INFLUENCE OF STAKEHOLDERS PARTICIPATION IN PROJECT LIFE CYCLE MANAGEMENT ON COMPLETION OF COUNTY HEALTH INFRASTRUCTURAL PROJECTS: A CASE OF KIAMBU COUNTY, KENYA

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DECLARATION

This Research Project Report is my original work and that it has never been presented at any institution for examination.

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DEDICATION

This Research Project Report work is dedicated to my Father Patrick Kanyagia Karumbo and Mother Lucy Njeri Kanyagia for instilling the value of education in me.

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TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

ABBREVIATION AND ACRONYMS

BOD:	Board of Directors
GOK:	Government of Kenya
ISO:	International Organization for Standards
MOH:	Ministry of Health
MDGs:	Millenniums Development Goals
STI:	Science, Technology and Innovation
SPSS:	Statistical package for social scientists
SDGs:	Sustainable development goals
SPH:	(Subsidized Public Health)
WHO:	World Health Organization

ABSTRACT

This study sought to establish the influence of stakeholder participation in project life cycle management on the completion of county health infrastructural projects in Kiambu County. The study set out to: examine the influence of stakeholder participation in identification of projects, in planning of the projects, in the implementation of the projects, as well as in participatory monitoring and evaluation. The study was guided by structural functionalism theory and systems theory. Descriptive survey research design was employed on a target population of 747 individuals involved in the running and completion of health projects that include the management committees in 83 public facilities (Referral hospital, tier4 hospitals, health centers, and dispensaries) in Kiambu County. Through purposive sampling and Simple random sampling, a sample of 17 county health infrastructural projects were selected with a sample size of 138 respondents. Data obtained was analysed using the Statistical Package for Social Sciences (SPSS) computer program. Primary data for the study was collected from committee chairpersons and medical officers, sponsors and NGO representatives, women and the disabled people's representatives, professional and departmental heads, as well as county and national government heads, with 117 questionnaires duly filled and returned which represents a response rate of 84.78%. The objectives for the study have the different findings; Project identification has a composite mean of 3.08 and standard deviation of 0.136; Project planning has a composite mean of 3.16 and standard deviation of 0.3: Project implementation has a composite mean of 3.12 and standard deviation of 0.3; Project monitoring and evaluation has a composite mean 3.804 and standard deviation of 1.0822. Comparatively it shows that there is a positive correlation between the independent variables and the dependent variables and the reverse is true. The study findings indicate that there exists a strong positive relationship between project completion and all other explanatory variables except project implementation stage, which had an inverse relationship with completion of infrastructural projects. The study therefore concludes that the project management team should involve all stakeholders in project identification and initiation, to ensure the right problem is being addressed by the project. The study recommends Infrastructural health project managers in Kiambu County should actively involve all stakeholders and other project beneficiaries in project identification phase. All healthcare stakeholders should be involved in the planning process of infrastructural projects in Kiambu County. The stakeholders should allow the project management team to execute the project during the crucial project implementation stage by minimizing interruptions and red tapes. Infrastructural health project managers in Kiambu County should actively involve all stakeholders and other project beneficiaries in project monitoring and evaluation after implementation.

CHAPTER ONE:

INTRODUCTION

1.1 Background to the study

Health is a fundamental aspect of quality of life, not only because being free from illness or injury directly affects our capacity to enjoy life, but also because health indirectly affects our capacity to produce and consume other valuable goods and services. Good health is acknowledged as the most basic need in human body and valuable asset in human life. Access to quality, comprehensive health care services is critical for promoting and maintaining health, preventing and managing disease, mitigating disabilities and mortality rate, and achieving health services to all Kenyans. This is why different governments have committed themselves to facilitate health services to its citizen as per the WHO requirements (Awoninyi, 2017)

The health system can be identified with uniformity in service delivery (WHO Report, 2000). The delivery of health care services operates however, in the context of socioeconomic and political setting of the country. In India, different approaches in different eras like that of Vedic era, Moghul era and British colonial era. During Vedic period there were the most common practices of Ayurveda for treatment of various diseases and health problems. Ayurveda and Siddha systems are of Indian origin. In these, health care though mainly consisted of treatment from diseases, but also included health promotion and health education and public health systems in the form of maintaining hygiene and other matters relating to hospital functions and structure.

The life longevity is the most commonly used measure used to describe a population's health. Historical data shows that global life expectancy has increased tremendously over the last couple of centuries, with substantial long-run improvements in all countries around the world. Recent times show life expectancy gains in developing countries has helped reduce global inequalities. Despite recent progress towards long-run cross-country

convergence, there are still huge discrepancies that have to be addressed: people in sub-Saharan Africa have a life expectancy of less than 60 years, compared to 80 years in countries such as Japan. The reductions in child mortality and maternal mortality have been crucial to improving life expectancy around the world. Comparatively in these two measures of health we observe large remaining inequalities: low-income countries still have, on average, child mortality rates that are more than ten times higher than those in high-income countries. This shows that similarly large gaps remain for other measures of health, including recent burden-of-disease estimates (WHO Report, 2000).

The International Organization for Standardization (ISO) defines Quality service delivery as a relative concept and in most cases where intrinsic characteristics of a service meets the requirements of a patient, the delivery can be rated as high in quality. In service industries especially hospitals in this case, the experience of patients plays a crucial role in rating, assessment and ranking of quality of services offered in these facilities. Kenya is a case example of developing countries in Africa, where premature deaths and avoidable diseases inflict a high toll in communities either due to poor health infrastructure or lack of accessing health facilities due to geographical challenge (Court, 2016). The aim of the study is to establish how stakeholders can influence participation on completion of county infrastructure health projects, since not all health facilities get the support funds of county, National and other donors.

Health includes the services which are required to protect, promote and restore the health of the people. The services include sanitation, safe drinking water, adequate food, housing, healthy life style, protection from environmental hazards. Health services are composed of medical, family welfare and public health care services. In medical care, it comprises of medical relief, hospital, health centres and dispensaries; communicable disease control, water supply and sanitation and family welfare services include family planning, maternal and child care etc. (Awoninyi, 2017) The approach of health care services is thus curative, preventive and promotional. The health care services make the provision of improvement

of the health status of the population under the condition of sound delivery of the health care services. Health care delivery implies the system of how health care are organized, managed and provided to the people.

Service delivery as defined by WHO (2001) is the way processes are combined to allow the delivery of a series of interventions or health actions. The delivery efficient and effective of health services requires strong infrastructural foundation with strong inputs of competent and adequate health professionals, health attendants, health staffs, proper arrangements of physical facilities (hospitals, health centres and dispensaries), uninterrupted financial resources, adequate supply of essential and lifesaving drugs, proper policy framework and guideline, and health administration (deals with management and organizational matters). All these inputs when combined in such a manner that it is easily accessible to the people, the structure of delivery of health care services become smooth and sound. Sound delivery of health services ensures sound health status as its outcome.

The Kenyan government in March 2013 adopted a devolved system of as indicated in the 2010 constitution of Kenya, resulting in a National government and 47 county governments. Kiambu County is among them as per the constitution. National government is largely responsible for policy formulating guidelines on health service charges. It is also concerned in the running of the national referral hospital and laboratories, planning and budgeting for services nationally, and health information management Systems (HIMS).

To ensure effective of stakeholders' participation runs smoothly and public get better healthcare services. A clear guideline for health should be formulated and implemented. Effective and efficient health system infrastructure enhances and contributes to high quality of outcomes. The devolved function has ensured; significant investment has gone into increase the number of health facilities especially those at lower levels. Through this, the average density of health facilities in the country has increased, but it falls below the WHO minimum threshold, and there are differences across the sub-counties in Kiambu

County. Notably, there is a strain between the health infrastructure developments and provision of recurrent inputs such as human resources. As such the need arises to balance investments in health infrastructure, with provision of adequate health commodities and equipment across all the healthcare facilities in Kiambu (MOH, 2016).

A baseline survey on 'Service availability and infrastructure to the public, which identified expansion of facilities offering in Kenya and Specifically Kiambu County was conducted by The Ministry of Health (MOH) in 2016. The results of 2016 and the follow-up of 2017 indicated that the facilities were commonly urban-based and ill-equipped, with long distances separating them especially in rural areas

1.2 Statement of the Problem

Completion of County health infrastructural projects is undoubtedly a major prerequisite in the realization of our country's objectives and consequent realization of millennium development goals (MDGs) in the Agenda four of Vision 2030(Ministry of devolution and planning, 2017, p. 25). Availability of healthcare services is not assurance that they will be optimally used by patients. Financial, geographical access and poor medical infrastructure remains a barrier to health services. Efforts aimed at strengthening hospital systems endeavor to comprehensively manage clients' health needs by using resources beyond those available where they access care. Common barriers to successful infrastructural projects are generally known, the relative importance of these constraints should be assessed in each country or region to guide the design of targeted, appropriate interventions to improve the projects.

Despite the efforts by the government to improve the system in Kenya in order to improve efficiency in the health system and health outcomes, no evaluation has been carried out by the government or scholars to determine the challenges facing implementation of heath care referral system for quality health care service delivery in Kiambu County .The lack of participation of health stakeholders in Kiambu County has resulted to poor planning and management of projects, which leads to failure of initiated critical projects. Some of the

cases which are participatory still fail to get completed which implies that stakeholders face challenges in their much needed roles. Politics have contributed to the area leaders' not prioritizing basics needed health projects. This has hence instigated my quest on the influence of stakeholders on the successful completion of public hospitals projects in Kiambu County. (Kiambu Magazine 2017)

1.3 Purpose of the study

The purpose of the study is to determine the influence of stakeholders' participation in the project life cycle management on completion of County health infrastructural projects in Kiambu County.

1.4 Objectives of the study

The study shall be guided by the following objectives;

i. To establish the influence of stakeholders' participation in the project life cycle in identification of projects on completion of the county health infrastructural projects.
ii. To determine the influence of stakeholders' participation in the project life cycle in planning of projects on completion of county health infrastructural projects.
iii. To access the influence of stakeholders' participation in the project life cycle in implementation of projects on completion of county health infrastructural projects.
iv. To examine the influence of stakeholders' participation in participatory monitoring and evaluation on completion of the county health infrastructural projects

1.5 Research questions

i. Does stakeholders' participation in the project life cycle management in identification have an influence on completion of the county health infrastructural projects?
ii. How does stakeholders' participation in the project life cycle management in planning influence the completion of county health infrastructural projects?
iii. Does stakeholders' participation in the implementation phase in the project life cycle management influence the completion of the county infrastructural projects?
iv. To what extent do the stakeholders participation influence in the participatory monitoring and evaluation in the project life cycle management towards the completion of the county health infrastructural projects?

