent assessment of an ongoing or completed project its design, implementation as well as results. Evaluation gives evidence as to why targets and outcomes are being achieved or not achieved. It seeks to address issues of causality.

Monitoring: Is a continuous function that gives information on where a project is at any given time relative to respective targets and outcomes

Project Funding— is a plan for using available resources, for example financial resources, especially in the near term, to achieve implementation of M&E practices goals for the future development. Planning practices was measured using; adequate funds, subsistence allowances accessibility, disbursement frequency, actual expenditure outline, contingencies payments and consumables and supplies allocation.

Project performance This is defined by the criteria of time, budget and deliverables. It is the overall quality of a project in terms of its impact, value to beneficiaries, implementation effectiveness, efficiency and sustainability.

Project planning This is project management process that relates the use of schedules such as Gantt charts to plan and subsequently report progress within the project environment. Initially, the project scope is defined and the appropriate methods for completing the project are determined.

1.11 Organizational of the Study

The study was organized in five chapters. Chapter one presents the introduction, background of the study, statement of the problem, purpose of the study, research objectives and research questions, significance of the study and definition of significant terms. Chapter two presents the literature review based on the themes drawn from objectives. Chapter three presents research design, target population, sample size, sampling procedure, data collection, validity of instruments and reliability of the research instrument, methods of data analysis techniques, ethical issues, operationalization of the variables while chapter four presents the Data analysis, presentation of the results and interpretation of the findings and discussion. Finally, Chapter five presents the summary of findings, conclusions and recommendations of the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter presents the literature review related to project management practices influence on the performance of antenatal care services projects. This section is vital as it determines the information that link the current study with past studies and what future studies still need to explore to improve knowledge. The chapter is divided into the following sub-headings: review of variables, theoretical review, conceptual framework, research gap and finally the summary.

2.2 Performance of Antenatal Care Services Projects

Project performance is influenced by being good at managing antenatal care services projects is usually a matter of following project management best practices. These best practices are usually derived from project management methodologies, international standards, industry conventions, and the organization's own guidelines from past projects. The ultimate importance of project performance is achieved through avoiding the project's failure to keep within cost budget, failure to keep within time stipulated for approvals, design, occupancy and failure to meet the required technical standards for quality, functionality, fitness for purpose, safety and environment protection. Project performance ensures that enterprises maximise on profitability, minimise the consequences of risky and uncertain events in terms of achieving the project's objectives and seizes the chances of the risky events from arising (Kululanga & Kuotcha, 2010).

The criteria of project performance for the project will be cost, time and quality which are basic elements of project success. Quality is all about the entirety of features requisite by a product to meet the desired need and fit for purpose. To ensure the effectiveness and conformity of quality performance, the specification of quality requirements should be clearly and explicitly stated in design and contract documents. Project performance measure for this study will be defined in terms of cost, time, quality and profitability, as small and medium enterprise focus on earning returns over project investment. In Kenya, project performance has been measured through project cost, quality, customer or stakeholder's satisfaction,

timeliness and achieving of project objective as effective indicator to measure of project performance (Nyikal, 2011).

A common cause of project failure is that important stakeholders and sponsors aren't alerted to issues until it is too late. Problems that can be solved by senior people often linger at the bottom of the organization for fear of rebuke or censure. Leadership capabilities are particularly important when you're dealing with a complex set of resources - as in an agency setting. Leaders can't always develop a schedule for creative work and expect it to be 100% perfect every time. Often, you'll have to use leadership, motivation, and empathy to get creative talent to do its best. One of the top reasons for project failure is misalignment between project goals and business strategy. In fact, organizations that establish an enterprise project management office (EPMO), aimed at aligning antenatal care services projects and strategy, have 33 percent fewer projects that are deemed failures (Ehrenreich, 2009).

2.3 Planning practices and Performance of Antenatal Care Services Projects

Planning requires that the project manager decides which people, resources and budget are required to complete the project. Manager must define what activities are required to produce the deliverables using techniques such as Work Breakdown Structures. Manager must estimate the time and effort required for each activity, dependencies between activities and decide a realistic schedule to complete them. Involve the project team in estimating how long activities will take. Set milestones which indicate critical dates during the project. Write this into the project plan. Get the key stakeholders to review and agree to the plan. Project planning is tricky on a corporate creative team. Too little planning causes chaos and frustration; and too much planning causes a lot of administrative work and not enough time for creative work. Ultimately, the planning stage of the creative workflow determines how smoothly your antenatal care services projects move through the creative process, which is why it's so important to spend some time at the beginning of a project and get your planning right (Hinton, 2012).

Project planning begins with the formation of a local project planning committee or group. Whenever possible, tribes and organizations should use a team approach to plan new antenatal care services projects which involves staff, community members, community or organizational leadership, and a grant writer or consultant if necessary. The committee

members play an important role in keeping the project planning process on track while also ensuring everyone has the opportunity to participate. The committee can organize meetings, conduct surveys, gather and analyze information, and meet with other agencies and organizations. This team will develop the project plan and use it to write the different parts of the application. Generally, you want to spend approximately 80% of your time planning your project and 20% of your time writing and packaging the grant application (Hinton, 2012).

Managers must define what activities are required to produce the deliverables using techniques such as Work Breakdown Structures. Managers must estimate the time and effort required for each activity, dependencies between activities and decide a realistic schedule to complete them. Involve the project team in estimating how long activities will take. Set milestones which indicate critical dates during the project. Also known as Planned Commitments, this process includes evaluating, identifying, defining, and specifying both boundaries and resources surrounding nine key components: scope and mission, scheduling, budgeting, personnel, control, risk, and quality. At the onset of the project, make sure that the team and the stakeholders all understand what is available and the guidelines established to keep managers on track (Kerzner & Kerzner, 2017).

In Addition, processes such as planning for communications and for scope management, identifying roles and responsibilities, determining what to purchase for the project and holding a kick-off meeting are also generally advisable. The most common tools or methodologies used in the stakeholder involvement in planning stage are project Plan and Milestones Reviews. Stakeholders official are engaged fully in the planning stage. At this level, the project officials prepare the project budget, work plan and open a bank account for the project funds to be channeled through (Madeeha & Imran, 2014). The District Works Officer who is a Government official assists in preparation of bill of quantity for the project. The other relevant departmental heads approve the budget and work plan for the antenatal care services projects in their relevant fields. The objectives of engaging stakeholders in planning include analyzing, anticipating, scheduling, coordinating, controlling and Information management, which influence success of the project (Madeeha & Imran, 2014).

Project planning is widely thought to be an important contributor to project success. In the larger scheme of a typical creative team's workflow, project planning follows the request

stage, where, ideally, a traffic manager or creative director receives all incoming work requests in a standardized fashion. Formalizing the project's work plan is key to meeting deadlines and hitting milestones. Without a detailed work plan, there isn't a documented plan for all the various stages of the project. What gets measured gets done, and a detailed work plan is a simple way to measure all the different moving parts of a project. Zwikael and Globerson (2006) found that engineering had the highest quality of planning and success while production and maintenance companies had the lowest quality of planning and success. The production and maintenance industry is deemed to be less project focused. The services industry is third in planning and second in success while software and communications were second in planning and third in success. These last two results, as pointed out by the authors, can be attributed to either differences in the impact of planning in each industry or the fact the software and communications industries are challenging environments (Madeeha & Imran, 2014).

2.4 Project Execution Practices and Performance of Antenatal Care Services Projects

Project execution is the third phase of the project life cycle and one of the most vital of the project phases. It is the phase where you will construct your deliverables and present them to your customer and key stakeholders. This is usually the longest phase of the project life cycle and predictably the most demanding. To make sure strategies get put into motion, project managers must make sure they have the talent with the right project leadership skill sets to manage the project. Today, PMI recognizes the need to have a trio of skill sets in the areas of leadership, strategic and business management, and technical project management. Emotional intelligence and self-awareness continue to be essential skillsets for project leaders. Project managers also need to better understand to lead others. Plan to acquire any just-in-time training so project managers have the necessary working knowledge for their role on the project. Every project leader should have a personal career roadmap in place to fill behavior or competency gaps. Project managers should aim to build a highly qualified team that can help define the right strategies and alignments for your programs and antenatal care services projects. Project leaders that can align their vision and work with their teams will successfully deliver key programs and projects. The alignment of vision and strategy to implementation will help you close those gaps (Blaskovics, 2014).

