

**PROJECT MANAGEMENT PRACTICES AND UPTAKE OF LINDA  
MAMA SERVICES IN KIRINYAGA COUNTY, KENYA**

**WINFRED ESTHER WANGARI MUTUGI**

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

**2020**

## DECLARATION

This research project is my original work and has not been presented for any award degree in any other university.

Signed .....

Date .....

**WINFRED ESTHER WANGARI MUTUGI**

**L50/82928/2015**

This research project has been submitted for Examination with my approval as University supervisor

Signed .....

Date.....

**Madam Sally Chetalam,**

**Lecturer,**

**School of open and distance education**

**University of Nairobi**

## **DEDICATION**

I dedicate this project to my lovely twin daughters Harriet Ibrahim and Keziah Ibrahim, to my Parents (Teresiah Wamuyu and Jinaro Njamumo).

## **ACKNOWLEDGEMENT**

I am so grateful to Mrs Sally Chetalam, my able supervisor. She has been so patient and very supportive by offering analytical and intellectual guidance. Her competency, words of encouragements and persuasiveness has made my life to be enriched academically.

My deepest gratitude also extended to staff of the University of Nairobi particularly Dr. John Mbugua, Prof. Harriet Kidombo, Prof. Christopher M. Gakuu, Stella Karimi and Prof. Jwang. Warm regards are also extended to Lecturers at the Department of Extra-Mural Studies, led by Prof. Charles Rambo, Stella Karimi, among many others. The considerable foresight opened the door for me to the challenging academic life provided by this master programme.

## TABLE OF CONTENT

<b>DECLARATION</b> .....	<b>ii</b>
<b>DEDICATION</b> .....	<b>iii</b>
<b>TABLE OF CONTENT</b> .....	<b>v</b>
<b>LIST OF TABLES</b> .....	<b>viii</b>
<b>LIST OF FIGURES</b> .....	<b>x</b>
<b>ABBREVIATIONS AND ACRONYMS</b> .....	<b>xi</b>
<b>ABSTRACT</b> .....	<b>xii</b>
<b>CHAPTER ONE: INTRODUCTION</b> .....	<b>1</b>
1.1 Background to the Study.....	1
1.1.1 Linda Mama Programme .....	3
1.1.2 Concept of Project Management Practices (Project Initiation, Project planning and project implementation) .....	3
1.2 Statement of the Problem.....	4
1.3 Purpose of the Study .....	5
1.4 Research Objectives of the Study .....	5
1.5 Hypothesis of the Study .....	6
1.6 Significance of the Study.....	6
1.7 Delimitations of the Study .....	7
1.8 Limitations of the Study.....	7
1.9 Basic Assumptions of the Study .....	7
1.10 Definition of Significant Terms Used in the Study .....	8
1.11 Organization of the Study .....	8
<b>CHAPTER TWO: LITERATURE REVIEW</b> .....	<b>10</b>
2.1 Introduction.....	10
2.2 Empirical Studies .....	10
2.2.1 Uptake of Linda Mama Services.....	10
2.2.2 Project Initiation Process and Uptake of Linda Mama Services.....	15
2.2.3 Project planning and Uptake of Linda Mama Services.....	16
2.2.4 Project Implementation and Uptake of Linda Mama Services .....	18
2.3 Theoretical Review .....	19

2.3.1 Results Based Management Theory.....	19
2.3.2 Empowerment Theory .....	21
2.4 Conceptual Framework.....	22
2.5 Research Gaps.....	26
2.6 Summary of Literature Review.....	29
<b>CHAPTER THREE: RESEARCH METHODOLOGY .....</b>	<b>30</b>
3.1 Introduction.....	30
3.2 Research Design.....	30
3.3 Target Population .....	30
3.4 Sampling Size and Sampling Procedure.....	31
3.4.1 Sampling Size .....	31
3.4.2 Sampling procedure .....	32
3.5 Research instruments .....	32
3.5.1 Structured Questionnaire.....	32
3.5.2 Pilot Testing of the Research Instrument.....	32
3.5.3 Validity of the Research Instrument .....	32
3.5.4 Reliability Test of the Research Instrument.....	33
3.6 Data Collection Procedures.....	33
3.7 Data Analysis Techniques.....	34
3.8 Ethical Consideration .....	35
3.9 Operationalization of Variables. ....	35
<b>CHAPTER FOUR : DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION .....</b>	<b>37</b>
4.1 Introduction.....	37
4.2 Questionnaire Return Rate .....	37
4.3 Demographic Characteristics .....	37
4.3.1 Distribution of the respondents by Gender .....	37
4.3.2 Distribution of the respondents by Level of Education .....	38
4.3.3 Distribution of the respondents by Age .....	39
4.3.4 Distribution of respondents (Health Workers)by the length of service.....	39
4.3.5 Distribution of the respondents (Women) by Marital Status .....	40

4.4 Project Initiation Process and Uptake of Linda Mama Service in Kirinyaga County .....	40
4.5 Project Planning Process of Linda Mama Services in Kirinyaga County .....	42
4.6 Project Implementation Process of Linda Mama Services in Kirinyaga County .....	43
4.8 Uptake of Linda Mama Services in Kirinyaga County.....	45
4.9 Inferential Statistics .....	46
4.9.1 Correlation Analysis .....	46
4.9.2 Regression Analysis on Project Management Practices Influence on the Uptake of Linda Mama Services in Kirinyaga County.....	48
<b>CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>52</b>
5.1 Introduction.....	52
5.2 Summary of Findings.....	52
5.2.1 Project Initiation Process and Uptake of Linda Mama Service in Kirinyaga County .....	52
5.2.2 Project Planning Process and the Uptake of Linda Mama Services in Kirinyaga County ..	52
5.2.3 Project Implementation Process and Uptake of Linda Mama Services in Kirinyaga County.....	53
5.3 Conclusions of the Study .....	53
5.4 Recommendations of the Study .....	53
5.5 Suggestion for further Research.....	54
<b>REFERENCES.....</b>	<b>55</b>
<b>APPENDICES.....</b>	<b>62</b>
Appendix I: Letter of Introduction.....	62
Appendix II: Health Workers' Questionnaire.....	63
Appendix III: Mothers' Questionnaire.....	68
Appendix IV: Budget.....	71

## LIST OF TABLES

Table 2.1: Research Gaps .....	27
Table 3.1: Target Population.....	31
Table 3.2: Sample Frame .....	31
Table 3.3: Reliability Test Results.....	33
Table 3.4: Operational Definition of Variables .....	36
Table 4.1: Response Rate .....	37
Table 4.2: Gender of the Respondents (Health Workers) .....	38
Table 4.3: Level of Education of the Respondents .....	39
Table 4.4: Age of the Respondents .....	39
Table 4.5: Years of service in the industry .....	40
Table 4.6: Marital Status of Pregnant and Nursing Mothers .....	40
Table 4.7: Views of Health Workers on Linda Mama Project Initiation Process.....	41
Table 4.8: Views of Pregnant and Nursing Mothers on Linda Mama Project Initiation .....	42
Table 4.9: Views of Health Workers on Linda Mama Project Planning Process .....	42
Table 4.10: Views of Pregnant and Nursing Mothers on Linda Mama Project Planning Process	43
Table 4.11: Views of Health Workers on Linda Mama Project Implementation Process .....	44
Table 4.12: Views of Pregnant and Nursing Mothers on Linda Mama Project Implementation Process .....	45
Table 4.13: Views of Health workers on Uptake of Linda Mama Services in Kirinyaga County.....	45
Table 4.14: Views of Pregnant and Nursing Mothers on Uptake of Linda Mama Services in Kirinyaga County.....	46
Table 4. 15: Correlation Analysis between Project Management Practices and Uptake of Linda Mama Services Based on Health workers views .....	47
Table 4. 16: Correlation Analysis between Project Management Practices and Uptake of Linda Mama Services Based on Mothers views .....	48
Table 4.17: Model Summary .....	48
Table 4.18: Model Summary .....	48
Table 4.19: ANOVA for Health Workers.....	49
Table 4.20: ANOVA for Mothers.....	49

Table 4.21: Regression Co-efficient of Project Initiation, Project planning and Project Implementation based on Health workers views .....	50
Table 4.22: Regression Co-efficient of Project Initiation, Project planning and Project Implementation based on Mothers views .....	50

## LIST OF FIGURES

Figure 2.1: Conceptual Framework .....	23
--	----

## ABBREVIATIONS AND ACRONYMS

<b>ANOVA</b>	Analysis of Variance
<b>DV</b>	Dependent Variable
<b>DV</b>	Dependent Variable
<b>FANC</b>	Focused Antenatal Care
<b>GoK</b>	Government of Kenya
<b>M &amp; E</b>	Monitoring and evaluation
<b>MoH</b>	Ministry of Health
<b>NHIF</b>	National Health Insurance Fund
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>PBF</b>	Performance Based Financing
<b>P-value</b>	Probability Value
<b>RBM</b>	Results-based management
<b>SDG</b>	Sustainable Development Goals
<b>SPSS</b>	Statistical Package for Social Sciences
<b>UHC</b>	universal health coverage
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organization

## ABSTRACT

Linda Mama provides a package of basic health services accessed by all in the targeted population on the basis of need and not ability to pay, positioning Kenya on the pathway to Universal Health Coverage (UHC). Linda mama's goal is to "Achieve universal cases to maternal and child health services and contribute to the country's progress towards UHC" Despite its considerable success Linda Mama has still faced a number of challenges. However existing studies have not examined project management practices and uptake of Linda mama services. In light of these contextual gaps, this study aimed to assess the influence of project management practices on Linda Mama services uptake in Kirinyaga County. The purpose of the study was to investigate the project management practices and uptake of Linda mama services in Kirinyaga County, Kenya. Specifically, the objectives were to assess the influence of project initiation process on the uptake of Linda Mama services in Kirinyaga County, to establish the influence of project planning process on uptake of Linda Mama services in Kirinyaga County, to establish the influence of project implementation process on the uptake of Linda Mama services in Kirinyaga County. The study was conducted in Kirinyaga County. The study adopted descriptive research design and targeted 293 respondents (112 health workers and senior managers and 191 pregnant mothers and nursing mothers) in Kirinyaga County as its target population. Non probability sampling that included convenience and probability sampling was used to select respondents. Using structured questionnaires, data was gathered from primary sources. Descriptive statistics (mean and frequencies) and subsequently inferential statistics (ANOVA) were used to analyze data collected. The study findings from the health workers data revealed that project initiation ( $\beta=0.298$ ,  $p=0.02$ ), project planning ( $\beta=0.623$ ,  $p=0.001$ ), and project implementation ( $\beta=0.129$ ,  $p=0.032$ ) have statistical significant relationship with uptake of Linda Mama. The study findings from the pregnant and nursing mothers also indicated that project initiation ( $\beta=0.422$ ,  $p=0.02$ ), project planning ( $\beta=0.303$ ,  $p=0.036$ ), and project implementation ( $\beta=0.118$ ,  $p=0.000$ ) have statistical significant relationship with uptake of Linda Mama. The study concluded that project initiation, project planning and project implementation influences uptake of Linda mama. The study recommended that the government should give prioritization of project management in uptake of Linda Mama Services. The study contributes to enhancing maternal policy in Kenya and knowledge on effectiveness of maternal programmes in developing countries.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Owing to increasing level of poverty and the widening gap between the rich and the poor, countries all over the world, guided by the Sustainable Development Goals (SDGs), are adopting universal health coverage (UHC) programs for enhancing provision of accessible health care services to their entire citizenry (Dalinjong, Wang & Homer, 2018). Importantly, the high mortality rate that is, significantly registered in the rural areas of most developing economies, is compelling most governments to initiate free maternal and antenatal program through the UHC for the purpose of accelerating the reduction of maternal and child deaths (Chorongo, Okinda, Kariuki, Mulewa, Ibinda, Muhula *et al.*, 2016; Nduvi, 2015). Prominent among the UHC programs is the Kenya's Linda Mama initiative, rolled out by the Government of Kenya (GoK), through abolishment of the delivery fees in all public health facilities (Gitobu, Gichangi & Mwanda, 2018).

Notably, the implementation of Linda Mama initiative as free maternal health care services, provides more opportunity for the government to reduce maternal morbidity (Birmeta, Dibaba, & Woldeyohannes, 2013). The Linda Mama initiative was developed using the World Health Organization (WHO) recommended Focused Antenatal Care (FANC) package (WHO, 2014a) to help the country mitigate the rising maternal deaths. FANC promotes the implementation of interventions, with a focus on addressing common health issues among pregnant mothers and newborns.

Globally, Antenatal care (ANC) has long been considered a basic component of any reproductive health care program (Makii, 2015). All of the world, countries have developed different antenatal care models, which are context based (Banda, 2013). Consequently, the maternal mortality ratio (MMR) has declined from 130 to 50, almost a two-thirds reduction (Otieno, 2014). In Japan maternal morbidity has nearly been eliminated as 100% of deliveries in Japan happened within facilities under the care of health professional.

Regionally, African governments are using different strategies to increase access to maternal healthcare delivery service by women through provision of subsidies, implementing community health insurance schemes, abolishing user fees through donor funding and utilizing partnerships

(Mutungi, 2018). In recent past, a number of countries in Africa (Burundi, Zambia, Burkina Faso, Liberia, Niger, and Sudan) have enacted policies to make deliveries for mothers and children free or nearly free. Other countries such as Rwanda have gone a step further by developing specific programmes. For instance, the Performance Based Financing (PBF) has led to significant improvements in maternal health. While other countries have made great stride in reducing maternal mortality Lesotho still suffers from one of the highest maternal mortality rate (James, 2012).

In Kenya, the government recognizes that good health is a prerequisite to it's the attainment of vision 2030, and with health identified as an important component to the achievement of vision. (Ministry of Health-Kenya, 2013). Accordingly, the Ministry of Health (MOH) has designed new guidelines for FANC services for promoting comprehensive integrated service delivery (WHO, 2014b). In the year 2013, the Government of Kenya (GoK) launched the Linda Mama initiative, a national expanded free maternity services program geared at eliminating charges for intra-partum care in public health facilities (Mutungi, 2018). Under the Linda Mama initiative, Kenya joined other African countries in the abolishment of delivery fees in all public health facilities (Gitobu, Gichangi & Mwanda,, 2018). The programmes is supported by the government that reimburses 50US dollars and 175US dollars for every delivery in level 4 or 5 health facility and national referral health facilities respectively (WHO, 2013).

The uptake of the Linda mama initiative has been considerably low among mothers in slums of Kenya and especially in rural areas. Therefore, healthcare executives and leaders need to develop strategies of enhancing uptake among mothers (Suhonen & Paasivaara, 2015). Based on findings by Srivastava (2014), Linda Mama initiative project implementation can fail due to reasons that include poor project management, inadequate resources, poor communication, unqualified staff, unrealistic expectations and poor methodology of execution. Apparently, project management practices are becoming increasingly important for helping ensure the success of project success such as success of Linda Mama initiative.

Project management practices are when properly incorporated and applied in Linda Mama can enhance the success of the program (Alias, Zawawi, Yusof & Aris, 2014). Amade, Ogbonna and Kaduru (2012) indicate that human factors can affect the success of a project positively or negatively. Another aspect of human factors that is important in project performance include

stakeholder management and communication systems. Besides, monitoring and evaluation is also an important ingredient for project success (Gwadoya, 2012).