1.6 Significance of the study

This study is geared towards encouraging a participatory approach in the undertaking of health infrastructural projects where all the relevant stakeholders are involved, each playing their roles and where accountability from conception to completion of the project is open rather than authoritarian approach where it is only the boss who is 'right.'

The study may assist the Ministry of Health both National and county level to come up with working structures, to improve the existing ones in the successful conception, mobilization, implementation and completion of public health projects with stakeholders being involved with all the undertaken processes. The study may offer immeasurable insight to the health sector management as a fraternity to learn the influence resulting from the involvement of the health stakeholders on successful completion of its infrastructural projects and challenges towards achievement of health infrastructural projects by the stakeholders. Finally, the study hopes to add to the already existing literature on stakeholder involvement and influence on successful completion of projects in public health sectors.

1.7 Delimitations of the study

This study was limited to the cycles of a project that include; project identification, project planning, project implementation and participatory monitoring and evaluation. These were selected as they are the main aspects of the project phases. In addition, the study was limited to Kiambu County that is the public hospitals. The population that was considered is the executive committee as the stakeholders in this study. The county is among the leading counties with many completed health infrastructural projects.

1.8 Limitations of the study

The study was conducted in Kiambu County. The area is a rural set up located on an arid climate, characterized by low socio-economic and cultural development and therefore the findings were not fully generalized to represent all stakeholders in all hospital facilities in Kenya. The study was also limited to public hospitals only leaving out private hospitals. The study was to further sample different respondents of different social status which brought forth sampling errors. In addition, certain stakeholders are usually very busy people and may respond to the instrument hastily.

1.9 Assumptions of the study

The researcher had following basic assumptions such as: - That the Community plays significant roles in the completion of hospital infrastructural projects that the government plays an instrumental role in the completion of hospital projects, all the respondents will frankly answer all the questions in the questionnaire.

1.10 Definition of significant terms.

Monitoring and Evaluation

It involves collection of information, analyzing information, reporting correcting errors and direction provision while undertaking ongoing project

Project identification

It refers to the effective development of a preliminary proposal through participatory analysis, scanning the external environment and preliminary project approval.

Project planning

This is a procedural step in project management, where required documentation is created to ensure successful project completion. Documentation includes all actions required to define, prepare, integrate and coordinate additional plans. The project plan clearly defines how the project is executed, monitored, controlled and closed.

Project implementation

This is a stage in project management that involves the execution of various activities through team development, allocation of resources, update project schedule and execution of task assignment.

Participatory Monitoring and evaluation (PM&E)

This is a self-assessment process, interactive knowledge generation, and collaborative process in which stakeholders in a program or intervention substantively and inclusively identify the monitoring and evaluation issues, collect and analyze data, come up with reports and take action as a result of what they learn through this process.

Stakeholder

An interested party who is directly or indirectly affected by the operations or outcome of the hospital.

Stakeholder participation- Stakeholder participation is the process by which an organization involves people who may be affected by the decisions it makes or can influence the implementation of its decisions.

1.11 Organization of the study

The study is organized into five chapters. Chapter one consist of the background of the study, statement of the study, purpose of the study, objectives of the study, research questions, significance of the study, limitations of the study, delimitation of the study, basic assumptions of the study, definition of significance terms and organization of the study. Chapter two presents the literature review which comprises of the past studies or documented information about the roles of the Administration, financing by government of the sponsor and the role of area leaders alongside the constraints towards achieving their goals. The theoretical and conceptual frame works are given at the end of this section. Chapter three is the last chapter which comprises of; research design, target population, sampling procedure, sample size, research instruments, validity and reliability of the research instruments, data collection procedure, data analysis, ethical consideration and operationalization of variable table. Chapter four comprises of data analysis and discussions. The fifth chapter consists of summary of the findings, conclusions, recommendations and suggestions for further studies.

CHAPTER TWO:
LITERATURE REVIEW

2.1 Introduction

This Chapter will review literature and studies that are related to this particular study. It will review what researchers and scholars have said regarding stakeholder participation influence in the completion of county infrastructural health projects. It also entails the theoretical frame work, empirical review and the conceptual framework.

2.2 Completion of County Health Infrastructural Projects

Any undertaking that converts inputs to desired outputs for a team of people and or individuals in a given time period is defined as a project World Bank (2013). Additionally, projects have a certain life cycles which ends at achievement of the desired objectives. Kaliba, Muya & Mumba (2009) suggested projects are either government or public funded such as public roads, railway, gas or electricity lines, housing units, and industries or can be individual ventures such as retail businesses owned and managed by few people. Successful implementation and administration of projects require human, capital and non-capital resources such as positive and enabling culture for their effective implementation.

The largest state in India, Uttar Pradesh, has a population higher than 200 million, and suffered among the lowest per-capita incomes in the region (Jugal, 2005). About 380,000 children below the age of five die each year and this prompted the Government of Uttar Pradesh in a quest to improve its health care system resolve interventions of social accountability and considered scaling them up as part of a World Bank-supported project. The government engaged researchers to appraise the effectiveness of these campaigns, which provided policy makers with guidance on how best to implement change in the state's health system on a large scale. The reports gave the Uttar Pradesh government guidance on how to expand the program at scale to provide better health care across the state to the people who need it most. The results were used to inform policy in other Indian states, as well as in other countries across the globe that struggle with

accountability and seek innovative ways to boost the quality of the health care they provided. The report also contributed to the understanding of the feasibility and effectiveness of interventions that aim to mobilize communities to demand— and receive— better health services. In addition, it had the potential to shed light on whether simply providing information about service availability and health care performance can result in better health service delivery and ultimately, better health outcomes—or whether additional interventions that bring together citizens and providers are needed. (World bank ,2015)

The revolution in the economic, social, environmental and political landscape in Africa is transforming the health and well-being of people through deliberate investment efforts. African leaders now envision a future filled with positivity and hope. The United Nations Sustainable Development Goals (SDGs) replicate these aspirations arising from the vision. Through attainment of the SDGs targets, Africans can enjoy the health benefits they need and contribute towards the global development programs in an impartial and sustainable ways. Member States at the WHO Regional Office for Africa ought to engage with and learn from each other towards attaining sustainable and equitable health results. Attaining the vital aspirations of Health and wellbeing calls for the understanding and use of principles of work within intricate sectors like healthcare. The members can orchestrate Process for analyzing and identifying areas where lessons can be shared across countries to guide head way towards attainment of the SDGs in the region. (WHO,2001)

The former Kenyan President H.E. President Mwai Kibaki launched the Vision 2030 development plan on October 30th, 2006. He instructed that the strategy must be accompanied with realistic and concrete action plans which would be followed on expiration of ERS. Additionally, he advocated for a consultative approach in the development of the plan by involving numerous ordinary Kenyans and stakeholders. Therefore, formulation of the plan was conducted through workshops and trainings with stakeholders at every level of the public service, private sector representatives, the civil society, media outlets and non-governmental Organizations (NGOs). Several provincial

consultative forums were similarly held. These consultations sought to provide in intricate understanding of Kenya's development glitches and the appropriate strategies that could aid achievement of the Vision 2030 results (Kenya Vision 2030 July-August, 2007)

The journey towards the vision was also dependent on the building of a just and cohesive society, offering equitable social development in a safe environment. This mission would form the basis for transformation of the eight key social sectors; Equity and poverty reduction; Environmental conservation; Gender equality, Water and Sanitation; Housing and Urbanization; Education and Training; Youth Sports and Culture, and most importantly Public Health. The framework also makes special provisions for Kenyans living with disabilities and formerly marginalized communities. A Science, Technology and Innovation (STI) framework would be adopted as an implementation tool for these policies (and others in the economic pillar) (Kenya Vision 2030 July-August, 2007).

Overall improvement of Kenyans' livelihoods, the government would have to provide a high quality and efficient health care system. Health inequalities would reduce significantly and lagging key areas of development would consequently improve, by contributions like reduced infant mortality rate. Precise strategies would involve: encouragement of partnerships of governments with the private sector, provision of a vigorous health infrastructure network; improved delivery of health service to the highest standards. Additionally, the Government would also provide access for those excluded from quality health care by financial constraints (Kenya Vision 2030 July-August, 2007)

Following these deliberate efforts, the Health sector's flagship projects for 2012 were hence to: First, revive Community health centres to encourage preventive health care (as opposed to curative intercession) and by promoting health of individual lifestyles; Secondly, to disassociate the Ministry of Health from service delivery hence improve management of health institutions in the country (principally operations at district, provincial and national hospitals would be independent); Thirdly, a National Health Insurance Scheme would be created to promote equitable health care financing in the

country; Fourth, funds would be channeled directly to hospitals and Community Health Centres (instead of district headquarters); Finally, the output-based approach system would be enhanced to enable underprivileged groups (e.g. the poor, orphans) to obtain health care from preferred institutions (Kenya Vision 2030 July-August, 2007).

The current sizes and prospect for future growth in all the sectors guided the assessment of the potential for economic impact. In addition, the potential to increase the country's global competitiveness, to enhance efficiency growth, and attract more local and internal investors. The analysis was based on a detailed understanding of the impact that each sector would make on the economy and additional factors essential for increasing the level of resources available nationally (Kenya Vision 2030 July-August, 2007). Health sector in Kenya falls into two categories - government funded and private. Government funded hospitals are divided into six levels, namely National Referral Hospital, Tier 5Hospital, tier 4Hospitals, Tier 3 hospitals, tier2 hospitals (Health Centers) and tier 1 hospitals (Dispensaries).

In 2013, the government initiated plans to offer subsidized public health to all Kenyans and free maternity in all public hospitals. In 2014 there were 1.2 million Patients in public Hospitals especially provincials. Some 400,000 patients entered referrals Hospital in 2017 - about 60 percent of those who were admitted - a number expected to have risen by200,000 in 2018 with the introduction of subsidies to help even in chronic diseases, and certain diseases. According to reports, at least 400 new health centers, the equivalent of 185 Hospitals, were needed to accommodate to increase of patients in the Public Hospitals during 2017 (Mwambili, 2018).

