

**INFLUENCE OF STAKEHOLDERS PARTICIPATION ON THE PERFORMANCE
OF HEALTH PROJECTS: A CASE OF KITUI COUNTY, KENYA.**

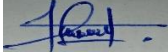
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**Research Report Submitted in Partial Fulfillment of the Requirements for the Award of
the Degree of Master of Arts in Project Planning Management of The University of
Nairobi**

2022

DECLARATION

I declare that this research is my original work and has not been presented for a degree in any other university.

Signature 

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I confirm that this research has been submitted for examination with my approval as the University Supervisor

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DEDICATION

I dedicate this report to my wife Madam Judith and to Miss Florence Ndeti Caritas Kitui Director, Mr Mbiko and Mr Olange and thank them for their invaluable support and encouragement during my study.

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My utmost gratitude to the Almighty God for the grace He has granted me through the whole process of writing this Research Project. Secondly, I would like to sincerely express my deepest gratitude and appreciation to the University of Nairobi for offering me an opportunity to advance my studies particularly the staff at Kitui learning Centre led by Mr. Mueke, John Mwavu and Milcah Makwani. I would like to sincerely acknowledge my supervisor Dr. Reuben Kikwatha for his immense support and guidance during the entire process of developing this project as it could not be possible without your guidance and support, you have really impacted knowledge unto me. I am also grateful to all my friends and colleagues for their continuous support and encouragement. Thank you all.

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ABBREVIATIONS/ACRONYMS

EC	European Commission
M & E	Monitoring and Evaluation
NACOSTI	National Commission Of Science, Technology And Innovation
NGOs	Non- Governmental Organization
PSC	Project sustainability committee
PMC	Project Management Committee
SPSS	Statistical Package for Social Sciences
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organizations
WHO	World Health Organization

ABSTRACT

The purpose of this study was to establish the influence of stakeholder participation on the performance of health projects in Kitui central sub-county, Kitui County. This research has four guiding objectives namely; to determine how stakeholder participation in project decision making influence the performance of health projects in Kitui central Sub county, to establish the extent to which project resource mobilization influence the performance of health projects in Kitui central Sub county, to examine the level to which stakeholder participation influence the performance of health projects in Kitui central Sub county, and to assess the level at which stakeholder participation on project closure influence the performance of health projects in Kitui central Sub county. The study was guided by two theories and these were decision making theory and stakeholder theory. The research used descriptive research design alongside qualitative and quantitative methods of research approach which included questionnaires. A sample size of 205 respondents was drawn from target population of 440 of the stakeholders who included project management committees representing the community, the county government executives in particular administrative officers and the sub county health engineers. To select sampled respondents, stratified simple random techniques was used. The reliability of the questionnaire was evaluated through Cronbach's Alpha which measures the internal consistency. The primary data was collected using structured questionnaires and analysis was done by use of statistical package for social sciences (SPSS) and descriptive statistics then summarize the data.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Over the years, there has been a drop down in the utilization of top-down approach in decision making policy which in turn has geared up the utilization of bottom-up approach policy. This has resulted to endless talks about involving actors from both private and non-private sectors in decision making process. The top-down approach is slowly losing its political legitimacy grip since it's gradually being replaced with more inclusive and deliberate decision making approach. Several managements are undergoing this transitional change for example the government was the single decision maker authority in health management but recently, this instance has been replaced by poly-centric and multi-level management. This transition spearheads the importance of contribution of other stakeholders from different cadres towards efficient, inclusive and effective health management. However, with all this in place, stakeholder's involvement in decision making has not been fully adopted within health policy across the world. Nevertheless, their utilization can be scaled-up by communicating their effectiveness in decision making from their best practices during and involvement initiatives. A significant example in this case includes the Hurricane Sandy "Rebuild by Design" Initiative's design to community-based solutions for recreating cities in economically and environmentally healthier ways. Brazil's national Pact for Health Management has played a significant role in enlightening the federal and state visions for health resources (Brazil, 2016).

Currently, several governments have given stakeholders green light to help in the implementation of stipulated health policies on the ground. This will help in curbing protest against major infrastructure projects which have been witnessed in previous years for example new health charges in Ireland and high toxicity level in drinking water in flint which is the most recent to occur. The origin of this protests are from the government interference with the process of decision making hence making the citizen to lose trust of the institutions (France, 2013)

In Nigeria, there is a positive move towards health management; this is by the formation of two bodies to manage health resources namely; the river basin development authority and the

federal ministry of health resources. Nevertheless, the formed bodies have no powers to incorporate adequate data for planning or even to draw management plans. In this context, there is lack of effective health resource management hence impacting a state of bizarre between development and management who solely depend on the failing top down approach (Akpör, 2011).

The main responsibility of the national Government of Nigeria in health supply is to formulate National Policies that could lead to coordinating the management of health resources. The policies should address the allocation of health resources programs between states, development and maintenance of health project as well as capacity building. The State governments are to provide safe health to the residents of their respective jurisdiction while Local Government Areas (LGAs) serve as supervisory stakeholder as well as providing and monitoring rural health supply projects such as dispensaries and maternity ward (Handidu, 2018)

In Ethiopia, Addis Ababa health resources are experiencing challenges from different angles. Biological, sociological, economic and ecological challenges among others are the main problems that Addis Ababa experience. Nevertheless, despite of all this challenges and the level of risk that it imposes to the general public, Addis Ababa health resource has no effective approach of tackling the problem since them solely dependent on unstable and ineffective approaches (Meklit, 2017). The main health related problem in Addis Ababa is weak collaboration between stakeholders. All sectors in different cadres namely, industrial sectors, institutional, pollution-induces and household among others have a weak link, (Environmental Protection Authority of Addis Ababa, 2008). Different stakeholders should be in the forefront to try and solve health problems. This is however a mountain climb since the efforts of environmental protection authority of Addis Ababa city and Addis Ababa rivers riversides climate change adaptation project office (AAR RCCAPO) to try and mobilize the stakeholders to work in cohesiveness is staggering weak. There is a clear mistrust between the government and other stakeholders in which most of the time the stakeholders are the one worsening the government's efforts towards health protection. In this context, there is a clear reality that the cohesive collaboration between stakeholders is poorly designed and architected (Meklit, 2017). In Kenya, stakeholders' involvement in economic development started with projects that targeted communities and apparently it was confirmed to them for quite a long period of time.

According to the constitution of Kenya 2010, meaningful stakeholders' involvement in governance is the key component for public reforms. Stakeholders 'involvement needs transparency, commitment in the process, ideas, acknowledgment of alternatives views, human resources, time and a thoroughly handled involvement contributes consensus and acceptance of theand will facilitate implementation. The Kenyan constitution that was promulgated in 2010 articulates clearly that all citizens should fully participate in activities that have a direct impact to their lives (Maina, 2013)

Most of the challenges facing performance and management of health projects are readily acknowledged in the development world, Kitui County Rapid Results Report (CRRIT) (2007) indicate that only 49% of health projects were concluded successfully. Even though there is a slight improvement up to 64% currently, it is noted that low rate continues to be a concern (SDU), 2018). CRRIT reported that few projects nearly half of them had negative implications in so far as time, cost and quality was concerned. Consequently, the search for the repercussion of stakeholder participation on health projects in Kitui County Government is very timely and of paramount importance particularly looking at the low performance with emphasis on decision making of stakeholders, resource mobilization, monitoring and evaluation and the project closure procedures.

1.2 Statement of the problem

Over the years, in third world countries, both private and non-private sectors have been investing a lot of funds annually to formulate and implement development programs to satisfy end user's needs. Nevertheless, the implemented programs do not project the expected effect since they fall after a sort while (Gebrehiwot, 2020). Looking closely at the (UN-Health Annual Report , 2018), many regions of the world the accessibility of health in both amount and quality are by and large seriously influenced by climatic fluctuations and environmental change, however, it is a scarce resource and its access and use often generates competition and conflict among the users.

For many years Kitui County has been hit by this problem of failing to engage stake holders in planning, budgeting, implementation, monitoring and reporting on projects especially from the central government that has been in governance since independence up to when devolution come in through still resisted. In Kitui central Sub County there are many projects that were

established without stakeholder participation and they have not benefited them because many were not even completed. After realizing this gap, research will be done to address the need in the best way possible to institute the repercussion of stakeholder participation on the performance of health projects in Kitui central Sub County. According to different scholars, sustainability is hard to attain with no support and involvement of (Vernon, et al, 2005). In a study on factors influencing public participation on management of infrastructure projects in Narok County, Kenya, Ojango (2014) observed that there was low education level attained by stakeholders and this had a negative influence on their participation in project management, it was further noted that majority of participants had no technical know how to manage projects. This may also hinder them from active participation and decision making, however factors that inclusively contributed to poor project managements especially on decision making, involvement on resource mobilization, monitoring and evaluation and involvement on project closure were not adequately addressed and this resulted in doing further research to establish the influence of stakeholder participation on the performance of health projects in Kitui central Sub- County, Kitui County.

1.3 Purpose of the Study

The purpose of this research was to establish the influence of stakeholder participation on the performance of health projects in Kitui County. A case of Kitui Central Sub-County.

1.4 Research Objectives

The study was guided by the following objectives:

- i. To determine how stakeholders' participation in decision making influence performance of health projects in Kitui Central Sub County, Kitui County.
- ii. To establish the extent at which stakeholders' participation in resource mobilization influence performance of health projects in Kitui Central Sub County, Kitui County.
- iii. To determine how stakeholders' participation in monitoring and evaluation influence performance of health projects in Kitui Central Sub County, Kitui County.
- iv. To assess the level at which stakeholders' participation in project closure influence performance of health projects in Kitui Central Sub County, Kitui County.

1.5 Research Questions

This study was guided by the following research questions;

- i. How does stakeholders' participation in decision making influence performance of health projects in Kitui Central Sub County, Kitui County?
- ii. To what extent does stakeholders' participation in resource mobilization influence performance of health projects in Kitui Central Sub County, Kitui County?
- iii. To what extent does stakeholder's participation in monitoring and evaluation influence performance of health projects in Kitui Central Sub County, Kitui County?
- iv. At what level does stakeholders' participation in project closure influence performance of health projects in Kitui Central Sub County, Kitui County.