### **1.1.1 Linda Mama Programme**

Linda Mama provides a package of basic health services accessed by all in the targeted population on the basis of need and not ability to pay, positioning Kenya on the pathway to Universal Health Coverage (UHC). A public funded health scheme that will ensure that pregnant women and infants have access to quality and affordable health services. Linda mama's goal is to "Achieve universal cases to maternal and child health services and contribute to the country's progress towards UHC" (GOK, 2014).

Linda Mama services was in 2017 transferred to the National hospital insurance fund (NHIF). Assist in waiving user fee at National Level and Improving access to Healthcare and giving social protection to all Kenyans. NHIF has an expanded provider network to include not only the public but both private and faith based facilities. Provision of a registration platform to track beneficiaries of the cover through a mobile platform (GOK, 2018).

Registration in the programme is conducted at the public health facilities or through mobile phone. From 2017, registration in the service included payment of 500ksh as the NHIF fee. Mothers in the programme are charged user fees for those who do not have the NHIF cards while for those registered under NHIF cards access services for free (GOK, 2018).

### **1.1.2 Concept of Project Management Practices (Project Initiation, Project planning and project implementation)**

Initial phase principle is the primary activity of a project. These activities include; Project identification; project goals and objectives; determination of preliminary materials, equipment and materials; development of budget and schedule; identification of project team and conducting of Environmental Impact Assessment (Usman, Kamau & Mireri, 2014). Feasibility studies are also done for the project. When a project is created, or decided it has a special purpose strategy. States that, once a strategy has been developed, its implementation appears to be seen a matter of operational detail and tactical adjustment and has received less attention Turner (2016).

Poor or lack of planning was identified as cause for poor performance in projects (Siyaya & Masuku, 2013; Okeno, et al, 2012). Likewise, Idoro (2015) indicated that project planning is used to develop plans that have defined strategies and tactics meant to achieve performance of project

and therefore should be communicated to the implementers. Inadequate planning may lead to insufficient communication of activities which could be misunderstood or misinterpreted during implementation (Bourne, 2015). Therefore, for planning to influence performance of project, study by Wang and Gibson (2008) indicated that it should have project scope definition.

Project implementation process shows a typical cycle of project life where a project is structured on what is to be done, how to do it, doing it and closing (Patzak 2009). Study by Pinto and Slevin (1989) showed project implementation process as a guide of “what do we want to do as plans; how do we want to do it through use of resources; then we do it by executing plans”. Therefore, from this studies by Patzak (2009) and Pinto & Slevin (1989) showed that in project implementation process there should be plans, resources and execution of the plans using the resources. Project implementation process assist in execution of projects as it provides project plans, specifications, and the original project feasibility (Project Management Method, 2015).

## **1.2 Statement of the Problem**

Following the abolishment of users feesfor maternal services by the government, good uptake on usage of the services is yet to be realized (Hatt, Makinen, Madhavan, & Conlon, 2013; Gitobu, Gichangi&Mwanda, 2018). The elimination has not translated to significant reduction in pregnancy related mortality due to access challenges at either supply or demand side of the spectrum. Initial assessments on implementation of Linda mama project also reveal that resource constraints, lack of skilled workforce, absence of stakeholder involvement, lack of employment commitment and delayed reimbursement of costs have in one way or another contributed to underperformance of Linda Mama project (Wamalwa, 2015). So, Linda Mama initiative just like any other health care, still remains a reserve of the privileged considering that most health care facilities have staffing challenges, drug supply challenges and poor hygiene in health facilities (Kimanthi, 2015; Muchui, 2015). Notably, many women have noted that referrals and complications are not well compensated (Abuya, et al., 2018). Healthcare providers also are not sure whether the programme will be able to reach all women due to challenges such as; inadequate sensitization in the community, and adoption of wait and see attitude (Chuma, et al., 2013).

Numerous studies have been conducted on maternal health care uptake such as the study by Mutungi (2018) which found women in Mathare slums are satisfied with Linda Mama services including the healthcare. This research established that majority of women are not decided on

whether to take-up the programme or not despite the programme contributing to reduced complications during delivery. The study Abuya, et al (2018) revealed some health care providers are skeptic about the Linda Mama maternal healthcare due to general distrust by public institutions, which would affect uptake in later days.

Although studies have been conducted on uptake of maternal health service, there are limited documented studies done to monitor progress of implementation (Wamalwa, 2015). Despite the study by Mutungi (2018) establishing that; demographic background of beneficiaries, awareness of the programs, attitude and quality of healthcare influences uptake of Linda Mama programme in Mathare slums, it scantily revealed the influence of monitoring and evaluation mechanisms on uptake of Linda Mama programme and influence of institutional governance on uptake of Linda Mama programme in the remote areas. Further, for the Linda Mama program (policy of free maternity services) to successfully achieve its core objective of reducing maternal mortality and morbidity there is the requirement for; stakeholder participation, project planning, project management competency and monitoring and evaluation as factors influencing on uptake of Linda Mama services among mothers in Kirinyaga County which has been insignificantly revealed in existing literature. In light of these contextual gaps, this study aimed to assess the influence of project management practices on uptake of Linda Mama services in Kirinyaga County.

### **1.3 Purpose of the Study**

The purpose of the study was to investigate the project management practices and uptake of Linda mama services in Kirinyaga County, Kenya)

### **1.4 Research Objectives of the Study**

To assess the influence of project initiation process and uptake of Linda Mama services in Kirinyaga County

1. To examine the influence of project planning process and uptake of Linda Mama services in Kirinyaga County
2. To assess the influence of project monitoring and evaluation and uptake of Linda Mama services in Kirinyaga County

3. To establish the influence of project implementation process and uptake of Linda Mama services in Kirinyaga County.

### **1.5 Hypothesis of the Study**

The study sought to test the following hypotheses:

H<sub>0</sub>: Project initiation process has no significant relationship with the uptake of Linda Mama services in Kirinyaga County

H<sub>1</sub>: Project initiation process has significant relationship with the uptake of Linda Mama services in Kirinyaga County

H<sub>0</sub>: Project planning process has no significant relationship with the uptake of Linda Mama services in Kirinyaga County

H<sub>1</sub>: Project planning process has significant relationship with the uptake of Linda Mama services in Kirinyaga County

H<sub>0</sub>: Project implementation has no significant relationship with the uptake of Linda Mama services in Kirinyaga County

H<sub>1</sub>: Project implementation has significant relationship with the uptake of Linda Mama services in Kirinyaga County

### **1.6 Significance of the Study**

Global prevalence shows that approximately 99% of global maternal and prenatal deaths, still occurs in developing countries. These have led to the development and implementation of different maternal health services programmes (World Health Organization [WHO], 2014a). Although studies have been conducted on free maternal health service, monitoring of progress implementation is yet to receive much attention (Wamalwa, 2015) hence the need for this study.

The study findings and recommendation are useful and beneficial to various stakeholders. Firstly, the findings are of benefit of thousands of poor mothers, the vulnerable among the other mothers, by adequate information on the simplicity in access to the Linda Mama imitative. The findings are helpful to improve pregnancies, delivery and postpartum outcomes among mothers and especially the deserving mothers sand more specifically the low income earners.

Secondly, the study findings provide a systematic body of knowledge, useful to policy makers in the National and county governments' health sector, for formulation of appropriate policy for ensuring adequate access to the Linda Mama program. Considering that the ANC programs targeting mothers are minimal, the findings is of help the national government in their new planning of free Linda Mama services to all mothers in Kenya and as well improving the level of access of Linda Mama services by larger percent of fertile women in rural areas. The government would also be able planning for strategies to improve the services rendered to mothers. Finally, study may significantly influence academicians, scholars and researchers through contribution to theory, reference and information.

### **1.7 Delimitations of the Study**

The study was delimited by the geographical span of Kirinyaga County and therefore information was generated from slums in the county. The application of the study were limited to Kirinyaga County, making it difficult to employ the findings in another county facing different challenges from Kirinyaga County and beneficiaries owing to the difference in the prevailing social and economic conditions.

### **1.8 Limitations of the Study**

The study was also limited by the quality and quantity of information obtained from slum dwellers on Linda Mama initiative since most of them may have lacked detailed information to the programs and its intended goals. Such an encounter was a challenge during the collection of both primary and secondary data. To avoid the limitation, the study sought to obtain data from health service providers to compliment that from the mothers.

### **1.9 Basic Assumptions of the Study**

The proposed study made several assumptions. First, it was assumed that the respondents possess adequate information about the Linda mama initiative. Second, it was assumed that the respondents understood the need for the uptake of Linda Mama services. Thirdly, the study also assumed there exists a relationship between project management practices anduptake of Linda Mama services.

### **1.10 Definition of Significant Terms Used in the Study**

**Antenatal care** (also known as prenatal care) refers to the nursing care given to expectant women before pregnancy

**Project Management:** is defined as the application of processes, methods, knowledge, skills, and experience to achieve the project objectives.

**Project planning** is defined as the process of thinking about and organizing the activities required to achieve the desired goal. It involves the creation and maintenance of a plan

**Uptake** is defined as the ability to make frequent and expected use of a specific health service through adequate access

**Project management practices** refer to the approaches by an organization to manage the project or a programme

**Linda Mama:** This is government programme launched to improve the use of maternal health services among women.

**Project Initiations** the creation of project by the Project Management that entails the definition of the project's purpose, primary and secondary goals, timeframe and timeline of when goals are expected to be met.

**Project Implementation** is the phase where project team actually do the project work to produce the deliverables.

**Uptake of Linda Mama** services is defined as the ability to utilize maternal services offered under Linda Mama Programme

### **1.11 Organization of the Study**

This study has been organized into five chapters; chapter one focuses on the background of the study, statement of the problem, the purpose of the study, objectives of the study, research questions, significance of the study, limitations of the study, delimitations, assumptions, and definitions of significant terms.

Chapter two focuses on literature review, which is discussed as follows; project management competence and performance of projects, project planning, monitoring and evaluation and training.

The chapter also present the theoretical framework, conceptual framework, and summary of the literature review.

Chapter three describes the research methodology that was used in the study, it is divided into the following topics: Research design, target population, research instruments, and the validity of research instruments, the reliability of research instruments, data collection procedure, and data analysis. Chapter four focused on data analysis and interpretation while chapter five discussed the summary of research findings, conclusions, recommendations and suggestions for further research in the area of study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

As the study seeks to assess the project management practices as determinant of Linda Mama services' uptake among mothers in Kirinyaga County, it reviews related literature. Such literature review is captured in this chapter as presented by various authors, researchers as well as authorities. The chapter contains the literature reviewed on; empirical studies (empirical literature review), related theories (theoretical framework), conceptual framework and literature recap. While the empirical literature is review establishing the findings and conclusions as well as the gap left by the researchers, the theoretical framework is helpful in explaining the conceptual framework. The recap of the reviewed literature provides a summary of the literature review.

#### **2.2 Empirical Studies**

The empirical studies found useful in explaining project management practices as determinant of Linda Mama services' uptake were thoroughly reviewed for purposes of strengthening this study and as well for building strong study foundation. First, the study reviews studies related to Linda Mama services' uptake and ANC while the main areas covered in this review were the influence of each of; stakeholder participation, project planning, project management competency, project monitoring and evaluation. The study specific objectives were useful in guiding these reviews.

##### **2.2.1 Uptake of Linda Mama Services**

The ANC helps in reducing the severity of complications linked to pregnancy through monitoring as well as timely treatment of conditions that are exuberated during pregnancy including anemia, malaria and induced hypertension, which threaten both the life of the expectant woman as well as the unborn child (Banda, 2013). Through ANC, professional practitioners are able the health of the unborn child as well as the mother by detecting pregnancy related complications such as malaria, anemia and hypertension and provide the required nutrition and iron supplements as well as tetanus toxoid immunization.

Uptake of Linda Mama service is sometimes based on the quality of health care (Charantimath, Vilder, Ramadurg, & Qureshi, 2016) and is also attributed to new government programs as well as increased availability of the services offered. Nevertheless, some pregnant women still find

themselves delaying in enrolling to maternal healthcare programmes even when it is offered free. Awareness of such programs is commonly believed to positively or negatively influence the decision making process of women to use up healthcare delivery programmes (Elmusharaf, Bryne & O'Donovan, 2015). Lack of awareness on the importance of a certain healthcare delivery program or even their existence could influence the uptake of the healthcare delivery programme among women.

Abuya, Matanda, Obare and Bellows (2018) collude that according to Linda Mama for some women is not good, as many women have noted that referrals and complications are not well compensated. They indicate that some health care providers are sceptic about the Linda Mama maternal healthcare programme in regards to efficiency of NHIF due to linked late reimbursements and general distrust by public institutions. The health workers feel this will affect uptake in later days. Healthcare providers also are not sure if the programme will be able to reach all women especially low income earners. Some healthcare providers feel low levels of awareness about the programme without adequate sensitisation in the community will affect uptake of the programme. Some healthcare providers feel that although many women will gladly enroll while some will adopt a wait and see attitude.

The study by Gitobu, Gichangi and Mwanda (2018a) established a there was 54.5% satisfaction rate from the recipients of the free maternal healthcare services in Kenya. Notably, mothers that benefited from the service were satisfied by the availability of staff during delivery as well as in wards, proper communication by healthcare employees, and availability of drugs and other supplies. However, dissatisfaction was recorded in terms of cleanliness, consultation time, and privacy in the wards. High levels of education levels and protracted stays in the facilities were negatively linked with satisfaction of the services. The research concludes that beneficiaries of free maternal healthcare in the country are highly satisfied with the service. Nonetheless, the implementation of the policy on free maternal healthcare is linked with poor hygiene, low privacy as well as low consultation time in the health facilities. Consequently, it is necessary to deal with the emerging service gaps and thus attract more expectant women to receive delivery services in public health institutions.

A regional study by Dalinjong, Wang and Homer (2018) conducted in rural Northern Ghana shows that facility cleanliness, realistic waiting times and proper interpersonal relationships with healthcare providers were the main access enablers. Lack/inadequate supply of commodities and drugs, water, equipment, emergency transport and electricity and pocket payments were some of the barriers. Four implications/lessons were established including the persistence of pocket payments and failure to strengthen the health system before the free maternal health policy was implemented. The other implications were lower level facilities that were resourced poorly and the lack of vital infrastructure and inputs, which in turn affected quality as well as access of care. Overall, some of the recommendations made to the Ghanaian government, the health insurance Scheme as well as other stakeholders is to ensure that health facilities have better resources.

Based on the findings of a research conducted by Gitobu, Gichangi and Mwanda (2018b), cost is a major deterrent to the utilization of health facility services in Kenya. Therefore, provision of free delivery services is an essential strategy in promoting the use of delivery services in the country. Nonetheless, it is essential to deal with other factors that contribute to neonatal and pregnancy-related deaths. The conclusion the research states that the removal of use fees for delivery services in the country resulted in a substantial rise in the number of deliveries that were conducted in public health facilities in the country. From these results, it is clear that cost is a probable deterrent on utilization of delivery services in the country. Consequently, the removal of such fees is likely to act as a significant strategy for increasing the utilization of health facility delivery services. Nonetheless, this intervention policy did not appear to have a significant impact on neonatal and maternal deaths. The lack of effect shows that low utilization of health facility delivery services in the country is not the only cause of pregnancy related mortalities; low quality of such services in health facilities could also be a contributing factor. Therefore, besides focusing on eliminating fees so as to increase access to health service access, it is necessary to simultaneously deal with other political, economic, social, contextual factors that are linked with pregnancy-related mortalities.