Project execution's key purpose is to complete the work defined in the project management plan and to meet key project objectives. Having projects carried out on the ground brings about the practice of expeditious decision making by virtue of centralized planning, budgeting and decision making on the ground, (Eschura, 2009). This gives an assurance of having the programmes liberated from any external influence away from the local considerations. It gives the autonomous unit the liberty to run its affairs without undue influence from the central government. This enables the expeditious service delivery, realization of the local community interests and greater achievements without being begged down by slow bureaucratic processes from the central government.

Decentralized decision making increases the participation of the local populace in the same, (Ahmad, 2010). This is driven by the fact that the local population has its needs and knows its priorities in consideration to the local underlying factors. In the event of their involvement in decision making, they are bound to have their immediate needs as the driving consideration in the decision making processes. They are bound to agitate for local programmes which are close to them as opposed to the central government deciding on matters which may not have major local considerations with regard to the populace needs (Ahmad, 2010). This also minimizes instances of skewed development programmes not driven by real business case. It also eliminates the situation of duplicity with regard to programmes owing to the fact that different areas have different needs.

Competence in the local knowledge and the information residing in the minds of the local officials gives legitimacy to local considerations in decision making. The local populations is always at hand to give an input of its ideas and feelings as regards antenatal care services projects and what impact they have on their lives as a populace and the overall prioritization of needs with regard to service delivery (Huugu, 2010). The risk of failure is curtailed and minimized because the local population works hard to ensure that the projects are successful. It also infuses a sense of ownership of programmes and the capacity to successfully implement them. Redistribution of decision-making responsibilities between the central and lower government systems enhances the development of the national development agenda with different community considerations being the driving factor, (Ndegwa, 2010). This brings about a bigger picture of the different persuasions and considerations in the different

regions driving the national agenda driven by the fact that different regions have carrying levels of development and different needs for the populace.

2.5 Monitoring and evaluation and Performance of Antenatal Care Services Projects

Monitoring is descriptive in nature and gives information on where a project is at any given time relative to respective targets and outcomes. Evaluation on the other hand, is the systematic and objective assessment of a project and gives evidence of why targets and outcomes are or are not being achieved. It seeks to address issues of causality. Applied as a function, monitoring and evaluation is an integral part of project management involving a system of reflection and communication supporting project implementation (Nuguti, 2009). Monitoring, whilst seen as an on-going management function, and evaluation as the post-event function, which feeds information back to management for the next event, is too simplistic a distinction. In monitoring one is evaluating, as one is making a judgement about progress and intervening based on this judgement (UNDP, 2010). Similarly, when one does an evaluation, one does so on the basis of monitoring data, and judgements can best be made with these insights. In practice, the sequencing is not as linear as one following the other, but more dynamic depending on the situation

The conceptualization of project Monitoring and Evaluation (M&E) has evolved over time and has mirrored the paradigm shifts that have occurred in management of projects (Nyonje, Ndunge, & Mulwa, 2012). In the 1950s, M&E practice was dominated by a strong emphasis on prudent utilization of resources, reflecting the social scientific trend of the era. The focus of M&E then, sought to concentrate on lived experiences, and give voice to as many stakeholders in a consensus-shaping evaluation process. At present however, many organizations view M&E as a donor requirement rather than a management tool for reviewing progress and identifying and correcting problems in planning or implementation of projects (Armstrong & Baron, 2013). Donors are certainly entitled to know whether their money is properly spent but the primary use of M&E should be for the organisation or project itself to see how it is performing and to learn how to do it better. Naidoo (2011) notes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions. M&E itself as a management function, consists four key activities: M&E Planning, M&E Training, Baseline surveys and Information systems.

In view of the forgoing and considering that M&E is a key component of project management that gives control over the main parameters that define a project; scope, quality, resources, completion time and cost. With the advent of globalization, organizations all over the world are grappling with internal and external demands and pressures for continuous improvements in project management to enhance performance and stay competitive. These demands come from a variety of sources including donors, governments, private sector, civil society and the media. Whether it calls for greater accountability and transparency in exchange for foreign aid or real results, organizations must be increasingly responsive to stakeholders' demand to demonstrate tangible results. As a consequence of this, many organisations are becoming increasingly wary of factors that determine project performance and the need to manage antenatal care services projects meticulously. One of the most powerful tools that influence the performance of a project, program, or policy is Monitoring and Evaluation (M&E).

Apart from M&E serving the very necessary purpose of accountability, for reasons mentioned in the foregoing, it is also meant to promote the learning organisation this would be at the level of M&E, and comes about when results are presented. The assumption is that organisations would become more open and self-reflective when faced with evaluative information, but it is not necessarily the case, as operationalizing learning is not easy, given the complex array of protocols and management culture, which must be, negotiated. It has been shown that whilst it is implicit that M&E should lead to learning and reflection, this may not be the case, because the way organisations integrate information may be complex, and not as causal as suggested in classic M&E. Collecting information on project performance during monitoring and evaluation eventually leads to accumulation of data depending on how complex the project is. If this large amount of information has to add value to project management, there is need to decide how to make sense of it or to analyse it. As stated by Shapiro (2001), data analysis is the process of turning the detailed information into an understanding of patterns, trends and interpretations. The starting point for analysis in a project is to have an organised set of data – thus the concept of information system as an M&E activity (Technopedia, 2013).

Utilising evaluation in organisations is, however, not easy, and is influenced by several factors: contextual (political), technical (methodological) and bureaucratic (psychological). These factors overlap, but what is clear is that unless all the elements are lined up, organisational learning is difficult. Assess this grouping in terms of how M&E contributes to learning and reflection, and notes that in this mode M&E is seen as one tool that supports management by improving the quality of information provided for decision-making. There is much potential for evaluation to lead to organisational learning, and not just accountability, which has been illustrated by Gray (2009). The point made is that M&E intent is very important, as it could lead to different outcomes the interest of this study. It should be remembered that M&E has assumed different identities, due to context, and depending on this, it may be used for accountability, promoting a behaviour or practice, or learning, as demonstrated in a series on the subject

2.6 Project Funding and Performance of Antenatal Care Services Projects

There are a wide variety of funding sources available for projects or programmes although the options available depend on the nature of the company. Key sources are through loans, equity, investors, grants/funds and private finance. The financial power received by project manager has a pivot role in completing the project on time and with the stated performance requirements. Financial problems and lack of cash flow will adversely affect the implementation of monitoring and evaluation progress. Most ongoing antenatal care services projects in developing countries are donor funded antenatal care services projects. In most cases, the donors stipulate their own payment conditions. The prolonged procedure and payments duration as well as the different systems followed by these donors confuse the contractors and result in financial problems this affect the performance of the project. For a project to be successful there should be adequate fund allocated to finance its completion. Jackson (2010) added that project funds availability is an important factor that influences delivery of a project. Reports are an essential way of keeping everyone informed and therefore managers should manage the project, plan for the project and monitor. Also, the structure of the industry is fragment with increasing number of small companies and consolidation of large companies.

In project management, the project managers need to know exactly what their funding requirements are, even before they commence with the project. There are two types of funding management requirement and these include the total funding requirement and the period requirement. The total funding requirement is defined as the cost that is identified in the cost baseline. It also includes the management reserves. The period funding requirement is defined as the annual and quarterly payments. Both of these funding requirements are derived from the cost baseline. The cost baseline is an important element in determining the project funding requirement and it includes the projected expenditures as well as the anticipated liabilities that may arise in the middle of the project (Harrison & Lock, 2017).

The funding may occur in incremental amounts in project management. They might not also be evenly distributed. This particular project management document should also include the sources of the funding or where the funds will be obtained. It is one of the necessary inputs that is used creating the control costs that is necessary for monitoring and updating the project costs and its changes. Companies are diversified, have low fixed assets, have positive cash flow, and subcontract extensively. The strategic systems are the determinant of the success or failure of large engineering projects. Projects are inherently complex and dynamic. Also, every project is unique having its own set of stakeholders and unique environment. Failure to achieve targeted time, budgeted cost and specified quality result in various unexpected negative effects on the projects. If the project meets technical performance and achieves high level of satisfaction among key players and various stakeholders, and then the project is considered as overall success. Adequate resources ensure effective and quality monitoring and evaluation. It is critical to set aside adequate financial and human resources at the planning stage (Seith & Philippines, 2012).

The required financial and human resources for monitoring and evaluation should be considered within the overall costs of delivering the agreed results and not as additional costs. Dedicated staff time for effective monitoring and evaluation, staff should be dedicated for the function. The practices of deployment of personnel for monitoring vary among organizations. Budget limitations are consistently one of the greatest constraints to implementing M&E. While antenatal care services projects can often compensate for a lack of technical capacity through training and/or outsourcing, they cannot compensate for the lack of money. Carrying

out M&E costs money and, depending on how ambitious project implementers are about their M&E system, it can cost a lot of money (World Health Organization, 2016).

