

**ORGANIZATIONAL REPORTING SYSTEMS AND IMPLEMENTATION OF DONOR-
FUNDED HEALTH PROJECTS IN MAKUENI COUNTY, KENYA**

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DECLARATION

The research paper is my own work, and it has not been submitted to any other university for examination.

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ABSTRACT

Donor-funded health projects, particularly in Low- and Middle-Income Countries (LMICs), are noted for significantly improving healthcare services and overall population health. Health projects including reduction of infant mortality, enhancing reproductive health, mass immunization, public health and even mental health initiatives have been implemented as a result of donor funding with improved health outcomes as the result (Belaid et al., 2020). Donor-funded Health projects in LMICs however face key challenges in reporting, limiting oversight, accountability and project effectiveness. Notably, effective reporting systems in modern healthcare could be the difference between life and death to many patients. It is estimated that between 4.6% and 9.3% of patients admitted in healthcare facilities globally suffer adverse events that could have been prevented if effective reporting systems were effective. This research was guided by the following objectives: to investigate the impact of quality assurance on the implementation of donor-funded health projects in Makueni County, Kenya; to assess the influence of risk management on the implementation of donor-funded health projects in Makueni County, Kenya; to evaluate the effect of technology on the implementation of donor-funded health projects in Makueni County, Kenya; and to examine the influence of system user-friendliness on the implementation of donor-funded health projects in Makueni County, Kenya. The study employed a descriptive research design to collect data, which was subsequently analysed using mean, standard deviation, and inferential statistics. The research model utilized for hypothesis testing was represented as $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \varepsilon$. The target population for this study was 65. The results of the regression analysis indicated a positive relationship between the dependent and independent variables, leading to the rejection of all null hypotheses that presumed no positive relationship between the independent and dependent variables. The study concluded that there is a positive relationship between quality assurance, risk management, technology, and system user-friendliness with the implementation of Donor-Funded Health Projects. In summary, the research underscores the crucial role of organizational reporting systems in influencing the implementation of donor-funded health projects. The demographic profile and inferential analysis collectively provide a comprehensive understanding of the organizational dynamics in Makueni County. The study recommends efforts to strengthen efforts to enhance system user-friendliness based on the nuanced perspectives revealed. Improve communication strategies for risk management practices within the organization. Tailor technology adoption initiatives to address diverse opinions and ensure widespread acceptance.

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LIST OF ABBREVIATIONS & ACRONYMS

DAH	Development Assistance for Health
GDP	Gross Domestic Product
ICT	Information Communication Technology
IT	Information Technology
LMIC	Low- and Middle-Income Countries
MDAST	Malaria Decision Analysis Support Tool
QA	Quality Assurance
SDGs	Sustainable Development Goals
SSA	Sub Saharan Africa
UHC	Universal Health Coverage
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Health projects including reduction of infant mortality, enhancing reproductive health, mass immunization, public health and even mental health initiatives have been implemented as a result of donor funding with improved health outcomes as the result (Belaid et al., 2020). Donor-funded Health projects in LMICs however face key challenges in reporting, limiting oversight, accountability and project effectiveness (Ilesanmi & Aanuoluwapo, 2022). Notably, effective reporting systems in modern healthcare could be the difference between life and death to many patients. It is estimated that between 4.6% and 9.3% of patients admitted in healthcare facilities globally suffer adverse events that could have been prevented if effective reporting systems were effective (Haque et al., 2018).

The Legitimacy Theory offers insights into how organizational reporting systems can enhance the perceived legitimacy of healthcare organizations in the eyes of stakeholders, particularly donors and the broader public (Zelditch Jr., 2018). The General Systems Theory (Katz & Kahn, 1966), contributes by elucidating the interconnectedness of various components within healthcare projects, emphasizing the importance of holistic approaches and effective communication. Together, these anchoring theories provide a robust framework for exploring the dynamic interplay between organizational reporting systems, and project implementation within the context of healthcare organizations.

According to Mobegi (2020), Kenya has been grappling with a many challenges in the realm of donor-funded projects, including, socio-economic inequities, gender exclusion and disparities in service delivery. At the same time, a significant proportion of the TB, HIV/AIDS, and Malaria initiatives are donor-funded (Mobegi et al., 2019). These diseases disproportionately impact low-income populations in the country, who lack insurance, or the out-of-pocket capabilities to handle the effect of inefficient projects. According to Mobegi et al. (2019) however, improving organizational structures is essential in improving the implementation of these initiatives.

1.1.1 Organizational Reporting Systems

According to Cahyani et al. (2022), Reporting systems make up the part of the organizational management system which conveys communication from the point of generation of information to the point of use. Al-Weshah et al. (2019) define organizational reporting systems as the components within an organizational management structure, serving as the means through which various facets of an organization, including financial information and the execution of processes, are conveyed to external stakeholders. For communication to take place, tools such as status reports, financial reports among others are employed to aid in decision-making. Choi and Chandler (2020) contribute to the scholarly understanding by defining organizational reporting as a set of methods and structures utilized to pass information about an organization's internal and external health to its stakeholders with an aim to inform decision making. These scholarly definitions collectively underscore the multifaceted nature of organizational reporting, emphasizing its role in facilitating communication, transparency, and accountability within and outside an organization. For this study, the term organizational reporting systems is thus operationalized as, the processes, steps, structures, and tools required to generate, collate and distribute reports using one or multiple information management systems.

Reporting systems are valued because they provide stakeholders with information on the status of the project, and are a way to arrest inefficiency for improved implementation. The World Health Organization's (WHO) Malaria Decision Analysis Support Tool (MDAST) for instance, has led to improve the effectiveness of the fight against malaria in Africa. Through reporting, the evidence-base was grown, stakeholder engagement improved, and policies bettered for malaria control (Rakotoarison et al., 2020). In Sub Saharan Africa (SSA), a high burden of disease added on to limiting government budgetary allocation to healthcare results in an over-reliance on donors to provide primary healthcare services (Asante et al., 2020). At the same time, with the backdrop of global financial dips and economic crises, donor assistance has either stagnated or is on the decline (Chang et al., 2019). This has raised the need for efficiency in implementation of donor-funded health projects if the goal of Universal Health Care (UHC) by 2030 is to be achieved in the region. Historically, the public, the private sector, governments, NGOs and other stakeholders have expressed increasing interest in assessing the effectiveness and efficacy of projects, products and/or services offered by various organizations (Marzi et al., 2021). In this regard, organizational

reporting has emerged as a critical component of such assessment. Research on organizational reporting is broad and ever growing in the public and public sector. Organizational reporting is closely linked to the performance of an organization and its projects or initiatives. Schleicher et al. (2019) analyzing organizational performance over a 30-year period, noted that the effects of reporting on efficiency and overall project implementation were generally understudied. Furthermore, the researchers noted that many studies on organizational reporting systems failed to take a holistic approach to their research, with an overreliance on formal reports noted whereas little attention was given to ad hoc communication such as digital press releases and social media posts, which formed a critical part of organizational reporting systems.