Mutungi's (2018) study found out that women in Mathare are happy about the attitude of their healthcare service providers although quite a substantial number were unsure. However, majority of the women were not certain of their experience in their last visit with a larger number indicating a good experience. In addition, the women acknowledge their right to decision making and thus reported that experiences from their friends and community members will not influence their decision on uptake of Linda Mama programme. From the study, it was found out that majority of

women in Mathare slums are satisfied with Linda Mama services including the healthcare. However, their perception on the speed and efficiency of service delivery under the programme was evenly spread with mixed reactions. Nonetheless, a majority believe the services are slow and inefficient. This probably could be the contributing to the larger number of women that are sent to purchase additional drugs and other commodities as reported by a majority of the women in Mathare slums. This research established that majority of women in Mathare slums are not decided on whether to take-up the programme or not. They however acknowledge the good health of children delivered under this programme and the fact that the programme has contributed to reduced complications during delivery. The analysed regression model showed that uptake of Linda Mama programme among women was determined by; awareness of Linda Mama programme, demographic background of the beneficiaries, attitude of healthcare service providers, and quality of healthcare services in the health facilities

The research by Ramatu (2017) showed a substantial rise in ANC and PNC at the Nsawam Government Hospital. Equally, there was a negative relationship between maternal deaths and ANC and PNC. Which in turn shows that an increase in both antenatal and postnatal attendance minimizes maternal deaths at the hospital. Nonetheless, after the policy was implemented the number of deliveries declined. The policy on free maternal health care ought to be maintained, however, it necessary to educate women on the benefits of early ANC, PNC and as well as delivering in hospitals. Further research is required to determine while deliveries reduced at the hospital in 2012 to 4,371 in 2016. Likewise, it is necessary to explore the causes of maternal deaths so as to enable the hospital to develop specific measures to minimize maternal deaths.

The findings in the study by Gitonga and Keiyoro, (2017) established health care is still highly accessible to the highly privileged in society. This is demonstrated by the fact that most health care facilities are ill-equipped, understaffed, lack drugs as well as other essential medical supplies, lack proper basic amenities like clean drinking water and toilets. The same had been established in the study by Muchui (2015).

In their study Pyone and Smith, (2017) reported that the attitude of healthcare service providers can also be a source of conflict between the programme and the user in the case of misaligned incentives for example increased uptake leading to increased workload for healthcare provider.

The study opines that there is perceived danger that many programs focus on technical skills and neglect interpersonal skills of the health providers.

The study by Machira (2017) established that the age of women, timing of ANC, order of birth media exposure, education, income of women, religion and quality of care were some of the main predictors of choice of public health delivery services among during childbirth. From these findings, it is necessary to implement policies that will provide better maternal health services in Malawi. Some of these strategies ought to include programs that improve the populations' economic and social status. Notably, initiatives that promote the use of maternal health services among women, especially in communities that are economically and socially disadvantaged. It is also necessary to conduct further studies on health financing as well as the gaps that affect effective delivery of health care services in Malawi.

Meanwhile the study by Charantimath, Vilder, Ramadurg, and Qureshi (2016) fund that uptake of maternal healthcare delivery programmes is sometimes based on the quality of health care. Uptake of maternal healthcare services by some women is attributed to new government programmes and increased availability of the services offered. These services are expected to provide expanded benefits to the women unlike before the programme existed. Nevertheless, some pregnant women still find themselves delaying in enrolling to maternal healthcare programmes even when it is offered free.

On their part, Elmusharaf, Bryne and O'Donovan (2015) found that awareness of such programs is commonly believed to positively or negatively influence the decision making process of women to use up healthcare delivery programmes. Lack of awareness on the importance of a certain healthcare delivery program or even their existence could influence the uptake of the healthcare delivery programme among women.

Based on a research conducted by Mbai (2015) the utilization of ANC services is influenced by several factors including social-demographic factors such as education, age, income level and marital status. Other factors include awareness and knowledge about ANC services, accessibility of ANC services and the perception of the quality of provided services.

Based on another research conducted by Akowuah, Agyei-Baffour and Asibey (2018) practices such as routine monitoring and focused ANC, among others have raised the level of utilization. Consequently, to maximize the utilization of health delivery services, the government as well as

other stakeholders are ought to provide support for mothers who are less privileged. Moreover, facilities should ensure that delivery services are easily available at public health facilities even if they are provided at a cost. Moreover, it is necessary to reorient ANC services and ensure that clinical psychologists are placed at all health centers, and thus empower health personnel on the best attitude that they ought to show towards patients. Furthermore, it is beneficial to mainstream interventions into the national maternal health policy.

### **2.2.2 Project Initiation Process and Uptake of Linda Mama Services**

Project Management Institute PMI (2004) state that setting out the scope and specifications of the project at the initiation stage enables the project sponsor and manager to be clear on the purpose, expected outcomes, budget, deliverables and time frame of the project. In addition to this, experience shows that getting it right at the planning stage is critical for project success and the sustainability of the project outcomes. Further, PMI (2008) points out that planning should also involve all project stakeholders to guarantee agreement on scope and specifications, as well as support. According to Khang and Moe (2008), project initiation should lead to success if during conceptualization there is effectiveness of consultation with stakeholders, competency of project team, alignment with development priorities, adequate resource support, and compatibility of regulations for project management. Kharbanda and Pinto (1996), in an extensive investigation of the managerial factors responsible for construction project failures, identified poor project definition and poor project planning- front-end project management activities- as the two major causes of project failure. Smith et al. (1998) describe the project definition stage (which they term project initiation) as the stage where the stakeholders' needs, objectives and requirements are clarified into the definition of a project, or projects. The broad-based national enquiry set up to review procurement and contractual arrangements in the U.K. construction industry also made significant statements supporting the need for project definition as a significant stage in the project delivery process. Traditionally, the main participants in a construction project coalition are the client, the architect and the contractor. The interactions and interrelationships between these participants largely determine the overall performance of a construction project and have the crucial responsibility for delivering a project to successful completion. However, looking upstream and downstream in the construction project life cycle, there are multiple attributes that contribute to the success of a project, and these are influenced by a variety of decisions made by various individuals, bodies and organizations (Gordon, Kennedy, Gordon, Hadjerioua & Christian, 2017).

These internal and external participants are recognized as stakeholders who are actively involved in the project, or whose interests may be positively or negatively affected as a result of project execution (Bourne, 2016). Previous work by (McNiff, 2016) defined stakeholders as people or groups that have, or believe they have, legitimate claims against the substantive aspects of a project. Project performance is enhanced through setting goals and objectives and how these can be achieved. The initial phase principles are series of activities setting out standards in aiding the project team to deliver within quality standards, cost and time specification (Verzuh, 2015). Basically, initial phase principles are activities to which project goals and expectations are met. According to Alzahrani et al. (2013), initial phase principles are the determining factors to enhancing project delivery especially when surveys, EIA, necessary project approvals, resources and feasibilities are done according to plan. A study by Alzahrani et al. (2013) shows that environmental issues during building production receives more attention from governments, non-governmental institutions and general public. Shem and Tam (2002) points that building projects affect the environment in many ways across the life cycle and are regarded as a major contributor to environmental impacts. However, many developers apparently hardly appreciate the need to comply with NEMA legal requirements for EIA license and other regulatory laws from respective government agencies.

### **2.2.3 Project planning and Uptake of Linda Mama Services**

The study Ndachi (2018) which sought to assess how planning affects implementation of health projects in public hospitals in Nyeri County, Kenya, found that all respondents in the study agreed that projects are clearly planned for in terms of scope, time and completion schedule. The study also found that the planning team ensures there are quality standards and indicator for every stage of the project lifecycle.

Simiyu's (2018) study sought to establish the influence of project management practices and agricultural project performance by community based organizations in Bungoma County, Kenya and found that project planning when jointly regressed had a positive influence performance of agriculture projects. Regression show that planning influenced project performance

The study by Kehinde, Afolabi and Omogbolahan (2017) concludes that the Julius Berger Nigeria Plc Staffs are highly informed on how management of projects is supposed to be conducted, which

in turn has benefited the firm in terms of increasing the rate of success of the projects. The most critical step towards managing projects to maturity is setting up project management operations that can best be developed and utilized. For instance, in the construction sector, some practices and components include resources, work scope, communication, quality, contract procurement and risk management. In case all these components and practices are properly managed as established in the study, projects are likely to be viable and will ascertain sound business success.

Chesiyna and Wanyoike (2016) in another study purposed to identify the factors that ensure that projects funded in Baringo Central Constituency, in Kenya are implemented effectivity. The research identified project planning as a critical factor, with a unit rise in project planning resulting in an increase in effective implementation of projects by a factor of 0.231.

Based on the findings of a research conducted by Nduvi (2015), a direct relationship exists between free maternity care and maternal mortality rate. Notably, in Kenya, the death rates linked to pregnancy complications have significantly reduced since the program was introduced. The research suggested that both short and long-term strategies ought to be embraced by the government in implementing free maternal healthcare services in public hospitals including training staff, creating awareness and adding more services to the program.

Githenya and Ngugi (2014) examined the factors that determine the successful implementation of housing projects in Kenya. Based on the research, housing projects in the country are greatly influenced by project planning; with project planning being significantly associated with project success.

Muthomi (2015) in his research concluded that most of firms had a strategic plan and that all the organizations had core values as well as vision and mission statement. Moreover, the Muthomi (2015) concludes when planning for organizations the main instrument used is Project plan. Furthermore, the findings conclude that the goals of the project relate to the overall goal of the organization and the project team properly coordinates it. From the study, a conclusion can also be drawn that strategic planning ensures that workers as well as other stakeholders are focusing on a common goal, establishing arrangements around intended results/outcomes, and examining and adjusting the direction of firms in response to an evolving environment. Finally, the research

concludes that project management through strategic planning reflects on the best practices in the culture of an organization, and nurtures and values best practices.

#### **2.2.4 Project Implementation and Uptake of Linda Mama Services**

Projects suffer from dearth of funding even after budgetary provisions were made for their funding. This is because the mere fact that a sum of money was budgeted for does not mean that the said amount will be ultimately released for the project, due to other considerations (Nzekwe et al., 2015). Price Water House Coopers (2014) indicated that funds in many government projects in Africa is limited and is a challenging factor. The Kenyan health sector relies heavily on out of pocket payments. Government funds are mainly allocated through historical incremental approach (Chuma & Okungu, 2011). The sector is largely underfunded and health care contributions are regressive (the poor contribute a larger proportion of their income to health care than the rich). Health financing in Kenya is fragmented and there is very limited risk and income cross-subsidization. The country has made little progress towards achieving international benchmarks including the Abuja target of allocating 15percent of government's budget to the health sector. In this study, project financing was assessed through assessment of investment cost, Financing mechanisms and operation and maintenance cost.

Human resources management is an inevitable dimension of project management since it is people who deliver projects. People are the predominant resource in an organization and there is a positive association between human resources management practices and achievement of outstanding success. According to Chuang, Liu and Chen (2015), human resource capability is valuable, rare, irreplaceable, and difficult to imitate; therefore, it is crucial for creating sustainable competitive advantages. Human resource capability can be appropriately used to improve the performance of an organization. Human resource management department has fundamental role for personnel recruiting, orientation and performance appraisal and so on. To ensure successful accomplishment of projects, quality performance of the project team is required to be maintained (Naqvi et al., 2011). Human resource management can be measured by looking at staffing, training, HRIS services, employee turnover, employee absence control, and the pay and benefits system (Kipngok, Wanyoike, & Kemboi, 2014). Naqvi et al. (2011) study assessed the impact of human resource performance management on project outcome. The study confirmed a correlation and dependency of project outcome on HR performance management by the project manager through quality of

performance monitoring. The study concluded to consider HR management function performance management as one of the tools for ensuring project success giving its significant precedence. Wambua (2013) study was designed to investigating the effects of HRM practices on project-oriented organizational performance. The study established that management, staff welfare issues, technical expertise and planning have varying effects on organization performance to the extent of implementation of the practice.

## **2.3 Theoretical Review**

Guided by the sentiments of Defee *et al.* (2010) who explains that a good research should be grounded in theory, the present study identifies and reviews the appropriate theories found useful in explaining it concept. The theories are: Results-based management (RBM) theory, Management theory of project management, Management theory of project management and Empowerment Theory

### **2.3.1 Results Based Management Theory**

The Results-based management (RBM) theory, which originates from the Australian government and spearheaded by the Organization for Economic Co-operation and Development (OECD) is result oriented and one of the strategies in management (Kihuha, 2018). It helps towards the achievement of specified development results, assisting them make sure that their processes, products along with output contribute to the attainment of sustainable results (Crawford & Bryce, 2013). RBM defines the ultimate results and at the same time requires monitoring as well as self-assessment of progress to sustainable results, including recording performance (United Nations Development Programme [UNDP], 2012). RBM is a continuous approach encompassing all elements of project management; starting with fundamentals of detailed planning, to include setting the vision, mission and defining the framework tools based on results. Once agreed, to run a series of results through a programme, execution starts, with monitoring now becoming a critical exercise to facilitate sustainable results attained. RBM is an ongoing process, which requires a regular feedback from the participants; the feedback supports the lesson learning a process improvement (UNDP, 2012). Main plans adjusted on a regular basis on lessons learned in the course of monitoring and evaluation. Previously used plans are adjusted and new ones established in line with the current lessons. RBM underlines monitoring as a continuing process, and lessons from the monitoring process discussed periodically. They inform actions and decisions for the

project execution. The implementation of the changes done for the ongoing projects as well future planned projects.

An RBM model illustrated by Hwang and Lim (2013) pays emphasizes on monitoring as an important task in the life of a programme or project; as a non-stop process of regular organized taxation based on stakeholder involvement, replication, criticism, data grouping, analysis of definite performance (using indicators) and periodic reporting. Imperatively, RBM spells out that effective monitoring is necessary for safeguarding that information systems are established. The baseline data generally collected at the beginning to show where the programme or project performance at a given moment (Valadez & Bamberger, 2012). While monitoring essentially considered a management role and internal to the operation of a programme or project, evaluation is independent and external role.

RBM needs external endorsement of outcomes reported for it to be regarded as reliable. It focuses on the expected and achieved attainments, examining chain of results, processes, contextual factors of causality, so as to understand accomplishments or the lack thereof. According to Robert (2010), an evaluation should offer information with evidence that is proved to be credible, reliable as well as useful, and should also allow for proper decision making process through timely incorporation of findings and recommendations.

To enhance the usefulness of the findings along with recommendations, main stakeholders should be involved in a number of ways in the course of evaluation (Clarke, 2011). Evaluations have relevant key functions; they are but no limit to utilization, accountability, and performance. Utilization rate is a key feedback to furnish decision-makers with information along with evidence regarding project performance and existing good practices. Accountability is to project donors, funders, Government authorities, stakeholders and the common public, and contribution is for official policy-making, performance matrix and organizational effectiveness (UNDP, 2012).

At a holistic view, the theory helps to develop performance-monitoring tools that influence the performance of the projects. The evaluations used to improve performance through the documented lessons learnt and findings. The theory put more emphasis reporting to the stakeholders, and holding the management accountable for project outcome. The theory focuses

on sustainable change through a well structure planning process with the use of skill labour to influence the project performance.