1.6 Hypothesis

H1: There is no relationship between stakeholders' participation in decision making and performance of health projects in Kitui Central Sub County, Kitui County

H2: There is no relationship between stakeholders' participation in resource mobilization and performance of health projects in Kitui Central Sub County, Kitui County

H3: There is no relationship between stakeholders' participation in monitoring and evaluation and performance of health projects in Kitui Central Sub County, Kitui County

H4: There is no relationship between stakeholders' participation project closure and performance of health projects in Kitui Central Sub County, Kitui County

1.7 Significance of the Study

This study will be of great significance to the county governments and Non-Governmental Organization's since it would help them establish what determines effective performance of health projects, and that would contribute ensuring a higher rate of project success. The findings of this study will be used by government to get the insight of how community participation play a role in projects performance, how decision-making influence projects performance, how monitoring and evaluation play a role in projects performance, how resources mobilization play a role in projects performance and how project closure play role in projects performance.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter, past studies has been reviewed in reference to stakeholder involvement in the performance on health projects. The chapter also stages the review of the study variable which are; performance on health projects, risk Decision making, decision making, resource mobilization, monitoring and evaluation and project closure which also outlines how they collaborate with health projects performance. The study reviews the theoretical foundation regarding stakeholder involvement in the performance on health projects which include decision theory and stakeholder's theory. The study further presents the conceptual framework and summary of the literature and knowledge gaps.

2.2 Performance of Health projects

Majority of funded projects are done in the communities and therefore community ownership and participation can play an important role in the accomplishment and performance of a project. Community involvement helps local members understand the importance of a project and therefore affects its sustainability positively. On the other hand a hardware projects that is done by an external project implementer without community involvements is doomed to fail after sometime since the community may not have a financial and technical capacity to maintain it. Therefore, a well-planned and implemented project with community involvement may be more successful than a project that didn't involve community from the beginning (European Union, 2015)

(Kimani, 2014) Studied “the repercussion of community involvement on performance of constituency development funded rural borehole health projects in Kiambu county Kenya” using data collected from household members and health projects management committees. The study found in areas where community involvement in different stages of the project was high those particular areas had higher levels of functionality and sustainability and projects with low community participation had been not sustainable. Therefore, it's important to involve community stakeholder in design, implementation and management of projects.

(Akumu, 2017) Studied “community participation and sustainability of the health project in Kajiado County, Kenya” using data collected from parents, school management and project implementers. The study found there is low participation of community stakeholders in various stages of project cycle. Factors that negatively affected community stakeholders participation in the projects includes high levels of illiteracy, lack of enough information on project, and lack of community representation during project matters.

2.3 Decision Making and Performance of Health projects

Decision making through participation in health resources under competitive demand require due consideration for the ability of engaging stakeholders and advancing health diplomacy. This becomes the third feasibility to evaluate engineering projects in addition to the generally considered technical (scientific capacity to solve the issue) and economic (economic gains and losses of the decision) feasibilities. (Chess, 2016) Discuss these dimensions; scientific feasibility (the nature of issue and the scientific capacity to solve them), motivational feasibility (value or economic considerations of the solution) and social feasibility as three attributes intrinsic in solving watershed issues. Social feasibility is the ability to involve stakeholders in a meaningful process to include their input which would ideally occur through voluntary participation or facilitated through an existing statutory. In the watersheds which lack social feasibility, government agencies need to build social capacity. In this sense, stakeholder participation provides for capacity building (Erdogan, 2013)

Stakeholder participation and participatory approaches for decision making are increasingly considered in various sectors, including water, to overcome alienation, foster communication and stimulate reform process (Larson, S.,and L. J. Williams, 2012) As such, striking a balance between the traditional top-down and emerging bottom-up approaches is a part of health diplomacy process so important to address future health challenges and improve health security in a longer term.

Among the many attempts to address the numerous issues related to health resources, there is sufficient evidence that ‘participatory’ or ‘bottom-up approaches’ have gained growing recognition in decision making, strategic policy formulation and operational management as opposed to conventional top-down planning, which was mostly inefficient, unsuccessful in implementation, and unsustainable. The most important feature in a participatory approach to

decision making is the conscious effort that is made to include and engage stakeholders in an attempt to find a holistic solution to the issue and validate the solution with stakeholders (Erdogan, 2013)

Health users, non-governmental organizations, researchers and education providers are often not directly connected with government agencies participating in decision making but they can play a significant role in discharging of policy decisions and trust-building efforts (Susskind,L.,and S. Islam, 2012).For this reason, public participation for health diplomacy is incorporated in many different forms, in the planning processes of initiatives to deliver information, gain public support and trust. Nevertheless, communications and consultations between stakeholders of an issue in a fair and respectful manner do not necessarily mean that there is an interest in fulfilling each other's desires (Greenwood, 2017). We emphasize that stakeholder participation for health resources management decisions should not be stemmed out of a feeling of business responsibility or with a business-as-usual attitude, but should involve all the complex relationships with a genuine interest to achieve sustainable decisions. The participation and health diplomacy should enable mutually benefitting relationship and not a deceptive control mechanism. Public participation should not be undertaken when the decisions are already made and there is no space to change , no intention to include outcomes of the participation process or as a decision delaying tactic where the outcomes are not recognized in the decision making (Warburton,D., R. Wilson,and E. Rainbow, 2014)

In addition, effective stakeholder relationships in diplomacy build an approach that appears to be resilient and adaptive to future decisions (Johnson, T. R.,J.S. Jansujwicz,and G. Zydlewski, 2013) Further, involvement of stakeholders, especially in the early stages of an participation process, has the advantage of easy dissemination of the participatory decision as the process facilitates social learning and increases the likelihood that needs and priorities of local communities are met.

(Voinov,A.,and E. J. B. Gaddis, 2015) Suggest that community stakeholders can better deliver the findings and recommendations of an participation process to the decision-makers in Government than the scientists who may be viewed as external to the issue and the locality. It is also suggested that the presentations to the wider community, other stakeholders and media should be made by members of the stakeholder group committed in the operation as they are

more honored and can superiorly stem the impacts of policy decisions on local community decisions (Keown, K.,D. V. Eerd, and E. Irvin, 2011).

The dimensions considered for decision making would increase with non-technical information entering into the process (Johnson, T. R.,J.S. Jansujwicz,and G. Zydlewski, 2013). Additionally, the measurement of efficiency of stakeholder's involvement in a project is determined by their ability to incorporate all relevant parties into the project and making sure that they work in collaboration to enhance quality decision making and to keenly utilize the development time frame (Voinov,A.,and E. J. B. Gaddis, 2015).

2.4 Resource Mobilization and the Performance of Health projects

For a project to perform effectively several resources should be mobilized to maximize their effectiveness. Examples of these resources are; tools, facilities, finance and manpower among others. Resource mobilization is utilized to ensure that new and additional resources are secured in your organization. This is achieved by maximizing and making good use of available resources. Resource mobilization is also termed as new business due to its ability of ensuring continuation of organization services to satisfy clients, improvement and step-up of products within the organization and last but not least, encourages organization stability. In this context, both private and public sectors should in a position of creating new business to stay in business (Norton, 2017).

Different strategies can be used in the mobilization of resources to accomplish the mission of the organization. This mission can be accomplished by mobilizing finance, human knowledge, utilizing effective skills, paraphernalia and services used. Subsequently, seeking new resources of resource mobilization and maximizing their use correctly is another strategy. This helps in the Decision making of essential resources that will aid in the achievement of the organization mission (Chitere, 2012).

In India several factors aid in the strengthening of the resource mobilization strategies. These factors are; organization transparency, well stated mission and vision of the organizations, formulating and sustaining new resources while discharging services to their clients and ensuring the organization portrays a good image to its clients (Cuthbert, 2011). Organizations should ensure proper preparation of all strategies to be applied in resource mobilization to enhance its effectiveness and its ability to incorporate maximization of all available

opportunities (Simiyu, 2011). In Australia there is a different scenario in resource mobilization since they majorly focus on the communication plan which is integrated with the organization strategy. This collaboration ensures effective performance of the organization (Dillon, 2007). Through proper management of organizations and careful and effective communication of important messages to its clients an organization grows tremendously. In addition to this, mobilization plans should align itself to the project objectives and it should draw its reference from the mission, vision, and goal of the organization (Edward, M. and Hulme, 2007).

Global sustainability of health projects has been of great concern as fewer projects are being sustained. Chandra (2007) argued that adequate resources ensure effective and efficient completion of projects. Among the strategies to address the challenge is health delivery system based on participatory approach and recognition of health as an economic good. Policy makers and development actors adopted a health supply policy based on community-managed model of service delivery which vests resource mobilization functions on project beneficiaries. Resource mobilization focuses on forming partnerships built on trust and mutual accountability so as to attract adequate and more predictable voluntary contributions to deliver FAO's Strategic Framework. FAO's biennial resource mobilization target (for 2014-15 USD 1.4 billion) represents the share of voluntary contributions required to complement assessed contributions within the integrated Programme of Work and Budget (PWB).

According to (Gwadoya, 2011), financial resources for development projects should be approximated practically at the time of outlining the project. Harris (2011) argues that implementing project can cost a lot of money depending on the implementer's ambitiousness towards the given project. The contractors should also work and train with local community laborers and this is backed by (Westland, 2007), that the project sustainability is likely to remain on track if the contractors train and engage the workers.

2.5 Monitoring and Evaluation and Performance of Health projects

(Wabwoba, 2012) In his study concluded that all stakeholders and partners involved in the performance of a project should be persuaded to participate in the assessment process. He said that this process will aid in the improvement of the quality of assessment through; expanded credibility and certification of findings, accuracy in data collected and enhanced collaboration to the practical concern of stakeholders. Participation of stakeholders in the evaluation process

grants the convenience to influence the evaluation process. Although the evaluation process put stakeholders in risk, it also provides a platform for their grievances to be had. In this context, participation acts as an empowerment strategy hence promoting ownership thus sustainability is accomplished.

(Gwadoya, 2012) In his study that was conducted in Turkana found that the performance and the accomplishments of funded project heavily dependent on the availability of adequate resource, technology utilized, donor policies, and staff proficiency. However there is a need of better comprehension of M&E procedures in donor funded projects. Subsequently, (Abdisalan, 2012) in his study conducted in IDPs camp in Mogadishu Somalia observed that adequate time was a major factor in the formulation and implementation of the agreed process of PME. (Mwanzia, 2010) Also found that time was the main determinant in the training of stakeholders in PME.

In Kenya, (Mibey, 2014) researched factors affecting implementation of monitoring and evaluation programs in Kazi Kwa Vijana projects by government ministries in Kakamega Central District, Kenya. This scholar looked at the monitoring and evaluation element in the Kazi KwaVijana projects and the influence of funding and training on the implementation monitoring and evaluation programs.