The belief that antenatal care services projects have significant impacts on the development of regional economies has often been used to justify allocating resources to transport infrastructure investment. Financial resources for monitoring and evaluation should be estimated realistically at the time of planning for implementation of monitoring and evaluation (UNDP, Handbook on planning, monitoring and evaluating for development results. 2009). The availability of finances will determine what can be achieved as far as implementation, strengthening and sustainability of monitoring and evaluation system is concerned (UNAIDS, 2008a). Quite often money to undertake M&E is not factored in implementation of many projects. One in four countries with a national M&E plan has not calculated the budgetary requirements (Report on the Global AIDS Epidemic, 2008).

2.7 Theoretical Framework

According to Zima (2007), a theory is a set of assumptions, propositions, or accepted facts that attempts to provide a plausible or rational explanation of cause-and-effect (causal) relationships among a group of observed phenomena. A theoretical framework on the other hand is a group of related ideas that provides guidance to a research project or business endeavor. In this section, the focus was on system theory, co-evolutionary theory and classical theory.

2.7.1 System Theory

The term system theory originates from Bertallanfy's (1993) general system theory. Margaret Mead was an influential figure in systems theory. Organizations are social systems. Real systems are open to and interact with their environments. The different parts/elements within and around the organization intermingle to affect the way organization operate and therefore strategy implementation. It can be argued from a system's approach to strategic management that many of the reasons for strategies failure may be attributed to the "successive dominance of different reductionism approaches to strategic management.

Such partial approaches to project management ignore the complex, embedded and dynamic nature of today's organization. Taking the system approach in project implementation helps

managers of organizations to have to understand the customer, better predict environmental reaction, estimate resource competence, and coordinate strategic project activities, obtain project execution practices influence on performance of antenatal care services projects.

2.7.2 Co-evolutionary Theory

Co-evolutionary theory, according to Lewin and Volberda (1999), indicates that as firms grow and evolve from small to larger and multidivisional organizations, the strategy implementation methods also evolve simultaneously. The various project implementation models are meant to meet the changing needs of firms as they evolve through various stages of the organizational life cycle. In contrast to the earlier descriptive models, this model is more prescriptive with an, albeit limited, empirical basis. The research highlights three of classifications of project implementation styles: change, collaborative, and cultural.

Not all institutions implement their projects in the same manner; nevertheless, research investigating the differing styles of implementation is scarce. Jungian theory is used for in framework of implementation style, however, this is very much an analysis of the psychological style of individuals within the firm. More recently, Parsa (1999) utilized Bourgeois and Brodwin's (1984) classification of strategy implementation types.

The majority of existing classification models in project implementation tend to be normative in nature. Alternatively, they are developed from organizational observation, and as such, become context specific and frequently lack any broader theoretical grounding. In contrast, Bourgeois and Brodwin's (1984) model is comprehensive and based on specific theoretical assumptions and has been used by authors such as Parsa (1999). Bourgeois and Brodwin (1984) to refute the traditional approach to project implementation as simply an addition to the strategy formulation phase of the strategy process. Rather, they contend that project implementation evolves either from a process of winning group commitment through a coalitional form of decision-making, or as a result of complete coalitional involvement of implementation staff through a strong corporate culture.

2.7.3 Classical Theory

According to this theory by Chandler (1962), two main approaches to strategy have emerged over time: the Design School and the Process School. Under the Design School of thought

strategy formulation is a formal process that is de-linked from strategy implementation. Strategy is carefully crafted by senior management and then implementation begins, with the aim of maximizing profits of the organisation. Chandler (1962) a major proponent of the design school, defines strategy as 'the determination of basic, long term goals of the enterprise, and the adoption of courses of action and allocation of resources necessary for those goals. This definition clearly shows strategy formulation as separate from strategy implementation.

The design school is consistent with the classical theory, which, according to Whittington (2008), sees strategy formulation as formulation of plans of attack by the general, and these preconceived plans are executed according to commands transmitted through obedient hierarchies to officers and their men at the front. This approach to strategy places great confidence in the readiness and capacity of managers to adopt profit maximization strategies through long term planning. It views strategy as an economic rational process and primarily restricted to issues related to market share and profitability.

The process school lays less confidence in the ability of top management to plan and act rationally. It advocates that whatever methods managers adopt, it will only be the best performers that survive. Competition is not a matter of detached calculation, but a constant struggle for survival. According to Mintzberg (1987), crafting strategy is a continuous and adaptive process, with formation and implementation inextricably entangled. Thus, process school advocates are inclined towards incremental adjustment of strategy and cultivating of core competences. The process school views strategy on project funding influence performance of antenatal care services projects.

2.8 Conceptual Framework

A conceptual framework is a figure that shows the relationship between the dependent variable and the independent variable. In this study the dependent variable performance of antenatal care services projects while the independent variables include; planning practices, monitoring and evaluation, project funding and project execution practices.

Independent Variables

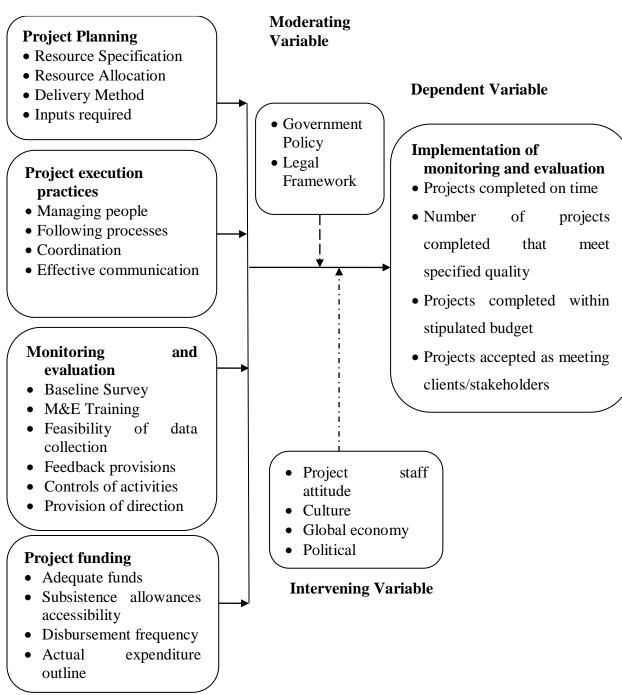


Figure 2. 1: Conceptual Framework

2.9 Summary of Literature

This study was grounded on the system theory, co-evolutionary theory and classical theory. The belief that performance of antenatal care services projects in projects have significant impacts on the development of regional economies has often been used to justify allocating resources to infrastructure investment. Planning requires that the project manager decides which people, resources and budget are required to complete the project. Manager must define what activities are required to produce the deliverables using techniques such as Work Breakdown Structures. Manager must estimate the time and effort required for each activity, dependencies between activities and decide a realistic schedule to complete them. Involve the project team in estimating how long activities will take. Set milestones which indicate critical dates during the project. Write this into the project plan.

Project execution is the third phase of the project life cycle and one of the most vital of the project phases. It is the phase where you will construct your deliverables and present them to your customer and key stakeholders. This is usually the longest phase of the project life cycle and predictably the most demanding. To make sure strategies get put into motion, project managers must make sure they have the talent with the right project leadership skill sets to manage the project. In view of the forgoing and considering that M&E is a key component of project management that gives control over the main parameters that define a project; scope, quality, resources, completion time and cost. With the advent of globalization, organizations all over the world are grappling with internal and external demands and pressures for continuous improvements in project management to enhance performance and stay competitive. In project management, the project managers need to know exactly what their funding requirements are, even before they commence with the project. There are two types of funding management requirement and these include the total funding requirement and the period requirement.

2.10 Knowledge Gaps

Scholarly works indicated that training is crucial in acquisition of project management skills that are necessary for effective performance of antenatal care services projects in of project tasks. It is vital to observe that the effectiveness of the training depends on its relevance to project work and must be embraced regularly to keep pace with changes in business

environment. Funding was another significant variable of the study that literature review indicated should be adequate, disbursed promptly, frequently and in varied forms. Access to information, as revealed from the literature review takes the form of presence of different forms of information, means of obtaining project information and frequency of access. Stakeholder participation also had significant influence on project performance.