1.1.2 Project Implementation

Projects are activities, tasks, responsibilities and resources collated and directed towards the attainment of a specific goal or objective (Meredith & Zwikael, 2019). The term project implementation typically refers to the phase within a project lifecycle where the planned activities, strategies, and tasks outlined in the project plan are put into action (Watema & Tullirinya, 2021). It encompasses the practical execution of project objectives, including the allocation of resources, coordination of activities, and the application of various strategies and methodologies to achieve predefined goals and deliverables (Senbeta & Shu, 2019). Project implementation generally entails activities such as task assignment, budget allocation, timeline management, team coordination, and monitoring to ensure that the project progresses as intended and produces the desired outcomes (Antwi & Ley, 2021). It is the interface through which organizations and members of the society interact and communicate their values needs and priorities. In the study, project implementation is operationalized as the process of successfully converting inputs to outputs in the context of a health project within the lifetime of the project.

The implementation process, which requires effective design, planning, and development, has proven a challenge for many project managers (Watema & Tullirinya, 2021). Among the key challenges facing effective project implementation is reporting. Aldabbus (2018) commenting on the challenges of project implementation pointed out that poor reporting, in this case a poorly constructed assessment tool, served as a key hindrance in project implementation in Bahrain universities. In many African countries donor funding improves healthcare services at the initial stages, over time, there is marked decline as implementation continues (Gatome-Munyua & Olalere, 2020). Similarly, in Kenya, many donor-funded projects are characterized by inefficiency,

misuse of funds, and lack of transparency, and accountability which limit their efficacy (Mobegi et al., 2019).

While studying mobile health (mHealth) projects implementation in Africa, Kruse et al. (2019) conducted a meta-analysis of 2224 studies and observed that the health outcomes that exhibited significant improvements through the utilization of mHealth were infectious diseases and maternal health. Another study on health projects implementation in SSA conducted by Stegmann et al. (2022) assessed the frequency and completeness of reports, reporting processes and personnel to estimate the effectiveness of project implementation and noted the critical nature of reporting beginning at the healthcare personnel level, to enhance completeness.

1.1.3 Organizational Reporting Systems and Project Implementation

The process of project implementation is a continuous puzzle project manager strive to solve due to the complex nature of the variables- human, socio-economic, political, budgetary, organizational capacity among others, involved. Organizational reporting systems are an invaluable resource in project implementation as they mediate information across these variables, in effect, improving organizational performance (Schleicher et al., 2019). In a study conducted by Ilesanmi and Aanuoluwapo (2022), it was noted that the effectiveness of reporting systems had a direct bearing on the long-term sustainability of donor-funded health projects. Their findings showed a weak connection between project implementation and the overarching project objectives often led to misallocation of donor funds, discontent among stakeholders, and diminished organizational performance.

As countries transition from low-income to middle-income economies, there tends to be a marked decline in support from donor groups and financial aid from developed nations. This move is usually accompanied with a greater encouragement and emphasis on domestically generated funding in healthcare. These countries are usually believed to have the capacity to finance their own healthcare systems. As a result many donors are either reducing aid or transitioning out of middle-income countries all together (Kennedy et al., 2021). Huffstetler *et al.* (2022) suggest that if this transition is poorly handled, that is, without proper systems of management in place, it presents a significant problem to the health outcomes and progress of the concerned nation. In addition since the turn of the millennium, globally, there has been a steady reduction in the amount of donor funding in healthcare amid the questions of efficiency, efficacy and effectiveness of

health projects (Kennedy et al., 2021). Therefore, for middle-income countries, the efficiency of utilization of DAH funds is even more critical as these resources are becoming even scarcer.

1.1.4 Donor-funded Health Projects in Kenya

Donor-funded health projects have played a pivotal role in catalysing significant advancements in medical service delivery, research, and clinical trials across Kenya (Mobegi et al., 2019). These projects have emerged as indispensable contributors to the overall health and well-being of the targeted populations. Traditionally, donors have embarked on healthcare initiatives spanning various regions of the country, with the overarching aim of enhancing healthcare services and advancing the cause of universal healthcare. (Kennedy et al., 2021) however underscore a significant challenge in many of these endeavors: a noticeable disconnection between project implementation, client satisfaction, project outcomes, and inputs, primarily stemming from deficiencies in reporting systems. Additionally, according to (Mobegi et al., 2019), the infusion of vital financial resources into areas of acute need also presents a darker side: hasty spending to demonstrate quick results within prescribed timelines, often without the foundation of robust reporting systems, leading to suboptimal implementation and inherent inefficiencies.

Since 2014, Kenya has been classified as a middle-income country, a positive milestone denoting economic improvement. Kennedy et al. (2021) studying donor dependency in the health system however found that between the years 2001 and 2016, financial aid in the health sector doubled government funding repeatedly, but was at least 50% more than government spending in any year. These findings were congruent with those of Mobegi (2020) who also noted the three subsectors as the most donor dependent in his study of donor dependence of the Kenyan healthcare system. Both studies suggest that efficiency in use of funds and implementation can reduce wastage and improve project outcomes without necessarily outlining how this can be done.

1.2 Statement of the Problem

Donor funding in Kenya serves as a crucial catalyst for advancing healthcare, with the aim of achieving Universal Health Coverage (UHC) in the domains of research, public health, and outbreak response. However, these initiatives face formidable challenges, including a tendency to expend funds hastily, inadequate attention to internal systems, and organizational reporting (Ndung'u, 2018). This issue, in turn, severely hampers the efficiency of implementation and the anticipated outcomes of donor-funded health projects, impeding the realization of UHC objectives.

Nonetheless, numerous donors have expressed concerns about reduced efficiency, mismanagement of funds, lack of transparency, accountability, and even instances of embezzlement, leading to diminished support over the years (National Academies of Sciences et al., 2018).

Crucially, the need for well-structured reporting mechanisms and processes within donor-funded health projects is pivotal to ensure their effectiveness and efficiency. Regrettably, this need has remained largely unaddressed in Kenya. As a result, many healthcare projects relying on donor support grapple with inefficiency, inequality, and socioeconomic disparities, all of which undermine the impact of donor-funded projects. Despite the universal requirement for reporting in donor-funded projects, there is a dearth of studies that delve into the influence of reporting practices on project implementation, primarily because reporting standards vary from one donor to another. This gap in research warrants attention, as it holds the potential to shed light on how improved reporting can enhance the outcomes of donor-funded healthcare initiatives.

1.3 Objectives of the Study

1.3.1 General Objective

To assess the influence of organizational reporting systems on the implementation of donor-funded health projects in Makueni County, Kenya.

1.3.2 Specific objectives

- i. To investigate the influence of quality assurance on the implementation of donor-funded health projects in Makueni County, Kenya.
- ii. To evaluate the influence of risk management on the implementation of donor-funded health projects in Makueni County, Kenya.
- iii. To assess the influence of technology on the implementation of donor-funded health projects in Makueni County, Kenya.
- iv. To investigate the influence of system user friendliness on the implementation of donor-funded health projects in Makueni County, Kenya.