According to Mwambili (2018) in 2012, Kenya had 4,478 public high Hospitals, most of which were lacking essential facilities. Before introduction, the year before ought to have been spent preparing for the programme and building extra health centers or contracting more nurses and doctors but this was not done. The Health Secretary at the time insisted the existing Hospitals could accommodate the increase in Public patients. Some hospitals which were under-utilized while others were congested. There should be more efficient

use of the facilities at certain hospitals. The government should have had incentives to attract patients and nurses to such Hospitals. Experienced nurses and a tradition of better services contribute to fewer patients in the society. Perhaps the government should post experienced nurses to such Hospitals. However, the issue of training health practitioners and infrastructural facilities are problematic (Kwamboka, 2018).

The Nursing council of Kenya governmental agency that employs nurses at the time of introducing free health had stopped the recruitment of additional Nurses, only employing staff to replace those leaving the 235,000-strong service. So, the experience of free public health of certain nurses having to deal with overly-large classes – was to be repeated in Public Hospitals. In 2013 the average doctor –patient ratio in Kenya's Public Hospitals already stood at one to 45 (Kwamboka, 2018). Nurses' report indicates that patients need to be given extra care after being treated not just injecting patient and not doing any follow-up on how they are doing. The Congestion of patients puts heavy pressure on patients leading to some even dying in the hospital or after discharge or causes some to seek traditional herbs. Lack of infrastructural facilities at hospitals and overworked nurses are trends that spell likely doom for the quality of health in Kiambu district Public hospital. (KNWF Report,2012)

Reports show that many public hospitals are struggling to treat patients well in either due to lack of better infrastructure of lack of enough trained health officials. A situation that could deteriorate by patients entering hospitals that are ill-equipped to receive them. Public Health should properly prepare patients for their treatment and future life; without cross examining them. Under the Public Hospitalizing programme, authorities will pay hospitals about 60 dollars per patient per visit that's ¾ of the required bill, an amount that is to be allocated in lump sums at the start of each of the month, hospital maintenance and improvements, and all hospital activities. Health practitioners are still responsible for better maintenance of hospital facilities that includes drugs. However, some Administrators stand accused of trying to extort money from poor patients (Kwamboka, 2014).

Hospital heads constantly complain of delays in receiving subsidies, saying this obliged them to source operating funds in the interim, especially in the maternity level. Government officials described these delays to hospitals being slow due to system protocol and recording down details of every patient. A patient from a poor family cannot afford even the drug fee for antibiotic. The amount for other patients is just a minute fraction of the financial requirement for a Public Hospital Patients. Many Kenyans live below the poverty line and they will forego hospital attendance of many patients from poor households (Kwamboka, 2014). Kwamboka, (2014) holds that in spite of these problems, the new health policy was welcomed by some. Once the government pays all patients' bills. The Hospital doesn't have to rely on the few patients who are able to clear the annual Hospital fees. With the lump sum Hospitals plan other activities, such as equipping ambulances and laboratories.

2.3 Stakeholder Participation in Identification of Projects in The Project Life Cycle Management On Completion of County Health Infrastructure Projects

The purpose of project identification is to develop a preliminary proposal for the most appropriate set of interventions and course of action, within specific time and budget frames, to address a specific development goal in a particular region or setting. Investment ideas can arise from many sources and contexts. (Owuor,2015)

The core functions of the Government through the Ministry of Health includes; planning and policy formulation for the whole Health system, determination of the infrastructure and allocation of resources. Thus, the government plays a major role in disbursement of resources to Public Hospitals. These calls for administrators and health county officials in charge reason to monitor supervise and audit Hospital development plans and their implementation (Jackson 2005). According to a research done by Ngunchu (2005) there is always initial involvement of the Government in Hospital project development planning but their role during the implementation, monitoring and consequent continuous improvement process, they become passive players in their participation towards their funded projects.

In its campaigns, Jubilee (TNA) promised to offer free maternal health services and subsidized Hospital Health (SHH). And true to its promise, after taking over, they have tried to distribute drugs and build hospital infrastructure. This was expected in a country where a substantial proportion of patients were out of Hospital, due to congestion the response was overwhelming (Asyago, 2005). According to whose reports of SPH in Kenya after the introduction of SPH(Subsidized Public Health) in Kenya in 2013, an additional 500,000 Patients were able to attend Hospitals for the first time (WHO, 2015). The free initiative has been important in enhancing access, retention and quality at the public level as propagated by the Ominde Health Report (Republic of Kenya, 1964).

The challenge that arose for the government was to ensure that patients graduating from public Hospital access continued public health services. To address this challenge, the government introduced Subsidized Public Health (SPH) in 2014 as earlier promised in 2013 election campaigns. This caused increase in Public enrollment which meant that there should be massive expansion of infrastructure to cater for the increase of patient. The launch of Subsidized Public Health (SPH) in 2014 was meant to address the death rate due to illness, low quality health and poor health infrastructure in the Public level, high cost of Health and poor public involvement (Republic of Kenya, 2005). Dissimilar to the SPH initiative, which put into account numerous resolutions, literature and conventions, free public health initiative could have been activated by the politically charged climate that overwhelmed the country during the 2007 general elections. Experts argued that the country was not well prepared for its implementation. Nevertheless, there were evident government commitments towards increasing transition from public to Private by seventy per cent in every district (Ohba, 2009).

The Free Public Health policy provisions expected the government to meet a tuition fee of Kshs 10,265 per Patients, and the Health practitioners would meet the rest of the requirements such as accommodation lunch, and transport for those in boarding Hospitals. The arrangement would further be in line with the government's commitment towards ensuring region-specific needs like gender diffrences were addressed (Ohba,

2009). These efforts would constitute optimistic strides towards the recognition of aealth for all and ultimately The Millennium Development Goals (MDGs).

The Kenyan government continues to support achievement of Health opportunities and facilities through other bodies such as constituent development fund (CDF). Government of Kenya (2008) CDF is meant to finance needy cases in the Health sector to ensure that services are decentralized to people at grass root level. CDF has been used to fund such infrastructural projects in Hospital as building, classes, laboratories, water facilities and such like projects. These funds however have their own challenges where the Minister has his biases, corruption, giving funds to undeserving, bureaucracy and failure to strictly monitor the projects hence inability to achieve the true purpose of the funds. The government also channels some funds to Public Hospital infrastructural projects through local authorities trust fund (LATF) notes that this fund can also be very instrumental in financing projects to help lessen the heavy levy laid on most Kenyan parent. It is however marred by very many procedures.

2.4 Stakeholders Participation in Planning in The Project Life Cycle Management in The Completion of County Health Infrastructural Projects.

Reeves (2004) defines participative planning process in public infrastructure projects as all the activities by which members of the public including citizens, users and consumers contribute to shaping the decisions taken by public organizations. Furthermore, the purpose and methods of fostering the participative process must be in scale or spectrum with the level of consultations at one end and more deliberative techniques on another end. This according to Reeves is to ensure that participative planning process promotes deliberate public infrastructure projects but necessarily a prescription on the method to use. Njoki (2013) notes that participative planning process occurs in infrastructure projects at the government level and the local county governments where the projects are implemented. Njoki further notes that these participatory activities should be mapped to eliminate the bureaucratic participative processes that are traditional including written consultations to include

more modern approach that includes the focus groups and opinion polls.Dailami and Klein (1997) opined that the public appetite for participation and involvement in public infrastructure projects is mixed although there is not much literature on the involvement of the public on participatory planning processes during public infrastructure projects. The demand for participation, according to Dailami and Klein (1997), depends on several factors which includes: whether the project is national or county government originated; what the law prescribes as enough public participation; and whether proof of public participation will eventually make much difference. Perrot and Chatelus (2000) believe that the reforms of public structures and governing systems is the key to public infrastructure projects development implementation however there is still a debate amongst the stakeholders' of how vast the participatory public processes in public infrastructure projects should be attained in policy making and the major role of the elected representatives.

Sappington and Stiglitz (1987) on the hand argues that the major enablers of public participations includes capacity and resources of the projects, the social capital and the attitudes of political players in the project area of implementation, and the managerial and civil society leaders engaged in the project processes. It however believed that the level of participation in a public infrastructure project relies so heavily on those on power and the process is never considered so important (Dailami and Klein, 1997).

2.5 Stakeholders Participation In The Implementation Phase In The Project Life Cycle Management On The Completion Of The County Health Infrastructural Projects.

Implementation simply means carrying out the activities described in your work plan. Executing a project in the water and sanitation sector is a very complex mission, as it requires the coordination of a wide range of activities, the overseeing of a team, the management of budget, the communication to the public, among other issues (Micheni ,2016).

(Mwambili 2018) found out that in counties such as Kakamega, Nakuru, Kirinyaga, Kilifi and Kwale, villages in rural settlements are anticipated to aid in building hospitals and to contribute towards maintenance either by donating cash or labour. The hospital management is a critical material and financial support sources which are grave for development of hospitals (MOH, 2017). This is noted because of the cost-sharing plan in offering health services.

MOH (2018) notes that on average household spending on Public health was 25% per Patient more than the government. Through Sessional Paper No. 1 of 2005, the health practitioners are to cater for consultation fee, for patients in who just wants for minor check-up, meet the cost incurred, and other Hospital projects like expansion of infrastructure upon approval of the District Health Board (DHB). Masube (2014) claimed that though the Health practitioners are the greatest contributors towards development of infrastructure in Public Hospital Health, they have been overshadowed by Stakeholders. The health practitioners also have very little influence of the money disbursed by the government. He further recommends that the administrators should always aspire to enhance harmonious partnership among Hospital stakeholders.

Masube, (2008) noted concerns in participation of Health practitioners in Public Hospital decision making processes. Historically, hospitals made decisions in isolation and Health practitioner were left to criticize the results when they failed. Though the practice is minimal, the government has taken a move of taking decisions to making to the people. The Health practitioner and the community are required to implement programme activities while the government provides technical support and supervisory services through Kenya Health Sector Support Programme (KESSP) based on a Sector-Wide Approach to Programme Planning and Implementation (SWAP). This was in accordance to the government policy of empowering people to actively play their role in National Development (NCK. Report, 2007)

The Kenyan government announced plans to give free maternal services and subsidized Public Health for other patients in 2013. The sum of Ksh30, 012 and Ksh25, 000 respectively per patient amounting to 30 per cent of the amount of funds required to

attend a public Hospital. A graving tragedy in the Hospital system is re-enacted every day when thousands of patients walk the roadways during or are showed home untreated for lack of money to pay their Hospital bills.