Previously, studies have been conducted on project management practices such as Ogero (2014) who established the influence of project management information system on project performance in the industry: a case of Nairobi County, Kenya. While there are obvious benefits of increasing antenatal visits, implementing the new guidelines is going to be much more difficult to achieve given current resources constraints. Although literature has been reviewed on factors influencing performance of antenatal care services projects in projects, most of these studies have been done in other countries whose strategic approach and financial footing is different from that of Kenya. None of them therefore focused on how these apply in the Kenyan case. It was evident therefore that a literature gap exists on the project management practices influence on the performance of antenatal care services projects in Kenya.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the research methods that were used by the researcher to conduct the study. This includes; research design, target population, sample size and sampling procedure, data collection methods, instruments of data collection and the pilot study. The section also includes data analysis techniques ethical issues and operationalization of the variables.

3.2 Research Design

A research design is the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (Gorard, 2013). For this study, a descriptive research design was undertaken to ascertain and be able to describe the characteristics of variables of interest. Descriptive research design is the process of collecting data in order to answer questions concerning the current status of the subject of the study. Thus, this approach was suitable for this study, since the study intended to collect comprehensive information through descriptions which was helpful for identifying variables (Creswell & Creswell, 2017). Descriptive studies describe characteristics associated with the subject population portraying an accurate profile of persons, events or situations (Saunders, Lewis & Thornhill, 2009). According to Wang (2015), descriptive surveys are designed to portray accurately the characteristics of individuals, situations or groups. It was used as a needs assessment tool to provide information on which to base sound decisions and to prepare the background for more constructive programmed of educational research. This research was conducted through a case study since it was a research on one organization. A case study was chosen because it enabled the researcher to have an in-depth understanding of the strategic responses to environmental challenges.

3.3 Target Population

Yin (2015) emphasized that to ensure credibility of research, the researcher should interview people who understand and have deeper information about the issue. This is because the

credibility of the interviews depends on the knowledgeability of the interviewees or participants of the study. The target population for this study comprised of Project managers, Officials in the Ministry of Health and Beneficiaries as shown in table 3.1.

Table 3. 1: Target Population

Managerial Level	Frequency	Percentage
Project managers	13	5.0
Officials in the Ministry of Health	71	27.1
Beneficiaries	178	67.9
Total	262	100.0

3.4 Sample Size and Sampling Procedure

3.4.1 Sampling Size

The sampling plan describes the sampling unit, sampling frame, sampling procedures and the sample size for the study. The sampling outline depicts the list of all populace units from which the specimen was chosen (Gorald, 2013). As indicated by Lewis (2015), sampling includes selecting a given number of subjects from a characterized population in order to represent to the whole population. Sampling is a deliberate choice of a number of people who are to provide the data from which a study draw conclusions about some larger group whom these people represent. The sample size is a subset of the population that is taken to be representatives of the entire population. A sample population of 156 was arrived at by calculating the target population of 262 with a 95% confidence level and an error of 0.05 using the below formula taken from Kothari (2004).

$$n = \frac{z^2.N.\partial_p^2}{(N-1)e^2 + z^2\partial_p^2}$$

Where; n = Size of the sample,

N =Size of the population and given as 262,

e = Acceptable error and given as 0.05,

 ∂p = The standard deviation of the population and given as 0.5 where not known,

Z = Standard variate at a confidence level given as 1.96 at 95% confidence level.

The sample size fit within the minimum of 30 proposed by Saunders, Lewis and Thornhill (2012).

Table 3. 2: Sampling Frame

Managerial Level	Frequency	Sampling ratio	Sample size
Project managers	13	0.6	8
Officials in the Ministry of Health	71	0.6	42
Beneficiaries	178	0.6	106
Total	262		156

3.4.2 Sampling Procedures

The study selected the respondents using stratified proportionate random sampling technique. Stratified random sampling is unbiased sampling method of grouping heterogeneous population into homogeneous subsets then making a selection within the individual subset to ensure representativeness. The goal of stratified random sampling is to achieve the desired representation from various sub-groups in the population. In stratified random sampling subjects are selected in such a way that the existing sub-groups in the population are more or less represented in the sample (Meyers, Gamst & Guarino, 2016).

3.5 Data collection Instruments

Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. The questionnaire was made up of both open ended and closed ended questions covering issues associated to performance of antenatal care services projects. The open-ended questions were used so as to encourage the respondent to give an in-depth and felt response without feeling held back in illuminating of any information and the closed ended questions allowed respondents to respond from limited options that had been stated. According to Lewis (2015), the open ended or unstructured questions allow profound response from the respondents while the closed or structured questions are generally easier to evaluate. The questionnaires were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form.

3.6 Pilot Testing

Pilot testing refers to putting of the research questions into test to a different study population but with similar characteristics as the study population to be studied (Kumar, 2014). Pilot testing of the research instruments was conducted using the questionnaire to 15 respondents representing 10% of the sample size was conducted. The purpose of the pilot testing was to establish the validity and reliability of the research instrumentation and to enhance face validity. From the pilot results, reliability and validity were tested. Song, Coit, Feng & Peng (2014) recommend that the questionnaire pre-tests was done by personal interviews in order to observe the respondent's reactions and attitudes. All aspects of the questionnaire were pre-tested including question content, wording, sequence, form and layout, question difficulty and instructions. The feedback obtained was used to revise the questionnaire before administering it to the study respondents.

3.7 Validity of Research Instruments

According to Lewis (2015), validity is the accuracy and meaningfulness of inferences, based on the research results. One of the main reasons for conducting the pilot study is to ascertain the validity of the questionnaire. The study used construct, face and content validity to ascertain the validity of the questionnaires. Construct validity was concerned on how vague/clear the questions are phrased in the questionnaire. Focus on guideline/instruction given to fill questionnaires supervisors to validate. Face validity checked organization of the document. The study used content validity which draws an inference from test scores to a large domain of items similar to those on the test. Content validity was concerned with sample-population representativeness. Gorald (2013) stated that the knowledge and skills covered by the test items should be representative to the larger domain of knowledge and skills. Expert opinion was requested to comment on the representativeness and suitability of questions and give suggestions of corrections to be made to the structure of the research tools. This helped to improve the content validity of the data that was collected. Content validity was obtained by asking for the opinion of the supervisor, lecturers and other professionals on whether the questionnaire was adequate.

3.8 Reliability of Research Instruments

Instrument reliability is the extent to which a research instrument produces similar results on different occasions under similar conditions. It is the degree of consistency with which it measures whatever it is meant to measure. Reliability is concerned with the question of whether the results of a study are repeatable. A construct composite reliability co-efficient (Cronbach's alpha (α)) of 0.7 or above is generally acceptable (Creswell & Creswell, 2017). A co-efficient of 0.7 or above for all the constructs was considered adequate in this study. Reliability coefficient of the research instrument was assessed using Cronbach's alpha (α) which was computed as follows:

 $\alpha = k/k-1 \times [1-\sum (S2)/\sum S2sum]$

Where:

A = Cronbach's alpha

k = Number of responses

 \sum (S2) = Variance of individual items summed up

 \sum S2sum = Variance of summed up scores

3.9 Data Collection Procedures

The researcher obtained an introduction letter from the university as well as a research permit from National Commission for Science, Technology and Innovation (NACOSTI), which was presented to each institutional head so as to be allowed to collect the necessary data from the respondents. The drop and pick method were preferred for questionnaire administration so as to give respondents enough time to give well thought out responses. The researcher personally administered the research instruments to the respondents. This enabled the researcher to establish rapport, explain the purpose of the study and the meaning of items that were not be clear as observed by Sekaran and Bougie (2010).

3.10 Data Analysis Techniques

Data was analysed using Statistical Package for Social Sciences (SPSS Version 25.0) which was the most recent version. Descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables and information presented inform of tables. The qualitative data from the open-ended questions was analysed using conceptual content analysis and presented in prose.

Inferential data analysis was done using regression analysis. The regression analysis was used to establish the relations between the independent and dependent variables. Regressions were used because the procedure uses two or more independent variables to predict a dependent variable. The study regression model generally assumed the following equation;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where: -

Y= performance of antenatal care services projects

 β_0 =constant

 β_1 , β_2 , β_3 and β_4 = regression coefficients

 X_1 = Planning practices

X₂= Project execution practices

 X_3 = Monitoring and evaluation

 X_4 = Project funding

ε=Error Term

3.11 Ethical Considerations

The researcher informed participants the objective of the study and the confidentiality of obtained information, through a letter to enable them give informed consent. Caution was observed to ensure that no participant was coerced into taking part in the study and, the researcher sought to use minimum time and resources in acquiring the information required. The study adopted quantitative research methods for reliability, objectivity and independence of the researcher. While conducting the study, the researcher ensured that research ethics were observed. Participation in the study was voluntary. Privacy and confidentiality were also observed. The objectives of the study were explained to the respondents with an assurance that the data provided was used for academic purpose only.