RBM provides elements for project monitoring performance for uptake of Linda Mama services, this are linked to the variables in the current study; stakeholder participation, project planning, project management competency, project monitoring and evaluation are key elements directly linked to the RBM theory. Thus, the theory was important to this study in justifying its independent variables

### **2.3.2 Empowerment Theory**

In the context of health care provision, the empowerment theory holds that a complementary influence that aids partnership among various stakeholders in this sector of the public service exists. Accordingly, for health care projects to be implemented effectively, it is necessary to have an empowerment process that is interactive and thus incorporates; collaborative governing, planning, capacity building, community action as well as community change (Fawcett, Paine-Andrews & Francisco, 1995). Perkins and Zimmerman (1995) also contend that collaborative empowerment is a responsive process that ensures that organizations in the civil society as well as grant making firms are involved to bring about the required societal change as well as address concerns of the community including health care. This assumes the collaborative partnership approach, which in turn borrows from the community participation principle by which partners that have a common goal are able to implement projects that change the local's population lives (Perkins & Zimmerman, 1995).

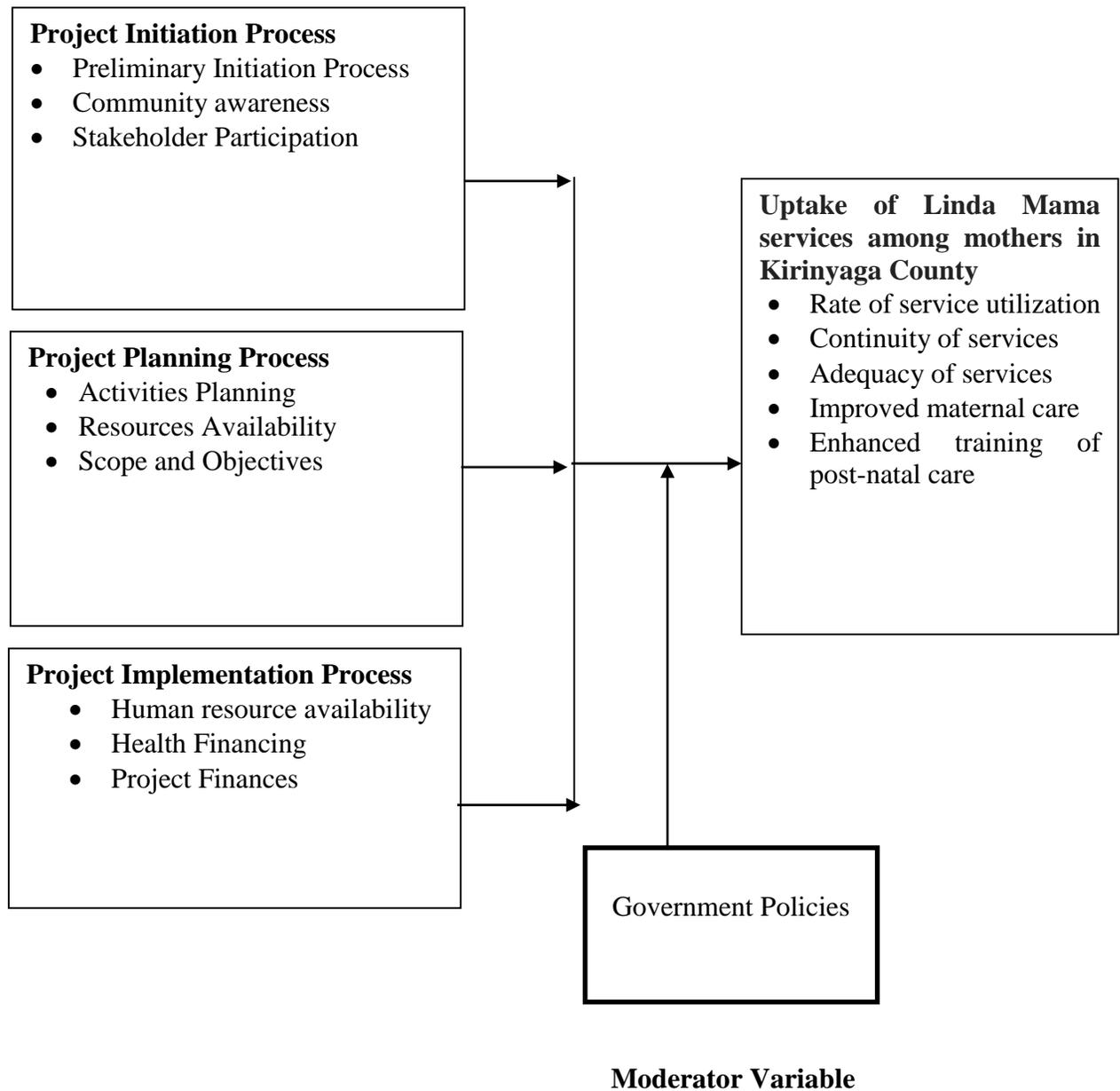
In adopting empowerment model, this research holds that collaborative partnerships through the involvement of stakeholders is critical for the effective implementation of the health care project known as the Linda Mama initiative (Butterfoss, Goodman & Wandersman, 1993). This model is in line with the stakeholder participation variable in the research, which advances the notion that devolved units in the sector of health together with the civil society, the private sector and traditional healers are the source of collaborative partnerships, which make a positive influence on the process of implementing projects on health care as well as uptake of services from the projects.

## **2.4 Conceptual Framework**

A conceptual framework, according to Kothari (2012) is a model that is used to define independent/exploratory variable as the causative effect of the dependent variable. The researcher uses the dependent variable to define the purpose of classifying and describing the concepts that are relevant in a research as well as developing maps between them. The independent variables that influence the utilization of the Linda Mama services in the County of Kirinyaga include project initiation process, project planning, project implementation and monitoring and evaluation. Activities such as preliminary initiation process, community awareness and stakeholder participation help to initiate project. To support project initiation process, activities planning, resources availability and scope defining is important. Linda mama programmes success is dependent on human resource availability, health financing options and project financing as availed by national and county government. To ensure effectiveness of Linda Mama programmes evaluation of the programmes is central. The independent variables are shown Figure 1. On the other hand, the uptake of Linda Mama services among mothers in Kirinyaga County is the dependent variable.

**Independent Variables**

**Dependent variable**



**Figure 2.1: Conceptual Framework**

In line with the Sustainable Development Goals (SDGs) of the UN, the purpose of the Linda Mama initiative is to reduce maternal as well as neo-natal deaths and to enhance the mother’s as well as the child’s health outcomes. The initiative is a great step forward in terms of improving the access as well as the quality of maternal, new born and child health care services in Kenya and helping the country to realize its 2030 Vision. The Linda Mama initiative also facilitates the realization of

SDG 1, 3 and 10, which are linked to reduction of poverty, wellbeing and good health and minimizing inequalities respectively. The Linda Mama initiative that has been redesigned ensures that the network of health providers is expanded to include faith based facilities through a direct re-imburement mechanism that pays for number of deliveries reported, to a health insurance plan to be administered by National Health Insurance Fund (NHIF).

The Linda Mama initiative is expected to improve accountability, efficiency and reduce complains linked with delays in disbursement of funds for free maternity services. Women that visit public facilities ought to receive free health care during pregnancy, delivery and postpartum. It ran for three years under the Ministry of Health, then transitioned to the National Hospital Insurance Fund (NHIF/The Fund) to expand service delivery beyond public hospitals to Faith-Based Organizations (FBOs) and private facilities.

Until now, around 60,000 women have been registered through the Linda Mama initiative, some of whom have already delivered while others are still on the program. The number of women that deliver each year is approximately 1.4 million women, which is the final goal of Linda Mama's reach. Moreover, 4000 public facilities have been enrolled, which are listed automatically, as well as 389 of the 2000 health facilities in the private domain and 199 of 450 FBO facilities, totaling about 500 countrywide. The ultimate goal of the program is to ensure that each expectant woman in the country is enrolled. Currently the initiative caters on the most impoverished and vulnerable women that are unable to afford the recommended ANC and PNC and delivery. Therefore, those under the NHIF cover or under the private health insurance cannot benefit from the present system of the Linda Mama initiative.

When health facilities are being registered to Linda Mama, the quality control of the NHIF ensures that the minimum requirements are met so as to provide the service, thereafter, continuously engages them to ensure that expectant women continue to receive the best care. In the past, money for the initiative was sent by the Health Ministry directly to the counties, and this had a high probability of slowing down the program in case money was redirected to other priorities of the county. However, in the current arrangement, money is deposited directly in the back account of the health facility by NHIF. The main commitment of the Fund as MOH (2016) points out is to make reimbursements for claims every fortnight, and encourages facilities to plough back to the program, to improve on the services they offer. The benefit package of the fund includes both

inpatient and outpatient services for the mother as well as the newborn within a period of 12 months with services such as ANC, delivery, PNC as well as emergency referrals for conditions and complications linked to pregnancy being provided.

Kenya is the only nation that has been able to meet four out of the five nutritional goals that were set by WHO. Stunting reduced from 35% to 26%, while exclusive breastfeeding improved from 32% to 61%. The mortality of children under five years reduced from 115 to 52, which translates to around 30,000 lives of children being saved. The number of neonatal mortality has also reduced from 33 to 22 for every 1000 live births within the same period. The coverage of children that are fully immunized has risen from 68% in 2013/14 to 76%.

Therefore, it is necessary for providers of health care services to improve access to the Linda mama service through; empowerment of vulnerable groups and strengthening of human resources. Healthcare, according to Eadie, Millar & Grant, (2013) is a highly systemic and networked industry, with a practical impact on projects. Since maternity fee was abolished and instead Free Maternal Care program was introduced, the number of maternal deaths has reduced significantly.

Maternal healthcare delivery programmes in Kenya have not been equitable to all women for many years until recently when the Linda Mama programme was initiated. In April 2017, the free maternity services policy previously funded by national government was transferred to NHIF under the name of the programme now known as Linda Mama. The first phase began with faith based and low cost private sector facilities in April. It then moved to the public sector in its second phase in July 2017 and in March 2018, Linda Mama programme introduced antenatal and post-natal care (Appleford, 2018). The Linda mama programme is meant to allow all women to access free maternal health care delivery in public health facilities. The programme seeks to provide services on the basis of need rather than on the ability to pay. This public funded health scheme will require that all pregnant women have equal provision to quality and affordable maternal healthcare services. The services and benefits received through the programme are also portable. Mothers do not need to receive services from the same provider or from the same site every time. Appleford, (2018) estimates that the programme has contracted 502 low cost private and faith based health facilities, and approximately 4000 public sector facilities in the country as part of the scheme.

The minimum requirement for registration to Linda Mama program is that a client must be a pregnant woman of 18 years and above. Women can register into the program either through their mobile phones, contracted healthcare providers, NHIF service centres, Huduma centres countrywide or the NHIF registration portal using their national identification card and antenatal records. All pregnant women under the age of 18 years are registered as clients using the national I.D of their guardians and their antenatal care records. Women are registered during their clinic visits for ANC, chief's meetings and church functions. Abuya, Matanda, Obare and Bellows (2018) note that the benefits enjoyed in the programme are an expanded package that include; antenatal care package, delivery package, neonatal care package, inpatient services, and outpatient services for a period of one year.

## **2.5 Research Gaps**

The literature review discussed different literature on various perceived factors influencing uptake of Linda Mama and ANC delivery programme. These studies discussed uptake of Linda Mama and ANC maternal healthcare delivery programmes from the view of researchers worldwide. Few studies have addressed this issue locally. Many studies were also largely concerned with evaluating the perceived factors influencing uptake of maternal health care delivery programmes. Some studies have also documented the perspective of uptake of the maternal healthcare delivery programme through the view of stakeholders in the programme, few studies have looked at influence of project management practices on uptake of Linda Mama services uptake in Kirinyaga County, hence the present study.

**Table 2.1: Research Gaps**

<b>Variable</b>	<b>Author and Year</b>	<b>Research Design</b>	<b>Title of the Study</b>	<b>Findings</b>	<b>Research gaps</b>	<b>Focus of the current Study</b>
Project Management Practices	Njeri (2018)	Descriptive study design	Njeri (2018) Project Management Practices and Implementation of Health Projects in Public Hospitals in Nyeri County, Kenya.	The study found a strong positive correlation between project management practices and implementation of health projects in public hospitals	The study failed to examine some of the project management practices phases	How project management practices affect the uptake of Linda Mama programme
Project Management Practices	Musau and Kirui (2018).	Cross-sectional study design	Musau, P. M., & Kirui, C. (2018). Project management practices and implementation of government projects in Kenya, case of Machakos County government.	The study demonstrated that the majority of the projects by the County Government of Machakos had a strategic plan, monitoring plan and evaluation framework	The study failed to examine health project specifically but focuses on overall projects	Project management practices and uptake of Linda mama programme
Project Management Practices	Gitamo and Kwasira (2018)	Cross-sectional study design	Project management implementation practices in provision of reproductive health services in selected health	The study concluded that monitoring and evaluation has greatly contributed to organizational learning and	The study failed to examine some of the project management practices phases impact on provision	Role of Project management practices on uptake of maternal services

			facilities in Nairobi County.	result orientation.	of health services	
Uptake Of Linda Mama Maternal Healthcare Delivery	Mutungi (2018).	Descriptive study design	Perceived Factors Influencing Uptake Of Linda Mama Maternal Healthcare Delivery Programme Among Women In Informal Settlements	The study revealed that demographic factors and attitude influence uptake of Linda Mama services	The study focused on factors influencing Linda Mama services leaving out project management practices	How project management services influence uptake of Linda mama services
Uptake Of Linda Mama Maternal Healthcare Delivery	Munguti (2019)	Descriptive study design	Uptake of Focused Antenatal Care Services among Women of Reproductive Age in Nakuru County, Kenya (MA dissertation, University of Nairobi).	The study found that the demographic factors significantly associated with the uptake of FANC	The study did not investigate Linda Mama project specifically but as part of maternal services	The role of project management practices on uptake of Linda mama programme
Uptake of Linda Mama Services	Kilwua and Otieno (2019)	Descriptive study design	Health System Factors Affecting Uptake of Antenatal Care by Women of Reproductive Age in Kisumu County, Kenya.	The demonstrated that health system factors affect uptake of ANC.	The study did not investigate project management practices but health system factors effect on uptake of Linda mama services	The role of project management practices on uptake of Linda mama programme

## **2.6 Summary of Literature Review**

From the reviewed literature, project management practices have been documented to influence the performance of public projects including in health service projects/programme. Project management practices influences both performance of health projects and delivery of healthcare services. In particular, the influence of project initiation, project planning, project implementation and project evaluation on performance of projects has been clearly been highlighted in the literature. This has been acknowledged in the literature both locally and outside the country. However, reviewed literature showed that little literature has been focused on project management practices on performance of Linda mama programme in Kenya.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter contains a discussion of the research design used in the study, the target population, sampling technique and sample size, the research instrument construction, pilot testing including the reliability and validity testing methods, and procedure used for data collection. It as well discusses the ways the collected data will be analyzed and lastly it discusses the ethical considerations.

#### **3.2 Research Design**

Research design is explained by Gupta and Rangi (2014) as a necessary master plan for guiding the researcher in providing a road map for data collection, measurement of that data and for data analysis. It is useful in specifying the tools and technique required for data collection and effectively analysing of the collected data. There are various research design approaches. The present study used descriptive survey research design in soliciting information in the area of research of on assessing the project management practices as determinant of Linda Mama services' uptake among in Kirinyaga County. This design is used in describing the characteristics of existing phenomenon. It was used since provide in-depth insights into the research problem by describing the variables of interest. It was used for defining, estimating, predicting and examining associative relationships. This helped in providing useful and accurate information to answer the questions based on; who will participate in the study, what will be done, when the study will done, where it will be done, why the study will be done, way the study will be done.