Access to funds for projects like clean water provision or other infrastructure is dependent on NGOs, fundraisers, Constituency Development Funds (CDF- Kenya), Community Development Funds or in some cases international development agencies. Formulation of a budget and overall hospital administration therefore becomes a daunting task for hospital administrators (MOH,2017). The treating costs constitute one of the biggest challenges, since patient sickness differ from one person to other. Re-introduction of subsidized public health services in 2013 however saw partial elimination of the fee. Basic fees of Hospital drugs and consultation nevertheless remained the patient's obligation. The basic needs of food, clothing and shelter still keeps many away from attaining health a care.

Another problem facing Health amenities and their practitioners is the transportation challenge for their Patients. Equipped public Hospitals are often far from home for Kiambu residents since most live in remote areas. The few who can send their patients to private Hospitals, National or referrals hospitals, county and District Hospital all have different medical bills which majority can't afford. The quality of Health services and overall Hospital environment is also greatly variant. High achieving patients are often unable to get treatment from hospitals of choice due to high fees and distances. In order to tackle their sickness many patients opt for traditional doctors and traditional herbs which are not effective. After this they still complain the same sickness over and over, they don't get help due to high "hospital bills" from private hospitals which are available. This leaves no time for Patients to know their actual sickness they have been suffering from, many cases lead to death of the patients (Kwamboka, 2014).

Robert Et Al (2000), In order to report on the cost elements of after-Hospital programs, this report uses a simplified model of the costs that after-Hospital programs and systems would be expected to face in establishing, operating, and sustaining their activities. According to Catsambis (1997) general findings indicated that most Health practitioners

were willing to take part in the Hospital operations through involvement in the decision-making processes. Epstein (1990) further investigated the importance of hospitals involving families in helping patients get well in Hospital. Findings indicated that few health practitioners can be positively involved in their Patients' Health and that hospital and practitioners' involvements help these families have healthy members (Epstein, 1990, 1992).

Jackson (2005) stressed on the importance of involving health practitioners in the development plans formulation in hospitals since they form an integral part of the stakeholders of the Hospital. He added that all Health practitioners ought to be informed and involved in the germane activities of the Hospital. Insight from practitioners can be very instrumental in clarifying aims, the mission and overall vision by defining development priorities better. As Ngunchu (2005) noted pertinent stakeholders, mainly the health practitioners, are merely involved despite having contributed towards a development project for the Hospital. He claims that most times they are kept in darkness during the implementation of Hospital projects yet they have a lot that they can bring on board apart from the financial support. Ngware Et Al. (2006) indicate that hospitals' failure to involve their stakeholders is a clear indication of compromise to quality management and that that jeopardizes provision of quality health.

2.6 Stakeholders Participation in Participatory and Monitoring in The Project Life Cycle Management On The Completion of the County Health Infrastructure Projects

The major role of a Hospital Management according to the Health Act cap 211 provisions is to warrant accountable and effective resources usage at public or private Hospitals (Jackson, 2005). Typically, the expansion of the accountable usage of resources in the provision of health breeds other components. These include; a governing board which should ensure that the hospital is providing health services as per the provision of existing or new Health statutes and regulations by holding regular meetings to assess the operations of the Hospital (Masube, 2008).

According to Mwanthi (2007) the Management also mandates preparation of an annual hospital budget to be submitted for approval by the appropriate health authority. The budget guides the provision of government grants for hospital operations in the ensuing financial year. The budgetary allocations guide management of hospital funds and hospital administrators remain accountable.

The board also governs the hospital administration towards submitting to relevant authorities such as vital information relays and audit reports submission to public fund administrative bodies. It also holds the hospital heads liable for its performance including transparency in provision of information critical to the board for making informed decisions on the institutions.

The board is further responsible for the provision of health facilities. When necessary the board can exercise its powers to acquire sites for hospital facilities. In addition to providing Hospital facilities like sites and buildings, the board also must provide day-to-day operational materials like drugs and ambulances during emergency required for a Health programme (Masube, 2008). Besides, it is responsible for obtaining and managing hospital finances by receiving all donations, grants and bills or payments from insurances companies or other forms of income for the Hospital. It is obligatory to formulate, approve and implement the recurrent and development budgets in the Hospital. Basically, the board organizes, directs, supervises and monitors programmes and projects that have been approved for the Hospital. The board regulates the admission of patients' subject to the general directions of the Health Secretary in the Ministry of Health (MOH). According to Tondeur (2008) the Hospital management, especially the principal, are tasked with various roles including; general Hospital administration, leadership and human relations, patient records management, Corporate Social Responsibilities (CSR) and overall hospital working relationships.

Tondeur (2008) further advanced a theory based on sharing leadership, he claimed that leadership often existed through a group of people who were working closely together. He argues that Hospital managers must not do everything alone but should involve other partners in planning decision making and execution. He notes that working with a group

is not always easy, but through team building and change of attitude should be part of the leaders' consideration (Mutia, 2002). In the manual for heads of Public Hospitals in Kenya, some of the duties of the hospital management (particularly concerning this patients) include; responsibility for overall running and control of the Hospital and maintenance of standards, maintenance of all buildings and grounds, He/she is responsible for all innovation, planning, staffing, directing, coordinating, controlling, organizing, motivating and actualizing the hospital's Health goals and objectives. As an accounting officer of the Hospital, they are also responsible for all revenue and expenditure and the secretary to all other officials.

Combining the roles of the doctors and those of the Management, we realize that the two as the Hospital management team hold higher position in conceiving infrastructural project ideas, involving the other Health partners and coordinating the implementation process until completion. They may be faced with such challenges as insufficient funds, failure if support from other stakeholder and other extraneous challenges. They can also create problems within themselves when cases of misappropriation come up, conflict and cases where transparency is lacking (Mutia, 2002).

Administrator plays a coordinative role, they are in-charge of communication and they are the Hospitals accounting officer. Most times he/she works with other Management members. If the principal is transparent and open, they are likely to work more harmoniously with the aboard and this can result to him being given freedom to carry many infrastructural projects without sabotage (Mulwa, 2004).

2.7 Theoretical framework

A theory is an attempt to explain a cause and effect relationship(s)amongst observed phenomena. Specifying the theory underlying an initiative is like unpacking the whole intervention. This study shall be steered by the following theories:

2.7.1 Systems Theory

Based on the systems theory, Persons (1991) observed that formal organizations are comprised of different groupings of dissimilar individuals. The groupings work harmoniously towards a common objective. The theory, therefore, states that many organizations constitute large and complicated social units which comprise of various networking sub-units. These are often in harmony but sometimes depict diametric opposition to each other. The systems approach considers organizations as made of various components or subsystem, internal and external that interacts with one another towards some kind of equilibrium that benefits the whole organization, and none of the sub systems can individually amount to much or function independently of the others. In the process of interactions, various activities take place in the context of communication and decision making that generates order and disorder in the cause of interaction with the external environment to enhance the performance of the organization (Albrecht, 2003).

The concept of systems theory seeks to generate concepts that have characteristics, which can be adopted universally (Yoon and Kuchinke, 2005). The idea of a systems theory, thus requires interdependence among elements of the organization, in which the elements behavior produces an effect on the behavior of the organization, (Skyttner, 1996). The theory is pertinent to this proposed study since it stresses on the dire need for adherence to rules, organizational cultures, cognitive scripts, routines, symbol systems and practice structures in acquiring resources, deploying and coordinating them towards enhancing performance. But Macharia and Ngugi (2014) later noted that the theory was fundamentally very difficult to explain since it taped assumptions taken for granted in public projects at the center of their social harbor.

According to Katz and Kahn (1996), organizations are behavioral forms that are characterized by cyclic patterns and interdependence in a given environment that is evolving with time. Katz and Kahn (1996) developed the concept of ―input-throughput output in describing organizational productivity in which the basic element of the concept is the coordination and integration by the managerial system of purpose, people, structures, techniques and information to maximize value for the organization (Montouri,

2000). The systems theory, although beneficial to the performance of organizations, has critics (Kuchinke, 2005) who raised issues with it for lack of any means of definitive characterization of interdependence and interaction of the elements of the organization, and also the absence of any formative steps to address conflicts among organizational structure, environment and work elements, and also lack clarity in the meaning attached to systems (Albrecht, 2003).

2.7.2 Structural Functionalism Theory

The functionalism Theory is brought forth based on an ideology of order, formal tasks in organizations and how it is guided with the concept of order, formal work in organizations and in how directions seem to prevail in society and systems despite changing personnel. Functionalism theory supposes and explores a relationship between different parts of a system within an organization and establishes how stability can be attained for the most parts. In structural functionalism, the perceived conflict of interests among the parts evident in most groups of workers is analyzed. In this study, stakeholders including the government, health practitioners, hospital managements and sponsors constitute part of a system working in the health sector. Being a system, the involvement and participation of each and their interests towards attaining the overall goals must be put into account (Carr and Capey, 1982). The theory therefore supports the hypothesis of the study that hospital management ought to cultivate an all-inclusive approach in building a goal oriented system that reduces conflicts. According to the structural-functionalist perspective, healthcare a social institution functions to maintain the well-being of individuals in the society and, consequently, of the social system as a whole (Mooney et al, 2002). Illness is dysfunctional since it limits performance of societal members, and thus to cope with societal changes due to illness, the society assigns a temporary and unique role sick role ‘to those who are ill (Parsons, 1951). This role assures that societal members receive needed care and compassion when ill, with an expectation to seek competent medical advice, adhere to the prescriptions, and return as soon as possible to normal role obligations.

Structural-functionalists explain the high cost of medical care by arguing that society must entice people into the medical profession by offering high work-benefits –and the absence of this hinders the incentives for individuals to undergo the rigors of medical training or the stress of being a physician. Therefore, sustenance of the society through roles is factored –positively by health and negatively by illness.