1.5 Value of the Study

In theory, this research contributes to the existing body of knowledge by offering a nuanced understanding of the role of organizational reporting systems in the context of donor-funded health projects. It aligns with established theoretical frameworks such as the Legitimacy Theory, General

Systems Theory, and Stakeholder Theory, providing empirical evidence to validate and expand these theories. By shedding light on the dynamics and mechanisms at play, the study enriches our theoretical understanding of how effective reporting systems can enhance project implementation and stakeholder engagement within the healthcare sector.

From a policy perspective, the findings of this research hold significant implications. Policymakers, both at the County and national levels, can utilize the insights gained to formulate evidence-based policies and guidelines for the implementation of donor-funded health projects. The study's recommendations can inform the development of reporting standards, accountability mechanisms, and transparency requirements, facilitating better management of such projects. This, in turn, can lead to more efficient resource allocation, reduced inefficiencies, and improved project outcomes, aligning with Kenya's broader healthcare policy goals.

In practice, healthcare organizations, project managers, and donor agencies stand to benefit from the tangible outcomes of this study. The practical insights garnered can guide organizations in Makueni County and beyond in the optimization of their reporting systems, fostering improved communication with stakeholders, better risk management, and enhanced project delivery. Donor agencies can use the research findings to refine their monitoring and evaluation frameworks, ensuring that their investments have a more substantial and lasting impact.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reports the findings and assertions of previous studies in the relevant thematic areas. It is organized by first enumerating the key thematic areas of the study, which are, organizational reporting systems, project implementation and a brief description of donor-funded health projects.

2.2 Theoretical Review

According to Varpio, Paradis, Uijtdehaage, and Young (2019) a theoretical review discusses systematically formulated and interrelated collection of notions and principles originating from one or more hypotheses, leveraged by the researcher to underpin a study. The researcher enumerates pertinent theories and concepts that underlie the research, and connects them logically so as to develop a theoretical framework. The study is anchored by three theories; The Legitimacy Theory and the General Systems Theory and the Stakeholder theory which are further expanded on below.

2.2.1 Legitimacy Theory

The legitimacy theory is one of the more prevalent theories for elucidating an organization's commitment and obligation to disclose its activities (Lakhani & Herbert, 2022). This theory finds its roots in the domain of political economy theory, which recognizes the influence of societal power structures and the numerous conflicts that can arise among divergent social strata. Central to the Legitimacy Theory is the proposition that politics, the economy, and society are inextricably intertwined, and that a comprehensive evaluation of economic matters necessitates a judicious consideration of the broader political, social, and institutional variables that exert their influence on such concerns (Zelditch Jr., 2018).

According to the theory, as posited by Zelditch Jr. (2018), there exists a 'social contract' between an organization and society. Within this construct, an organization's ability to sustain its operations, using community resources, is contingent upon its perception by society as a legitimate entity (Deegan, 2019). The legitimacy of an organization is predicated on its alignment with the overarching social framework within which it operates. Conversely, if an organization is perceived

as working in a manner at odds with society ideals, both its legitimacy and continued existence are at risk (Lakhani & Herbert, 2022).

This study is anchored by the legitimacy theory because organizational reporting mediates communication between healthcare organizations, donors and the general public. In this context, healthcare projects undertaken by these organizations attain a degree of legitimacy by demonstrating to the public that they conform to established societal norms and expectations.

2.2.2 General Systems Theory

Katz and Kahn (1966) seminal work define a system as an amalgamation of distinct components operating in concert to achieve a singular objective. Notably, the removal or alteration of any single component within a system results in a fundamental shift in the system's essence. Additionally, a system is inherently interactive with its external environment and maintains an open nature, allowing for exchanges and influences from its surroundings.

Neumann et al. (2021) conceptually dissects a system into key elements: inputs, procedures, outputs, and outcomes. Inputs encompass the various resources injected into the system, for example, raw materials, money, technologies, and people. Procedures denote the systematic processes of designing, planning, implementing, and managing that govern the system's operations. Outputs denote the tangible products or services generated by the system. Lastly, outcomes represent the broader consequences or impacts of the system's activities, in this case, improvements in health coverage or population health.

Within this organizational system, the components of each subsystem are intricately interconnected and are held together through the vital mechanism of communication as elucidated by Delaney, Ferguson, and Schultz (2021). Furthermore, the same modes of communication that occur internally within an organization are also manifest in the interactions between the organization and its external environment. Crucially, for an organization to sustain itself over time, it relies upon its external environment to continually provide the necessary inputs (Neumann et al., 2021). These inputs, upon acquisition, undergo processing through regular and predictable patterns of human interactions and behaviors within the organization ultimately leading to outputs and outcomes.

This theory informs this study through its utility in explaining significance of organizational reporting systems in facilitating effective and efficient communication during the implementation of healthcare projects within organizations. In the context of donor-funded health projects, the inherent complexity and multifaceted nature of these endeavors necessitate a comprehensive approach. In practical terms, aspects such as quality assurance, risk management, technological infrastructure, and user-friendliness should not be approached in isolation but rather as integral components of a larger system.

2.2.3 The Stakeholder Theory

The concept of "stakeholder" emerged in 1963 to describe the collective accountability of an organization to the various individuals and groups that exert influence over its operations (Dooms, 2019). According to the Stakeholder Theory, an organization can be viewed as an intricate network of interdependencies, wherein the interests and expectations of diverse stakeholders can be vulnerable to various risks (Freeman et al., 2020). Achieving satisfaction among all these stakeholders becomes imperative for preserving the equilibrium of the entire system. The theory not only explains the interplay between an organization and its external environment, but also delves into the reciprocal relationship between the actions and behaviors of an organization and the broader environmental context. This multifaceted perspective serves as a foundational pillar for the development and application of the Stakeholder Theory, analyzing the interests and impacts of various stakeholders in the decision-making and actions of a firm.

The Stakeholder Theory is however not immune from criticism. According to Freeman et al. (2020), the theory lacks of precision in defining who exactly constitutes a stakeholder. This ambiguity can make it challenging for organizations to prioritize stakeholders effectively. Further, the theory may not provide clear guidance on how to manage situations where the interests of different stakeholders' conflict. Implementing the Stakeholder Theory can be operationally challenging for organizations. It may require significant resources to identify, engage, and address the concerns of all relevant stakeholders effectively. Dooms (2019) points out that it is often difficult to measure the success of stakeholder management strategies, unlike profit or revenue, stakeholder satisfaction can be subjective and challenging to quantify. Nonetheless, while these criticisms exist, the Stakeholder Theory also has significant strengths, particularly in promoting

ethical and responsible organizational practices, long-term sustainability, and improved relations with diverse stakeholder groups (Freeman, 2023).