#### **3.3 Target Population**

Target population refers to the entire group of individuals or objects to which a researcher is interested in generalizing the results of the study and having observable same characteristics (Mugenda & Mugenda, 2003). Further, a target population is the number of a real or hypothetical set of people, events or study which a researcher wishes to generalize on. According to Kombo & Tromp (2006), target population is the set of elements that a researcher focuses upon and to which the results obtained should be generalized. The target population for the study comprised of 112 maternal nurses in Kirinyaga County.

**Table 3.1: Target Population**

<b>Categories of Respondents</b>	<b>Target Population</b>
Maternal Nurses	112
Pregnant Mothers	70
Senior Level Management	10
Nursing mothers	200
<b>Total</b>	<b>392</b>

### 3.4 Sampling Size and Sampling Procedure

#### 3.4.1 Sampling Size

The study included all the maternal nurses in the county who were mandated with running the Linda Mama programme. Slovin sample size formula was used to calculate sample size for maternal nurses, pregnant mothers and nursing mothers.  $n = N / (1 + Ne^2)$ . The study had a sample size of 292 as shown below. Senior level management were included wholly as the target population was very small. Based on Slovin sample size formula, the sample frame below was used.

**Table 3.2: Sample Frame**

<b>Category of Respondents</b>	<b>Target Population</b>	<b>Sample size</b>
Maternal Nurses	112	92
Pregnant Mothers	70	59
Senior Level management	10	10
Nursing mothers	200	132
<b>Total</b>	<b>392</b>	<b>293</b>

### **3.4.2 Sampling procedure**

The Study adopted non-probability sampling. This included both convenience and purposive sampling. Convenience and purposive sampling was used to select study respondents. Convenience sampling was used to select pregnant and nursing mothers. Purposive sampling was used to select nurses working in maternal section and senior level management.

## **3.5 Research instruments**

### **3.5.1 Structured Questionnaire**

The present study collected the primary data using a structured questionnaire, with mainly closed-ended questions. Thus, the questionnaire was administered as the main primary data collection tool. The questionnaire was structured to capture data using a 5-point Likert scale (5 point Likert scale: Strongly Disagree = 1: Disagree= 2: Neutral = 3: Agree =4: Strongly Agree = 5). The likert scale has scales that assist in converting the qualitative responses into quantitative values (Gupta &Rangi, 2014). One set of questionnaires was used for health workers and senior managers and another different set was used for pregnant and nursing mothers.

### **3.5.2 Pilot Testing of the Research Instrument**

Before data was collected, the study conducted a pilot tests to test the instrument's validity and reliability. According to Mugenda and Mugenda (2003), the sample size of pilot study should be 10% of the study sample size. Hence the current study applied a sample size of 12resondents that represents 10% of 112 respondents. The pilot study was carried out in Embu County; a neighboring county, to test the questionnaire. To contact respondents for the pilot study the researcher used readily available sampling frames from one of the local reproductive health organizations that deal with reproductive health among mothers in Embu County. The tests were used to check for clarity in statements, wording of the statement and participant's levels of understanding of the questions. This helped in the development of the research instrument based on the feedback given in the field.

### **3.5.3 Validity of the Research Instrument**

Kothari (2010) asserts that validity measures the degree to which a research instrument measures what it was intended to measure. The study applied content validity as it concerns the extents to which an instrument covers all aspects of the study topic. To ensure this expert advice was sought from the supervisor who will be helpful in the development of the study instrument. The study also

sought the expert advice of project managers involved in Linda mama project, with their views incorporated in refining the instrument for collecting appropriate data that answers the research objectives.

### 3.5.4 Reliability Test of the Research Instrument

According to Kothari (2012) measuring reliability establishes whether a research instrument is capable of producing same results subjected through same methods over a period of time. To test reliability, the study performed reliability tests on the data collected from the pilot study at Embu County. This involved the application of Cronbach alpha. Cronchbach cut-off of 0.7 was used to ascertain the reliability of the questionnaire. According to Kothari (2010), a score of 0.7 and above shows that variables tested are deemed reliable. Thus for the variable to be reliable a score of 0.7 and above must be established. Any score that is less than 0.7 required the rewording and reconstruction of statements to make them reliable for collecting study data. Results in table 3.1 shows that all the variables were reliable as they all had cronbach’s alpha co-efficient of at least 0.7 thereby meeting the cut off for reliability.

**Table 3.3: Reliability Test Results**

<b>Statements</b>	<b>Cronbach’s Alpha</b>	<b>Cronbach’s Alpha Based on Standardized Items</b>	<b>Number of Items</b>
Project initiation	0.765	0.778	9
Project Planning	0.792	0.801	9
Project implementation	0.738	0.754	9
Uptake of Linda Mama	0.726	0.752	9

### 3.6 Data Collection Procedures

Gupta and Rangi (2014) indicate that this involves the systematic use of different tools to gather information.

Gupta and Rangi (2014) indicate that there are several methods of collecting data. The various research methods offer different advantages and disadvantages, and each method is only chosen only to the level that it suits a particular data and is effective in terms of time and costs. The study

used primary data, more specifically structured questionnaire to collect data. The researcher used self-administration method where the researcher dropped the questionnaires to the respondents and picked later when it was filled. This method was used due to the high level of education amongst nurses making the understanding of the questions easier. Data was collected from the nurses after seeking of permission from the county health department.

### 3.7 Data Analysis Techniques

The collected data was cleaned through a process that involved checking the data for errors and making the data ready for analysis. The study applied both descriptive and inferential statistics. Descriptive statistics involved the use of means, frequencies, and standard deviation. The results were presented in form of tables and charts and interpreted in narratives.

Inferential statistics were produced to establish the relationship between the Independent Variables (IVs) and the Dependent Variable (DV). To carry out this the following model was applied;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e \dots\dots\dots(i)$$

Where:

Y = Linda Mama services' uptake in Kirinyaga county

X<sub>1</sub> = project initiation process

X<sub>2</sub> = Project planning

X<sub>3</sub> = Project monitoring and evaluation

X<sub>4</sub> = Project implementation

β<sub>0</sub> is a constant (which is the value of dependent variable when all the independent variables are 0).

β<sub>1-4</sub> is the regression coefficients or change induced by X<sub>1</sub>, X<sub>2</sub>, X<sub>3</sub> and X<sub>4</sub>

e = error term

The study applied both correlation analysis and ANOVA to tests the relationship between the study variables. Pearson correlation analysis and ANOVA was conducted at 95% C.I, with p-values, regression co-efficient and r value for correlation or R<sup>2</sup> will be used to tests the nature, direction

and strength of relationship between study variables. Regression co-efficient were used to tests the influence of project planning practices, project implementation, project initiation process and project monitoring and evaluation on uptake of Linda Mama services.  $R^2$  was be used to show the combined influence of project planning practices, project implementation, project initiation process and project monitoring and evaluation (project management practices) on uptake of Linda Mama services. The Statistical Package for Social Sciences (SPSS) software version 21.0 was used to analyze the data.

### **3.8 Ethical Consideration**

Ethical review and approval was sought from NACOSTI for licensure before proceeding to the field. Permission to carry out the research at Kirinyaga County hospitals was obtained. The respondents were informed before-hand of the goal and purpose of the study, and with this, their participation was voluntary only after assenting and consenting. Participants had the right to refuse to participate in the study as well as the right to withdraw from the study without suffering any consequences. Finally, assurance was given to the respondents that the information collected was confidential, and therefore there was no risk in their participation.

### **3.9 Operationalization of Variables.**

Operational definition of independent, dependent and moderating variables is as shown in the Table below;

**Table 3.4: Operational Definition of Variables**

Variable	Objective	Indicators	Measurement Scale	Analysis Technique	Type of measurement tool
<b>Independent Variables</b> Project initiation process	To assess the influence of project initiation process on the uptake of Linda Mama services in Kirinyaga County	<ul style="list-style-type: none"> <li>• Community awareness</li> <li>• Stakeholder participation</li> <li>•</li> </ul>	Interval	Descriptive analysis Inferential Analysis	Mean, Std deviation, correlation tests and ANOVA tests
Project Planning Process	To find out the influence of project planning on uptake of Linda Mama services in Kirinyaga County	<ul style="list-style-type: none"> <li>• Scope and Objective</li> <li>• Health insurance</li> <li>• Direct and indirect costs of healthcare access</li> <li>• User fees</li> </ul>	Interval	Descriptive analysis Inferential Analysis	Mean, Std deviation, correlation tests and ANOVA tests
Project Implementation	To find out the influence of project implementation monitoring and evaluation on the uptake of Linda Mama services in Kirinyaga County	<ul style="list-style-type: none"> <li>• Resource availability</li> <li>• Healthcare financing</li> <li>• Scheduled plans</li> </ul>	Interval	Descriptive analysis Inferential statistics	Mean, SD deviation, correlation tests and ANOVA tests
<b>Dependent Variable</b> Uptake of Linda Mama services in Kirinyaga County		<ul style="list-style-type: none"> <li>• Rate of service utilization</li> <li>• Continuity of services</li> <li>• Specialized services</li> <li>• Adequacy of services</li> <li>• Mortality rates</li> </ul>	Ordinal	Descriptive analysis Inferential Analysis	Mean, SD deviation and ANOVA tests

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

#### 4.1 Introduction

This chapter provides the analysis, presentation and discussion of data collected. The results are presented in tables with frequencies, means and standard deviations. The results are presented in sequence according to the objectives of the study.

#### 4.2 Questionnaire Return Rate

Response rate indicates the total number of questionnaires that were filled and returned with complete responses against the number distributed. For the study, the researcher distributed 102 self-administered questionnaires to maternal clinic nurses and healthcare manager in the sub-county hospitals in Kirinyaga County. For the health workers, eighty-four (84) questionnaires were dully filled and returned representing 82% response rate while for the pregnant and nursing mothers 170 questionnaires were dully filled representing 89%. Richardson (2005) indicated that a response rate of 60% is desirable and that above 80% is good. Hence it can be concluded that responses rate for the study was good for data analysis and interpretation of findings.

**Table 4.1: Response Rate**

	<b>Response Rate</b>	<b>Frequency</b>	<b>Percent</b>
Health Workers	Returned Questionnaires	84	82%
	Unreturned Questionnaires	18	17%
	Total	102	100%
Pregnant and Nursing Mothers	Returned Questionnaires	170	89%
	Unreturned Questionnaires	21	11%
	Total	191	100%

#### 4.3 Demographic Characteristics

This section highlights the demographic characteristics of the respondents who participated in the study.

##### 4.3.1 Distribution of the respondents by Gender

The study sought to understand the distribution of respondents based on gender and the results were as shown in Table 4.3 below. The results indicate that the majority of the respondents were females. This suggests that most of the Linda mama programme staffs are female. A situation

which can be attributed to reason that the programme is run by nurses at the county, with females being the majority (Musau & Kirui, 2018).

**Table 4.2: Gender of the Respondents (Health Workers)**

<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
Male	29	35%
Female	55	65%
Total	84	100%

#### **4.3.2 Distribution of the respondents by Level of Education**

From the results in Table 4.4, it was evident from the data that majority of the respondents had at least a diploma (56%) while 30% had degree, with 13% holding post graduate holders. This is because the minimum requirement to work in public health sectors is a diploma according to government regulation (PSC, 2014) This result implies that the respondents were educated enough to understand the questions and give credible information. Similar result was established by Karithi (2017). As for the pregnant and nursing mothers, majority (45%) had secondary level of education, followed by those who attended college and university at 24% and 16% respectively while 15% had primary education. This indicates that pregnant and nursing mothers are in a position to read and understand information related to Linda Mama. This aligns with the findings by Wahome (2019) that showed that most pregnant and nursing women are educated with at least secondary education.

**Table 4.3: Level of Education of the Respondents**

Level of Education		Frequency	Percent
Health Workers	Undergraduate	25	30%
	Diploma	47	56%
	Post graduate	12	13%
	Total	84	100%
Pregnant and nursing mothers	Primary	26	15%
	Secondary	76	45%
	College	40	24%
	University	28	16%
	Total	170	100%

**4.3.3 Distribution of the respondents by Age**

In terms of age, 45% of the health workers were aged between 30 and 40 years, 40% were aged above 40 years, while 15% were aged between 20 and 30 years. This implies that majority of the respondents were outside the youth age bracket as supported by Gitamo and Kwasira (2018). For the women, majority (46%) were aged between 21 and 30 years, 34% were aged between 31 and 40 years while 12% and 7% were aged between 41-50 years and less than 21 years respectively. This demonstrates that pregnant and nursing mothers are within the reproductive age of 15-45 years as indicated by Okech, Wawire and Mburu (2011)

**Table 4.4: Age of the Respondents**

Age		Frequency	Percent
Health Workers	Between 20 and 30 years	12	14%
	Between 31 and 40 years	38	45%
	Above 40 years	34	40%
	Total	84	100%
Pregnant and nursing mothers	Under 21 years	12	7%
	21-30 years	79	46%
	31-40 years	58	34%
	41-50 years	21	12%
	Total	170	100%

**4.3.4 Distribution of respondents (Health Workers) by the length of service**

The study also sought to establish the years of service of the health workers in Kirinyaga County. The results in table 4.4 shows that 42.8% of the respondents had been working in Kirinyaga for over 10 years while 35.7% had worked for between 6 and 10 years and 21.5% had worked for less

than 6 years. This means that majority of the respondents had enough experience and thus can give credible and reliable responses for the study.

**Table 4.5: Years of service in the industry**

<b>Length of Service</b>	<b>Frequency</b>	<b>Percent</b>
Between 1 and 5 years	18	21.5%
Between 6 and 10 years	30	35.7%
Above 10 years	36	42.8%
<b>Total</b>	<b>84</b>	<b>100.0%</b>

#### **4.3.5 Distribution of the respondents (Women) by Marital Status**

The study sought to establish the marital status of the women who used the Linda Mama services in Kirinyaga County. The results indicate that majority of the women (57%) were married, while 23% and 20% were Divorced/separated and single respectively. This concurs with the KHDS (2014) that showed that majority of women using maternal services are married

**Table 4. 6: Marital Status of Pregnant and Nursing Mothers**

<b>Marital status</b>	<b>Frequency</b>	<b>Percent</b>
Married	97	57%
Single	34	20%
Divorced/Separated	39	23%
<b>Total</b>	<b>170</b>	<b>100%</b>

#### **4.4 Project Initiation Process and Uptake of Linda Mama Service in Kirinyaga County**

The first objective of the study was to assess the influence of project initiation process on uptake of Linda Mama Service in Kirinyaga County. This was studied through a set of 5-point likert questions where 1 was strongly disagree and 5 was strongly agree and their means and standard deviations were presented. The means provides the average score across the observations while standard deviation measures the spread of a set of observations. Majority agreed that there was involvement of community leaders before the introduction of Linda Mama programme in Kirinyaga County (m=4.113), maternal healthcare project past experience information was accessed and applied in the initiation of the programme (mean=4.089) and also agreed that political leaders were integrated during the introduction of Linda Mama in Kirinyaga County (m=3.842). Further, the respondents agreed that there was project preliminary selection of health facilities for

the introduction of Linda Mama programme in the county (m=3.784). With regards to media campaigns having been used to popularize the programme, the respondents were neutral as shown by mean of 3.318. The overall mean showed that the respondents agreed that project initiation process influence the uptake of Linda Mama Services (m=3.8292). This implies that project initiation is a key part of Linda Mama services. This aligns with the findings of Kimani & Namusonge (2016) that revealed that project initiation was carried out before the roll-out of the project.