2.8 Conceptual Framework

The conceptual framework is a graphical representation of how various variables relate with one another. The independent variable is a factor that determines the behavior or an outcome of another variable while the dependent variable is a factor which when observed and measured is capable of determining the effect of the independent variable (Ole, 2015**).**

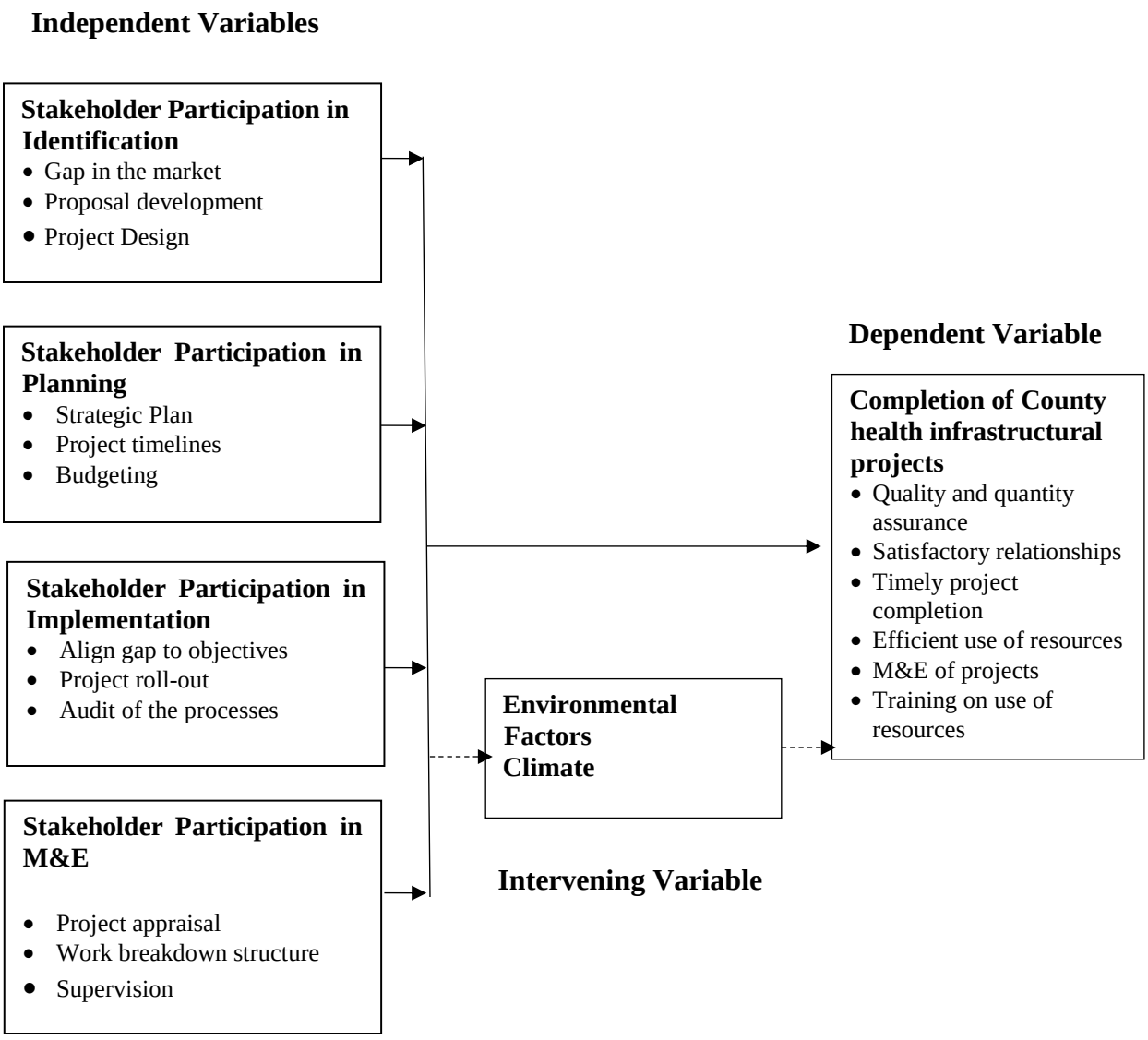

Figure 1: Conceptual Framework

The conceptual framework, adapted from Macharia and Ngugi (2014), illustrates the influence of the critical factors which includes identification of projects, planning, implementation and participatory monitoring and evaluation of county health infrastructural projects public infrastructure projects.

The conceptual framework depicts the independent variables that are:

Identification of projects-this entails looking for viable gaps in the environment and making assessments to turn them viable projects. The purpose of project identification is to develop a preliminary proposal for the most appropriate set of interventions and course of action, within specific time and budget frames, to address a specific development goal in a particular region or setting.

Planning of the project –It involves coming up with a strategic plan, goals and objectives that are towards the achievement of the project. It is also explains participative planning process in public infrastructure projects as all the activities by which members of the public including citizens, users and consumers contribute to shaping the decisions taken by public organizations.

Implementation of the project- It includes the project roll out phases in alignment to the goals and objectives that were earlier indicated in the identification. Implementation simply means carrying out the activities described in your work plan.

Participatory Monitoring and evaluation- The goal of a participatory M&E system is to recognize what works, what does not work, and why, and create a feedback loop that directly connects to the project performance with community expectations and goals.

All the independent variables once they work harmoniously, they lead to the achievement of the dependent variable which is completion of County health infrastructural projects and lack of the variables can lead to the inverse.

2.7 Knowledge Gap

Influence of stakeholders' participation on completion of county infrastructure projects has not been fully researched on particularly in Kiambu County hence a need for this research. Ministry of health, stakeholders and all the concern people are responsible for the quality health service to be offered to its citizen, they oversee the overall development of health system, infrastructure, and resources like flow of drugs to health facilities. The governance function is supposed by a routine information and follow up that the funds release to perform its task have been implemented, since they have been cases the funds release especially for subsidized treatment for citizen does perform its task due to corruption by the health administrators, or sometimes the funds delays and this affect the development of health infrastructure building and purchase of hospital equipment.

Table 2. 1: Research Knowledge Gap Matrix

Objectives	Variable	Author and Ye	Findings	Knowledge Gap
Stakeholder participation in project life cycle management in the planning on the completion of County Health Infrastructural projects.	Availability of funds	Tsubira and Mulira (2009)	The cost of procuring is often High priced for most health emergent nations and for those who can manage to pay for them, the cost of routine maintenance is another challenge.	Procuring inexpensive hospital equipment with economical routine servicing and maintenance thus improving quality and expanding access to healthcare in developing countries.
Stakeholder participation in proje management in the implementation on the completion of County Health Infrastructural projects.	Trainings	Khan (2012)	Countries that invest in training of staff at the global stage.	There is need to train staff on the various activities so as to avoid outsourcing of the activities that can be procured locally.
Stakeholder participation in project life cycle management in the monitoring and evaluation on the completion of County Health Infrastructural projects.	ICT infrastructure	Quayle (2002)	The infrastructure in the world is using ICT technologies for cost cutting, to improve efficiency and to enhance customer services	Health care should embrace ICT Technologies to advance the eminence and proficiency of healthcare delivery systems.

2.8 Summary of Literature Review

This chapter covered a review of literature related to the study. The Local government of Kiambu spends 7.8% of their expenditures for health purposes, this is not enough since they are several hospitals that its infrastructure is not in good condition, and more needs to be builds, supply of drugs to those hospitals is not consistent, several patients are directed to buy drugs to nearby chemists which is costly. If stakeholders such as, local leaders combine efforts with national government the quality of healthcare in Kiambu county will get better and mortality rate will reduce some majority are caused by poor quality of medical attention are even are not attended especially to the district public hospitals.

In developing countries appropriate allocation of resources to hospital projects within a national health system has long been a controversial issue in health system planning. A number of studies have indicated that public hospitals in many poor countries disproportionately benefit the better off, leading their authors to argue that diverting public funds from hospitals and toward primary healthcare would be pro-poor. Yet, Family Care International Kenya reports that peripheral health facilities are the most accessible, especially for the poor. However, if clients are confident that they will be assisted in gaining access to higher level facilities when needed, they may be less likely to by-pass lower-level care facilities for their health needs. (Quality Health Systems in Kiambu a journal by Kariri, Ben and Susan-Khemu 2017)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the research approach undertaken by the study in collection of data and other parameters including the target population, population sampling method, and data collection tools and instruments to employed and the methodology of data analysis. Finally, ethical considerations of the study were also explored under this section.

3.2 Research Design

The study adopted a descriptive survey research design which involves describing the characteristics of the population under study. These involved data on various variables within the County health infrastructure projects around Kiambu and deal with incidents and relationships (Marhlin and Mienar, 2003). Descriptive research design describes the status quo of a phenomenon, modeling the nature of the prevailing attitudes, conditions, and practices and looking for precise explanations as illustrated by Manhri (2004). The method permits researchers to collect information, summarize, present and interpret it in regards to the research questions. The design was therefore effective for the study since it helps to establish the present nature of stakeholder involvement and constraints, their attitudes and describes the role of different public Hospitals stakeholders in completion of County Health infrastructural projects.

3.3 Target Population

According to Mugenda and Mugenda (1999), population refers to a complete census of all items or people in a researchers' area of study. According to Kiambu Health Magazine (2017), the county has 83 public facilities, comprising of 1 referral hospital, 1 5^{th} tier hospital, 4 4^{th} tier hospitals, 4 3^{rd} tier hospitals, 20 2^{nd} tier hospitals (health centers), and 54 1^{st} tier hospitals (dispensaries). The hospitals are run by an executive committee which comprises of a chairperson, medical superintendent, NGO representative, faith-based representative, departmental officer, disability representative, professional body

representative, sponsor representative, and a government representative, with key decision makers in the executives totaling up to 247 members.

Table 3. 1: Target Population

Category	No of Workers	Percentage
Chairperson and Medical Officer	53	21.46
Sponsor and Ngo representatives	35	14.17
Disability and Women Representatives	42	17.00
Professional and Departmental Representatives	61	24.70
Government Officials	56	22.67
Total	**247**	**100**

3.4 Sample size determination and sampling Procedure

This section outlines the sample size determination and sampling procedure.

3.4.1 Sampling size

Sample size is the number of observations or replicates to include in a statistical sample. The sample size is an important feature of any research study in which the goal is to make inferences about a population from a sample.