The research uncovered several inadequacies in the monitoring and evaluation of Kazi kwa Vijana projects like underfunding, lack of skilled manpower and a general negative attitude towards the process of monitoring and evaluation. The study recommends that these critical issues be addressed by up scaling funding for monitoring and evaluation activities, enhanced training of monitoring and evaluation personnel and the setting up of dedicated monitoring and evaluation teams at the District level across all ministries implementing Kazi kwa Vijana projects. This will facilitate efficient implementation and sustainability of these projects so as to maximize the benefits of this huge investment in the youth of this country.

Successful monitoring and evaluation calls for particular skillfulness and knowledge like monitoring and evaluation composition artistry especially log frame outline, indicator setting: both quantitative and qualitative, outline of data collecting tools inclusive of a questionnaires and focus group discussion models. Other indispensable artistry may be data collection artistry such as running interviews, data analysis and report writing artistry. The primary challenge

faced in many projects is the lack of tangible financial resources to table monitoring and evaluation. Majority of projects have scarce of funds meaning that the little resources available are directed to substantial implementation of project activities and monitoring and evaluation viewed as an expense not worth incurring (Baloyi, 2011).

2.6 Project Closure and Performance of Health projects

A project houses a different aspect that builds to its definition. It has a stipulated time of completion, limited budget and a stipulated performance features. (Kerzner, 2016). Every project operates under a contract time which stipulates the time allocated from the time the project tender was awarded to the time the projected will be completed. (Rendon R. G. & Garrett, G. A, 2012). Variables such as project time frame are formulated keeping in mind internal and external factors that might affect the project for example capital, weather, labour, and procurement of equipment's among others.

Projects objectives and deliverables are the core aspects of measuring whether a project is completed or not. All materials and necessary paraphernalia used in the project should be procured and the project operational capabilities reviewed. A project is successfully completed when all project activities are implemented during the construction stage (Kerzner, 2016). The project's implementation stage requires that all parties involved in the project should work in collaboration to execute services that meet projects requirements and impact customer satisfaction (Giridhar, P. and Ramesh, K, 2013).

Project management ensures that paraphernalia used are procured, planned for and coordinated for efficient use. Also it ensures that there is free form of communication between parties involved in the project to enhance sharing of information from monitoring of the projects through reports to attain the project objectives (Giridhar, P. and Ramesh, K, 2013). Generally, tools and activities play a significant role in the effective and efficient completion of a project (Frimpong, Y., Oluwoye, J. and Crawford L, 2011). Some management tolls like monitoring frameworks and activity schedule aids in the effective completion of a project in time while other projects that are not properly managed fail to meet their deadline for completion (Jagboro, 2010).

Though completing projects on time is an indicator of efficiency in project management, project successes are not common in the construction industry especially in developing countries and Kenya is no exception (Assaf, 2013). This has motivated Professionals and scholars to take steps to meet this challenge by trying to identify delay factors and the best ways to mitigate them. (Chan Daniel, W. M. and Kumaraswamy Mohan M, 2012) Remarked that studies in various countries appear to have contributed significantly to the body of knowledge relating to time performance in construction projects over the past three decades and that implementation time is becoming increasingly important because it often serves as a crucial benchmark for assessing the success of a project and the efficiency of the project organization.

2.7 Theoretical Framework

The following theories were used in explaining the influence of the stakeholder participation on the performance of funded health projects by Kitui County. The theories applied in this study which relate to the philosophy of projects performance and management are decision making theory and stakeholder theory.

2.7.1 Decision theory

Decision theory is concerned with the reasoning underlying an agent's choices, whether this is a mundane choice between taking the bus or getting a taxi, or a more far-reaching choice about whether to pursue a demanding political career. (Note that "agent" here stands for an entity, usually an individual person, which is capable of deliberation and action).

Standard thinking is that what an agent does on any given occasion is completely determined by her beliefs and desires/values, but this is not uncontroversial, as will be noted below. In any case, decision theory is as much a theory of beliefs, desires and other relevant attitudes as it is a theory of choice; what matters is how these various attitudes (call them "preference attitudes") cohere together. (Dietrich, Franz and Christian, 2013).

This is the study of an agent's choices. Decision theory can be broken into two branches: normative decision theory, which analyzes the outcomes of decisions or determines the optimal decisions given constraints and assumptions, and descriptive decision theory, which analyzes how agents actually make the decisions they do. Decision theory is closely related to the field

of game theory and is an interdisciplinary topic, studied by economists, statisticians, psychologists, biologists, political and other social scientists, philosophers, and computer scientists (Colyvan et al, 2010)

2.7.2 The stakeholder theory

Stakeholder theory suggests that if we adopt as a unit of analysis the relationships between a business and the groups and individuals who can affect or are affected by it then we have a better chance to deal effectively with these three problems. First, from a stakeholder perspective, business can be understood as a set of relationships among groups that have a stake in the activities that make up the business (Freeman, 1984).

It is about how customers, suppliers, employees, financiers (stockholders, bondholders, banks, etc), communities and managers interact to jointly create and trade value. To understand a business is to know how these relationships work and change over time. It is the executive's job to manage and shape these relationships to create as much value as possible for stakeholders and to manage the distribution of that value (Freeman, 1984). Where stakeholder interests conflict, the executive must find a way to re-think problems so that the needs of a broad group of stakeholders are addressed, and to the extent this is done even more value may be created for each (Phillips, 2010). If tradeoffs have to be made, as sometimes happens, then executives must figure out how to make the tradeoffs, and then work on improving the tradeoffs for all sides (Harrison et al, 2010).

2.8 Conceptual Framework

The conceptual framework outlines the dependent and independent variables as discussed in the literature review and elaborated in the Figure 1 below. It helps one to understand the relationship between the variables of the study. This relationship is affected by the government policy which is a moderating variable and will not be measured in this study because it's not affecting the dependent variable directly

Independent variables

Decision Making

- Project performance Meetings
- Appraisal reports
- Stakeholders Checklist

Resource Mobilization

- Budget allocation reports
- Human resource registers
- Maintenance schedules

Monitoring and Evaluation

- Monitoring and Evaluation schedules
- Monitoring reports
- Log frame matrix

Project Closure

- Project completion reports
- Commissioning schedules
- Contractors Payment reports

Moderating variable
Government policy

Dependent variable

Performance of health projects in Kitui Central Sub- County, Kenya.

- Timely completion.
- Cost efficiency
- Stakeholders satisfaction

Figure 1 Conceptual Framework

Conceptual framework of this research aims is to investigate the influence of performance of health projects funded by Kitui County, Kenya. There are four major factors identified from the conceptual framework that performance of health projects. This was classified as independent variables and they included decision making, resource mobilization, monitoring and evaluation and project closure. The performance of performance of health projects is the dependent variable that is greatly influenced by the four independent variables as shown above.

2.9 Summary of the Literature Review

Majority of funded projects are done in the communities and therefore community ownership and participation can play a significant role in the success and performance of a project. Community involvement helps local members understand the importance of a project and therefore affects its sustainability positively. On the other hand a hardware projects that is done by an external project implementer without community involvements is doomed to fail after sometime since the community may not have a financial and technical capacity to maintain it. Therefore, a well-planned and implemented project with community involvement may be more successful than a project that didn't involve community from the beginning (European Union, 2015).

Decision making through participation in health resources under competitive demand require due consideration for the ability of engaging stakeholders and advancing health diplomacy. This becomes the third feasibility to evaluate engineering projects in addition to the generally considered technical (scientific capacity to solve the issue) and economic (economic gains and losses of the decision) feasibilities. (Chess, 2016) Discuss these dimensions; scientific feasibility (the nature of issue and the scientific capacity to solve them), motivational feasibility (value or economic considerations of the solution) and social feasibility as three attributes intrinsic in solving watershed issues. Social feasibility is the ability to involve stakeholders in a meaningful process to include their input which would ideally occur through voluntary participation or facilitated through an existing statutory. In the watersheds which lack social feasibility, government agencies need to build social capacity. In this sense, stakeholder participation provides for capacity building (Erdogan, 2013).

Resource mobilization refers to all activities involved in securing new and additional resources for your organization. It also involves making better use of, and maximizing, existing resources. Resource mobilization is often referred to as 'New Business Development'. These resources include people, equipment's, facilities, funding and any other thing essential for the performance of any project.

Resource mobilization is critical to any organization in that, it ensures the continuation of your organization's service provision to clients, supports organizational sustainability, allows for improvement and scale-up of products and services the organization currently provides and

organizations, both in the public and private sector, must be in the business of generating new business to stay in business (Norton, 2017).

Successful monitoring and evaluation calls for particular skillfulness and knowledge like monitoring and evaluation design skills particularly log frame design, indicator setting: both qualitative and quantitative, design of data collecting instruments including questionnaires, focus group discussion guides. Other necessary skills may be data collection skills such as conducting interviews, conducting focus group discussion, data analysis and report writing skills. A major problem experienced in many projects is the lack of adequate financial resources to carry out monitoring and evaluation. Majority of projects have inadequate funds meaning that the little resources available are channeled to actual implementation of project activities and monitoring and evaluation viewed as an expense not worth incurring (Baloyi, 2011).

A project is said to be complete when its deliverables and objective(s) are achieved. This is realized through execution of the project's work activities which occurs during a project's implementation stage. Project construction then requires that materials and resources necessary for the work activities are procured, the project is produced, and its performance capabilities verified (Kerzner, 2016). The project's execution phase therefore demands that all project management disciplines be brought together for a product or service that meets the project deliverable requirements and the customers need(s) is produced (Giridhar, P. and Ramesh, K, 2013).