**Table 4.7: Views of Health Workers on Linda Mama Project Initiation Process**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
There was involvement of community leaders before the introduction of Linda Mama programme in Kirinyaga County	84	4.113	0.887
Maternal healthcare project past experience information was accessed and applied in the initiation of the programme	84	4.089	0.911
Political leaders were integrated during the introduction of Linda Mama in Kirinyaga County	84	3.842	1.158
Media campaigns have been used to popularize the programme	84	3.318	1.682
There was project preliminary selection of health facilities for the introduction of Linda Mama programme in the county	84	3.784	1.216
<b>Composite Mean</b>		<b>3.829</b>	<b>1.171</b>

The study also sought the views of the pregnant and nursing mothers on the influence of project initiation process on the uptake of Linda mama services in Kirinyaga County. This was studied through a set of 5-point likert questions where 1 was strongly disagree and 5 was strongly agree and their means and standard deviations were presented. The results show that most of the women agreed that women in the county were informed of the availability of Linda Mama services from the onset (m=4.058). Similarly, majority of the women agreed (m=3.732) that women groups were involved at the initial planning of the project. Further, the women agreed that registration of women to Linda Mama programme had been made easier (m=4.071). Most of the women also agreed that information about the services offered through Linda Mama programmes were limited as indicated by a mean of 3.543. However, the women were neutral to the fact that media campaigns had been employed by the county to popularize the programme. The overall mean of 3.77(mean=4) shows that project initiation of Linda Mama has targeted women directly or indirectly as the main beneficiary of the services. This concurs with the results by Mutungi (2018)

**Table 4. 8: Views of Pregnant and Nursing Mothers on Linda Mama Project Initiation**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>
Women were made aware of Linda mama services at its the onset	170	4.058	0.81
Women groups were involved in initial planning of the project in the county	170	3.732	0.902
Registration of women to the Linda Mama programme has been made easier	170	4.071	0.933
Media campaigns have been used to popularize the programme	170	3.456	0.937
Information about services through Linda mama programmes are limited	170	3.543	1.067
<b>Composite mean</b>		<b>3.772</b>	<b>0.930</b>

#### **4.5 Project Planning Process of Linda Mama Services in Kirinyaga County**

The study also sought to establish the influence of project planning process on the uptake of Linda Mama services in Kirinyaga County. Through the 5-point likert questions it was established that the respondents agreed that more efforts were spent in planning stage compared to other stages as shown by mean of 3.863. Another majority of respondents also agreed that training was given for programme team members (mean=4.024). In addition, the respondents agreed that Linda Mama programme scope was well defined before execution and that the resources needed for the project was determined and planned as shown by the means of mean=3.774 and 4.132. Further, majority of the respondents agreed that activities for the Linda Mama were well defined (mean=3.533). These findings demonstrate that project planning has been a key component of project management practices in Linda Mama project. This concurs with the findings by Mutungi (2018) that Linda Mama programmes has a planning team across all the counties.

**Table 4. 9: Views of Health Workers on Linda Mama Project Planning Process**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
More effort was spent in planning stage compared to other stages	84	3.863	1.137
Training was given for programme team members	84	4.024	0.976
Linda Mama programme scope was well defined before execution	84	3.774	1.226
Resources needed for the project is determined and planned	84	4.132	0.868
Activities for the Linda Mama were well defined	84	3.533	1.467
<b>Composite Mean</b>		<b>3.865</b>	<b>1.135</b>

The women’s views on the influence of project planning on uptake of Linda Mama services are presented on Table 4.10. Majority of the women agreed that efforts had been made in as far as community involvement is concerned in the planning the programme (mean=3.656). The respondents further, agreed that community sensitization was conducted at the early stages of the programme (m= 3.913). In addition, the respondents agreed that the implementation of the programmes utilized the existing women groups to popularize the programme (m=3.767). The respondents were however neutral on whether community members were well informed about the goals and activities of the Linda Mama programme as shown by a mean of 3.248. The overall mean of 3.646(mean=4) imply that women to some degree have been involved in planning stages of Linda Mama in the county. This supports the findings by that Kilowua (2019) that women participation was key component of Linda Mama project initiation in Kisumu County.

**Table 4.10: Views of Pregnant and Nursing Mothers on Linda Mama Project Planning**

<b>Process</b>			
<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>
Some effort has been spent on involving the community in planning the programme	170	3.656	0.952
Community sensitization was conducted in the early stages of the programme	170	3.913	1.069
High level of women participation was seen during the planning of Linda mama programme	170	3.248	1.327
Linda mama implementation at the early stages used existing women groups to help in its planning	170	3.767	1.24
<b>Composite mean</b>		<b>3.646</b>	<b>1.147</b>

#### **4.6 Project Implementation Process of Linda Mama Services in Kirinyaga County**

The third objective of the study sought to establish the influence of project implementation process on the uptake of Linda Mama services in Kirinyaga County. The results in Table 4.7 indicates that majority of the respondents agreed that all Linda mama activities have been carried out strictly as per the planning in terms of time as shown by a mean of 3.546. On the other hand, respondents were neutral that the questions that Linda Mama programme was implemented within budgetary requirements, the use of NHIF insurance has sustained the programme and Linda Mama activities were implemented as per specification as shown by means of 3.469, 3.318 and 3.195 respectively. However, most of the respondents disagreed that the required resources for Linda Mama services

were available at all times (m=2.427). These findings show that Linda mama has suffered from project implementation challenges. This concurs with the findings by Mutungi (2018) that shows that Linda mama has suffered from the challenge of financial constraints.

**Table 4.11: Views of Health Workers on Linda Mama Project Implementation Process**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
All Linda mama activities have been carried out strictly as per the planning in terms of time	84	3.546	1.454
The required resources for Linda Mama services are available at all times	84	2.427	2.473
Linda Mama programme is implemented within budgetary requirements	84	3.469	1.531
The use of NHIF insurance has sustained the programme	84	3.318	1.682
Linda Mama activities are implemented as per specification	84	3.195	1.805
<b>Composite Mean</b>		<b>3.191</b>	<b>1.789</b>

The study sought to determine the influence of project implementation process on the uptake of the Linda Mama services. The results of the analysis are presented in Table 4.12 below. The respondents disagreed that all the Linda mama service providers were reliable in service provision (m=2.481). In addition, majority of the respondents were neutral on whether Linda mama services are rarely affected by staff shortages (m=3.089). The respondents were neutral also on whether the attitude of the health workers serving in Linda mama programme was very good (m=3.153) as well as on whether Linda mama service providers had enough staff to offer services to women (m=2.869). However, majority of the women agreed that the use of NHIF insurance had made the programme accessible to most women as shown by a mean of 3.977. The overall mean of 3.114 (mean=3) indicates that implementation of Linda Mama is still fraught with certain challenges. This is aligned to the findings by Appleford (2018) who discovered that Linda Mama implementation in Bungoma has experience service related challenges.

**Table 4.12: Views of Pregnant and Nursing Mothers on Linda Mama Project Implementation Process**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>
All Linda mama providers are reliable in their service provision	170	2.481	1.414
Linda mama services is rarely affected by staff shortages	170	3.089	0.952
Attitude of health workers serving in Linda mama programme is very good	170	3.153	0.952
The use of NHIF insurance has made the programme accessible to most women	170	3.977	1.327
Linda Mama service providers have enough staff to offer services to women	170	2.869	0.874
<b>Composite mean</b>		<b>3.114</b>	<b>1.104</b>

#### 4.8 Uptake of Linda Mama Services in Kirinyaga County

The dependent variable of the study was uptake of Linda Mama services in Kirinyaga County. Through a 5-point likert statements, most of the respondents agreed that Linda Mama service utilization rate was high and that the services were specialized as shown by a mean of 3.546 and 3.532 respectively. However, most respondents were neutral to the questions most clients of Linda Mama Service were satisfied with the services offered, there was continuity of services in Linda Mama service providers and Linda Mama service providers had adequate services as indicated by means of 3.339, 3.461 and 3.459 respectively.

**Table 4.13: Views of Health workers on Uptake of Linda Mama Services in Kirinyaga County**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
Linda Mama Service is utilization rate is high	84	3.546	1.454
Most clients of Linda Mama Service are satisfied with the services offered	84	3.339	1.661
There is continuity of services in Linda Mama Service providers	84	3.461	1.439
Linda Mama Service providers provide specialized services	84	3.532	1.468
Linda Mama Service providers have adequate services	84	3.459	1.541
<b>Composite Mean</b>		<b>3.467</b>	<b>1.513</b>

The views of pregnant and nursing mothers on the uptake of Linda mama services was also sought. From the results the mothers agreed that Linda Mama service has improved maternal care (3.664) and has improved mothers training on post-natal care (3.872) in the county. However, the findings showed that the respondents were undecided on whether they are satisfied with services offered in Linda Mama facilities (3.328) and on the reliability of the service (3.396). The overall mean of 3.526 (mean=3) implies that that generally there has been uptake of Linda Mama services in the county. Similar findings were established by Mutungi(2018) who concluded that Linda Mama services have experienced a uptake in Nairobi county.

**Table 4.14: Views of Pregnant and Nursing Mothers on Uptake of Linda Mama Services in Kirinyaga County**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
Linda Mama Service has improved maternal care in the county	170	3.664	1.454
Linda mama has improved mothers training on post-natal care	170	3.872	1.661
Community members are satisfied with the services offered in Linda mama	170	3.328	1.439
Linda Mama Services are reliable at all times	170	3.396	1.468
<b>Composite Mean</b>		<b>3.426</b>	<b>1.513</b>

## **4.9 Inferential Statistics**

### **4.9.1 Correlation Analysis**

A correlation analysis was done to establish the relationship between project management practices and uptake of Linda Mama services. The results as tabulated below:

**Table 4.15: Correlation Analysis between Project Management Practices and Uptake of Linda Mama Services Based on Health workers views**

		Uptake of Linda Mama Services	Project Initiation Process	Project Planning Process	Project Implementation Process	Project Monitoring and Evaluation
Uptake of Linda Mama Services	Pearson Correlation	1				
Project initiation Process	Pearson Correlation	0.65**	1			
Project Planning Process	Pearson Correlation	.536**	.364**	1		
Project Implementation	Pearson Correlation	.420**	.270*	.332**	1	
Project Monitoring and Evaluation	Pearson Correlation	.311**	.341**	.348**	.432**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

As indicated on table 4.15above, a correlation analysis was done on influence of project management on the uptake of Linda Mama services. As evidenced from the analysis, project initiation process showed a strong relationship with uptake of Linda Mama services ( $r=0.65$ ,  $P<0.05$ ). A moderate relationship was also established between project planning process and uptake of Linda Mama services ( $r=0.536$ ,  $P<0.05$ ).

Relationship between project implementation and uptake of the service indicated a weak relationship ( $r=0.420$ ,  $P<0.05$ ) and project monitoring and evaluation showed a weak relationship with uptake of Linda Mama services ( $r=0.311$ ,  $P<0.05$ ). This results imply that project initiation processes hold the greatest influence on uptake of Linda Mama services followed by project planning processes.

Further correlation test was carried out based on the views of pregnant and nursing mothers. From the result, project initiation process was found to have a moderate positive relationship with uptake of Linda Mama service ( $r=0.54$ ,  $p<0.05$ ). A moderate positive relationship was also exhibited between project planning and uptake of Linda Mama services ( $r=0.48$ ,  $p < 0.05$ ). Project implementation revealed a weak positive relationship with uptake of Linda mama services ( $r=0.35$ ,  $p<0.05$ ).

**Table 4.16: Correlation Analysis between Project Management Practices and Uptake of Linda Mama Services Based on Mothers views**

		<b>Uptake of Linda Mama Services</b>	<b>Project Initiation Process</b>	<b>Project Planning Process</b>	<b>Project Implementation Process</b>
Uptake of Linda Mama Services	Pearson Correlation	1			
Project initiation Process	Pearson Correlation	0.54**	1		
Project Planning Process	Pearson Correlation	.48**	.314**	1	
Project Implementation	Pearson Correlation	.35**	.230*	.198**	1

#### **4.9.2 Regression Analysis on Project Management Practices Influence on the Uptake of Linda Mama Services in Kirinyaga County**

To achieve the broad objective, four specific objectives and four corresponding questions were set and developed. Subsequently, to achieve the set objectives and to answer the questions, the study used ANOVA regression analysis with the results presented in continuing section.

**Table 4.17: Model Summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
<b>1</b>	<b>0.8154<sup>a</sup></b>	<b>0.665</b>	<b>0.645</b>	<b>0.45246</b>

**a. Predictors: (Constant), Uptake of Linda Mama Services**

**Table 4.18: Model Summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
<b>1</b>	<b>0.762<sup>a</sup></b>	<b>0.5806</b>	<b>0.5267</b>	<b>0.4890</b>

**a. Predictors: (Constant), Uptake of Linda Mama Services**

According to health workers results in Table 4.17 project management practices accounts for 66.5% (R-Square, 0. 665) of variation in uptake of Linda Mama services. The results further revealed that when small sample size is taken into consideration, the adjusted R squared is 64.5% (Adjusted R Square, 0. 645) of uptake of services.

Similarly, according to mothers' results in table 4.17, project management practices explains 58% changes in uptake of Linda mama services. The results further revealed that when small sample size is taken into consideration, the adjusted R squared is 58% (Adjusted R Square, 52%) of uptake of services.

**Table 4.19: ANOVA for Health Workers**

		<b>DF</b>	<b>Mean Square</b>	<b>F-Statistics</b>	<b>Sig</b>
Regression	64.077	3	21.359	4.5309	0.002
Residual	382.064	81	4.714		
Total	446.141	84			

Dependent Variable: Uptake of Linda Mama Services

**Table 4.20: ANOVA for Mothers**

		<b>DF</b>	<b>Mean Square</b>	<b>F-Statistics</b>	<b>Sig</b>
Regression	50.223	3	16.741	5.1161	0.000
Residual	265.056	81	3.2722		
Total	315.279	84			

ANOVA tests were further undertaken to confirm whether the model is suitable in explaining the results of the study. Based on the outcomes, a 3.444 F value that has a 0.001 significance level, which is relatively lower in comparison to 0.05 confidence level, therefore demonstrating that the model is statistically significant. Consequently, the dependent variable is affected significantly by the independent variables.

**Table 4.21: Regression Co-efficient of Project Initiation, Project planning and Project Implementation based on Health workers views**

Model	Unstandardized Coefficients		Standard Coefficients	t	Sig.
	B	Standard Error	Beta		
Constant	0.198	0.148		2.19	0.061
Project initiation	0.298	0.086	0.224	4.413	0.02
Project Planning	0.623	0.195	0.538	5.981	0.001
Project Implementation	0.129	0.082	0.117	3.94	0.032

**Table 4.22: Regression Co-efficient of Project Initiation, Project planning and Project Implementation based on Mothers views**

Model	Unstandardized Coefficients		Standard Coefficients	t	Sig.
	B	Standard Error	Beta		
Constant	0.34	0.101		3.43	0.043
Project initiation	0.422	0.226	0.26	4.03	0.020
Project Planning	0.303	0.158	0.134	3.89	0.036
Project Implementation	0.118	0.056	0.013	5.344	0.000

The study findings indicate that there exists a positive and significant relationship between project initiation processes and uptake of Linda Mama services for both health workers and mothers. The results show that a unit change in project initiation process leads to an increase in uptake of Linda Mama service by 0.298 units and 0.422units for health workers and mothers' respondents respectively. These findings demonstrate the potential that project initiation practices hold in improving the uptake of a service. These results echo the findings by that Mutungi (2018) project initiation has contributed to the success of Linda Mama in Nairobi County.