The sample size for any research depends on the acceptable level of significance, power of the study, expected effect size, underlying event rate in the population, and the standard deviation in the population (Kadam & Bhalerao, 2010). The choice of the sample size is influenced by the sample size formula used. The study therefore used the formula in equation 1 as derived by Yamane (1967) to calculate the sample size since it is simple, scientific and it can be applied to large population.

$$n = \frac{N}{1 + N(\varepsilon^2)} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots..1$$

Where n is the sample size, N is the target population and ε denotes the precision error. Given a population of 247 respondents according to MoH estimates, with a 0.05 margin of error, the sample size was calculated as shown in equation 2 below.

$$n = \frac{247}{[1 + 317(0.05^2)]} = 137.7963 \doteq 138. \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots..2$$

The study then used population allocation to determine respective sample sizes, by using the formula $\frac{\boldsymbol{n_i}}{\boldsymbol{N}}\ \boldsymbol{x}\ \boldsymbol{n}$ as shown in Table 3.2.

Table 3. 2: Selected Sample

Category	No of Workers	Sample size
Chairperson and Medical Officer	53	33
Sponsor and NGO rep	35	22
Disability and Women Rep	42	20
Professional and Departmental Rep	61	31
Government Officials	56	32
Total	**247**	**138**

3.4.2 Sampling Procedure

Purposive sampling technique was employed to select a Sample. The study sample therefore comprised of a chairperson, medical superintendent, NGO representative, faith based representative, departmental officer, disability representative, professional body representative, sponsor representatives, and Ministry of Health representative from the

Kiambu County government as explained by Mugenda and Mugenda (2003), the sample size should be sizeable and economical in terms of resource expenses (money, time, and data analysis) and should ensure fair representation of the entire population proportionately. This is illustrated in the table.

3.5 Data collection tools and instruments

The study adopted the use of structured questionnaires, which was supplemented with interviews to collect data. Inquiries on the questionnaire were organized into two sections with section one capturing demographic details and the rest focusing on the objectives of the study. A range was then employed to rate the response in terms of strength or weakness on a scale of five. The questionnaires were self- administered, having been dropped and collected later to ensure higher response rates.

3.6 Pilot of the study

Kothari (2004) describes a pilot study as the replica and rehearsal of the main study. According to van Teijlingen & Hundley (2010), a pilot study (also referred to as feasibility studies) refers to small versions of a full-scale study, as well as the specific pretesting of a specific research instrument such as an interview schedule or a questionnaire. Usually conducted by experts, pilot studies bring to the light the weaknesses of the questionnaires and also of the survey techniques that may arise so that improvements can be made as per the experience gained in this way (Kothari, 2004). Although conducting a pilot study does not guarantee success in the main study, it does increase the likelihood of success in the main study. Pilot studies fulfil a range of significant functions and can provide valuable knowledge for other researchers (Teijlingen & Hundley, 2010).

According to Cohen et al (2002), a pilot study is a trial run of the major study with the purpose to check the time taken to complete the questionnaire, to check whether the questionnaire is too long or too short, too easy or too difficult and to check the clarity of the questionnaire items. The pilot study also aims to eliminate ambiguities or difficulties in wording within a questionnaire.

3.7 Validity of research instruments.

Validity refers to the precision and relevance of inferences made from the findings. It reflects the extent to which an instrument measures the intended parameter for a certain phenomenon or group as defined by Mugenda and Mugenda (2003). The University supervisor validated the use of a questionnaire and the interview guide as the instruments for data collection in the study. The assumption remains that the content is valid since the researcher was in constant consultation with the supervisor. Besides the supervisor, credible references and pilot study employed in the study further the validated the research instrument. These combined efforts birthed the data collection instrument that stands any validity test.

3.7 Reliability of research instruments

According to Burst and Klahn (1993), the questionnaires is subjected to a pilot study to test reliability A random sample of one county infrastructural project , one project manager , one sponsor representative, two M&E representatives and one Ministry health official of a Hospital that has recently undertaken an infrastructural project. Through a test retest split-half technique of questionnaires was carried out on the different Hospital stakeholders. The initially tested respondents were not re-administered during the actual study.

3.8 Data collection procedure.

The study obtained an introductory letter from the school of post graduate studies at the University of Nairobi and a permit from the National Council for Health and Technology (NACOSTI). The study also got authorization from the Kiambu County executive for Health. The questionnaires were personally administered by the canvasser. The questionnaires were issued to the respondents, who filled them and handed over the completed ones in each of the hospitals visited. The researcher used the interview guide to

collect data from the sponsors on their participation in hospital infrastructural project and the constraints that they face in their endeavor to participate in hospital projects. The responses were recorded by the researcher on the interview guide sheet as the questions are answered. Information confidentiality was assured to all respondents.

3.9 Data Analysis techniques

Descriptive statistics and factor analysis was used in analyzing the quantitative data for this study. Measures of tendency such as mean mode and median, frequency distribution charts in addition to measures of dispersion like mean deviation, standard deviation, percentages, range, and quartile and inter-quartile ranges were calculated. Data was tabulated and presented inform of pie charts and graphs, since they are easy to read and interpret as observed (Kathuri and Pals, 1993). Additionally, Spearman rank correlation coeffecient was used to assess the correlation between variables. The data was then coded and fed into the computer for analysis using the Statistical Package for the Social Scientists (SPSS). SPSS is preferred because it helps in systematically organizing the data and presenting it data through charts and graphs (Mugenda and Mugenda, 2003).

3.10 Ethical Considerations

Formal and ethical issues were observed during the data collection. Great care was taken and the respondent was assured of confidentiality in the information given. The researcher also assured the respondents that the information that they provided would be strictly used for academic purposes. The identity of the respondent was kept confidential.

3.11 Operationalization of the variables

This section analyzed the operationalization of variables, influencing the completion of county health infrastructural projects in Kiambu County. This describes of variables, terms

or objectives manageable and quantifiable by other persons individually. It refers to transformation of concepts into noticeable indicators of their existence Saunders, (2009)

Table 3. 3: Operationalization of Variables

Objectives	Variables	Indicators	Measurement	Scale	Tools of data Analysis
To determine the stakeholder's partici identification of projects	Socio-economic skills.	Community interviews Environmental scanning.	Project ideas Goals and objectives	Interval	Mean Standard deviation
To determine the influence of planning	Management plan	Strategic plan Budgeting Project time li	Cost analysis Project schedules Work breakdown structures	Interval	Mean Standard deviation
Determine influence of implementation phase	Cost of provisio	Timely disbursements Budgeting Cost effective methods	Cost tracking Audit Mitigation of loss of financial resources	Interval	Mean Standard deviation
Examine the influence of participatory M&E	Data management	Project apprais Analysis of objectives and	Improved tracking of Alignment of proj objectives.	Interval	Mean Standard deviation

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter covers data analysis, presentation and interpretation of the relation of variables of investigation. The analysis was conducted to assess the influence of stakeholder participation in project lifecycle management on completion Kiambu County health infrastructural projects. The main aim of the descriptive analysis was to understand the profile of the sampled health officials and other stakeholders, whereby frequencies, percentages, means, and standard deviation were used to describe their characteristics.

4.2 Questionnaire Response Rate

A total of 138 questionnaires were administered, with 117 questionnaires duly filled and collected, which is an 84.78% response rate. According to Mugenda (2009), any response rate more than 70% response rate is considered adequate for analysis and drawing of statistically significant inferences. The responses were therefore considered useful and representative of the target population, with response frequencies tabulated as shown in Table 4.1.

Table 4. 1: Response Rate

Cluster	Sample size	No. of Respondents	Response rate (%)
Chairpersons and Medical Officers	40	36	76.60
Sponsors and NGO Reps	34	24	70.59
Disabled and Women Rep	40	39	81.25
Government Officials	24	18	75.00
Total	**138**	**117**	**84.78**

4.3 Demographic Characteristics

The study sought to know the respondents' demographic characteristics including gender, age, and their level of educational. The information obtained was presented in the following sections.

4.3.1 Gender of the Respondents

The respondents were also asked to indicate their gender. The results were as shown in Table 4.2**.**

Table 4. 2: Gender of the Respondents

	Frequency	**Percent**
Male	64	54.7
Female	53	45.3
Total	**117**	**100**

According to the study findings, 54.7% of the respondents were male while 45.3% were female. This shows that all the study was gender sensitive and did not show bias to any gender during the survey.

4.3.2 Age of the Respondent

The respondents were also requested to indicate their respective ages. The results were as shown in Table 4.3.

Table 4. 3: Age of the Respondent

	Frequency	Percent
Below 25 Years	6	5.13
26 - 35 Years	34	29.06
36 – 45 Years	38	32.48
46 – 55 Years	25	21.37
Above 55 Years	14	11.96
Total	**117**	**100**

According to the study findings, 38(32.48%) respondents were aged 36–45 years, with 34(29.06%) respondents aged between 26–35 years, 25(21.37%) respondents aged between 46-55 years, while 14(11.96%) respondents aged over 55 years, and the remaining 6(5.13%) respondents aged between below 25years. This clearly shows that people from all age groups are well represented in the four of stages of project management cycle, to ensure that infrastructural health projects in Kiambu County are completed within stipulated timelines.

4.3.3 Education Level

The respondents were also requested to indicate their education level. The results were as shown in Table 4.4.

Table 4. 4: Education Level

	Frequency	**Percent**
Diploma and below	49	41.88
Bachelor degree	38	32.48
Postgraduate Diploma	11	9.40
Master's degree/PhD	19	16.24
Total	**117**	**100**

From the findings in table 4.4, it observed that more than 50% of the respondents have university degree and above, a clear indicator of high literacy levels in the area, with the remaining 41.88% having college certificates and diplomas. This shows that majority of the respondents are well learned enough to comprehend the subject matter of the study, and would eagerly explain their roles ensuring completion of health projects within Kiambu County. With so many respondents indicating that they are well educated, it is therefore expected that the project management would be put to task to ensure all health projects are well managed and completed within stipulated timelines.

4.4 Stakeholder Participation in Project Life Cycle and Completion of Kiambu County Health Infrastructural Projects

This section presents the findings on stakeholder participation in various project cycles of health infrastructural projects within Kiambu County. The cycle stages are project identification, project planning, project implementation, and monitoring and evaluation.

4.4.1 Project Identification Stage

Stakeholder participation in project identification stage is the first dependent variable in the study. The study therefore sought the opinion of respondents on their level of agreement or disagreement with the statements on a Likert scale of 1-5, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. The results are presented in Table 4.5.