Knowledge Gaps

Table 2.1: Knowledge gaps

Author/ Year	Topic of study	Variables	Methodology	Findings	Research Gaps
(Kimani, 2014)	The influence of community participation on performance of constituency development funded rural borehole health projects in Kiambu county Kenya	Performance of health projects	Survey	low community participation	The study did not focus on involving community stakeholder in design, implementation and management of projects
(Akumu, 2017)	Influence Community participation and sustainability of the health project in Kajiado County, Kenya	Performance of health projects	Survey	High levels of illiteracy, lack of enough information on project, and lack of community representation during project matters.	The study failed to focus on participation of community stakeholders in various stages of project cycle

(Greenwood, 2017)	Influence of Stakeholder participation for health resources management	of Decision Making	Survey	Communications and consultations between stakeholders is an issue in a fair and respectful manner	Lack of management in decision making is key Reason for project failures.
(Johnson, T. R.,J.S. Jansujwicz,and G. Zydlewski, 2013)	Factors affecting Stakeholder participation and participatory approaches	Decision Making	Survey	Traditional top-down and emerging bottom-up approaches is a part of health diplomacy process so important to address future health challenges and improve health security in a longer term	The study did not query the Impact of the Stakeholders on health project performance.
(Chitere, 2012)	Influence resource mobilization strategies	of Resource Mobilization	Survey	Resource mobilization strategies does not only mean use of money but it extensiveness denotes the process that achieves the mission of the organization through the mobilization of knowledge in human, use of skills, equipment and services.	The study failed to focus on other aspects of the stakeholders participation. Focused only on Resource mobilization strategies.

(Cuthbert, 2011)	key elements that strengthen resource mobilization efforts strategies	Resource Mobilization	Survey	commitment to the organization's vision and mission, effective management and leadership that ensures among others that there is accountability and transparency in the organization, solid reputation, credibility and positive image.	The study did not examine the impact of stakeholder's participation and disruptions on performance.
(Wabwoba, 2012)	factors affecting sustainability of projects in Kiambu, Kenya	Monitoring and Evaluation	Case study	The findings indicated that partners and stakeholder groups ought to be persuaded to partake in the evaluation process.	The study did not focus on monitoring and evaluation, it focused on sustainability in the strategic performance of projects.
(Gwadoya, 2012)	Factors influencing effective implementation of monitoring and evaluation practices in donor funded projects in	Monitoring and Evaluation	Case study	The study found that there is a share need for proper understanding of monitoring and evaluation practices in donor funded project.	The study failed to query the impact of the stakeholders' participation.

		Kenya: a case of Turkana District.			
(Kerzner, 2016)	How deliverables and objective(s) are achieved	Project closure	Case study	Project construction then requires that materials and resources necessary for the work activities are procured, the project is produced, and its performance capabilities verified.	The study examined only how deliverables and objective(s) are achieved. It did not look stakeholder relationships.
(Giridhar, P. Ramesh, K, 2013)	The relationship between the project's execution Phase and project completion.	Project Closure	Case study	Project management involves managing the resources: workers, machines, money, materials and methods	The study did not focus on stakeholder participation

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the procedures which were followed in conducting the research. This included the research design, target population, sample size and sampling techniques. It also discussed the research instruments that were used, validity and reliability of the instruments, data collection techniques and data analysis procedures.

3.2 Research Design

The descriptive survey design was appropriate for this research because it enables the researcher to collect information concerning the current situation of the influence of the stakeholder participation on the performance of funded health projects by Kitui County. A case of Kitui Central Sub-County. It helped in gathering information on opinions, attitudes and beliefs of the sampled population. It also enabled one to employ research instruments such as questionnaires for effective data collection and analysis.

3.3 Target Population

Kitui central Sub County has a total population of 210,155 persons, (KNBS, 2019) and health population of 80 (2013-20). The total population was 440 consisting of 60 project management committees elected from the community and constituting of 7 members who were identified in consideration of gender balance from across the 7 wards, 10 sub county health engineers, 10 administrative officers working in Kitui central Sub County. According to (Gray, 2016), target population should have some observable characteristics to which the researcher intends to generalize the results of the study.

Table 3.1 Target population

Category	Total Number	Percentage (%)
PMC members	420	95.4
Sub county health engineers	10	2.3
Administrative offices	10	2.3
TOTALS	440	100

Source: Health department Kitui County

3.4 Sample size and sampling procedure

A sample in a research study is that part of a population (group) from which information is found while sampling refers to the process of selecting a subset of individuals from within a statistical population to estimate characteristics of the whole population (Kloet, 2010). Sampling is used for research purposes where the target population is more than a hundred respondents.

3.4.1 Sample Size

A sample population of 205 respondents was arrived at by calculating the target population of 440 with a 95% confidence level and error of 0.05 using the below formula taken from (Kothari, 2009).

$$n = z^2 \cdot p \cdot q \cdot N / \{e^2 (N-1) + z^2 \cdot p \cdot q\}$$

Where,

N = Size of population and given 440

z= 1.96 (desired confidence level is 95% and value obtained from table)

p= 0.5 (sample proportion).

q= 0.5 {(1-0.5) or (1-p)}

e = 5% or 0.05 (precision rate or acceptable error)

Thus,

$$n = \{(1.96)^2 \cdot (0.5) \cdot (0.5) \cdot 440\} / \{(0.05)^2(440-1) + (1.96)^2 \cdot (0.5) \cdot (0.5)\}$$

n = 422.576/ 2.057

=205

Table 3.2: sampling frame

Category	Target Population	Sample Size	Percentage %
PMC members	420	195	46.4
Sub county health engineers	10	5	50.0
Administrative offices	10	5	50.0
TOTALS	440	205	46.6

Source: Author, 2022

3.4.2 Sampling Technique

The study selected the respondents using stratified random sampling technique. Stratified random sampling is unbiased sampling method of grouping heterogeneous population into homogenous subsets then making a selection within the individual subset to ensure representativeness. In this study the population was stratified into three (3) distinct strata and the sample was drawn from these three (3) strata.

3.5 Data Collection Instruments

The questionnaires were the main tools of data collection for this research and were given out to the selected groups. The researcher designed a data collection questionnaire to collect the information needed from the respondents and incorporated a five-point likert rating scale. The questionnaire had both open and closed questions and this enabled direct response and feedback from them which were easy to use and carry a relatively short time. These questionnaires were also useful since they established the number of people who hold certain beliefs and hence possible to gauge opinion on an issue. And were also used because of convenience in facilitating quick and easy derivation of information (Connaway, 2010).

3.6 Piloting of Research Instrument

For the research instruments to be reliable a pilot test needs to be done and this was done in Kaiti sub county which borders the area of research. According to (Mgenda, O.M. & Mugenda, A.G, 2018), piloting refers to pre-testing of a research instrument by administering it to a selected sample which is similar to the actual sample which the researcher plans to utilize in the study. The population unit used were not included in the actual study. Piloting was done in order to assess the clarity of items, validity and reliability of the instruments.

3.7 Validity of the Instruments

Validity refers to whether the questionnaire or survey measures what it intends to measure (Saunders, M., Lewis, P. & Thornhill, A, 2017). There are four types of validity; Content, Construct, Face validity and Criterion validity. This study used two types of validity which were examined, namely, content and construct validity. Content validity examine whether the items in the scale fully captured the true nature of the construct being examined. This type of validity was assured by conducting a comprehensive literature review and confirm by consulting an expert panel, consisting of the research supervisors. Further confirmation was done during piloting and after data collection for the main study.

Construct validity investigated whether the individual scale items correctly operationalize the study variables, as outlined in the theoretical framework. Construct validity was assessed by the expert panel of supervisors.

3.8 Reliability of the instruments

Reliability and validity are concepts used to evaluate the quality of research. They indicate how well a method, technique or test measures something. Reliability is about the consistency of a measure, and validity is about the accuracy of a measure.

Reliability is a measure to which a research instrument yields consistent results or data after repeated trials (Mgenda, O.M. & Mugenda, A.G, 2018). The reliability of the questionnaire was evaluated through Cronbach's Alpha which measures the internal consistency. The Alpha measures internal consistency by establishing if certain item measures the same construct.

Cronbach's Alpha was established for every objective in order to determine if each scale would produce consistent results should the research be done later on. A reliability coefficient of 0.73 was obtained. Scales are termed to be consistent if their reliability values exceed the prescribed threshold of 0.7 (Mgenda, O.M. & Mugenda, A.G, 2008). According to (Gray, 2016) a correlation coefficient of about 0.8 is high enough to judge the instruments as reliable for the study. Reliability coefficient of the research instrument were assessed using the Cronbach' alpha (α) which was computed as follows:

$$\alpha = \frac{k}{k-1} \times [1 - \frac{\sum (s^2)}{\sum s^2 sum}]$$

α = Cronbach's alpha

k = Number of responses

$\sum (s^2)$ = Variance of individual items summed up

$\sum s^2 sum$ = Variance of summed up score

3.9 Data Collection Procedure

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. Data collection started with the researcher obtaining a letter of introduction from the University of Nairobi before embarking to the field. The researcher made appointments with departmental heads in order to get permission to carry out the study. After permission was granted, administration of the questionnaires began and it took one month duration to complete the exercise. This was made possible through the help of the 3 research assistants who were closely supervised by the researcher. The study used 'drop and pick' method to administer the questionnaires to the sample population.

3.10 Data Analysis Techniques

Primary data from the field was altered first. Coding was done to make an interpretation of

question reactions into particular classifications. Accordingly, data from survey was coded and signed in the PC utilizing SPSS version 25.0. Clarifying insights include the use descriptive statistics (rates). Frequency tables were utilized to exhibit the information for simple examination. Content analysis was used to test qualitative data or aspect of data collected from open ended questions.

The inferential tests Pearson's product moment correlation examination and multiple linear regression analysis was done. Pearson's product moment correlation examination was utilized to build up the connection between the dependent variable individual independent variables. The formula for Pearson's product moment correlation analysis was presented below.

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2] [n \sum y^2 - (\sum y)^2]}}$$

Where; r- correlation coefficient, n- number of scores, x-independent variable, y- dependent variable, $\sum x$ - Sum of x scores, $\sum y$ - Sum of y scores, $\sum x^2$ - Sum of squared x scores and $\sum y^2$ - Sum of squared y scores.

The formulas return a value between -1 and 1, where:

- 1 indicates a strong positive relationship.
- -1 indicates a strong negative relationship.
- A result of zero indicates no relationship at all.