The Stakeholder Theory emphasizes the importance of considering the interests and expectations of various stakeholders involved in an organization's activities. In the context of donor-funded health projects, stakeholders can include not only the organization itself and the donors but also the healthcare recipients, government bodies, regulatory agencies, and other relevant parties. This theory is useful in the analysis of how organizational reporting systems facilitate communication and transparency among these diverse stakeholders, and how their input and concerns influence project implementation. By incorporating the Stakeholder Theory, the research study seeks a comprehensive understanding of the dynamics at play and explore how organizational reporting systems bridge the gap between the organization, donors, and the broader community, ultimately contributing to the success of donor-funded health projects.

2.3 Determinants of Project Implementation in Donor-Funded Health Projects

2.3.1 Quality Assurance and Project Implementation

Montgomery (2019) defines Quality Assurance (QA) in healthcare as activities conducted specifically to create, promote, sustain, or improve quality of a health product or service. He also notes that although 'assurance' implies a guarantee, quality in health can neither be assured nor guaranteed. The term is however aspirational, for continuous improvement of healthcare, with a reminder that quality service cannot be fully satisfactory but movements towards this target can be made. QA encompasses all elements of healthcare services and operations including billing, admissions, reception, and management among others. It has an influence on the performance of health practitioners, which impacts patients' experience and in turn the overall health project (Montgomery, 2019). QA is broadly divided into two primary components, one being, system design and resources, which encompasses the structure and design of a healthcare project e.g. staff recruitment, size, specialization, and the second, performance monitoring and readjustment which relates to reporting systems-conveying information on performance for decision-making and management.

Despite the critical nature of quality in healthcare, efforts towards Quality Assurance (QA) in developing countries are not consistent (Leonce, 2021). Many health studies and assessments conducted in these countries have emphasized measuring mortality, morbidity and health coverage

with less focus on the quality of health care (Leonce, 2021). Studies conducted in SSA reveal several deficiencies in health care quality and service delivery to the detriment of low-income populations who can ill-afford specialized care (Leonce, 2021).

According to Cookson *et al.* (2018) even in cases where QA in healthcare is emphasized, equitable QA is usually underappreciated. This means that donor agencies and implementing organizations remain poorly informed of the impacts of their health projects across varying demographics and socio-economic cadres. This then limits the effectiveness of management decisions even as the quality of service on the ‘average’ patient is highlighted.

2.3.2 Risk Management and Project Implementation

The importance of risk management in healthcare has only increased over the years, and cannot be overstated. The role of human error in creating risk will always exist in the health service. It is estimated that 9.5% of deaths reported in hospitals are caused by medical errors and incompetence, and in many cases, the number is generally underreported (Rodziewicz *et al.*, 2023). In any healthcare project, other than human error, any number of variables could cause harm, to patients and health practitioners, and therefore there is a continuous requirement for risk management. Risk management for health care involves systems and procedures that protect all organizational departments, assets, patients and employees from harm resulting from project implementation, and create a secure environment for health practitioners and clients to interact (Arab *et al.*, 2019). Risk management within the broader organizational management process is based on a 5-step strategy: identifying and analyses potential areas of loss, proposing and evaluating alternatives to the areas of loss or ways to control it, choosing the best feasible alternative, implementation, monitoring and evaluation of risk management process (Arab *et al.*, 2019).

Health projects range in different scales in implementation, and impact, however attention to risk management is a universal requirement. As Aduma and Kimutai (2018) suggest the fundamental purpose of risk management in an organization is to ensure the service is delivered at the desired quality, timescale, and within the budget by restricting significant hazards to this achievement. Therefore, effective risk management prioritizes the highest impact issues with the highest probability of occurrence while low impact hazards with low probability of occurrence are dealt with after.

The association between organizational reporting and risk management is based on the utility of information and communication generated and disseminated through reporting channels to avert harm and loss. For instance, Falasca, Dellana, Rowe, and Kros (2021) sought to establish empirically a the risk of counterfeit in the healthcare supply chain in the U. S. Their findings showed that risk management counterfeit orientation had a significant effect on improving supply chain in health care. The study suggested that organizations that integrated reporting in risk management had better performance overall. These findings however had limited generalizability as it was focused in the U.S., necessitating a study for the Kenyan local context. Studies show that healthcare organizations that employ risk management proactively protect clients, healthcare practitioners and assets of the organization, certifications and standards, and brand standing (NEJM Catalyst, 2018).

2.3.3 Technology and Project Implementation

Technology continues to be front and center of project performance as among many uses, it determines the creation, processing, and dissemination of information. For any organization in existence today, technology confers significant gains in project implementation. Pashutan et al. (2022) assert that when technology management and organizational goals are aligned, project performance is likely improved. Technology impacts nearly every facet of an organization and therefore to align it with the objectives and goals refers to providing the missing link between what technology promises and the output produced during project implementation (Pashutan et al., 2022). Therefore, for effective integration of technology in reporting systems for improved project implantation, it is necessary to establish ways to reduce cost while increasing the benefits of Information technology. In health projects, this requires continuous synchronization of project implementation and technology.

According to Shakeri and Khalilzadeh (2020) the developments precipitated by the advancements in information and communication technology in project management are not solely technical but require changes in organizational management as a whole. Therefore, organizational reporting systems as components of management need to evolve so as to leverage the opportunities technology provides.

Social media platforms have gained popularity in organizational reporting, with the uptake of the internet in the 21st Century influencing interactions between organizations and clients. Social

media platforms refer to collectively produced and shared media content and network communities (Hruska & Maresova, 2020). Users are able to share their views and experiences, thus enhancing creativity, communication and information sharing among connected users (Hruska & Maresova, 2020). There exists diverse types of social media platforms that offer different products and experiences, for example, social networking (Facebook and LinkedIn), microblogging (Twitter and Reddit) and media -sharing site (YouTube and Instagram) (Yan & Musika, 2018). Social media platforms have changed the way human beings interact, relate, cooperate and behave in unprecedented ways and as a result organization too have had to adapt to grow.

2.3.4 System User-friendliness and Project Implementation

A user-friendly system is characterized as a technological innovation deliberately crafted to be comprehensible and accessible to a significant majority of its users, enabling them to accomplish specific objectives effectively (Honig, 2022). This does not imply that the system or software lacks in functionality or complexity; instead, it signifies that a majority of users can grasp and operate it as intended with minimal training. Selecting a software solution that is user-friendly for non-technical individuals is of paramount importance, and it necessitates a careful consideration of the organization's needs, the capabilities of the staff, and the requirements of the projects at hand. Kuang and Fabricant (2019) enumerate a set of crucial criteria for consideration, emphasizing that a user-friendly interface should embody simplicity in its usage, comprehension, and navigation, all without demanding substantial technical expertise or extensive training. Additionally, it should furnish clear and concise instructions, streamline repetitive tasks, eliminate superfluous steps, offer opportunities for customization and personalization, and seamlessly integrate with pre-existing tools and systems.