Table 4. 5: Stakeholder participation in project identification in project life cycle management on completion of county health infrastructural projects

Statements	1	2	3	4	5	mean	std Dev
The project manager identifies the project to be carried out	4(3.4%)	7(6.0%)	16(13.7%)	46(39.3%)	44(37.6%)	3.4	0.0023
Carrying out feasibility study is the duty of the county government	5(4.3%)	4(3.41%)	20(17.09%)	48(41.02%)	40(34.19%)	3.4	0.0023
The project management team enlists all regulatory bodies that need to ratify the project plan	8(6.8%)	3(2.56%)	23(19.66%)	40(34.18%)	43(36.75%)	3.3	0.3001
Project manager assists the management in outlining the project schedule	5(4.2%)	6(5.13%)	18(15.38%)	39(33.33%)	49(41.88%)	3.4	0.0023
Project timelines set by the sponsors are normally enough to complete the initiated water project	9(7.7%)	27(23.07%)	41(35.04%)	23(19.66%)	17(14.52%)	1.9	0.3712
Composite Mean and Standard deviation						**3.08**	**0.136**

The project identification phase had a composite mean score of 3.08 and a standard deviation of 0.136, an indication that responses were similar as the mean value of 3.76, i.e. 3.4and 1.9. This implies that majority of the respondents were in agreement with the

statements made concerning stakeholder participation in project identification phase and the influence it has on completion of health projects in Kiambu. The overall mean of responses of 3.08 implied that on average, the respondents were agreeing with the statements presented regarding project identification in project life cycle on completion of county health infrastructural projects.

4.4.2 Project Planning Stage

Stakeholder participation in project planning stage is the second dependent variable in the study. The study therefore sought the opinion of the respondents on their level of agreement or disagreement with the statements on a Likert scale of 1-5, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. The results are presented in Table 4.6.

Table 4. 6: Stakeholder participation in project planning in project life cycle management on completion of county health infrastructural projects

Statements	1	2	3	4	5	mean	std Dev
The project manager ensures the project plan is ratified and approved by the NCA and NEMA	6(5.1%)	8(6.8%)	20(17.1%)	52(44.4%)	31(26.5%)	3.2	0.3
It is the duty of the organization management to establish project materials to be outsourced	9(7.7%)	33(28.2%)	42(35.9%)	23(19.7%)	41(35.0%)	3.6	0.32
The project manager involves the finance and procurement managers in drafting the budget	13(11.1%)	6(5.1%)	19(16.2%)	54(46.2%)	25(21.4%)	3.1	0.29
Unrealistic budgets by professionals prevent effective procurement of project materials	14(12.0%)	9(7.7%)	18(15.4%)	48(41.0%)	25(21.4%)	2.9	0.3
Lack of cooperation limits timely approvals of the project plan	11(9.4%)	18(15.4%)	15(12.8%)	46(39.3%)	27(23.1%)	3	0.29
Composite Mean and Standard deviation						**3.16**	**0.3**
N=117							

The findings in Table 4.6 show that majority of the respondents agreed with the statements concerning stakeholder participation in project planning as shown by overall composite mean response of 3.16 and a standard deviation of 0.3, an indication that the responses were similar to the mean value of 3.16 and the participants agree with the statements.

4.4.3 Project Implementation Stage

Stakeholder participation in project implementation stage is the third dependent variable in the study. The study therefore sought the opinion of the respondents on their level of agreement or disagreement with the statements on a Likert scale of 1-5, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. The results are presented in Table 4.7.

Table 4. 7: Stakeholder participation in project implementation in project life cycle management on completion of county health infrastructural projects

Statements	1	2	3	4	5	mean	Std Dev
Our organization commissions finished water projects within the stipulated project timelines	13(11.1%)	11(9.4%)	29(24.8%)	42(35.9%)	21(17.9%)	2.9	0.3
The management carries out physical inspection of ongoing projects	17(14.5%)	12(10.3%)	20(17.1%)	38(32.5%)	30(25.6%)	2.9	0.3
The project manager tests every component of the project before carrying out the closure procedure	16(13.7%)	9(7.7%)	23(19.7%)	49(41.9%)	24(20.5%)	3.1	0.29
The finance manager ensures all financial paperwork is done and submitted before allowing for project closure	13(11.1%)	11(9.4%)	21(18.0%)	41(35.0%)	33(28.2%)	3.1	0.29
The board of management must be satisfied with the work done before closure of any project	5(4.3%)	17(14.5%)	28(23.9%)	41(35.0%)	41(35.0%)	3.6	0.32
Composite Mean and Standard deviation n=117						**3.12**	**0.3**

The findings in Table 4.7 show that all data items had their means above 3, with a composite mean of 3.12and standard deviation of 0.3, implying that there is a significant influence of the variable on the dependent variable. This is because majority of the respondents agreed with the assertions made about stakeholder participation in implementation stage and completion of health projects in Kiambu County.

4.4.4 Monitoring and Evaluation Stage

Stakeholder participation in project monitoring and evaluation stage is the fourth dependent variable in the study. The study therefore sought the opinion of the respondents on their level of agreement or disagreement with the statements on a Likert scale of 1-5, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. The results are presented in Table 4.8.

Table 4. 8: Stakeholder participation in M & E in project life cycle management on completion of county health infrastructural projects

Statements	1	2	3	4	5	Mean	Std Dev
The project manager ensures quality equipment are used for construction of our projects	7(5.9%)	17(14.53%)	21(17.95%)	37(31.62%)	35(29.91%)	3.81	1.061
The government agencies carry out thorough inspections to ensure all safety and quality standards are met at the construction site	17(14.52%)	6(5.13%)	23(19.5%)	43(19.65%)	28(23.93%)	3.99	1.083
There is close coordination between the management and the project manager	12(10.26%)	15(12.82%)	21(17.94%)	37(31.62%)	32(27.35%)	4.01	1.247
The organization manages more than one project at a time to ensure wider water coverage in this area	19(16.24%)	7(5.9%)	37(31.62%)	29(24.79%)	23(19.5%)	3.39	0.994
Construction is the most cost intensive stage of project implementation	10(8.55%)	16(13.67%)	23(19.5%)	39(34.4%)	28(25.0%)	3.82	1.026
Composite Mean and Standard Deviation						**3.804**	**1.0822**
n=117							

The findings in Table 4.8 show that all data items had their means above 3, with a composite mean of 3. 804 and standard deviation of 1.0822, implying that there is a significant influence of the variable on the dependent variable. This is because majority of the respondents agreed with the assertions made about stakeholder participation in implementation stage and completion of health projects in Kiambu County.

4.6 Correlation Analysis

Correlation analysis was undertaken in order to determine if there was significant correlation or association between project life cycle namely project identification, project planning , project implementation and project monitoring and evaluation the completion of County health infrastructural projects in Kiambu County. The Pearson correlation coefficients and their associated p values were used in determining the strength, direction and significance of the correlation between the variables. Interpretation of the strength of the correlations was done based on a criteria provided by Sedgwick (2012) as follows: +/-.00 to .19 is very weak, +/-.20 to .39 is weak, +/-.40 to .59 is moderate, +/-.60 to .79 is strong while +/-.80 to 1.0 is very strong. The significance of the correlation was tested at the 0.05 significance level.

Correlation analysis is useful in testing the relationship strength between given variables. The values of correlation coefficient vary between -1 and 1 with values close to one suggesting perfect correlation. On the other hand, a correlation coefficient close to zero suggests absence of correlation. Since the variables were measured on a Likert scale, Pearson Product Moment Correlation was used to determine the relationships at a 95% confidence level. The findings were tabulated in a correlation matrix as shown in Table 4.12.

Table 4. 9: Correlation Matrix

	Project Completion	Project Identificatior	Project Planning	Project Implementation	Project M&E
Project Completion	1				
Project Identification	.519	1			
Project Planning	.611**	.510	1		
Project Implementation	-.404	.471	.328	1	
Project M&E	.496	.395	.290	.193	1

The results in Table 4.12 indicate that there exists a strong positive correlation between project completion and all other explanatory variables except project implementation stage. From the study findings, it can be seen that stakeholder participation in project identification, project planning, and project M&E and the completion of infrastructural projects had correlation coefficients of 0.519, 0.611, and 0.496 respectively. On the other hand, stakeholder participation in project implementation and completion of infrastructural projects had an inverse correlation coefficient of -0.404. region.

CHAPTER FIVE:
SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presented summary of the findings, conclusions as well as the recommendations of the study. This study focused on influence of stakeholder participation in project management cycle on completion of infrastructural health projects in Kiambu County.

5.2 Summary of findings

In assessment of stakeholder involvement in profect management cycle and completion of infrastructural health projects, the study found that there is a positive relationship between project completion and stakeholder participation in project identification, stakeholder participation in project planning, as well as stakeholder participation in project monitoring and evaluation. However, it was also noted there exists an inverse relationship between project completion and stakeholder participation in project implementation. These findings conform to those of Shaharudin, Samad & Bhat (2009), which found that there exists a direct correlation between stakeholder participation in project management cycle and completion of infrastructural health projects in Kiambu County.

5.3 Discussion

The study examined the influence of stakeholder participation in project management cycle on completion of infrastructural health projects in Kiambu County. The study findings have been discussed as per the objectives.

5.3.1 Stakeholder participation in project identification stage and completion of county health infrastructural projects.

The study examined the influence of stakeholder participation in project identification phase on completion of infrastructural health projects in Kiambu County. It was found that there is a positive relationship between stakeholder participation in project identification and completion of construction projects. This simply implies that there is need for all stakeholders to be actively involved in the conception and identification of the project, if they want it to be completed on time, to ensure that all queries are raised at early stages to minimize disruptions when the project is ongoing. These findings conform to those of Ohba (2009), which found that there exists a direct correlation between stakeholder participation in initial stages of a construction project and the success of such a project. The project identification phase had a composite mean score of 3.08 and a standard deviation of 0.136, an indication that responses were similar as the mean value of 3.76, i.e. 3.4and 1.9. This implies that majority of the respondents were in agreement with the statements made concerning stakeholder participation in project identification phase and the influence it has on completion of health projects in Kiambu. The overall mean of responses of 3.08 implied that on average, the respondents were agreeing with the statements presented regarding project identification in project life cycle on completion of county health infrastructural projects.