Multiple linear regression analysis was used to estimate the relationships between a dependent variable and one or more independent variables. It can be utilized to predict the change in the dependent variable when a change is introduced on independent variable. The formula for multiple linear regression analysis was presented below.

$$\begin{aligned} \text{Per_health}_i = & \beta_0 + \beta_1 \text{Dec_Making}_i + \beta_2 \text{Res_Mob}_i \\ & + \beta_3 \text{M_E}_i + \beta_4 \text{Pro_closure}_i + \beta_j \sum_{j=1}^n \text{Controls}_i + \varepsilon_i \end{aligned}$$

Where:

- **Y** – Performance of funded health projects
- **X₁** – **Decision** Making
- **X₂** - **Resource** mobilization
- **X₃** – Monitoring and Evaluation
- **X₄** – Project closure
- β_0 – Constant
- $\beta_1, \beta_2, \beta_3, \beta_4$ – Proportion at which X_1, X_2, X_3 and X_4 respectively influence the Y variable.
- ϵ – Error term

3.11 Ethical Considerations

Ethical research practices were observed throughout the study. According to (Mgenda, O.M. & Mugenda, A.G, 2018), ethical considerations are important for any research. First, consent to carry out the research was sought from county government officers. This helped in eliminating any kind of conflicts that would arise from the respondents. Secondly, the purpose of the study was clearly explained to the respondents. Participation was made voluntarily and the researcher sought informed consent from the respondents. Finally, the researcher ensured anonymity and confidentiality of the information collected from the respondents

Operationalization of Variables

Table 3.3 Operationalization of variables.

Objectives	Variables	Indicators	Measurement scale	Tools of data collection	Type of data analysis	Tools of Data analysis
To determine how decision making influence performance of funded health projects in Kitui Central Sub-County, Kitui County.	Independent variable- Decision making	Project performance Meetings Appraisal reports Stakeholders Checklist	Ordinal Scale	Questionnaires	Descriptive Inferential	Frequencies, percentages, Mean and, Standard deviation. Pearson product correlation Coefficient and multiple linear regression analysis
To establish the extent at which resource mobilization influence performance of funded health projects in Kitui Central Sub-County, Kitui County.	Independent variable- Resource mobilization	Budget allocation reports Human resource registers Maintenance schedules	Ordinal Scale	Questionnaires	Descriptive Inferential	Frequencies, percentages, Mean and, Standard deviation. Pearson product correlation Coefficient and multiple linear regression analysis

To determine how monitoring and evaluation influence performance of funded health projects in Kitui Central Sub-County, Kitui County.	Independent variable-Monitoring and evaluation	Monitoring and Evaluation schedules Monitoring reports Log frame matrix	Ordinal Scale	Questionnaires	Descriptive Inferential	Frequencies, percentages, Mean and, Standard deviation. Pearson product Moment correlation Coefficient and multiple linear regression analysis
To assess the level at which project closure influence performance of funded health projects in Kitui Central Sub-County, Kitui County.	Independent variable-project closure	Project completion reports Commissioning schedules Contractors Payment reports	Ordinal Scale	Questionnaires	Descriptive Inferential	Frequencies, percentages, Mean and, Standard deviation. Pearson product Moment correlation Coefficient and multiple linear regression analysis
Performance of funded health projects by Kitui central Sub county.	Dependent variable-Performance of funded health projects by	Timely completion. Cost efficiency Stakeholders satisfaction	Ordinal Scale	Questionnaires	Descriptive Inferential	Frequencies, percentages, Mean and, Standard deviation. Pearson product Moment correlation Coefficient and

Kitui central
Sub county.

multiple linear
regression analysis

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATIONS

4.1 Introduction

This chapter focused on data analysis, interpretations and discussion of results. The results are presented on the influence stakeholder's Involvement on project performance focusing on health projects in Kitui central sub county, Kitui County.

4.2 Response Rate

The research administered questionnaires to 125 respondents to collect data

Table 4. 1 Response Rate

Response	Frequency	Percentage
Returned questionnaires	101	81
Unreturned questionnaires	24	19
Total	125	100

From the study, 101 out of 125 target respondents filled in and returned the questionnaire contributing to 81%. This was adequate for the study. According to Mugenda and Mugenda (2013), a response rate of 50%, - 70% was sufficient for a study.

4.2. General information

The respondents were requested to indicate their gender. From the findings, majority 67% of the respondents were male while 33% of the respondents were female. This implied that data was collected from both male and female.

Table 4.2: Gender of the respondents

Gender	Frequency	Percentage
Male	67	67
Female	34	33
Total	101	100

4.2.2 Age bracket

The respondents were requested to indicate the age bracket they belonged to.

Table 4. 3: Age bracket

	Frequency	Percent
31- 40 years	33	32
20-30 years	13	13
41-50 years	45	45
51 and above	10	10
Total	101	100

From the findings in Table 4.3, most 45% of the respondents were aged between 41- 50 years, 32% of the respondents indicated that they were aged between 31-40 years, 13% were aged between 20-30 years of age while 10% of the respondents were aged 51 years and above. This implies that majority of the respondents were mature in age and therefore information collected from them can be treated as valid.

4.2.3 Respondent’s highest level of education

Respondents were requested to indicate their highest level of education.

Table 4.4: Respondent’s highest level of education

	Frequency	Percent
College	31	31
University	49	48
Post Graduate	21	21
Total	101	100

From the findings in Table 4.4, most 48% of the respondents indicated that they had university level of education, 31% indicated that they had attained college level of education and 21% of the respondents indicated that they had post graduate as the level of education attained. This implies that the data was collected from well informed respondents and who had attained high level of education and were in a position of understanding and offering information as requested to answer to the objectives of the study.

4.2.4 Period working in the health sector

The study sought the period the respondents had worked in the health sector. From the findings in Table 4.5, most 41% of the respondents indicated that they had been working in health sector project for more than 12 years, 39% indicated that they had been working in the health sector project for between 9 and 12 years, 15% of the respondents indicated that they had been working in the health sector project in for between 3 years and 8 years while 5% of the respondents indicated that they had been working in the health sector project for less than 3 years. This implies that the respondents had worked in the health sector projects for more than 3 year and had experience on the influence of stakeholder's Involvement on health sector project and their performance.

Table 4.5: Working period

	Frequency	Percent
Above 12 years	41	41
Between 9 and 12 years	40	39
Between 3 and 8 years	15	15
Less than 3 years	5	5
Total	101	100

4.3 Stakeholders Involvement in Decision making and Performance of Health projects in Kitui

The first objective the study focused on determining the influence of stakeholder's involvement in

project Decision making on performance of health sector projects in Kitui

Table 4.6: Information management and performance of Health project

	Frequency	Percentages
Very great extent	21	21
Great extent	74	74
Moderately Extent	6	5
Total	101	100

From the findings in table 4.6, majority 74% indicated that stakeholder’s capabilities were evaluated during health projects in Kitui to a great extent, 21% indicated to a very great extent while 5% indicated to a moderate extent. This implied that stakeholder capabilities assessment is critical in determining the success of stakeholder Involvement in decision making on matters of health projects.

4.3.1 Use of Reports in Decision making of Health Project

The study sought the extent to which organizations reports were used in Decision making of health project in Kitui County and findings presented in Table 4.7.

Table 4.7: Extent organizations reports are used in Decision making of health project

	Frequency	Percentages
Very great extent	60	60
Great extent	21	21
Moderately Extent	20	19

The findings show that organizations reports were used in Decision making of health project in Kitui County to a very great extent as indicated by 60% of the respondents, 21% indicated that organizations reports were used in Decision making of health project in Kitui County to a great extent while 19% indicated that organizations

reports were used in Decision making of health project in Kitui County to a moderate extent. This implied that organizations reports are critical in Decision making process of health project in Kitui County

4.3.2 Stakeholder Involvement in Project Decision making and Performance of health Project

The study focused on achieving the objectives to which was to examine the influence of stakeholder involvement in Project Decision making on performance of health Project. The respondents were requested to indicate the extent to which stakeholder involvement in project decision making influence performance of health project

Table 4.8: Stakeholder involvement in project decision making and performance of health project

Stakeholder Involvement in Project Decision making InfluencePerformance of health project	Mean	Standar d Dev
Project performance is reviewed by experienced project stakeholders	3.85	.53
Appraisals are conducted by all stakeholders	4.51	.88
Project team reviews checklist during project closure	4.35	.76
There is discrimination on gender during project meetings	4.53	.86
Decision rule is two third majority	<u>4.39</u>	.89

From the findings in Table 4.8, the respondents indicated that on statement that There is discrimination on gender during project meeting and appraisals are conducted by all stakeholders the respondents agreed to a very great extent as indicated by a mean of 4.53 and 4.51 respectively. The respondents indicated on statements that decision rule is two third majority, project team reviews checklist during project closure and project performance is reviewed by experienced project stakeholders influence performance of health project to a great extent as indicated by a mean of 4.39, 4.35 and 3.85 respectively.

4.4 Stakeholder involvement in resource mobilization and performance of health project

The study sought to determine the influence of stakeholder involvement in Resource mobilization on performance of health project

4.4.1 Extent of stakeholder involvement in resource mobilization

The respondents were requested to indicate the extent to which stakeholders participate in resource mobilization in the project.

Table 4.9: Extent stakeholders participate resource mobilization

	Frequency	Percentages
Very great extent	77	76
Great extent	24	24
Total	101	100

From the findings as presented in table 4.9, 76% of the respondents indicated there was stakeholder's involvement in resource mobilization to a very great extent while 24% of the respondents indicated that stakeholders participated in resource mobilization to a great extent. This clearly demonstrated that stakeholders participate in mobilizing resources to a very great extent.

4.4.2 Stakeholders involvement in resource mobilization and performance of health project

The study sought the extent to which stakeholder's involvement in resource mobilization

influence performance of health project.

Table 4.10: Stakeholders involvement in resource mobilization and its influence on performance of health projects

Statement	Mean	Standard Deviation
Resources are allocated effectively	4.09	0.60
Funds are provided by the county government	4.69	0.78
There is Quality assurance systems	4.71	0.80
There is trainings scheduled for the management team	4.50	0.81
Financial resources provided for projects implementation are utilized well	4.66	0.52
There is proper maintenance schedule for health projects	4.01	0.65
Modern equipment's for the project have been procured by the county government	3.67	0.74

From the findings in table 4.10, majority of the respondents indicated that there is quality assurance systems, funds are provided by the county government, financial resources provided for projects implementation are utilized well and that there is trainings scheduled for the management team to a very great extent as indicated by a mean of 4.71, 4.69, 4.66, and 4.50 respectively. The respondents indicated that there is proper maintenance schedule for health projects, Decision making of control project, instituting work plans influence project performance to a great extent as indicated by a mean of 4.01 with a standard deviation of 0.65. The findings also indicated that modern equipment's for the project have

been procured by the county government to a great extent as indicated by a mean of 3.67 with a standard deviation of 0.74. This implied that stakeholder’s involvement in resource mobilization influence performance of health project to a great extent.