Forchuk et al. (2021) evaluated the user-friendliness of community-based initiatives in Canada emphasizing on both methods of implementation and results, noting what had proven successful over the lifespan of a project. Notably, the study underscored the importance of establishing a clear value base that underpins the concept of user-friendliness within organizations. Additionally, it emphasized the significance of precisely defining the term "user" in the context of these initiatives, encompassing project managers, staff members, and clients—essentially, anyone capable of contributing to and benefiting from their involvement in the project.

2.4 Empirical Studies

Timo Meynhardt and Anne Bärö (2019) delve into the impact of reporting on organizational performance, with a particular focus on 'Public Value Reporting'. The authors underscore the contemporary need for organizations to justify their actions by aligning them with public values and basic human needs, thereby finding a collective purpose. The transition from an "inside-out" perspective, dictated by internal expectations of value creation, to an "outside-in" viewpoint, which considers what the public perceives as valuable, is encouraged. Reporting offers strategic advantages, such as effective risk management and a comprehensive understanding of entrepreneurial opportunities, extending beyond conventional financial reporting. It's described as a two-way transactional process aimed at reducing information disparities between internal and external organizational perspectives. Timo Meynhardt and Anne Bärö (2019) highlight the positive link between an organization's public value and its financial performance, emphasizing that public value potentials equate to growth potentials. Notably, studies in Kenya that observe this link are limited, constituting a significant gap.

Nani (2019) noted the inherent tension between financial report makers, that tends to minimize costs to optimize economic performance, and the community, which expects social accountability, with a focus on Islamic banks. The study's objective was to explore the perspectives of both financial statement preparers and users, the motivations for presenting these reports, potential user groups, and the specific information that would be included in such reports. Two respondent groups, lecturers and students representing users, and Islamic bank employees representing preparers, in Indonesia were selected for observation. Findings indicated agreement between users and preparers on the main objectives and motivations for reporting, while revealing differences in opinions regarding the specific information that should be disclosed in Islamic banking reports.

Reporting systems hold potential for enhancing healthcare quality, but there's a necessity for further research that encompasses all levels and scales within the healthcare system (Anderson et al., 2020). According to Anderson et al. (2020), research in this area is often rooted in concepts that fall short in adequately addressing the crucial influence of social, cultural, and organizational factors in healthcare. The studies discussed above predominantly indicate a positive correlation between effective reporting systems and project performance. However, they also underscore the significance of recognizing that the nature of this relationship can vary considerably based on

factors such as geographical location, the specific sector of the project, and the project's size. Consequently, it is challenging to extrapolate universally applicable conclusions due to the contextual nuances at play.

These facilities predominantly acquired digital health systems for administrative purposes. Interoperability varied within facilities employing multiple systems, and in-patient clinical modules were minimally utilized. Users expressed concerns related to system usability, insufficient training, infrastructure, and support. Vendors, while offering diverse modules, faced implementation challenges due to funding constraints, service prioritization, user hesitancy toward new technologies, and the absence of adequate data sharing policies. Muinga et al. (2020) noted a need for further research on workflow alignment strategies for effective project implementation, particularly among government, international donors, and regional health organizations.

2.5 Conceptual Framework

The dependent variable in this study is the quality of donor-funded health project implementation. The independent variable is the organizational reporting system, observed through four key components. Quality Assurance pertains to the strategies and procedures instituted to ensure that the execution of donor-funded health projects aligns with desired quality standards. Monitoring, appraisal, and quality control measures are examples of such activities. Risk management encompasses methodologies aimed at minimizing the adverse consequences of risks on project outcomes. It comprises methods for reducing the negative impact of risks on project outcomes. In technology, the utilization of technical tools and solutions throughout the implementation of donor-funded health programs is referred to in this variable. It includes the use of appropriate technology, software, and infrastructure to improve project efficiency and effectiveness. The system user friendliness variable gauges the ease of use and the overall user experience of the system involved in the implementation of donor-funded health projects. It evaluates how user-friendly and accessible the system is to those interacting with it.

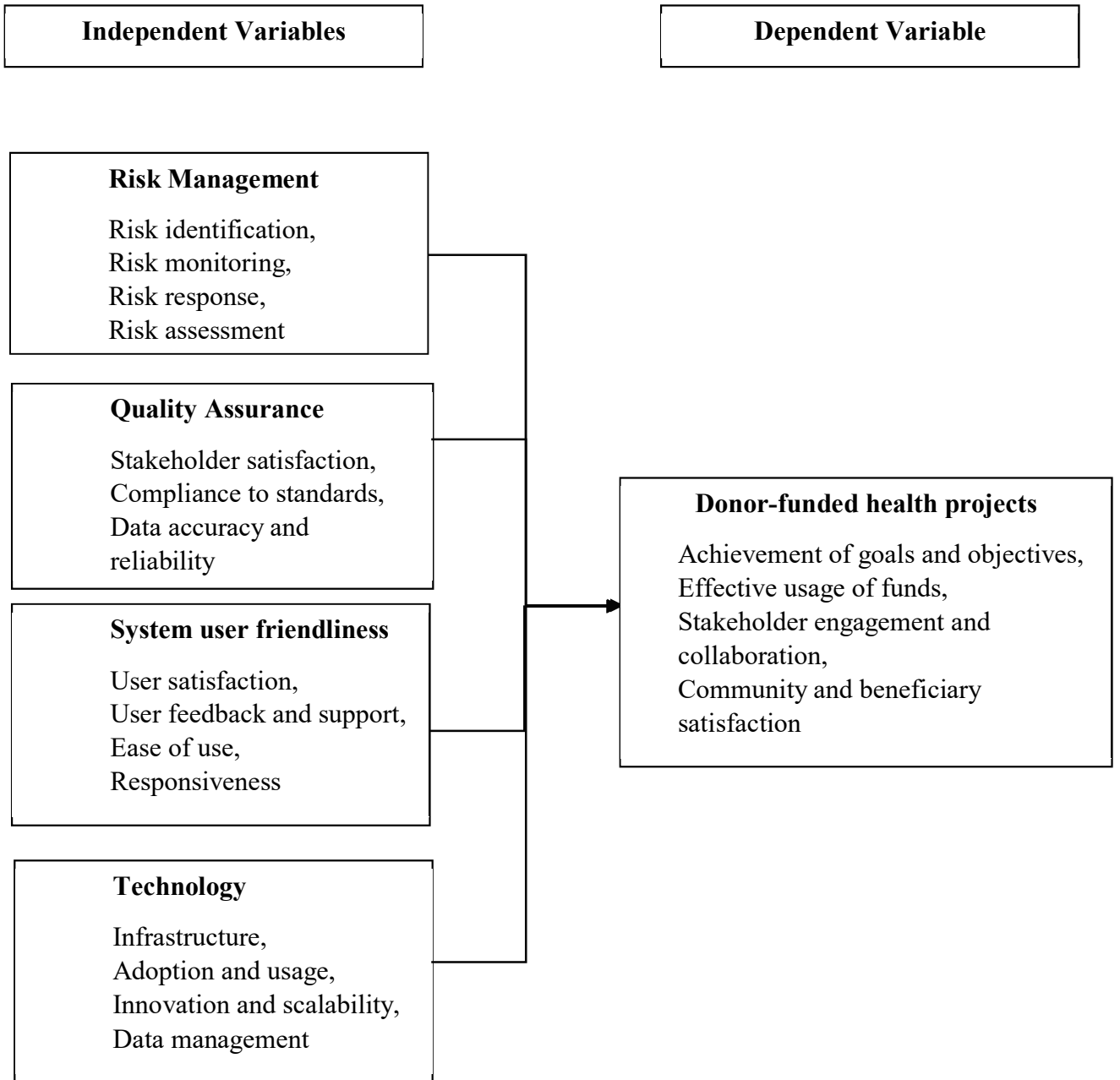


Figure 2-1: Conceptual framework showing the interaction between the study variables