3.13 Operationalization of Variables

The operationalization of variables is shown in Table 3.3.

Table 3. 3: Operationalization of Variables

Objectives	Variable	Measurements	Scale of measurement	Data analysis Technique	Tools of data analysis
To determine how planning practices influence performance of antenatal care services projects in Kenya.	Planning practices	 Resource Specification Resource Allocation Delivery Method Inputs required 	Interval Interval Nominal Interval	Descriptive statistics Regression analysis	Percentages
To assess how project execution practices influence performance of antenatal care services projects in Kenya.	Project execution practices	 Managing people Following processes Coordination Effective communication Coordination 	Interval Ordinal Interval Interval	Descriptive statistics Regression analysis	Mean score
To examine how monitoring and evaluation influence performance of antenatal care services projects in Kenya.	Monitoring and evaluation	 Baseline Survey M&E Training Feasibility of data collection Feedback provisions Controls of activities 	Ordinal Ratio Interval Ordinal Ordinal	Descriptive statistics Regression analysis	Percentages

		• Provision of direction			
To determine how project funding influence performance of antenatal care services projects in Kenya.	project funding	 Adequate funds Subsistence allowances accessibility Disbursement frequency Actual expenditure outline 	Ordinal Ordinal Ordinal Ordinal	Descriptive statistics Regression analysis	Mean score
	performance of antenatal care services projects	 Projects completed on time Number of projects completed that meet specified quality Projects completed within stipulated budget Projects accepted as meeting clients/stakeholders 	Interval Ordinal Ordinal Interval Interval Interval	Descriptive statistics Regression analysis	Percentages

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter focuses on the data analysis, interpretation and presentation of the findings. The study focused on establishing the influence of project management practices on the performance of antenatal care services projects in Kenya. Descriptive statistics were adopted and the results were presented in tables with their interpretations presented in prose.

4.2 Response Rate

The researcher administered questionnaires to 156 respondents but only 144 were able to return fully filled questionnaires. This gave a response rate of 92.6% which was within what Saunders (2011) prescribed as a significant response rate for statistical analysis and established it at a minimal value of 50%.

Table 4. 1: Response Rate

	Number of informants	Percent
Response	144	92.6
Non- Response	12	7.4
Total	156	100.0

4.3 Reliability Analysis

Reliability analysis was subsequently done using Cronbach's Alpha which measures the internal consistency by establishing if certain items within a scale measure the same construct. The Cronbach Alpha was established for every objective which formed a scale. Table 4.2 shows the reliability analysis results.

Table 4. 2: Reliability Analysis

	Reliability Cronbach's Alpha
Planning practices	0.768
Project Execution Practices	0.886
Monitoring and Evaluation	0.741
Project Funding	0.843

The findings in Table 4.2 illustrates that all the four variables were reliable as their reliability values exceeded the prescribed threshold of 0.7, Kothari (2004). This, therefore, depicts that the research instrument was reliable and therefore required no amendments.

4.4 Background Information

The study sought to establish the background information of the respondents including respondents' gender, how long they have worked with the antenatal care services projects, level of education and age group.

4.4.1 Gender of the Respondents

The respondents were also asked to indicate their gender. The results are as shown in the Table 4.3.

Table 4. 3: Gender of the Respondents

	Frequency	Percent
Male	78	54.2
Female	66	45.8
Total	144	100.0

From the results, majority of the respondents were male as shown by 54.2% while the rest were female as illustrated by 45.8%. This implies that the researcher obtained reliable information from all the respondents regardless of the gender.

4.4.2 Duration Working with Antenatal Care Services Projects

The respondents were requested to indicate the period they have been working with the antenatal care services projects. Their responses were as shown in Table 4.4.

Table 4. 4: Duration Working with Antenatal Care Services Projects

	Frequency	Percent
Less than 3 years	25	17.4
3 to 9 years	63	43.8
9 to 12 years	37	25.7
Above 12 years	19	13.2
Total	144	100.0

From the findings, 43.8% of the respondents indicated that they had worked with antenatal care services projects for 3 to 9 years, 25.7% indicated they had worked for 9 to 12 years, 17.4% had worked for less than 3 years while 13.2% had worked for above 12 years. This implies that majority of the respondents had had been working with antenatal care services projects long enough to comprehend the subject under study and give credible information.

4.4.3 Highest Level of Education

The respondents were asked to indicate their highest level of education. Their responses were presented in Table 4.5.

Table 4. 5: Highest Level of Education

	Frequency	Percent
Certificate	23	16.0
Diploma	56	38.9
Degree	48	33.3
Masters	17	11.8
Total	144	100.0

From the findings, majority of the respondents as shown by 38.9% had attained a Diploma, 33.3% had attained a Degree, 16.0% had attained a Certificate while 11.8% had attained a Masters. This implies that majority of the respondents were learned enough to understand the subject under study and give reliable information.

4.4.4 Age Bracket

The researcher was interested in determining the age of the respondents. The respondents were required to indicate their age and their responses were presented in Table 4.6.

Table 4. 6: Age Bracket of the Respondents

	Frequency	Percent
20-30 yrs	29	20.1
31-40 yrs	35	24.3
41-50 yrs	44	30.6
51 - 60 yrs	36	25.0
Total	144	100.0

The results show that, 30.6% of the respondents were aged between 41-50 years, 25.0% of the respondents were aged between 51-60years, 24.3% of the respondents were aged between 31-40 years while 20.1% of the respondents aged between 20-30 years. Therefore, this shows that the researcher got reliable and accurate information since it was obtained across all the required age groups.

4.5 Planning Practices

The researcher sought to determine how planning practices influence performance of antenatal care services projects in Kenya. The study required to establish the extent to which planning practices influenced performance of antenatal care services projects in Kenya. Table 4.7 shows the results.

Table 4. 7: Extent of Planning Practices Influence on Performance of Antenatal Care Services Projects

	Frequency	Percent
Not at all	6	4.2
Low extent	10	6.9
Moderate extent	17	11.8
Great extent	69	47.9
Very great extent	42	29.2
Total	144	100

From the findings, the study found that planning practices influence performance of antenatal care services projects in Kenya to a great extent as shown by 47.9%, to a very great extent as shown by 29.2%, to a moderate extent as shown by 11.8%, to a low extent as shown by 6.9% and to no extent as shown by 4.2%. This clearly implies that planning practices influence performance of antenatal care services projects in Kenya to a great extent.

The research also required to establish the extent of influence aspects of planning practices influence performance of antenatal care services projects in Kenya. Table 4.8 displays the findings.

Table 4. 8: Aspects of Planning Practices

	Mean	Std. Dev.
Resource Specification	3.929	0.677
Resource Allocation	3.976	0.811
Delivery Method	4.333	0.687
Inputs required	4.024	0.811

The table shows that the respondents indicated that delivery method as shown by a mean of 4.333 and inputs required as shown by a mean of 4.024 influence performance of antenatal care services projects in Kenya to a very great extent. The respondents also indicated that resource allocation as shown by a mean of 3.976 and resource specification as shown by a mean of 3.929 influence performance of antenatal care services projects in Kenya to a great extent.

The study requested the respondents' views on how the above aspects of planning practices influence performance of antenatal care services projects in Kenya. The respondents indicated that: enables forecasting of resource requirements and costs; for development of more realistic schedules with clear time deadlines; in order to communicate with clear and reliable information to project stakeholders; to provide reliable information for risk and opportunity assessment; to provide good information for monitoring and control; to minimize materials wastage; and provide a strong basis for team coordination and assisting in the negotiation of contractual claims.

4.6 Project Execution Practices

The research sought to assess how project execution practices influence performance of antenatal care services projects in Kenya. The respondents indicated the extent to which project execution practices influence performance of antenatal care services projects in Kenya. Table 4.9 presents the results.

Table 4. 9: Extent of Project Execution Practices Influence on Performance of Antenatal Care Services Projects

	Frequency	Percent
Not at all	6	4.2
Low extent	17	11.8
Moderate extent	11	7.6
Great extent	86	59.7
Very great extent	24	16.7
Total	144	100.0

As per the findings, 59.7% of the respondents indicated that project execution practices influence performance of antenatal care services projects in Kenya to a great extent, 16.7% indicated to a very great extent, 11.8% indicated to a low extent, 7.6% indicated to a moderate extent while 4.2% indicated not at all. This implies that project execution practices influence performance of antenatal care services projects in Kenya greatly.