5.3.2 Stakeholder participation in project planning stage and completion of County health infrastructural projects

According to the study findings, involving the local community and other stakeholders in the project planning has a positive effect and significantly influences the completion rate and success of construction projects. This means that the management should hold consultative meetings with the all stakeholders for the project to stand a chance of being completed within the stipulated timelines. Shrestha and Subedi (2014) in their study found that there exists a positive relation between completion/success of social projects and

involvement of the community within which the project is establishment. The majority of the respondents agreed with the statements concerning stakeholder participation in project planning as shown by overall composite mean response of 3.16 and a standard deviation of 0.3, an indication that the responses were similar to the mean value of 3.16 and the participants agree with the statements The study findings above therefore concur with the Shrestha and Subedi (2014) findings on the positive correlation between project completion and stakeholder participation in project planning.

5.3.3 Stakeholder participation in Project Implementation Stage and Completion of County Health infrastructural projects.

The study examined the influence of stakeholder participation in project implementation on completion of infrastructural health projects in Kiambu County. It was found that there exists an inverse relationship between stakeholder participation in project implementation and completion of construction projects. This implies that minimal stakeholder participation is needed during the implementation of the projects to allow project managers and technocrats to execute the project as per the requirements. As Barron and Barron (2016) noted, the execution phase involves putting the project plan into action, as it is here that the project manager will coordinate and direct project resources to meet the objectives of the project plan. As the project unfolds, it is the project manager's job to direct and manage each activity on the project, every step of the way. data items had their means above 3, with a composite mean of 3.12and standard deviation of 0.3, implying that there is a significant influence of the variable on the dependent variable. The majority of the respondents agreed with the assertions made about stakeholder participation in implementation stage and completion of health projects in Kiambu County That is what happens in the implementation phase of the project lifecycle; where one simply follows the plan laid down to handle any problem may that come up. The execution phase is where the project manager and his/her team actually do the project work to produce the deliverables with minimal interference from the outside parties (Barron & Barron, 2016).

5.3.4 Stakeholder participation in project M&E stage and completion of health projects

The study assessed the influence of stakeholder participation in project monitoring and evaluation on completion of infrastructural health projects in Kiambu County. It was found that there is a positive relationship between stakeholder participation in ptoject monitoring and evaluation and the completion of health construction projects in Kiambu County. This implies that the project management team should involve all stakeholders in monitoring and evaluation processes, which gives the local community the confidence that finished projects have been done up to standards and therefore can be relied upon to benefit the general community. The majority of the respondents agreed with the assertions made about stakeholder participation in implementation stage and completion of health projects in Kiambu County. According to Tondeur (2008) the hospital management, especially the director, are tasked with various roles including; general hospital administration, leadership and human relations, patient records management, corporate social responsibilities (CSR) and overall hospital working relationships. This highlights the significance of professionals, hence the need to involve all stakeholders in the project management cycle.

5.5 Conclusions

From the research findings, it is evident that stakeholder participation is critical in the whole project management cycle, to ensure there is input from all beneficiries and managers of health projects in Kiambu County. The study therefore concludes that the project management team should involve all stakeholders in project identification and initiation, to ensure the right problem is being addressed by the project. The project management team should also have round-table discussions with all stakeholders during the planing and M&E phases to keeps the project plan on track with careful monitoring and control processes to ensure the final deliverable meets the acceptance criteria set by all stakeholders. However, the project implementation stage entails intensive activities,

meaning that progress requires continuous monitoring and making appropriate adjustments, which requires more concentration and keenness. This therefore calls for ample time and space to execute the project, hence the inverse relationship between stakeholder participation in project implementation and completion of infrastructural health projects in Kiambu County.

5.6 Recommendations of the Study

From the study findings discussed above, it is evident that stakeholder participation is key in ensuring successful project management. Bringing all stakeholders on board in project identification, carrying out strategic planning together, as well as monitoring and evaluation is a recipe for successful projects. The study therefore recommends that:

i) Infrastructural health project managers in Kiambu County should actively involve all stakeholders and other project beneficiaries in project identification phase.

ii) All healthcare stakeholders should be involved in the planning process of infrastructural projects in Kiambu County.

iii) The stakeholders should allow the project management team to execute the project during the crucial project implementation stage by minimizing interruptions and red tapes.

iv) Infrastructural health project managers in Kiambu County should actively involve all stakeholders and other project beneficiaries in project monitoring and evaluation after implementation.

5.7 Suggestions for Further Research

The study assessed the influence of stakeholder participation in project management cycle on completion of infrastructural health projects in Kiambu County. The study should therefore be extended to other sectors in the county, as well as carrying out similar studies in all the 47 counties in Kenya.

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APPENDICES

APPENDIX 1: Introductory Letter

Dear Respondent,

RE: VOLUNTARY PARTICIPATION IN DATA COLLECTION

I am a postgraduate student at the University Of Nairobi. As part of my degree requirements for the award of Masters of Arts in Project Planning and Management of the University of Nairobi, I am required to undertake independent research in my area of specialization.

My research is entitled "**Influence of Stakeholder Participation in Project Life cycle management on completion of County Health Infrastructural Projects. A case of Kiambu county, Kenya**.". I would like to request that you spend some of your valuable time (10-15 minutes) to complete this questionnaire to the best of your knowledge. Thank you in advance for accepting to be a positive contributor to our society.

Your response will be treated with the confidentiality it deserves. To maintain anonymity, I request that you **DO NOT** write your names on the questionnaire.

Attached is a copy of the introduction letter from the Dean, which certifies that I am a student in the mentioned program.

Sincerely yours

Linda Nduta Kanyagia

APPENDIX 2: Questionnaire

This questionnaire is intended to aid in exploring some of the concerns with the completion of county health infrastructure projects in Kiambu County. Your assistance in completing this would be much appreciated .Responses will be unidentified and no comments will be attributed to individuals. Please note that your contribution in this study is voluntary.

Section A

1. Please indicate your gender
    a) Male ( )
    b) Female ( )
2. Please Indicate your age
    a) 20-35 ( )
    b) 35-50 ( )
    c) 50 and above ( )
3. Please indicate the highest level of education attained
    a) Certificate ( )
    b) College Diploma ( )
    c) Undergraduate ( )
    d) Masters ( )
4. How long have you been involved in County health Projects?
    a) less than 1 year ( )
    b) 1-2 years ( )
    c) 3-4 years ( )
    d) over 5 years ( )

SECTION B:

Stakeholder participation in identification of projects in the project life cycle management influence on completion of the county health infrastructural projects.

5. Indicate your level of agreement with the following statement assessing the influence of stakeholder participation in identification in completion of County Health infrastructural projects.

(Key 1"strongly disagree" 2 "disagree" 3. "Moderate" 4."Agree" 5."Strongly agrees")

Project identification	**1**	**2**	**3**	**4**	**5**
A feasibility study was carried out to determine the best option that would address the gap/need in the community					
The number of stakeholders that participate in the project was done diligently.					
A strategic plan was developed for the project					
The Work breakdown structure (WBS) provided a structu Vision of what was to be delivered.					

SECTION C: Stakeholder participation in the project life cycle management in Planning influence on the completion of the county health infrastructural projects.

7. Indicate your level of agreement with the following statement assessing the influence of stakeholder participation in Funding in the completion of County Health infrastructural projects.

(Key 1 "strongly disagree" 2 "disagree" 3. "Moderate" 4."Agree" 5."Strongly agrees")

Planning	**1**	**2**	**3**	**4**	**5**
Is the selection of the sponsors done diligently With every consideration in place					
Is there budgeting of the funds and cost effective Methods in place					
Is there timely disbursements of the funds that are involved In the day to day activities of the project					
Is there an exit plan of the sponsors that ensures that the pro Will run smoothly and effectively					

SECTION D: Stakeholder participation in the Implementation phase influence in the completion of the county health infrastructural projects.

8. Indicate your level of agreement with the following statement assessing the influence of stakeholder participation in the implementation Phase in the completion of County Health infrastructural projects.

(Key 1" strongly disagree" 2 "disagree" 3. "Moderate" 4."Agree" 5."Strongly agrees")

Implementation Phase	**1**	**2**	**3**	**4**	**5**
Is the project in line with the need that was esta Ground. Does it fulfill its purpose?					
Has the strategic plan been effective in the prog Project, the goals and objectives.					
Is there sustainability of the project after the s exited the project					
Are there enough trainings to ensure the staff right Transitioning in the project.					

SECTION E: Stakeholder participation in the project life cycle in Participatory M&E influence on the completion of the county health infrastructural projects.

6. Indicate your level of agreement with the following statement assessing the influence of stakeholder participation in Participatory M&E in the completion of County Health infrastructural projects.

(Key 1" strongly disagree" 2 "disagree" 3. "Moderate" 4."Agree" 5."Strongly agrees")

Participatory M&E	**1**	**2**	**3**	**4**	**5**
Is the project process continually interactive wi the stakeholders					
Are the right measures been taken to ensure tha Project runs smoothly					
Is the process using the proper tools and techniq The right measures to measure project progress					

Is the project process in line with the goals ar that Are outlined					

THANK YOU FOR PARTICIPATING

APPENDIX 5: NACOSTI Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 417834

Date of Issue: 15/November/2019

RESEARCH LICENSE

This is to Certify that Miss.. Linda Kanyagia of University of Nairobi, has been licensed to conduct research in Kiambu on the topic: Influence of Stakeholders Participation in the project Life Cycle Management on the Completion of County Health Infrastructural Projects;A Case study of Kiambu county. for the period ending : 15/November/2020.

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APPENDIX 6: University Letter of Transmittal

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Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

5th November, 2019

TO WHOM IT MAY CONCERN

RE: LINDA NDUTA KANYAGIA - REG.NO. L 50/6151/2017

The above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing a Masters course in Project Planning and Management.

He is proceeding for research entitled *"Influence of stakeholders participation in project life cycle management on the completion of county health infrastructural projects: A case of Kiambu County. "*

Any assistance accorded to her will be appreciated.

UNIVERSITY OF NAIROBI ODEL CAMPUS P.O. Box 30197, 05 NOV 2019 NAIROBI NAIROBI LEARNING CENTRE

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE

APPENDIX 7: Plagiarism Report

INFLUENCE OF STAKEHOLDERS PARTICIPATION IN PROJECT LIFE CYCLE MANAGEMENT ON THE COMPLETION OF COUNTY HEALTH INFRASTRUCTURAL PROJECTS: A CASE OF KIAMBU COUNTY

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