2.6 Summary of Literature Review

The literature reviewed reveals several notable gaps in the existing body of knowledge. Firstly, while studies from various regions emphasize the crucial role of reporting systems in effective project implementation, it is apparent that the specific dynamics of this relationship can vary significantly based on geographical, sectorial, and project size contexts. As a result, the generalizability of findings remains limited, necessitating a deeper exploration of how contextual factors influence the impact of reporting systems on project performance.

Secondly, the scarcity of research in the Kenyan context concerning the influence of risk management, system user-friendliness, and technology and quality assurance on the performance of healthcare projects is a conspicuous gap. Understanding their role within the unique healthcare landscape of Kenya is vital, especially considering the significance of donor-funded health initiatives in the country. Bridging this gap can shed light on the specific challenges and opportunities associated with healthcare project management in Kenya, contributing to more effective project execution and resource allocation.

In summary, the literature highlights the need for contextually tailored research to address these gaps and provide insights that can inform both the Kenyan healthcare sector and the broader discourse on project management, risk mitigation, and reporting systems in the country.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This part sought to meet the study's objectives. It includes the research design, sample design and procedure, data collection methods, and data analysis methodologies.

3.2 Research Design

A research design specifies how the study should be done. It outlines the methods appropriate for collecting data and analyze it to be able to answer the research questions (Kothari, 2004). In this study a descriptive design was adopted. Mixed method, that is, qualitative and quantitative data was used to describe how the four aspects of organizational reporting systems (quality assurance, risk management, technology and system user friendliness) influence the implementation of donor-funded health projects.

3.3 Population

The target study population for this study comprised of selected individuals from the 10 donor-funded health projects in Makueni County (Appendix II). The target respondents selected for this study were the project managers, project accountants, implementing companies' administrators and community/social/health workers because they are the collaborators that ensure the success of the projects.

3.4 Sample Design

Because Makueni County's donor-supported project population is manageable, this study conducted a census of all 10 donor projects in the county. According to Kothari (2009), a census, entails a full listing of all items in the population. Kothari emphasizes that when the population is small, there is no need for sampling, arguing that covering the entire population improves the possibility of achieving the highest level of accuracy. According to Pandey (2015), the census approach delivers more precise and exact information because no unit of analysis in the population is left out, unlike sampling. The researcher selected purposively respondents form 10 organizations to give a total of 65 respondents.

3.5 Data Collection

The collection of primary data involved the distribution of questionnaires (see Appendix I) containing a mix of open and closed-ended questions, enabling respondents to express their thoughts freely. The selection of questionnaires was based on their ability to efficiently gather a substantial amount of information across a wide scope within a relatively short timeframe. The distribution and collection of these questionnaires were personally conducted by the researcher.

3.6 Pilot Study

Pilot testing aids in finding out whether the research instruments are functional in the real world (Wanjohi, 2014). This ensures that the questions are well understood and are not ambiguous prior to rolling out the tool to the sample population. For this study the pilot study was done on 5 people to assist in testing the tool for validity and reliability.

3.7 Reliability and Validity

There are two measures of quality in research referred to as validity and reliability (Heale & Twycross, 2015). Conducting a census from the whole targeted population unlike using a sample enhances external validity of the study. Working with an expert (supervisor) while constructing the questionnaire ensured the study has content validity.

The reliability of the tool is the extent to which a study instrument generates consistent results when used in the same setting on several occasions (Heale & Twycross, 2015). Cronbach's alpha, which ranges from 0 to 1, was used to evaluate for reliability, with 0.7 and greater being considered acceptable.

3.8 Analytical Model

The initial phase of the data analysis involved scrutinizing the collected raw data to ensure accuracy, completeness, and relevance. Subsequently, the data underwent classification, tabulation, and presentation in the form of tables. Statistical Package for the Social Sciences (SPSS) software was employed for a comprehensive analysis. Descriptive statistics, including measures such as mean and standard deviations, were computed. Additionally, correlation analysis was conducted to examine relationships between variables. To further elucidate the associations between variables, a multiple linear regression analysis was performed. The resulting model is depicted below:

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

Where:

Y = Illustrates the implementation of donor-funded health projects, β_0 = denotes the value of performance without the inclusion of independent variables

X₁ = Risk Management

X₂ = Quality Assurance

X₃ = Technology

X₄ = System user friendliness

$\beta_1, \beta_2, \beta_3, \beta_4$ = Regression coefficients, ε = Error of estimation

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

The researcher sought to determine how organizational reporting systems influenced the implementation of donor-funded health projects in Makueni County, Kenya. This goal was attained by evaluating donor-funded health programs in Makueni County, Kenya. The objectives are discovered in this part.

4.2 Response Rate

The research distributed a total of 65 questionnaires, with 58 of them being returned fully completed. This yielded an overall response rate of 89.23%. According to Creswell and Creswell (2017), a response rate exceeding 50% is deemed satisfactory.

4.3 Reliability Test

The dependability of the research instrument was determined using Cronbach's alpha. Table 4.1 summarizes the results.

Table 4.1: Cronbach's Alpha Coefficients

Variable	No. of Items	Coefficients
Technology	7	0.711
Quality Assurance	7	0.727
Risk Management	6	0.826
System User Friendliness	6	0.708
Implementation of Donor Funded Projects	3	0.961

All the variables had a score of over 0.7 and this indicates that all the variables were reliable for data analysis and conclusion.

4.4 Respondent's Demographic Information

The demographic information of the study respondents' is summarized in this section.

4.4.1 Gender of the Respondents

The gender of the study participants is summarized in table 4.2.

Table 4.2: Respondents' Gender

Gender	Frequency	Percentage
Male	25	43
Female	33	57
Total	58	100

In Table 4.2, it is evident that 57% of the 58 study participants were female, while the remaining 43% were male. This suggests a nearly equal distribution of female and male project managers in Makueni County, Kenya.

4.4.2 Respondents Age

The respondents ages as depicted in Table 4.3.