The researcher asked the respondents to indicate the extent of influence the aspects of project execution practices have on performance of antenatal care services projects in Kenya. Table 4.10 shows the findings.

Table 4. 10: Aspects of Project Execution Practices

	Mean	Std. Dev.
Managing people	4.156	0.859
Following processes	3.871	0.825
Coordination	3.993	0.682
Effective communication	4.193	0.617

From the results, the respondents had indicated that effective communication as shown by a mean score of 4.193 and managing people as shown by a mean score of 4.156 influenced performance of antenatal care services projects in Kenya to a very great extent. The respondents also indicated that coordination as shown by a mean score of 3.993 and following processes as shown by a mean score of 3.871 influenced performance of antenatal care services projects in Kenya to a great extent. This is in line

with Blaskovics (2014) who states that project execution's key purpose is to complete the work defined in the project management plan and to meet key project objectives.

The respondents further indicated ways in which project execution practices influence performance of antenatal care services projects in Kenya. The responses included that: it brings about the practice of expeditious decision making, it liberates the project from any external influence away from the local considerations, it ensures better service delivery, it brings about realization of the local community interests and leads to greater achievements.

4.7 Monitoring and Evaluation

The study aimed at examining how monitoring and evaluation influences the performance of antenatal care services projects in Kenya. The respondents were requested to indicate the extent to which monitoring and evaluation influence performance of antenatal care services projects in Kenya. The results were as shown in Table 4.11.

Table 4. 11: Extent of Monitoring and Evaluation Influence on Performance of Antenatal Care Services Projects

	Frequency	Percent
Not at all	0	0.0
Low extent	13	9.0
Moderate extent	11	7.6
Great extent	42	29.2
Very great extent	78	54.2
Total	144	100.0

The findings reveal that 54.2% of the respondents indicated that monitoring and evaluation influence performance of antenatal care services projects in Kenya to a very great extent, 29.2% indicated to a great extent, 9.0% indicated to a low extent, 7.6% indicated to a moderate extent while 0.0% represented not at all. This implies that monitoring and evaluation influence performance of antenatal care services projects in Kenya to a very great extent.

The researcher further sought the extent of influence monitoring and evaluation aspects had on performance of antenatal care services projects in Kenya. The findings were recorded on Table 4.12.

Table 4. 12: Aspects of Monitoring and Evaluation

	Mean	Std. Dev.
Baseline Survey	3.643	1.032
M&E Training	4.381	0.764
Feasibility of data collection	3.976	0.811
Feedback provisions	3.619	0.962
Controls of activities	3.833	1.034
Provision of direction	4.167	0.794

From the results, M&E training as illustrated by a mean of 4.381 and provision of direction as illustrated by a mean of 4.167 were indicated to influence performance of antenatal care services projects in Kenya to a very great extent. Further, feasibility of data collection as illustrated by a mean of 3.976, controls of activities as illustrated by a mean of 3.833, baseline survey as illustrated by a mean of 3.643 and feedback provisions as illustrated by a mean of 3.619 were indicated to influence performance of antenatal care services projects in Kenya to a great extent. This corresponds to Naidoo (2011) who notes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions.

The respondents further indicated ways in which monitoring and evaluation influence performance of antenatal care services projects in Kenya. The respondents indicated that monitoring and evaluation: identifies and corrects problems in planning or implementation of projects; used for the purpose of promoting accountability and transparency; promotes the learning in the organisation; delivery in a timely and cost effective manner; controlling and managing activities; cost management; time management; ensuring budget compliance;; quality assurance, managing communication; risks management; and evaluating the level of achievement.

4.8 Project Funding

The study sought to determine how project funding influence performance of antenatal care services projects in Kenya. The respondents indicated the extent to which project funding influences performance of antenatal care services projects in Kenya. The responses were compiled in Table 4.13.

Table 4. 13: Extent of Project Funding Influence on Performance of Antenatal Care Services Projects

	Frequency	Percent
Not at all	2	1.4
Low extent	5	3.5
Moderate extent	9	6.3
Great extent	80	55.6
Very great extent	48	33.3
Total	144	100.0

The table shows that majority of the respondents as shown by 55.6% indicated that project funding influence performance of antenatal care services projects in Kenya to a great extent, 33.3% indicated to a very great extent, 6.3% indicated to a moderate extent, 3.5% indicated to a low extent while 1.4% indicated not at all. This implies that majority of the respondents agreed that project funding influence performance of antenatal care services projects in Kenya to a great extent.

The respondents were further requested to indicate the extent to which aspects of project funding influence performance of antenatal care services projects in Kenya. Table 4.14 shows the responses.

Table 4. 14: Aspects of Project Funding

	Mean	Std. Dev.
Adequate funds	4.061	0.595
Subsistence allowances accessibility	3.925	0.858
Disbursement frequency	3.821	0.745
Actual expenditure outline	3.919	0.967

The results as shown reveal that adequate funds as shown by a mean of 4.061 was indicated to influence performance of antenatal care services projects in Kenya to a very

great extent. Subsistence allowances accessibility as shown by a mean of 3.925, actual expenditure outline as shown by a mean of 3.919 and disbursement frequency as shown by a mean of 3.821 influence performance of antenatal care services projects in Kenya to a great extent. In relation to the findings Namoit (2012) established that ineffectiveness in financial management would ideally lead to underperformance of the project.

The respondents gave their views on how project funding influences performance of antenatal care services projects in Kenya. The respondents indicated that: project funding is important for adequate budgetary allocation, for proper planning, to acquire technical capacity through training and/or outsourcing and to strengthen and sustain the monitoring and evaluation system

4.9 Performance of Antenatal Care Services Projects

The study sought to determine trend of aspects of performance of antenatal care services projects for the last 5 years using a Likert scale of 1-5. This was presented in Table 4.15.

Table 4. 15: Aspects of Performance of Antenatal Care Services Projects

	Mean	Std Dev.
Projects completed on time	4.382	0.656
Number of projects completed that meet specified quality	4.302	0.905
Projects completed within stipulated budget	3.929	0.654
Projects accepted as meeting clients/stakeholders	3.991	0.811

The results reveal that the respondents indicated that projects being completed on time as shown by a mean score of 4.382 and number of projects being completed that meet specified quality as shown by a mean score of 4.302 had greatly improved. The respondents also indicated that projects accepted as meeting clients/stakeholders as shown by a mean score of 3.991 and projects being completed within stipulated budget as shown by a mean score of 3.929 had improved over the last five years. This concurs with Kululanga and Kuotcha (2010) who note that the ultimate importance of project performance is achieved through avoiding the project's failure to keep within cost budget, failure to keep within time stipulated for approvals, design, occupancy and failure

to meet the required technical standards for quality, functionality, fitness for purpose, safety and environment protection.

4.10 Regression Analysis

Regression analysis was conducted to determine the relationship between planning practices, project execution practices, monitoring and evaluation and project funding as the independent variables against the dependent variable, performance of antenatal care services projects in Kenya. The results were as presented in Table 4.16, Table 4.17 and Table 4.18.

Table 4. 16: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.901	0.812	0.807	0.837

From the study results, Table 4.16 is a model fit which establish how fit the model equation fits the data. The adjusted R² was used to establish the predictive power of the study model and it was found to be 0.687 implying that 68.7% of the variations in performance of antenatal care services projects in Kenya are explained by changes in planning practices, project execution practices, monitoring and evaluation and project funding.

Table 4. 17: Analysis of Variance (ANOVA)

Model	Sum of Squares	Df	Mean Square	F	Sign.
Regression	430.013	4	107.503	150.177	.000
Residual	99.502	139	0.716		
Total	529.515	143			

The probability value of 0.000 indicates that the regression relationship was highly significant in predicting how the planning practices, project execution practices, monitoring and evaluation and project funding affects performance of antenatal care services projects in Kenya. The F calculated at 5 per cent level of significance was

150.177 this showed significance since F calculated is greater than the F-critical (value = 2.3719) and p-value was less than 0.05, the overall model was significant.