4.5 Stakeholder Involvement in Monitoring and evaluation and performance health project

The study also sought to achieve the third specific objective which was to examine the influence of stakeholder involvement in monitoring and evaluation on performance health project

4.5.1 Stakeholders Involvement in project monitoring and evaluation

The study sought to examine the extent to which monitoring and evaluation influence performance of health projects in Kitui county.

Table 4.11: Extent Stakeholders Involvement in monitoring and evaluation

	Frequency	Percentages
Very great extent	81	81
Great extent	12	12
Moderately Extent	8	7
Total	101	100

From the finding as indicated in Table 4.11, 81% of the respondents indicated that monitoring and evaluation was undertaken through involving stakeholders in health projects in Kitui county to a very great extent while 12% indicated to a great extent while 7% indicated to a moderate extent. This implied that monitoring and evaluation was carried out through involvement of stakeholders to a very great extent.

4.6 Stakeholder involvement in monitoring and evaluation and performance health project

The study also sought to achieve the third specific objective which was to examine the influence of stakeholder involvement in project monitoring and evaluation

4.6.1 Stakeholders Involvement in project monitoring and evaluation

The study sought the extent to which monitoring and evaluation was undertaken through involving stakeholders in health project.

Table 4. 12: Extent of stakeholders' involvement in monitoring and evaluation of health project

	Frequency	Percentages
Very great extent	81	81
Great extent	12	12
Moderately Extent	8	7
Total	101	100

From the finding as indicated in Table 4.12, 81% of the respondents indicated that monitoring and evaluation was undertaken through involving stakeholders in health project to a very great extent while 12% indicated to a great extent while 7% indicated to a moderate extent. This implied that monitoring and evaluation was carried out through involvement of stakeholders in health project by Kitui County to a very great extent.

4.6.2 Stakeholder involvement in monitoring and evaluation and its influence on project performance

The study sought the extent to which stakeholders were involved in monitoring and evaluation and its influence in project performance.

Table 4.13: Stakeholder involvement in monitoring and evaluation

Statement	Mean	Standard Dev
There is monitoring reviews during project implementation	4.54	0.75
Monitoring and evaluation is scheduled monthly	4.36	0.35
There is budget allocation for monitoring team	4.35	0.83
Monitoring improves performance of project	4.21	0.30
There is adequate site inspection by all parties	4.52	0.85
Monitoring reports are reviewed frequently	4.55	0.70
Monitoring team update the log frame matrix and share it to stakeholders	4.50	0.63

From the findings presented in table 4.13, majority of the respondents indicated that Monitoring reports are reviewed frequently, there is monitoring reviews during project implementation, there is adequate site inspection by all parties and monitoring team update the log frame matrix and share it to stakeholders influence project performance to a very great extent as indicated by a mean of 4.55,4.54, 4.52 and 4.50 with a standard deviation of 0.70, 0.75, 0.85 and 0.63 respectively.

The respondents indicated that monitoring and evaluation is scheduled monthly, there is budget allocation for monitoring team and monitoring improves performance of project influence project performance to a great extent as indicated by a mean of 4.36, 4.35 and 4.21 with a standard deviation of 0.35, 0.83 and 0.30 respectively. This implied that stakeholder Involvement in monitoring and evaluation influence project performance to a great extent.

4.7 Stakeholder involvement in project closure

The study sought the extent to which stakeholder involvement in project closure influence performance of health project.

4.7.1 stakeholders involved in providing project progress feedback

The study sought the extent to which stakeholder were involved in providing progress feedback and findings presented in Table 4.14.

Table 4. 13: Extent stakeholders Participated providing project progress feedback

	Frequency	Percentages
Very great extent	72	72
Great extent	20	20
Moderately Extent	19	19
Total	101	100

The study shows that respondents were participating in providing progress feedback to a very great extent as indicated by 72% of the respondents. The results also indicated that stakeholders were participating in giving progress feedback to a great extent as

indicated by 20% of the respondents while 8% of the respondents indicated that stakeholders were participating in project progress feedbacks to a moderate extent. This clearly demonstrated that stakeholders were participating project closure through providing progress feedback to a very great extent.

4.7.2 Stakeholder involvement in project closure and its influence on performance of health projects

The study sought the extent to which stakeholder involvement in project closure influence performance of health project.

Table 4.15: Stakeholder Involvement in project closure and Performance of health Project

Statement	Mean	Standard deviation
Project completion reports are handed over to the management team	4.65	0.48
Status meeting is conducted immediately after completion of the project	4.30	0.32
Commissioning of the project is done before handing over to the beneficiaries	4.64	0.66
Project assessment is done by experts from county government	4.13	0.70
Project is completed in accordance to the set schedule and budget	4.21	0.69
Contractors are paid without delays after project completion	3.90	0.95

From the findings in Table 4.16, majority of the respondents indicated that handing over project completion reports to the management team and commissioning of the project before handing over to the beneficiaries influence project performance to a very great extent as indicated by a mean of 4.65 and 4.64 with a standard deviation of 0.48 and 0.66 respectively.

The respondents indicated that status meeting conducted immediately after completion of the project, project completed in accordance to the set schedule and budget, project assessment being done by experts from county government and contractors being paid without delays after project completion influence project performance to a very great extent as indicated by a mean of 4.30, 4.21, 4.13 and 3.90 with standard deviation of 0.32, 0.69, 0.70 and 0.95 respectively. This implied that stakeholder Involvement in project closure influence performance of health project to a great extent.

4.8 Regression Analysis

The study sought to determine whether there existed a significant variation between the performance of health projects and stakeholder involvement in project Decision making, stakeholder involvement in resource mobilization, stakeholder involvement in monitoring and evaluation and stakeholder involvement in project closure.

Table 4. 17: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig.
1	.854 ^a	.729	.715	.564	.001

- a. **Predictors:** (Constant), stakeholder involvement in project decision making, stakeholder involvement in resource mobilization, stakeholder Involvement in monitoring and evaluation and stakeholder involvement in project closure.
- b. Performance of health projects

Result in Table 4.18 indicated that a variation of $R^2 = 0.729$ in dependent variable can be attributed to changes in independent variable as a 72.9% change in the performance of health projects attributed to changes in the stakeholder involvement in project Decision making, stakeholder involvement in resource mobilization, stakeholder involvement in monitoring and evaluation and stakeholder involvement in project closure.

4.7.2 ANOVA

Result in Table 4.19 indicated that the Total variance (80.224) was the difference into the variance which can be explained by the independent variables (Model) and the variance which was not explained by the independent variables (Error).

Table 4.18: ANOVA

		Sum of Squares	Df	Mean Squares	F	Sig.
1	Regression	18.826	4	4.707	12.675	.000 ^a
	Residual	62.112	97	.647		
	Total	80.224	101			

- a. Predictors: (Constant), stakeholder involvement in project decision making, stakeholder involvement in resource mobilization, stakeholder involvement in monitoring and evaluation and stakeholder involvement in project closure.
- b. Performance of health projects

The study established that there existed a significant goodness of fit of the model $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$. Based on the findings, in Table 4.18 the results indicate the $F_{Cal} = 12.675 > F_{Cri} = 3.444$ at confidence level 95 % and sig is $0.000 < 0.05$. This implies that there was a goodness of fit of the model fitted for this study.

4.7.3 Coefficient Analysis

From regression results in Table 4.19, the 3.002 represented the constant which predicted value of performance of health project when all stakeholder involvement in the project variables was constant at zero (0). This implied that health projects would be at 3.002 holding stakeholder involvement variables at zero (0).

Table 4. 19: Coefficient Analysis

Coefficients Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.002	.972		8.509	.001
Stakeholder involvement in project decision making	.279	.205	.112	3.304	.000
Stakeholder involvement in project Resource mobilization	.393	.111	.264	7.882	.002
Stakeholder involvement in project Monitoring and evaluation	.465	.136	.365	5.117	.001
Stakeholder Involvement in project closure	.509	.124	.461	6.104	.000

a. Predictors: (Constant), stakeholder involvement in project Decision making, stakeholder involvement in resource mobilization, stakeholder involvement in monitoring and evaluation and stakeholder involvement in project closure.

b. Performance of Health projects

$$Y=3.002+0.112X_1+0.264X_2+0.365X_3+0.461X_4+e$$

Regression results revealed that stakeholder involvement in project decision making has significance influence in health project performance as indicated by $\beta_1= 0.112$, $p=0.002<0.05$, $t= 3.304$. The implication is that an increase in stakeholder involvement in project decision making would lead to an increase in Health project performance by $\beta_1= 0.112$ and therefore we reject the null hypothesis which presumed that stakeholder involvement in decision making has no significant relationship with performance of health projects.

Regression results revealed that stakeholder involvement in resource mobilization has a

positive and significance influence in health project performance as indicated by $\beta_2 = 0.264$, $p = 0.002 < 0.05$, $t = 7.882$. The implication is that an increase in stakeholder involvement in resource mobilization would lead to an increase in health project performance by $\beta_2 = 0.393$. The null hypothesis which stated that there is no significant relationship between resource mobilization and performance of health project was rejected.

Regression results revealed that stakeholder involvement in monitoring and evaluation has a positive and significance influence in health project performance as indicated by $\beta_3 = 0.365$, $p = 0.001 < 0.05$, $t = 5.117$. The implication is that an increase in stakeholder involvement in monitoring and evaluation would lead to an increase in health project performance by $\beta_3 = 0.465$. The study therefore rejects the null hypothesis which presumed that stakeholder involvement in monitoring and evaluation has no significant relationship with performance of health projects.

The results further revealed that stakeholder involvement in project closure has a positive and significance influence in health project performance as indicated by $\beta_4 = 0.461$, $p = 0.001 < 0.05$, $t = 6.104$. The implication is that an increase in stakeholder involvement in project closure would lead to an increase in health project performance by $\beta_4 = 0.461$. The research therefore rejects the null hypothesis which stated that there is no significant relationship between stakeholder involvement in project closure and performance of health projects.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents the discussion of key data findings, conclusion drawn from the findings highlighted and recommendation made there-to. The conclusions and recommendations drawn are in quest of addressing the purpose of this study which was to influence of stakeholder involvement on performance of health project in Kitui County, Kenya.

5.2 Summary of Findings

The study investigated the influence of stakeholder involvement in project performance. The study focused on health project in Kitui County. The findings are summarized in the subsequent section.