Table 4.3: Respondents' Age

Age	Frequency	Percentage
31 -40 Years	21	36.2
41-50 Years	24	41.4
51 Years and above	13	22.4
Total	58	100

According to the findings, the majority of respondents (41.4%) were between the ages of 41 and 50. However, the proportion of people aged 31 to 40 was significant (36.2%). Only 22.4% of individuals over the age of 50 were present. These statistics indicate that both project managers and beneficiaries have extensive work experience.

4.4.3 Respondents Level of Education

Table 4.4: Respondents' Level of Education

Level of Education	Frequency	Percentage
Diploma	5	8.6
Degree	38	65.5
Post Graduate	15	25.9
Total	58	100

As per Table 4.4, the predominant educational attainment among respondents was at the bachelor's level, accounting for 65.5%, while 25.9% held postgraduate degrees. Merely five individuals among those surveyed possessed a diploma. These findings suggest a high level of education among the study participants.

4.5 Descriptive Statistics

This section of the study describes the terms and circumstances associated with quality assurance, risk management, technology, and system user friendliness on health project implementation in Makueni County, Kenya.

4.5.1 Quality Assurance and Implementation of Donor-Funded Health Projects

Financial regulations are an important part of donor funding. These rules are in place to ensure complete financial openness and responsibility. Table 4.5 summarizes the financial regulations related to donor contributions for healthcare initiatives in Makueni County, Kenya.

Table 4.5: Financial Regulations

The statement	SA	A	N	D	SD	Mean	Std. Dev
	F	F	F	F	F		
	%	%	%	%	%		
Stakeholder feedback is actively sought and utilized to enhance project outcomes	31 53.4%	23 39.7%	4 6.9%	0	0	4.37	0.62
Compliance with standards is a fundamental aspect of our quality assurance practices	42 72.4%	12 20.7%	4 6.9%	0	0	4.33	0.59
Data accuracy is a top priority, and our systems are designed to minimize errors	22 37.9%	4 7%	10 17.2%	14 24.1%	8 13.8%	4.89	0.37
Our systems are user-friendly, requiring minimal training for effective use.	6 10.3%	6 10.3%	7 12.2%	9 15.5%	30 51.7%	2.23	1.26
Composite Mean & Std. Dev						3.68	.76

The results provided in Table 4.5 provide insight on stakeholders' involvement in providing input for project management. A large majority (53.4%) strongly agrees, and 39.7% think that their opinion is actively sought and used to improve project outcomes. Surprisingly, there is a high level of agreement among respondents, as evidenced by the small percentages of neutral (6.9%) and disagree (0%) comments. The low standard deviation of 0.62 lends credence to the notion that respondents' opinions are very homogeneous, indicating the widespread acknowledgement and significance put on stakeholder feedback. Similarly, data on standard compliance demonstrates a strong dedication to quality assurance measures. A huge 72.4% of respondents strongly agree, and 20.7% think that standard compliance is a critical feature. The low percentages of respondents who are neutral (6.9%) or disagree (0%), along with a low standard deviation of 0.59, indicate a high level of agreement and conformity among the respondents in this regard.

When it comes to data veracity, respondents' perspectives differ somewhat. There is a moderate standard deviation of 0.37, with 37.9% strongly agreeing, 7% agreeing, 17.2% neutral, and 24.1% disagreeing. This indicates a reasonably consistent perspective on the importance of data accuracy, with the majority of respondents tending to agree. However, the discussion concerning system usability produces a wide range of responses. Only 10.3 percent strongly agree, 10.3 percent agree, 12.2 percent are neutral, and 15.5% disagree. Notably, 51.7% strongly disagree, demonstrating a huge difference in perspectives. The large standard deviation of 1.26 shows the polarized stance among respondents about system usability, showing a significant need for improvement in this area. These insights are useful considerations for improving project management techniques, particularly in areas where stakeholder viewpoints differ.

4.5.2 Risk Management and Implementation of Donor-Funded Health Projects

Risk management plays a crucial role in the successful implementation of donor-funded health projects. These projects are often initiated to address specific health challenges or improve healthcare systems in recipient countries, and effective risk management is essential to ensure that the projects achieve their intended outcomes. The results are presented in table 4.6

Table 4.6: Risk Management

The statement	SA	A	N	D	SD	Mean	Std. Dev
	F	F	F	F	F		
	%	%	%	%	%		
There is an established risk management framework or methodology within your organization	11 18.6%	47 81.4%	0	0	0	4.71	0.41
The risk management is integrated into project planning and decision-making processes	35 60.3%	23 39.7%	0	0	0	4.31	0.36
The risk management policies and procedures are regularly reviewed and updated	4 6.9%	50 86.2%	4 6.9%	0	0	4.33	0.65
The risk management practices are communicated and understood throughout the organization	13 22.4%	7 12.1%	21 36.2%	15 29.5%	2 3.4%	3.65	4.78
Composite Mean & Std. Dev						3.26	.95

The information in the table provides insight into individuals' perceptions of the organization's risk management practices. The high mean score of 4.71 reflects strong agreement on a well-defined and generally acknowledged risk management structure, indicating that a significant majority (81.4%) of respondents agree that there is an established risk management framework or process within the firm.

Regarding the integration of risk management into project planning and decision-making processes, 60.3% strongly agree, while 39.7% agree. The overall mean score of 4.31 suggests a

positive perception of the alignment of risk management with project activities. In terms of the regular review and update of risk management policies and procedures, a small percentage (6.9%) strongly agrees, but the majority (86.2%) agrees. The mean score of 4.33 indicates a generally positive perception of the organization's commitment to keeping risk management practices current. Responses to risk management communication and understanding vary, with 22.4% highly agreeing, 12.1% agreeing, 36.2% neutral, 29.5% disapproving, and 3.4% severely disagreeing. The mean score of 3.65 implies considerable overall agreement, but the greater standard deviation of 0.95 indicates some disagreement within the organizational structure.

4.5.3 Technology and Implementation of Donor-Funded Health Projects

The integration of technology is a critical factor in the successful implementation of donor-funded health projects, contributing to enhanced efficiency, data accuracy, and overall project impact. The results on influence of technology are presented in table 4.7

Table 4.7: Influence of Technology

The statement	SA	A	N	D	SD	Mean	Std.
	F	F	F	F	F		Dev
	%	%	%	%	%		
Our infrastructure is robust and capable of supporting the demands of our projects.	34 58.6%	4 6.9%	14 24.2%	4 6.9%	2 3.4%	4.11	0.18
Investments in infrastructure are aligned with project requirements and future scalability	34 58.6%	9 15.6%	13 22.4%	2 3.4%	0	4.21	0.94
The organization actively embraces and adopts new technologies to enhance efficiency.	35 60.3%	4 6.9%	13 22.4%	0	33 56.9	4.27	0.56
Our technology solutions are designed with scalability in mind to accommodate future growth.	5 8.6%	5 8.5%	0	13 22.4%	35 3.4%	1.92	1.44
Composite Mean & Std. Dev						3.87	.87

Table 4.7 presents findings on the perceived influence of technology within the organization, with a focus on infrastructure, investment alignment, technology adoption, and scalability. For instance, 58.6% strongly agree that the organization's infrastructure is robust and capable of sustaining project objectives, resulting in a high mean score of 4.11 and indicating that everyone agrees on a trustworthy technological base. Similarly, 74.2% agree that infrastructure investments fit with project requirements and future scalability, as seen by the high mean score of 4.21. The higher standard deviation of 0.94, on the other hand, indicates different perceptions, highlighting possible areas for more targeted investment alignment.