Concerning project planning processes, the study revealed that it does affect uptake of Linda Mama services positively and significantly. The results showed that a unit change in project planning results in 0.623 units and 0.303 units of uptake of Linda Mama services according to health workers and mothers respectively. The study findings indicate that the project planning process is

more likely to lead to improved uptake of Linda Mama services. This aligns with the findings by Kimani and Namusonge (2016) that showed that project planning practices in Linda Mama has impacted positively on the performance of Linda Mama services

The study findings also established that there exists a significant relationship between project implementation investment and uptake of Linda Mama services in Kenya. From the findings it was established that a unit increase in project implementation results in a unit increase of uptake of Linda Mama services by 0.129 units and 0.118 units for health workers and mothers respectively these findings support the results by Apple ford (2018) that revealed that project implementation has positively contributed to the success of Linda mama programme.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

Chapter five presents the summary of findings, conclusion and recommendation. This section contains the main findings from the study and makes conclusions based on the findings and also recommends what is supposed to be done based on the conclusion of the study.

#### **5.2 Summary of Findings**

##### **5.2.1 Project Initiation Process and Uptake of Linda Mama Service in Kirinyaga County**

From the data analysis, the study makes summary of the major findings. The overall mean score on the questions on project initiation process based on healthcare workers' views was 3.892. From mother's findings, the overall mean on project initiation process was found to be 3.772. This implies that both health workers and mothers were in agreement that project initiation process is a key part of Linda Mama programme. The null hypothesis stating that there is no statistically significant relationship between project initiation process and uptake of Linda Mama services in Nakuru County. It was found that for every one-unit increase in project initiation aspects, uptake of Linda Mama services in Kirinyaga County increased by 0.2980 units or 0.422 units.

##### **5.2.2 Project Planning Process and the Uptake of Linda Mama Services in Kirinyaga County**

The overall mean score of 3.8 from the given by health workers on their level of agreement with Linda mama programme planning process. Overall mean score of 3.656 was obtained in establishing that mothers agreed that planning process is a key part of the Linda mama programme. This suggests that for both health workers and mothers planning has been central to Linda Mama programme functioning. The null hypothesis stating that there is no statistically significant relationship between project planning process and uptake of Linda Mama services in Kirinyaga County was rejected. It was found out that for every one-unit increase in project planning aspects, uptake of Linda mama services increased by 0.298 units or 0.303 units.

### **5.2.3 Project Implementation Process and Uptake of Linda Mama Services in Kirinyaga County**

An overall mean score of 3.114 was obtained from Mothers on their views about project implementation of Linda Mama programme. In addition, the health workers also reported an overall mean of 3.119 on project implementation of Linda Mama programme. This suggests that implementation of Linda mama programme has not been satisfactory. The null hypothesis stating that there is no statistically significant relationship between project implementation and uptake of Linda Mama service was rejected. It was found out that for every one-unit increase in project execution aspects, uptake of Linda Mama services increases by 0.213 units or 0.118 units.

### **5.3 Conclusions of the Study**

In regard to the influence of project initiation on the uptake of Linda Mama services in Kirinyaga County in Kirinyaga County, the study concludes that Project initiation process has statistically significant relationship with the uptake of Linda Mama services in Kirinyaga County. Focusing on the influence of project planning on uptake of Linda mama services in Kirinyaga County, it is concluded that project planning has statistically significant relationship with the uptake of Linda Mama services in Kirinyaga County. In respect to the influence of project implementation on uptake of Linda mama services in Kirinyaga County, the study concludes that there is statistically significant relationship between project implementation and uptake of Linda Mama services in Kirinyaga County. On the influence of project monitoring and evaluation on the uptake of Linda Mama services in Kirinyaga County, the study concludes that there project monitoring and evaluation has no statistically significant relationship with uptake of Linda Mama services in Kirinyaga County.

### **5.4 Recommendations of the Study**

Based on the findings of this study, the researcher makes the following recommendations;

1. Concerning the first objective: the study recommends that strategies could be formulated to sensitize and create awareness on Linda Mama programme in Kirinyaga County. The study further recommends the need for continuous stakeholder engagement at all phases of the project to ensure more uptake of Linda Mama services.

2. On the second objective: the study also recommends that the need for the development of strategic plan for the programme at Kirinyaga county to help in guiding the planning and implementation process
3. On project implementation, the study recommends the needs for the County to engage in more resource mobilization strategies to sustain the implementation of the programme at the county level.

### **5.5 Suggestion for further Research**

From the findings of this study, the researcher suggests that:

1. Further study should be conducted on the project management practices and uptake of Linda Mama services through mixed methodology approach. Although Linda Mama is managed at the county level, the overall management is at National Hospital Insurance Fund (NHIF) thus the need to incorporate their views on the uptake of Linda mama services.
2. The study also recommends the need to conduct a study through secondary data on uptake of Linda Mama (through subscriptions of NHIF cards).
3. The study suggest the need for more studies that incorporate project management practices, uptake of Linda Mama and moderating variables.

## REFERENCES

- Abuya, T., Matanda, D., Obare, F., & Bellows, B. (2018). Stakeholder perspectives regarding transfer of free maternity services to National Health Insurance Fund in Kenya: Implications for universal health coverage. *International Journal in Health Planning and management*
- Ahmedov, M, Azimov, R., Mutalova, Z. Huseynov, S., Tsoyi, E. &Rechel,B. (2014). Uzbekistan: Health System Review. *Health Systems in Transition*, 16(5), 1–137.
- Akowuah, J. O., Agyei-Baffour, P. &Asibey, B. O. (2018). A Qualitative Study on the Pathways to Evidence-Based Antenatal Care in Periurban Ghana. *Hindawi Obstetrics and Gynecology International*, 2018, 9.<https://doi.org/10.1155/2018/4381708>
- Alias, Z., Zawawi, E. M. A., Yusof, K., &Aris, N. M. (2014). Determining Critical Success Factors of Project Management Practice: A Conceptual Framework. *Procedia - Social and Behavioral Sciences*, 153, 61–69.
- Amade, B., Ogbonna, A. C. &Kaduru, C. C. (201). Determinants of Successful Project Implementation in Nigeria. *International Journal of Management Sciences and Business Research*, 1(6), 2012.
- Appleford, G. (2018). Case Study; Implementing Linda mama in Bungomacounty. Options.
- Baldwin A &Bordoli D, (2014) *Handbook for Construction Planning and Scheduling*. Chichester: Wiley-Blackwell.
- Bickman, D. P. (2007) Critical success factors across the project life cycle. *Project Management Journal*, 19(3), 67–75.
- Billie & Nordmeyer (2013).*Strategic Management*. Retrieve from [www.yourbusiness.azcentral.com](http://www.yourbusiness.azcentral.com),
- Birmeta, K., Dibaba, Y., &Woldeyohannes, D. (2013). Determinants of maternal health care utilization in Holeta town, central Ethiopia. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3710264/>
- Butterfoss, F.D., Goodman, R.M., &Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health education research*, 8(3), 315-330.
- Catling, C. J., Medley, N., Foureur, M., Ryan, C., Leap, N., Teate, A., & Homer, C. S. (2015). Group versus conventional antenatal care for women. In The Cochrane Collaboration (Ed.), *Cochrane Database of Systematic Reviews*. Chichester, UK: John Wiley & Sons, Ltd. Retrieved from <http://doi.wiley.com/10.1002/14651858.CD007622.pub3>
- Charantimath, Vilder, Ramadurg, & Qureshi. (2016). Utilisation of maternal health care services and their determinants in Karnataka State,India. *Reproductive Health Journal*.

- Charles, Antoine & Haarman (2006). The Stakeholder Theory
- Chen, Y. (2013). Health care financing in China: what lessons China can learn from other countries on healthcare reform (Master's Thesis, University of Hong Kong, Pokfulam, Hong Kong).
- Chesiyna, P. K., & Wanyoike, D. (2016). Determinants of effective implementation of constituency development fund projects in baringo central constituency, Kenya. *International Journal of Research in Business Management (IMPACT: IJRBM)*
- Chinyio, E.A., & Akintoye, A. (2008). Practical Approaches for Engaging Stakeholders: Findings from the UK. *Construction Management and Economic*, 26, 591-599.
- Chorong, D., Okinda, F. M., Kariuki, E. J., Mulewa, E., Ibinda, F. Muhula, S., Kimathi, G. & Muga, R. (2016). Factors influencing the utilization of focused antenatal care services in Malindi and Magarini sub-counties of Kilificounty, Kenya. *The Pan African Medical Journal*. 25(Supp 2), 14. Retrieved from <http://creativecommons.org/licenses/by/2.0>, <http://www.panafrican-med-journal.com/content/series/25/2/14/full>. doi:10.11604/pamj.suppl.2016.25.2.10520
- Crawford, P & Bryce, P. (2013). Project Monitoring and Evaluation: A method of enhancing the efficiency and effectiveness of aid project implementation. *International Journal of Project Management*, 21(5), 363 – 37319.
- Dalinjong, P. A., Wang, and A. Y. & Homer, C. S. E. (2018) .The implementation of the free maternal health policy in rural Northern Ghana: synthesised results and lessons learnt. *BMC Research Notes*, (2018)11, 341, 1-6.
- Dvir, D. (2013). Transferring projects to their final users: the effect of planning and preparations for commissioning on project success. *International Journal of Project Management*, 23, 257–265.
- Elmusharaf, K., Bryne, E., & O'Donovan, D. (2015). *Challenges to increase demand for maternal health services in resource limited settings: challenges to be addressed*. BMC Public Health.
- Ezegwui, H., Onoh, R., Ikeako, L., Onyebuchi, A., Umeora, O., Ezeonu, P., & Ibekwe, P. (2013). Investigating Maternal Mortality in a Public Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. *Annals of Medical and Health Sciences Research*, 3(1), 75–80. Retrieved from <http://doi.org/10.4103/2141-9248.109511>.
- Fawcett, S.B., Paine-Andrews, A., & Francisco, V.T. *et al.*, (1995). Using empowerment theory in collaborative partnerships for community health and development. *American journal of community psychology*, 23(5), pp.677-697:doi:10.1007/BF02506987
- GITAMO, M. M. I., & Kwasira, J. (2018). Project management implementation practices in provision of reproductive health services in selected health facilities in Nairobi County. Unpublished Master of Science in Project Management Thesis.

- Githenya, M. S & Ngugi, K. (2014). Assessment of the Determinants of Implementation of Housing Projects in Kenya. *European Journal of Business Management*, 1 (11), 230-253.
- Gitobu, C. M. Gichangi, P. B. & Mwanda, W. O. (2018b). *The effect of Kenya's free maternal health care policy on the utilization of health facility delivery services and maternal and neonatal mortality in public health facilities.*
- Gitobu, C. M., Gichangi, P. B. & Mwanda, W. O. (2018a). Satisfaction with Delivery Services Offered under the Free Maternal Healthcare Policy in Kenyan Public Health Facilities. *Journal of Environmental and Public Health*, 2018, 1-9.. Retrieved from <https://doi.org/10.1155/2018/4902864>
- Gitonga, Z. & Keiyoro, P. (2017). Factors influencing the implementation of healthcare projects: The case of Meru County, Kenya. *International Academic Journal of Information Sciences and Project Management*, 2(1), 259-280.
- Gudda, P. (2011). *A Guide to Project Monitoring & Evaluation*. Authorhouse, USA.
- Gwadoya, R. A. (2012). Factors influencing effective implementation of monitoring and evaluation practices in donor funded projects in Kenya: a case of Turkana District (Masters Dissertation. Kenyatta University, Nairobi, Kenya).
- Hatt, L. E., Makinen, M., Madhavan, S., & Conlon, C. M. (2013). Effects of User Fee Exemptions on the Provision and Use of Maternal Health Services: A Review of Literature. *Journal of Health, Population, and Nutrition*, 31(4 Suppl 2), S67–S80
- Hayashi, M., & Oyama, A. (2014). Factor decomposition of inter-prefectural health care expenditure disparities in Japan. *PRI Discussion Paper Series (No.14A-10)*, pp.1-30
- Hwang, B. & Lim, E. (2013). Critical Success Factors for Key Project Players and Objectives: Case Study of Singapore. *Project Management Journal*, 40(4), 6-19.
- James, S. (2012). *Perceptions of pregnant teenagers with regard to the antenatal care clinic environment: original research.* Retrieved from [http://reference.sabinet.co.za/sa\\_epublication\\_article/curationis\\_v35\\_n1\\_a14](http://reference.sabinet.co.za/sa_epublication_article/curationis_v35_n1_a14).
- Jiang, F. F., & Avery, G. C. (2014). Missing links in understanding the relationship between leadership and organizational performance. *International Business & Economics Research Journal (IBER)*, 7(5).
- Kahungura, R. K. (2017). Influence of project management practices on performance of mobile money transfer in Kenya: A case of orange money (Masters Research Project, Jomo Kenyatta University of Agriculture and Technology, Juja, Kenya)
- Karanja N. (2014). *Influence of fund management on the performance of CDF* (Doctoral Thesis, Jomo Kenyatta University of Agriculture and Technology, Juja, Kenya).

- Kariungi, S. (2014). Determinants of Timely Completion of Projects in Kenya: A Case of Kenya Power and Lighting Company, Thika. *ABC Journal of Advanced Research*, 3(2), 9 – 20.
- Karlsen, J. T., Græe, K., & Massaoud, M.J. (2008). Building trust in project-stakeholder Relationships. *Balt J. Manag.* 3, 7–22.
- Kehinde, O. M., Afolabi, O. J., Omogbolahan, I. A. (2017). Evaluation of the effect of project management techniques on road construction projects in Nigeria. *European Project Management Journal*, 7(1), 3-13
- Khan, D. B. (2013). Measuring Project Success in the Construction Industry. *Electronic Journal of Business Research Methods*, 6(1), 43-52
- Kihuha, P. (2018). *Monitoring and evaluation practices and performance of global environment facility projects in Kenya, A case of United Nations environment programme* (Masters Research Project, Kenyatta University, Nairobi, Kenya).
- Kiihoh, L. K. (2015). *Influence of Project Management Leadership on Performance of Information Technology Projects: A Case Study of Fintech Kenya*.
- Kilowua, L. M., & Otieno, K. O. (2019). Health System Factors Affecting Uptake of Antenatal Care by Women of Reproductive Age in Kisumu County, Kenya. *International Journal of Public Health*, 5(2), 119-124.
- Kogi, D. M. (2013). *Factors influencing the effectiveness of implementation of the economic stimulus programme (Esp). The case of construction projects in Nairobi County, Kenya*. Retrieved from <http://erepository.uonbi.ac.ke/handle/11295/56450>.
- Kombo, D.K. & Tromp D.L.A, (2006). *Proposal and thesis writing an introduction*. Pualines Publications Africa, Nairobi, Kenya.
- Kothari, C. R. (2012). *Research methodology: methods and techniques*. Reprint. New Delhi: New Age International (P) Ltd.
- Lytras. D. M., De Pablos. P. O., & Avison. D. (2010). *Technology Enhanced Learning: Quality of Teaching and Educational Reform*. Heidelberg, Germany: Springer-Verlag Berlin.
- Machira, K. (2017). *Determinants of Maternal Health Care Services Utilization in Malawi* (Doctoral Thesis, North-West University)
- Makii, M. J. (2015). Utilization of antenatal care services among adolescent mothers in Mathare Informal Settlements, Nairobi County, Kenya (Master's Thesis, Kenyatta University, and Nairobi, Kenya)
- Marangu, E. M. (2012). *Factors influencing implementation of community-based projects undertaken by the banking industry in Kenya. A case of Barclays Bank of Kenya* (Masters Dissertation. Kenyatta University, Nairobi, Kenya).