5.2.1 Stakeholder involvement in project Decision making

The study revealed that stakeholder involvement in decision making of health project enhance support of the project. The study revealed that that stakeholder involvement in decision making of health project enhances assessment of stakeholder resources, enhance undertaking problem analysis to understand extent of stakeholder contribution, improving decision making process and addressing the concerns of stakeholders.

This study found that an increase in stakeholder involvement in project decision making would lead to an increase in health project performance.

The regression results established that stakeholder involvement in project

decision making had a positive and significance influence on health project performance ($\beta_1 = 0.279$, $p=0.002 < 0.05$, $t = 3.304$).

5.2.2 Stakeholder involvement in resource mobilization

This study established that stakeholder's involvement in resource mobilization significantly led to positive performance of health project as increase in stakeholder involvement in resource mobilization would lead to an increase in health project performance. The results shows that stakeholder Involvement in resource mobilization through budgeting for the project, identifying roles and responsibilities of personnel's, availing of resources, and intervene in securing donor funding contributed to significant project performance to a very great extent. The results were further supported by regression results that revealed that stakeholder involvement in resource mobilization has a positive and significance influence in health project performance ($\beta_2 = 0.393$, $p=0.002 < 0.05$, $t = 7.882$).

5.2.3 Stakeholder involvement in monitoring and evaluation

This study demonstrated clearly that stakeholder involvement in monitoring and evaluation contributes significantly to project performance. The results shows that stakeholder Involvement in health monitoring and evaluation through monitoring reviews during project implementation, budget allocation for monitoring team, improving

performance of project, adequate site inspection by all parties and monitoring reports being reviewed frequently influence project performance to a very great extent.

The regression results demonstrated that stakeholder involvement in monitoring and evaluation had a positive and significance influence in health project performance. The implication is that increase in stakeholder involvement in monitoring and evaluation would lead to an increase in performance of health project.

5.2.4 Stakeholder involvement in project closure

The results show that stakeholder involvement in project closure influence performance of health project. An increase in stakeholder involvement in project closure would lead to an increase in performance of health project performance. Regressing results confirmed that stakeholder involvement in project closure would contribute significantly to performance of health project by ($\beta_3 = 0.509$, $p = 0.001 < 0.05$, $t = 6.104$). The findings also revealed that stakeholder involvement in project closure led to cost efficiency, projects being completed in accordance to the set schedule and budget and contractors being paid without delays after project completion which influence performance of these projects to a very great extent.

5.3 Discussion

This section presented the discussion of the results based on the research project objectives.

5.2.1 Stakeholder involvement in project decision making

The study found that an increase in stakeholder involvement in project decision making would significantly lead to an increase in performance ($\beta_1 = 0.279$, $p = 0.002 < 0.05$, $t = 3.304$). The findings concurred with Carol, Cohen, & Palmer, (2018) who observed that stakeholders' involvement in project decision making promote stakeholders' interest, rights, ownership and this significantly influence project outcome.

5.2.2 Stakeholders' involvement in resource mobilization

The results of this study denoted that stakeholder's involvement in resource mobilization significantly and positively contributed to performance of health project. The contribution of stakeholder involvement in resource mobilization led to an increase in projects' performance. This ensures efficiency in budgeting for the project, availing of resources, and intervening in securing donor funding which contribute to significant project performance. The findings were supported by Nobeoka and Cusumano (2017) who established that relationship between stakeholder involvement in resource mobilization and their effect on project performance was studied by in Japan influence achievement of project goals on resource mobilization and resource allocation which in turn led to improved project performance.

The results were further supported by regression results that revealed that stakeholder involvement in resource mobilization has a positive and significance influence in project performance ($\beta_2 = 0.393$, $p = 0.002 < 0.05$, $t = 7.882$).

5.2.3 Stakeholder involvement monitoring and evaluation

This study established that stakeholder involvement in monitoring and evaluation contributes significantly to project performance. The regression results demonstrated that stakeholder involvement in monitoring and evaluation had a positive and significance influence in performance of the projects. The finding concurred with Duncan (2016) who found that stakeholder involvement in monitoring and evaluation promote well-organization of project activities, allocation of resources, efficient utilization of these resources, and the efficient and effective conduct of specific tasks through a well-coordinated people and the resources to achieve the project goals.

5.2.4 Stakeholder involvement in project closure

The findings of this study found that stakeholder involvement in project closure influence performance of health project. An increase in stakeholder involvement in project closure would lead to an increase in project performance. The relationship between stakeholder involvement in project closure and project performance was positive and significant ($\beta_4 = 0.509$, $p = 0.001 < 0.05$, $t = 6.104$). The results were similar to that of Glass (2019) who noted that stakeholder involvement in project closure to make the management to take actions and this leads to achievement of more transparent in terms of resource utilization, increase communication performance, develop a reputation for responsible behavior and achieve set objectives.

5.4 Conclusion

The study concluded that stakeholder involvement in project decision making influence performance of health project. Stakeholder involvement in health project enhances assessment of stakeholder resources; enhance undertaking problem analysis to understand extent of stakeholder contribution, improving decision making process and addressing the concerns of stakeholders.

The study concluded that stakeholder's involvement in resource mobilization influence performance of health projects. Stakeholder involvement in budgeting for the project, identifying roles, availing of resources, and intervene in securing donor funding influence project performance to a very great extent.

The study concluded that stakeholder involvement in project closure ensures that there is taking action to correct errors that project may have and this influence project performance to a very great extent. The study concluded that stakeholder involvement in health projects led to cost efficiency, reduction on wastage, customer satisfaction and reduction in project costs deviation and reduction in operation costs to a great extent

5.4 Recommendation

Based on the findings, the following recommendation was made.

The study recommends that stakeholder Involvement in project decision making should be enhanced as this would contribute significantly to

project performance through enhancing support of the project. The respondents indicated that stakeholder involvement in project enhances assessment of stakeholder resources, enhance undertaking problem analysis to understand extent of stakeholder contribution, improving decision making process and addressing the concerns of stakeholders.

The study recommends that stakeholder's involvement in resource mobilization influence performance of project. From the findings, majority of the respondents indicated that stakeholder involvement in budgeting for the project, availing of resources, and intervening in securing donor funding influence project performance to a very great extent.

The study recommends that stakeholder Involvement in monitoring and evaluation be improved as this influence project performance. When stakeholders are involvement in monitoring and evaluation through auditing of the project, this influence project performance to a very great extent.

5.4 Suggestion for further studies

The study examined the influence of stakeholders' involvement on performance of health projects in Kitui County, Kenya. Further studies should be carried out in different countries in Kenya for comparison. Studies could also be directed to establish challenges facing stakeholders' involvement in implementation of health project in Kenya.

REFERENCES

- Environmental Protection Authority of Addis Ababa. (2008). *Pre-liminary survey of pollution load on Akaki River, Little Akaki and Kebena River. Unpublished report, Addis Ababa, Ethiopia.*
- (2008). *UN-Health Annual Report .*
- Abdisalan, J. A. (2012). The factors influencing the application of participatory monitoring and evaluation in community based projects: a case of IDPs in Mogadishu Somalia. Retrieved 12 24, 2014, from University of Kitui Repository:.
- Akpor, B. (2011). Challenges in meeting the MDGs: The Nigerian Drinking Health Supply and Distribution Sector. *Journal of Environmental Science and Technology* 4 (5): 480-489, 2011. Asian network for Scientific Information.
- Akumu, M. &. (2017). Community participation and sustainability of the Kenya comprehensive school health program in Kajiado County, Kenya. (A Policy Oriented Research Project Conducted by financial support of the Cooperation and Development Netwo.
- Assaf, S. a.-H. (2013). Causes of delay in large construction projects. *International Journal of Project Management*, Vol. 24, pp. 349-357.
- Baloyi, L. a. (2011). Causes of Construction Cost and Time Overruns The 2010 FIFA World Cup stadia in SA. *Acta Structilia*, 18, 51-67.
- Brazil. (2016). *ANA. Brazil's National Pact for Health Management.*
- Chan Daniel, W. M. and Kumaraswamy Mohan M. (2012). Compressing construction durations: lessons learned from Hong Kong building projects. *International Journal of Project Management*, Vol.20, pp. 23-35.
- Chess, C. G. (2016). Watersheds are not equal: Exploring the Feasibility of Watershed Management'. *Journal of the American Health Resources Association* 37, no. 4.
- Chitere, P. (2012). *Community Development: Its inception and Practice with Emphasis on Africa*, Gideon S. Were Press, Kitui.
- Chris Welman et al. (2006). *Research Methodology.*
- Colyvan et al. (2010). Modelling the Moral Dimension of Decisions", *Noûs*, 44: 503–529.
- Connaway, L. S. (2010). *Basic research methods for librarians (5thed.)*. Littleton, CO: Libraries Unlimited.
- Cuthbert. (2011). *Successful Fundraising: A strategic and Practical Guide*, Evangel.
- Dietrich, Franz and Christian. (2013). A Reason-Based Theory of Rational Choice", *Noûs*, 47: 104–134.
- Dillon. (2007). *People Raising: A Practical Guide to Raising Support*, Moody Press,.
- Edward, M. and Hulme. (2007). *Making a Difference: NGO and Development in a*

- Erdogan, R. (2013). Stakeholder Involvement in Sustainable Watershed Management (Chapter6),Advances in Landscape Architecture, INTECH. .
- European Union. (2015). *Thematic Fiche no. 8 Sustainability II: Ownership and Community Involvement*.
- France. (2013). Organisation for Economic Co-operation and Development (OECD). *Government at a Glance*.
- Freeman, R. (1984). Strategic management: A stakeholder approach. Boston: Pitman .
- Frimpong, Y., Oluwoye, J. and Crawford L. (2011). Delay and Cost Overruns in Construction of Groundhealth projects in Developing Countries; Ghana as a Case Study:International Journal of Project Management,Vol. 21, pp. 321-326.
- Gebrehiwot, M. (2016). An assesment of reural health supply in Ethiopia.
- Giridhar, P. and Ramesh, K. (2013). Effective management of Turnkey projects, Aace Transactions, PM7-PM11. Istanbul.
- Gray, D. (2016). Doing research in the real world.
- Greenwood, M. (2017). ‘Stakeholder Participation: Beyond the Myth of Corporate Responsibility’.Journal of Business Ethics74:315–27.
- Gwadoya. (2011). Factors Influencing Effective Implementation Of monitoring and Evaluation Practices in Donor Funded projects In Kenya. A Case of Turkana District. Kenyatta University. Unpublished Thesis.
- Gwadoya, R. A. (2012). Factors influencing effective implementation of monitoring and evaluation practices in donor funded projects in Kenya: a case of Turkana District.Retrieved 12 24, 2014, from Kenyatta University Institutio.
- Handidu, J. A. (2018). National Growth, Health Demand and Supply Strategies in Nigeria.
- Harrison et al. (2010). Managing for stakeholders, stakeholder .
- Jagboro, G. a. (2010). The Effects of Construction Delays on Project Deliveryin Nigerian Construction Industry. International Journal of Project Management,Vol. 20, pp. 593-599.
- Johnson, T. R.,J.S. Jansujwicz,and G. Zydlewski. (2013). ‘Tidal Power Development in Maine: Stakeholder Decision making and Perceptions of Participation, Estuaries and Coasts’.DOI 10.1007/s12237-013-9703-3, Coastal andEstuarine Research Foundation.
- Keown, K.,D. V. Eerd, and E. Irvin. (2011). ‘Stakeholder Participation Opportunities in Systematic Reviews: Knowledge Transfer for Policy and Practice’.Journal of continuing education in the health professions28, no. 2:67–72.
- Kerzner. (2016). Project Management: A System Approach to Planning, Scheduling, and controlling(2ndedition), CBS Publisher and Distributors .