Table 4. 18: Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	В	Std. Error	Beta	_	
(Constant)	0.753	0.131		5.748	.000
Planning practices	0.941	0.373	0.891	2.523	.013
Project execution practices	0.717	0.254	0.664	2.823	.005
Monitoring and evaluation	0.871	0.329	0.818	2.647	.009
Project funding	0.653	0.278	0.617	2.349	.020

The regression equation obtained from this outcome was: -

$Y = 0.753 + 0.941X_1 + 0.717X_2 + 0.871X_3 + 0.653X_4$

As per the study results, it was revealed that if all independent variables were held constant at zero, then the performance of antenatal care services projects in Kenya will be 0.753. From the findings, the study revealed that a unit increase in planning practices would lead to 0.941 increase in performance of antenatal care services projects in Kenya. This variable was significant since p=0.013 is less than 0.05. This concurs with Hinton (2012) who affirms that the planning stage of the creative workflow determines how smoothly your antenatal care services projects move through the creative process, which is why it's so important to spend some time at the beginning of a project and get your planning right

The study further revealed that a unit change in project execution practices would lead to 0.717 unit change in performance of antenatal care services projects in Kenya. The variable was significant since p-value=0.005<0.05. This conforms to Blaskovics (2014) who notes that project execution phase constructs the project's deliverables and presents them to the customer and key stakeholders.

Moreover, the study showed that if all other variables are held constant, a unit change in the score of monitoring and evaluation would lead to a 0.871 change in performance of antenatal care services projects in Kenya. This variable was significant since p=0.009 was less than 0.05. This is in line with Nuguti (2009) who postulates that monitoring and evaluation is an integral part of project management involving a system of reflection and communication supporting project implementation.

Finally, the study revealed that a unit change in project funding would change the performance of antenatal care services projects in Kenya by 0.653. This variable was significant since p-value=0.020 was less than 0.000. These findings are in conformity with Jackson (2010) who posits that for a project to be successful there should be adequate fund allocated to finance its completion.

Overall, planning practices had the greatest effect on performance of antenatal care services projects in Kenya, followed by monitoring and evaluation strategy, then project execution practices while project funding had the least effect on the performance of antenatal care services projects in Kenya. All the variables were significant since p-values were less than 0.05.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of the findings, discussion of the findings, conclusion and recommendations based on project management practices influence on the performance of antenatal care services projects in Kenya.

5.2 Summary of the Findings

The research sought to determine how planning practices influence performance of antenatal care services projects in Kenya. The study found that delivery method and inputs required influence performance of antenatal care services projects in Kenya to a very great extent. The study also found that resource allocation and resource specification influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to assess how project execution practices influence performance of antenatal care services projects in Kenya. The study found that effective communication and managing people influenced performance of antenatal care services projects in Kenya to a very great extent. The study also found that coordination and following processes influenced performance of antenatal care services projects in Kenya to a great extent.

The study aimed at examining how monitoring and evaluation influences the performance of antenatal care services projects in Kenya. The study found that M&E training and provision of direction influence performance of antenatal care services projects in Kenya to a very great extent. Further, feasibility of data collection, controls of activities, baseline survey and feedback provisions were found to influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to determine how project funding influence performance of antenatal care services projects in Kenya. The study found that adequate funds influence performance of antenatal care services projects in Kenya to a very great extent.

Subsistence allowances accessibility, actual expenditure outline and disbursement frequency influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to determine trend of aspects of performance of antenatal care services projects for the last 5 years. The study found that projects being completed on time and number of projects being completed that met specified quality had greatly improved. The study also found that projects accepted as meeting clients/stakeholders and projects being completed within stipulated budget had improved.

5.3 Discussion of the Findings

This section presents discussions of findings for each variable with linking to literature from various authors.

5.3.1 Planning Practices

Planning requires decisions being made about which people, resources and budget are required to complete the project. As proven by the findings of this study, estimations on the time and effort required for each activity, dependencies between activities and decide a realistic schedule are required in order to complete the projects. Hinton (2012) asserts that the planning stage of the creative workflow determines how smoothly your antenatal care services projects move through the creative process, which is why it's so important to spend some time at the beginning of a project and get your planning right.

The committee members play an important role in keeping the project planning process on track while also ensuring everyone has the opportunity to participate. As Kerzner and Kerzner (2017) state that at the onset of the project, it is wise to make sure that the team and the stakeholders all understand what is available and the guidelines established to keep managers on track.

5.3.2 Project Execution Practices

Project execution entails constructing the projects deliverables and presents them to the consumer and key stakeholders. Blaskovics (2014) states that for this to happen, strategies get put into motion, project managers must make sure they have the talent with the right project leadership skill sets to manage the project. Project execution's key purpose is to complete the work defined in the project management plan and to meet key project objectives.

From the findings it is clear that project execution needs project managers that aim to build a highly qualified team that can help define the right strategies and alignments for the programs and antenatal care services projects. Project leaders that can align their vision and work with their teams will successfully deliver key programs and projects.

5.3.3 Monitoring and Evaluation

The present study found that project monitoring and evaluation had strong relationship with performance of antenatal care services projects. Nuguti (2009) postulates that monitoring and evaluation is an integral part of project management involving a system of reflection and communication supporting project implementation. Naidoo (2011) notes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions.

The findings also show that M&E contributes to learning and reflection, and notes that in this mode M&E is seen as one tool that supports management by improving the quality of information provided for decision-making. There is much potential for evaluation to lead to organisational learning, and not just accountability, which has been illustrated by Gray (2009).

5.3.4 Project Funding

Based on the findings, it is evident that the financial power received by project manager has a pivot role in completing the project on time and with the stated performance requirements. Namoit (2012) established that ineffectiveness in financial management would ideally lead to underperformance of the project. The study finds that project managers need to know exactly what their funding requirements are, even before they commence with the project. This is in line with Jackson (2010) who adds that project funds availability is an important factor that influences delivery of a project.

Budget limitations are consistently one of the greatest constraints to implementing M&E. While antenatal care services projects can often compensate for a lack of technical capacity through training and/or outsourcing, they cannot compensate for the lack of money. UNAIDS (2008a) argues that the availability of finances will determine what can be achieved as far as implementation, strengthening and sustainability of monitoring and evaluation system is concerned.

5.3.5 Performance of Antenatal Care Services Projects

According to the findings of the study, the performance of antenatal care services projects for the last five years was found to have improved slightly. Kululanga and Kuotcha (2010) noted that the ultimate importance of project performance is achieved through avoiding the project's failure to keep within cost budget, failure to keep within time stipulated for approvals, design, occupancy and failure to meet the required technical standards for quality, functionality, fitness for purpose, safety and environment protection.

Project performance ensures that enterprises maximise on profitability, minimise the consequences of risky and uncertain events in terms of achieving the project's objectives and seizes the chances of the risky events from arising. Nyikal (2011) states that in Kenya, project performance has been measured through project cost, quality, customer or stakeholder's satisfaction, timeliness and achieving of project objective as effective indicator to measure of project performance. To ensure the effectiveness and conformity of quality performance, the specification of quality requirements should be clearly and explicitly stated in design and contract documents. Based on these findings in the

present study, antenatal care services projects are underperforming in terms of; timely delivery of resources, harmonious relationship existing on site, and experiencing delays in securing funds; cost; quality performance.

5.4 Conclusion

The study concludes that planning practices positively influences the performance of antenatal care services projects in Kenya. The study concludes that project planning practices should include: conducting a feasibility study, clearly planning for the project in terms of scope, time and completion schedule; stakeholders' participation; studying the risk plan; making a procurement plan; community participation; preparing a financial detailed plan; project team appointment, preparing a quality plan and; setting up a project office.

The study concludes that project execution practices have a strong and positive significance on the performance of antenatal care services projects in Kenya. The study deduces that projects carried out on the ground brings about the practice of expeditious decision making by virtue of centralized planning, budgeting and decision making on the ground. This enables the expeditious service delivery, realization of the local community interests and greater achievements without being begged down by slow bureaucratic processes from the central government.

The study concluded that monitoring and evaluation has a positive and significant effect on the performance of antenatal care services projects in Kenya. The study concludes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions. The study also concludes that M&E as a management function, consists four key activities: M&E Planning, M&E Training, Baseline surveys and Information systems.

The study concludes that project funding has a positive and significant effect on the performance of antenatal care services projects in Kenya. The study concluded that timely disbursement, budgeting, adequate budgetary allocation, expenditure varying and

availability of facilities is essential for successful performance of antenatal care services projects in Kenya.

5.5 Recommendations

The study recommends that more stringent measures should be put in place to ensure proper monitoring and evaluation processes are followed. such measures include consistent follow ups on reports and feedback, consistent communication to stakeholders and implementing lessons learnt from previous experiences. The project team should create awareness of its documented plans and processes for monitoring and evaluation in order to reinforce effective actions and trigger corrective actions. This will also help to create an organization culture that will become part of the daily management activities of the project.