- Mbai, C. M. (2015). *Factors influencing the utilization of antenatal care services among reproductive women: A case of Kibera, Nairobi County, Kenya* (Masters Research Project, University Of Nairobi, Nairobi, Kenya).
- Milicevic, M.S., Vasic, M., & Edwards, M. (2015). Mapping the governance of human resources for health in Serbia. *Health Policy*, 119(12), 1613-1620. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0168851015002201>.
- Mucheru, S. G. (2013). *Influence of Project management Practices on Implementation of HIV and AIDs Projects: A Case Study of Civil Society Organizations in Imenti North Subcounty, Meru County Kenya*.
- Muchui, D. (2015, September 1st). Health workers in Meru strike after county govt fails to address grievances. Daily Nation, Retrieved from <http://www.nation.co.ke/counties/meru/Health-workers-strike/1183302-2854282-rmtaicz/index.html>.
- Mugenda, O. M. & Mugenda, A. G. (2008) *Research methods: Quantitative and qualitative approaches*. Nairobi Kenya: ACTS
- Mugenda, O.M., & Mugenda, A.G. (2003). *Research Methods, Quantitative and Qualitative Approaches*, Acts Press, Nairobi.
- Munguti, C. (2019). Uptake of Focused Antenatal Care Services among Women of Reproductive Age in Nakuru County, Kenya (MA dissertation, University of Nairobi).
- Musau, P. M., & Kirui, C. (2018). Project management practices and implementation of government projects in Kenya, case of Machakos County government. *International Academic Journal of Information Sciences and Project Management*, 3(2), 58-79.
- Muthomi, N. M. (2015). *Influence of Project management practices on implementation of donor funded education projects in Kajiado County, Kenya* (Masters Research Project, University of Nairobi, Nairobi, Kenya)
- Mutungi, B, W. (2018). *Perceived factors influencing uptake of linda mama maternal healthcare delivery programme among women in informal settlements in Starehe Sub County, Kenya* (Masters Research Project, University Of Nairobi, Nairobi, Kenya).
- Nannyonjo, J. & Oko, N., (2013). Decentralization, Local Government Capacity and Efficiency of Health Service Delivery in Uganda. *Journal of African Development Spring*, 15(1), 125-158. Retrieved from [http://www.jadafea.com/wp-content/uploads/2014/07/JAD\\_vol15\\_ch6.pdf](http://www.jadafea.com/wp-content/uploads/2014/07/JAD_vol15_ch6.pdf).
- Nawaz F. Exploring the actors and factors involved in public policy implementation in Bangladesh: a case study of reproductive health policy. *Social Science Res Network*, 2013; Retrieved from <https://doi.org/10.2139/ssrn.2228582>.

- Ndachi, H. N. (2018). *Project management practices and implementation of health projects in public hospitals in Nyeri County, Kenya* (Masters Research Project, Kenyatta University, Nairobi, Kenya)
- Nduvi, O. C. (2015). *Influence of free maternity healthcare programme on maternal mortality rate in Kenya: A case of Kenyatta National Hospital* (University of Nairobi, Nairobi, Kenya).
- Njuki, J., Kaaria, S., Chetsike, C., & Sanginga (2013). Participatory monitoring and evaluation for stakeholder engagement, and institutional and community learning. *Journal of Academic Research in Business and Social Sciences*.
- Otieno, K. O. (2014). *Factors influencing the implementation of free maternal healthcare services in Kenya: a case of public hospitals in Nairobi County* (University of Nairobi, Nairobi, Kenya).
- Perkins, D.D., & Zimmerman, M.A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology*; Oct 1995; 23, 5; pp.569-579:
- Pyone, T., & Smith, H. (2017). Implementation of free maternity services policy and its implications for health system governance in Kenya. *BMJ Global Health*
- Ramatu, I. (2017). *The Effect of Ghana's Free Maternal Health Care Policy on Maternal Mortality: A case study of the Nsawam Government Hospital* (dissertation, Ashesi University College)
- Ramjee, G., & Daniels, B. (2013). Women and HIV in Sub-Saharan Africa. *AIDS Research and Therapy*, 10, 30. Retrieved from <http://doi.org/10.1186/1742-6405-10-30>.
- Roberts, M. A., (2010). Managing Project Sustainability Key concepts and Issues in Development Administration, *Asia-Pacific Journal of Rural Development*
- Rossi, P. H. (2012). Evaluating with sense: *The Theory Driven Approach*. *Evaluation Review*, 7, 283 – 302.
- Sethi, R., & Philippines, R. (2012). The influence of project managers on project success criteria and project success by type of project. *European Management Journal*, 25(4), 298-309
- Shenhar, A. J. (2011). An empirical analysis of the relationship between project planning and project success. *International Journal of Project Management*, 21(20), 89-95.
- Simiyu, N. R. (2018). *Project management practices and performance of agricultural projects by community-based organizations in Bungoma County, Kenya* (Doctoral Thesis, Kenyatta University, Nairobi, Kenya).
- Srivastava, S. (2014). *Project Management | 5 Best Practices for Successful Project Implementation*. Retrieved from [https://www.projecttimes.com/articles/5-best-practices-for-successful-project-implementation.html?utm\\_campaign=youhavearrived&utm\\_content=rlinkbapmfriction&](https://www.projecttimes.com/articles/5-best-practices-for-successful-project-implementation.html?utm_campaign=youhavearrived&utm_content=rlinkbapmfriction&)

[utm\\_medium=linkedin&utm\\_term=nov&utm\\_campaign=youhavearrived&utm\\_content=rlinkbapmfriction&utm\\_medi](#)

- Suhonen, M., & Paasivaara, L. (2011). Nurse Managers' challenges in project management. *Journal of Nursing Management*, 19(8), 1028–1036. Retrieved from <https://doi.org/10.1111/j.1365-2834.2011.01324>.
- Uitto, J. A. (2010). *Multi-country co-operation around shared waters: Role of Monitoring and Evaluation*. *Global Environmental Change*, 14(1), 5 – 14.
- United Nations Development Program [UNDP] (2012). *Handbook on Monitoring and Evaluation for Results*. New York: UNDP.
- Valadez, J. & Bamberger, M. (2012) *Monitoring and Evaluating Social Programs in Developing Countries: A Handbook for Policymakers, Managers and Researchers*. Economic Development Institute of The World Bank
- Vumbua News (2018). *Achieving Universal Health Coverage in Kenya through Innovative Financing*
- Wamalwa, E. W. (2015). Implementation challenges of free maternity services policy in Kenya: the health workers' perspective. *The Pan African Medical Journal*. 2015(22), 375. doi:10.11604/pamj.2015.22.375.6708
- WHO. (2014b). *WHO | Adolescent pregnancy*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs364/en/>
- World Health Organization [WHO]. (2014a). *WHO | Adolescent pregnancy*. Retrieved from [http://www.who.int/maternal\\_child\\_adolescent/topics/maternal/adolescent\\_pregnancy/en/](http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/)
- Wunsch, J. S. (2014). Decentralization: Theoretical, Conceptual, and Analytical Issues. In J. S. Dickovick J. Tyler and Wunsch, *Decentralization in Africa: The Paradox of State Strength*. Boulder: Lynne Rienner

## APPENDICES

### Appendix I: Letter of Introduction

Winnie Mutugi

L50/82928/2015

University of Nairobi

Dear Respondent

I am a student at University of Nairobi undertaking a Master's degree in project planning and management and have chosen you to participate in this study on assessing the influence of project management practices as determinant of Linda Mama Services' uptake in Kirinyaga County, Kenya. Your responses will only be used for the purpose of the study. All information received from the respondents will be held confidentially. Kindly respond sincerely to the issues in the questionnaire. Please read and answer the questions by ticking the correct answer (choice) to the questions given. Where required, write brief answer in the spaces provided.

Thanking you in advance for your cooperation and participation.

Yours truly,

Winnie Mutugi

L50/82928/2015

---

Signed

University of Nairobi

**Appendix II: Health Workers' Questionnaire**  
**PROJECT MANAGEMENT PRACTICES AND UPTAKE OF LINDA MAMA SERVICES**  
**IN KIRINYAGA COUNTY, KENYA**

**Instructions**

Please take a few minutes to answer the questions as accurately as possible.

Tick the correct answer in the boxes provided against the questions where necessary.

Write brief answers where explanation is required.

You need not write your name on the questionnaire.

**Information will be treated with confidentiality.**

**SECTION A: PERSONAL DATA**

1. What is your age? Please tick (√) the appropriate box

Under 21 Years ( ) 21 to 30 Years ( ) 31 to 40 Years ( )  
40 to 50 Years ( ) Over 50 Years ( )

2. What is your Marital status? Please tick (√) the appropriate box

Married ( ) Single ( ) Divorced ( ) Separated ( )

3. Please indicate your highest level of Education by ticking (√) the appropriate box

Primary school ( ) Secondary ( ) College ( ) University ( )

Others ( ) Specify.....

4. For how long have you worked in Kirinyaga county.

Less than 5 years ( ) 6-10 Years ( ) 11-15 Years ( ) 16-20 Years ( )  
Above 20 years ( )

Others ( ) Specify.....

**Section B: Uptake of Linda Mama Services in Kirinyaga County**

5. In your opinion, may you please indicate your level of agreement or disagreement with the following statements in regards uptake of Linda Mama services among Mothers in Kirinyaga County, by ticking (√) the space corresponding to the correct answer.

Scale: Strongly Disagree = 1: Disagree= 2: Neutral = 3: Agree = 4: Strongly Agree = 5

<b>Statement</b>	1	2	3	4	5
Linda Mama Service is utilization rate is high					
Most clients of Linda Mama Service are satisfied with the services offered					
There is Continuity of services in Linda Mama Service providers					
Linda Mama Service providers provide Specialized services					
Linda Mama Service providers has adequate of services					

**Section C: Project Initiation Process**

6. In your opinion may you please indicate the level of influence of each of the following project initiation process on uptake of Linda Mama services in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project Initiation Process Indicators</b>	1	2	3	4	5
There was involvement of community leaders before the introduction of Linda Mama programme in Kirinyaga County					
Maternal healthcare project past experience information was accessed and applied.					
Political leaders were integrated during the introduction of Linda Mama in Kirinyaga County					
Media campaigns have been used to popularize the programme					
There was project preliminary selection of health facilities for the introduction of Linda Mama programme					

**Section D: Influence of Project Planning**

In your opinion may you please indicate the level of influence of each of the following Project planning indicators on uptake of Linda Mama services among adolescent mothers in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project planning Indicator</b>	1	2	3	4	5
More effort was spent in planning stage compared to other stages					
Training was given for programme team members					
Linda Mama programmescope is well defined before execution					
Resources needed for the project is determined and planned					
Activities for the Linda Mama were well defined					

### **Section F: Influence of Monitoring and Evaluation**

7. In your opinion may you please indicate the level of influence of each of the following Monitoring and Evaluation indicators on uptake of Linda Mama services among adolescent mothers in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Monitoring and Evaluation Indicator</b>	1	2	3	4	5
The funds allocated for the monitoring and evaluation of linda mama programme is adequate					
The programme coordinators regularly report the progress of the project to senior management					
There are clear records on Linda Mama activities kept in the programme group					
Linda Mama Programme have trained and skilled staff necessary to carry out monitoring and evaluation					
Managing communication between stakeholders					

**Section F: Influence of Project Implementation**

8. In your opinion may you please indicate the level of influence of each of the following project implementation indicators on uptake of Linda Mama services in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project implementation Indicators</b>	1	2	3	4	5
All Linda mama activities are done strictly as per the planning in terms of time					
The required resources for Linda Mama services are available at all times					
Linda Mama programme is implemented within budgetary requirements					
The use of NHIF insurance has sustained the programme					
Linda Mama activities are implemented as per specification					

**Thank you for your co-operation. God Bless you**

**APPENDIX III: Mothers' Questionnaire**

**Section A: Socio-Demographic Section**

9. What is your age? Please tick (√) the appropriate box

- Under 21 Years ( ) 21 to 30 Years ( ) 31 to 40 Years ( )  
 40 to 50 Years ( ) Over 50 Years ( )

10. What is your Marital status? Please tick (√) the appropriate box

- Married ( ) Single ( ) Divorced ( ) Separated ( )

11. Please indicate your highest level of Education by ticking (√) the appropriate box

- Primary school ( ) Secondary ( ) College ( ) University ( )

**Section B: Uptake of Linda Mama Services in Kirinyaga County**

12. In your opinion, may you please indicate your level of agreement or disagreement with the following statements in regards uptake of Linda Mama services among Mothers in Kirinyaga County, by ticking (√) the space corresponding to the correct answer.

Scale: Strongly Disagree = 1: Disagree= 2: Neutral = 3: Agree = 4: Strongly Agree = 5

<b>Statement</b>	1	2	3	4	5
Linda Mama Service has improved maternal care in the county					
Services offered by Linda mama is normally quick and efficient					
Community members are satisfied with the services offered with Linda mama					
Women are knowledgeable about all the process required to use Linda mama services					
Linda Mama Service providers also provide specialized services					

**Section C: Project Initiation Process**

13. In your opinion may you please indicate the level of influence of each of the following project initiation process on uptake of Linda Mama services in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project Initiation Process Indicators</b>	1	2	3	4	5
Women were made aware of Linda mama services at its the onset					
Women groups were involved in initial planning of the project in the county					
Registration of women to the Linda Mama programme has been made easier					
Media campaigns have been used to popularize the programme					
Information about services through Linda mama programmes are limited					

**Section D: Influence of Project Planning**

14. In your opinion may you please indicate the level of influence of each of the following Project planning indicators on uptake of Linda Mama services among adolescent mothers in Kirinyaga County, by ticking (√) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project planning Indicator</b>	1	2	3	4	5
Some effort has been spent on involving the community in planning the programme					

Community sensitization was conducted in the early stages of the programme					
The community members are well informed about the goals and activities of Linda mama programme					
Linda mama implementation at the early stages used existing women groups to popularize it					

### Section E: Influence of Project Implementation

15. In your opinion may you please indicate the level of influence of each of the following project implementation indicators on uptake of Linda Mama services in Kirinyaga County, by ticking (✓) the space corresponding to the correct answer

Scale: Not at All = 1; Low = 2; Moderate = 3; High = 4; Very High = 5

<b>Project implementation Indicators</b>	1	2	3	4	5
All Linda mama providers are reliable in their service provision					
Linda mama services is rarely affected by staff shortages					
Attitude of health workers serving in Linda mama programme is very good					
Linda Mama programme is implemented within budgetary requirements					
The use of NHIF insurance has made the programme accessible to most women					
Linda Mama service providers have enough staff to offer services to women					

### Appendix IV: Budget

No.	CORE ACTIVITIES	Item/ Participants	Total (Ksh)
1.	Consolidation of Literature	Internet usage Library search Travelling Expense	7,000.00 5,000.00 20,000.00
2.	Consultancy	Professionals	50,000.00
3.	Pilot Testing, Finalizing of research instruments	10 questionnaires	20,000.00
4.	Main field data collection (2 months)	Travel, accommodation and subsistence Researcher	20,000.00
5.	Data processing and report writing	One research assistant	40,000.00
6.	Contingency and institutional costs	Travel, printing	8,000.00
	<b>Total</b>		<b>170,000.00</b>

Source: Researcher (2019)