- Kimani, D. (2014). Influence of community participation on performance of constituency development funded rural borehole health projects: a case of KERWA Sub-location, Kiambu County, Kenya. (University of Kitui).
- Kloet, M. &. (2010). Digital forensic and incident analysis.
- Kothari. (2009). C R. Research Methodology: Methods and Techniques. New Delhi: New Age Publications.
- Larson, S.,and L. J. Williams. (2012). Monitoring the success of stakeholder participation: Literature Review'.In People, communities and economies of the Lake Eyre Basin:DKCRC Research Report 45, edited by T. G. Measham, B. L. Rake, 251–.
- Maina, B. M. (2013). Influence of stakeholder participation on the success of thestimulus programme: a case of the education project in Nakuru County, Kenya.
- Meklit. (2017). *River assessment on Akaki River pollution and solid and liquid waste*.
- Mgenda, O.M. &Mugenda, A.G. (2008). Research Methodology (2nd Edition), Qualitative.
- Mibey, H. K. (2014). Factors affecting implementation of monitoring and evaluation programs in kazi kwa vijana projects by government ministries in Kakamega Central District, Kenya.Retrieved December 24, 2014, from University Of Kitui .
- Mwanzia, J. S. (2010). Participatory development in Kenya.Ashgate: Burlington, VT.
- Norton, M. (2017). The world wide fundraiser's Workbook.
- Orodho, J. (2005). Techniques of writing Researchand Report.
- Phillips. (2010). Stakeholder theory & organizational ethics. San Francisco: Berrett-Koehler .
- Rendon R. G. & Garrett, G. A. (2012). Managing Contracts in Turbulent Times," Contract Management Resources.
- Saunders, M., Lewis, P. &Thornhill, A. (2007). Research Methods for Business Students,.
- Simiyu. (2011). Escalating People's Participation in Rural Development through.
- Susskind,L.,and S. Islam. (2012). 'Health Diplomacy: Creating Value and Building Trust in TransboundaryHealth Negotiations'.Science & Diplomacy1, no. 3.
- Vernon, et al. (2005). Collaborative policymaking: Local Sustainable Projects. Annals of Tourism Research, 32(2), 325-345.
- Voinov,A.,and E. J. B. Gaddis. (2015). 'Lessons for successful participatory watershed modeling: A perspective from modeling practitioners'.Ecological Modelling216:197–207.
- Wabwoba. (2012). Factors affecting sustainability of food security projects in Kiambu, Kenya -Masters thesis.Unpublished.
- Warburton,D., R. Wilson,and E. Rainbow. (2014). Making a difference: a guide to evaluating public participation in central government.London:Involve and Shared Practice.

APPENDICES

Appendix I: Letter of Transmittal

AMBROSE MUSYIMI
P.O BOX 78-90300,
KITUI.

Dear respondent,

RE: PARTICIPATION IN RESEARCH

I am a Masters student in the faculty of Management science, department of Project planning and management science at the University of Nairobi pursuing Masters of Arts in project planning and management, carrying out a research on the *“influence of stakeholder participation on the performance of health projects in Kitui County Government: A case of Kitui central Subcounty”*. The purpose of this letter is therefore to kindly request your voluntary participation in this research by filling the attached questionnaire. The information gathered shall be treated confidentially and shall be used for this study only.

Thank you in advance and your response will be highly appreciated.

Yours faithfully,

AMBROSE MUSYIMI

Appendix II: Research Questionnaire for the Respondents

This questionnaire is to collect data for purely academic purposes. The study seeks to establish the influence of the stakeholder participation on the performance of funded health projects by Kitui County. A case of Kitui central Sub County

Please tick (✓) the box that matches your answer to the questions and give the answers in the spaces provided as appropriate. The information you provide will be treated with utmost confidentiality.

Section A: Demographic Characteristics of Respondents

1. Gender:

Male

Female

2. Highest level of education attained.

Diploma

Bachelor's degree

Post-graduate degree

Other (specify).....

3. What is your age category (Tick appropriate range)

30 years and below

31 – 40 years

41– 50 years

Over 50 years

4. How long have you been in this health project?

1-5 years

6-10 years

11-15 years

Above 15 years

Other (specify).....

5. Please indicate your current position in this project?

PMC member

Sub county health engineer

Administrative officer

Others (specify)

Section B: Decision Making and Performance of funded health projects.

6. Kindly indicate your level of agreement with each of the following statements by ticking against the correct choice. Using likert scale 5-1 where;

Strongly agree 5

Agree 4

Neutral 3

Disagree and 2

Strongly disagree 1

SN	Decision Making	5	4	3	2	1
1	Project performance is reviewed by experienced project stakeholders					
2	Appraisals are conducted by all stakeholders.					
3	Project team reviews checklist during project closure					
4	There is discrimination on gender during project meetings					
5	Decision rule is two third majority					
6	Project disputes are settled by all parties in the management					
7	Project management meetings are conducted monthly					

Section C: Resource Mobilization and Performance of funded health projects.

Kindly indicate your level of agreement with each of the following statements by ticking against the correct choice. Using likert scale 5-1 where;

Strongly agree 5

Agree 4

Neutral 3

Disagree and 2

Strongly disagree 1

SN	Resource Mobilization	5	4	3	2	1
1	Resources are allocated effectively					
2	Funds are provided by the county government					
3	There is Quality assurance systems					
4	There is trainings scheduled for the management team					
5	Financial resources provided for projects implementation are utilized well					
6	There is proper maintenance schedule for health projects					
7	Modern equipment's for the project have been procured by the county government.					

Section D: Monitoring and Evaluation and Performance of funded health projects.

7. Kindly indicate your level of agreement with each of the following statements by ticking

- against the correct choice. Using likert scale 5-1 where;

Strongly agree 5

Agree 4

Neutral 3

Disagree and 2

Strongly disagree 1

SN	Monitoring and Evaluation	5	4	3	2	1
1	There is monitoring reviews during monitoring and evaluation					
2	Monitoring and evaluation is scheduled monthly					
3	There is budget allocation for monitoring team					
4	Monitoring improves performance of project					
5	There is adequate site inspection by all parties					
6	Monitoring reports are reviewed frequently					
7	Monitoring team update the log frame matrix and share it to stakeholders					

Section E: Project closure and Performance of funded health projects.

In your opinion, kindly rate the following risk control statements on performance of exchequer funded building construction projects? Using the Likert scale 5-1, where

- Strongly agree
- Agree
- Neutral
- Disagree and
- Strongly disagree

SN	Project closure	5	4	3	2	1
1	Project completion reports are handed over to the management team					
2	Status meeting is conducted immediately after completion of the project					
3	Commissioning of the project is done before handing over to the beneficiaries					
4	Project assessment is done by experts from county government					
5	Project is completed in accordance to the set schedule and budget					
6	Contractors are paid without delays after project completion					
7	There is monitoring of the project by contractors in case of breakdown					

Section F: Performance of health funded projects in Kitui Central Sub-County.

8. In your opinion, kindly rate the following statement. Using scale 5-1, where;

- Strongly Agree
- Agree
- Neutral
- Disagree and
- Strongly disagree

SN	Statements	5	4	3	2	1
1	The project deadlines are adhered to					
2	Budgets are utilized effectively					
3	Completed works is of high quality					
4	Satisfaction to the beneficiaries					

9. In your opinion, how does the above aspect of performance of health projects is influential in Kitui Central Sub- County?

.....

.....

.....

THANKS FOR YOUR PARTICIPATION AND COOPERATION IN THIS STUDY

APPENDIX III: LETTER OF TRASMITTAL



UNIVERSITY OF NAIROBI
FACULTY OF BUSINESS AND MANAGEMENT SCIENCES
OFFICE OF THE DEAN

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Our Ref: L50/14681/2018

9th October 2022

National Commission for Science, Technology and Innovation
NACOSTI Headquarters
Upper Kabete, Off Waiyaki Way
P. O. Box 30623- 00100
NAIROBI

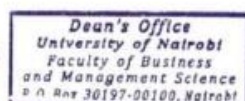
RE: INTRODUCTION LETTER: MUSYIMI AMBROSE MUIMI

The above named is a registered Master of Arts In Project Planning And Management candidate at the University of Nairobi, Faculty of Business and Management Sciences. He is conducting research on "**Influence of Stakeholders Participation on the performance of Health Projects: A Case of Kitui County, Kenya**".

The purpose of this letter is to kindly request you to assist and facilitate the student with necessary data which forms an integral part of the Project.

The information and data required is needed for academic purposes only and will be treated in **Strict-Confidence**.

Your co-operation will be highly appreciated.



PROF. JAMES NJIHIA
DEAN, FACULTY OF BUSINESS AND MANAGEMENT SCIENCES

JN/pgr

APPENDIX IV: RESEARCH PERMIT

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 861054	Date of Issue: 21/November/2022
RESEARCH LICENSE	
	
This is to Certify that Mr., AMBROSE Muimi MUSYIMI of University of Nairobi, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kitui on the topic: INFLUENCE OF STAKEHOLDERS PARTICIPATION ON THE PERFORMANCE OF HEALTH PROJECTS: A CASE OF KITUI COUNTY, KENYA. for the period ending : 21/November/2023.	
License No: NACOSTI/P/22/22082	
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