The study recommends that there should be policies on monitoring and evaluation. The project team should have a checklist to record the project progress. These should set standards for the delivery of project outputs. The standards should spell out the role of each stakeholder in the project. The project stakeholders always ensure that the goals and objectives of all projects match the needs being addressed by the projects, projects are delivered in a timely and cost-effective manner, identify and address issues arising during execution process, control effect of all obstacles in order to control their effect, and analyze the results of each project, determine the completeness status

The study recommends that the project management should prepare documentations and manuals guiding on project planning. Rules and regulation should as well be established on the requirements for project planning. Where possible there should be guidelines and checklist on the project planning mechanisms. These should provide clarity of standards and specifications for the elements project planning. This guideline should spell out on; undertaking feasibility study, studying project risks, appointing project team, set up project office and provision of functional and technical specifications.

The study recommends that project team should study all project requirement, prepare a clear job description for project team, ensures there are quality standards and indicator for every stage of the project lifecycle, prepare detailed plan for project implementation, preparing financial detailed plan, determine quality target, develop quality plan, prepare procurement plan; prepare project risk plan, prepare communication plan for all related parties, clearly plan in terms of scope, time and completion schedule, prepare environmental management plan, and develop contingent plans. Importantly, the views of all project stakeholders should be considered in every step of project planning. The Community members should as well participate in every step of project planning

The study recommends that the project funds should be prudently allocated and utilized. All the stakeholders involved in financial management practices and accounting must show prudence in their work. The study suggests that the county governments as well as the national government should localize the project oversight to the grassroots by expanding the oversight groups to include the citizens. Accordingly, there should be accountability by all stakeholders by; always ensuring that there is project budget, effecting funding the projects, having adequate the budgetary allocation, timely disbursement of funds to antenatal care services project implementation, ensuring that project costs are not varied over time, and ensuring availability of necessary facilities and equipment.

5.6 Recommendations for Further Studies

The study recommends that more studies should be done project management practices on the performance of antenatal care services projects in Kenya as they are not exhausted. There is need for a similar study to be conducted but with other factors apart from the ones discussed in the study. The study recommends that a similar study should be done but on a different project like CDF.

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APPENDICES

Appendix I: Letter of Transmittal

Dear Sir/ Madam,

RE: ACADEMIC RESEARCH PROJECT

I am a Master of Arts in Project Planning and Management student at University of

Nairobi. I wish to conduct a research entitled *Project Management Practices Influence*

on the Performance of Antenatal Care Services Projects in Kenya. A questionnaire has

been designed and will be used to gather relevant information to address the research

objective of the study. The purpose of writing to you is to kindly request you to grant me

permission to collect information on this important subject.

Please note that the study will be conducted as an academic research ant the information

provided will be treated in strict confidence. Strict ethical principles will be observed to

ensure confidentiality and the study outcomes and reports will not include reference to

any individuals.

Your acceptance will be highly appreciated.

Yours faithfully,

Olive Karwitha

L50/10634/2018

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Appendix II: Research Questionnaire

This questionnaire is to collect data for purely academic purposes. The study seeks to investigate the *project management practices influence the performance of antenatal care services projects in Kenya*. All information will be treated with strict confidence. Do not put any name or identification on this questionnaire.

Answer all questions as indicated by either filling in the blank or ticking the option that applies.

SECTION A: DEMOGRAPHIC INFORMATION

220	11011 III. DEMOGRAII IIIC	II II OILIIII	11011			
Back	ground Information (Please tie	ck (√) approp	riate answer)			
1) P	Please indicate your gender:	Female []	M	Iale []		
2) F	For how long have you been we	orking with a	ntenatal care s	services proj	ects?	
	Less than 3 years []	3 to 9 year	s []			
	9 to 12 years []	Above 12	years []			
3) S	tate your highest level of educ	cation				
	Certificate [] Dipl	oma [] De	gree []	Masters []	PhD	[]
Othe	rs (Specify)					
4) P	Please Indicate your age bracke	et 20-30 yrs	s [] 31-40 yrs	[]		
		41-50	0 yrs [] 51 – 6	60 []		
SEC	TION B: FACTORS INFL	UENCING	PERFORMA	ANCE OF	ANTE	NATAI
CAR	RE SERVICES PROJECTS					
	ning practices To what extent does planning	g practices i	nfluence peri	formance of	anten	atal care
S	ervices projects in Kenya?					
	Not at all	[] Lo	w extent	[]		
	Moderate extent	[] Gro	eat extent	[]		
				LJ		

6)	To what extent do the following projects in Kenya?	g influence p	ertorma	nce of anter	natal care so	ervices
Ī		Very great extent	Great extent	Moderate extent		Not at
	Resource Specification					
	Resource Allocation					
	Delivery Method					
	Inputs required					
7)	In your view how do the above of antenatal care services projects		nning p	ractices influ	ience perfoi	rmance
			• • • • • • • • • • • • • • • • • • • •			•••••
			• • • • • • • • • •			• • • • • • •
		••				
	Project Execution Practices					
8)	To what extent does project exe	cution practic	es influ	ence perforr	nance of an	tenatal
	care services projects in Kenya?					
	Not at all	[]				
	Low extent	[]				
	Moderate extent	[]				
	Great extent	[]				
	Very great extent	[]				
9)	To what extent do the following	g influence p	erforma	nce of anter	natal care so	ervices
	projects in Kenya?					
		Very	Gre	at Modera	ate Low	Not

	Managing people					
	Following processes					
	Coordination					
	Effective communication					
	Coordination					
10) In what way does project execution	practices infl	uence pe	erformance o	of antena	tal care
	services projects in Kenya?					
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		• • • • • • • • • •	
			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
	Monitoring and Evaluation					
11) To what extent does monitoring and	d evaluation	influenc	ce performa	nce of a	ntenatal
	care services projects in Kenya?					
	Not at all	l Low ext	ent	[]		
	Moderate extent [] Great ex	tent	[] V	ery grea	t extent
	Moderate extent []] Great ex	tent	[] V	ery grea	t extent
12	[]				, -	
12					, -	
12	[])To what extent do the following in			e of antenat Moderate	, -	Services Not at
12	[])To what extent do the following in	Very great	formance Great	e of antenat Moderate	al care s	Services Not at
12	[])To what extent do the following in projects in Kenya?	Very great	formance Great	e of antenat Moderate	al care s	Services Not at
12	[])To what extent do the following in projects in Kenya? Baseline Survey	Very great	formance Great	e of antenat Moderate	al care s	Services Not at

extent

	Provision of direction					
13	In what way does monitoring and everyices projects in Kenya?	valuation infl	uence pe	erformance of	of antena	tal care
			• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •
Pr	oject Funding					
14	To what extent does project funding	influence pe	rforman	ce of antena	tal care	services
	projects in Kenya?					
	Not at all	1				

Controls of activities

Low extent

Great extent

Moderate extent

Very great extent

15) To what extent do the following influence performance of antenatal care services projects in Kenya?

[]

[]

	Very extent	great	Great extent	Moderate extent	Low extent	Not at all
Adequate funds						
Subsistence allowances accessibility						
Disbursement frequency						
Actual expenditure outline						

16) In your view how does project funding influence performance of antenatal care services projects in Kenya?

Performance of Antenatal Care Services Projects

17) What is the trend of the following aspects of performance of antenatal care services projects for the last 5 years? Where, 5 = greatly improved, 4= improved, 3= constant, 2= decreased, 1 = greatly decreased

	1	2	3	4	5
Projects completed on time					
Number of projects completed that meet specified quality					
Projects completed within stipulated budget					
Projects accepted as meeting clients/stakeholders					

Thank you for participating

Appendix III: Budget

Item	Quantity	Unit cost	Total cost (kshs)		
		(kshs)			
Stationary	4 reams	500	2,000		
Transport cost	10 trips	2000	20,000		
Typing services	84 pages (1 copy)	30	2,520		
Binding	84 pages (8 copies)	100	10,200		
Hard cover binding	5	600	3,000		
Photocopying services	84 pages (7 copies)	5	2,940		
Internet services	10 airtime vouchers	1000	10,000		
Miscellaneous	Various	10,000	10,000		
Expenses					
Total			60,660		

Appendix IV: Work Plan 2019

	Mar	Apr	May	Jun	Jul	Aug	Sep
Development of						I	
Proposal							
Presentation of							
Research proposal							
Research Proposal							
Corrections							
Data collection							
Data Analysis							
Report writing							
Presentation of the							
project							
Corrections on							
research report							
Submission of the							
research project report							