Regarding technology adoption and efficiency, 67.2% express that the organization actively embraces and adopts new technologies to enhance efficiency. Despite the high mean score of 4.27, the moderate standard deviation of 0.56 suggests differing perspectives on the extent of technology adoption. In contrast, opinions vary on whether technology solutions are designed with scalability in mind. While 17.1% agree, 22.4% disagree, and 22.4% are neutral, resulting in a mean score of 1.92. The higher standard deviation of 1.44 highlights significant dispersion in opinions, signaling potential areas for improvement in scalability planning.

The composite mean of 3.87 indicates an overall positive perception of technology's influence within the organization. However, the moderate standard deviation of 0.87 suggests variability in opinions across different aspects, emphasizing the need for targeted strategies to address specific areas of concern or improvement. In summary, the organization is viewed positively in terms of its technological infrastructure and investment alignment, but there are opportunities for enhancing consensus on technology adoption and scalability planning.

4.5.4 System User Friendliness and Implementation of Donor-Funded Health Projects

The user-friendliness of systems is a critical aspect of implementing donor-funded health projects successfully. Ensuring that the technology and systems used in these projects are easily accessible and navigable contributes to efficient operation and maximizes the positive impact on healthcare delivery.

Table 4.8: System User Friendliness

The statement	SA F %	A F %	N F %	D F %	SD F %	Mean	Std. Dev
Continuous efforts are made to simplify complex processes for end-users.	36 62.1%	18 31%	0	2 3.4%	2 3.4%	4.38	0.185
The team actively monitors and addresses issues related to system responsiveness.	36 62.1%	19 32.8%	2 3.4%	1 1.7%	0	4.53	0.62
We track user engagement metrics to ensure widespread and effective system usage.	22 37.9%	12 20.7%	24 22.4%	0	0	3.96	0.87
Our systems respond promptly to user inputs, providing a seamless experience	40 69%	18 31%	0	0	0	4.61	0.56
Composite Mean & Std. Dev						3.58	.88

The data presented in Table 4.8 provides valuable insights into the user-friendliness of systems within the framework of donor-funded health projects. A substantial majority, comprising 93.1%, strongly agrees that continuous efforts are made to simplify complex processes for end-users. This high level of agreement, reflected in the mean score of 4.38, suggests a committed and ongoing initiative to enhance the user-friendliness of systems.

Similarly, the majority, at 94.9%, agrees that the project team actively monitors and addresses issues related to system responsiveness. The high mean score of 4.53 indicates a dedication to maintaining a responsive and efficient user experience, contributing to the overall positive perception of system effectiveness. Regarding the tracking of user engagement metrics, 58.6% of respondents agree that this is done to ensure widespread and effective system usage. However, the mean score of 3.96, coupled with the higher standard deviation of 0.87, suggests a moderate level of agreement and some variability in perceptions. This indicates potential areas for improvement in tracking user engagement to optimize system usage.

Furthermore, the data reveals unanimous agreement, at 100%, that systems respond promptly to user inputs, providing a seamless experience. The high mean score of 4.61 underscores a strong consensus on the efficiency of system responsiveness. In summary, the composite mean of 3.58 indicates an overall positive perception of system user-friendliness within the organization. While there is a commendable commitment to simplifying processes and addressing system responsiveness, there are opportunities to enhance consensus on tracking user engagement metrics for improved system usage. The findings emphasize the need for continuous efforts to consistently monitor, adapt, and improve user-friendly practices in the context of donor-funded health projects.

4.6 Inferential Analysis and Implementation of Donor-Funded Health Projects

The researcher used estimated equations which was done using multivariate regression and discussed in this section.

4.6.1 Model Summary

To determine the model's capacity to establish the relationship between the dependent and independent variables, a summary is calculated. The approach used to determine the influence of organizational reporting systems on the implementation of donor-funded health programs is summarized in Table 4.9.

Table 4.9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.592 ^a	.350	.301	0.022

a. Predictors: (Constant), quality assurance, risk management, technology and system user friendliness

To assess the strength of the association between variables, the correlation coefficient (R) was computed, resulting in a value of 0.592 for this model. This signifies a robust connection between the dependent and independent variables. The coefficient of variation represents the proportion of the dependent variable's variance attributable to the independent variables (Gujarati & Porter, 2009). The calculated R squared is 0.350, indicating that the independent variables explain 35% of the variation in the dependent variable. The unaccounted variation, constituting 65%, is attributed to variables not considered in this study.

4.6.2 Analysis of Variance

Table 4.10: Analysis of Variance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	29.798	4	7.449	7.139	.000 ^b
	Residual	55.306	53	1.044		
	Total	85.103	57			

a. **Dependent Variable:** Implementation of Donor-Funded Health Projects

b. **Predictors:** (Constant), quality assurance, risk management, technology and system user friendliness

The computed p-value, equating to 0.000, is below the critical threshold of 0.05. This indicates that the model is deemed suitable for scrutinizing the relationship between the dependent and independent variables.

4.6.3 Coefficients

To assess the impact of donor funds on project implementation, multiple regression analysis was employed to estimate Equation 3.1. The outcomes of this estimation are detailed in Table 4.11.

Table 4.11: Coefficients

	Unstandardized		Standardized	T	Sig
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	13.013	.223	2.664	6.417	0.000
Quality Assurance	.647	.205	.347	7.227	0.004
Risk Management	.502	.590	.279	5.258	0.006
Technology	.967	.614	.257	6.395	0.003
System User Friendliness	.510	.223	.374	2.802	0.002

a. **Dependent Variable:** Implementation of Donor-Funded Health Projects

b. **Predictors:** (Constant), quality assurance, risk management, technology and system user friendliness

The findings summarized in Table 4.11 suggest that the equation can be rewritten as:

$$Y = 13.013 + 0.647X_1 + 0.502X_2 + 0.967X_3 + 0.510X_4$$

The β coefficient of 0.647 with a p-value of 0.004 indicates a positive and significant influence of quality assurance on the implementation of Donor-Funded Health Projects. This implies that a one-unit increase in quality assurance corresponds to a 0.647-unit increase in project implementation. The p-value of 0.004, being less than the critical threshold of 0.05, leads to the rejection of the null hypothesis, suggesting a meaningful relationship between quality assurance and health project implementation.

The beta value of 0.502 and a p-value of 0.006 suggest a positive and significant impact of risk management on project implementation. The p-value of 0.006, below the significance level of 0.05, leads to the rejection of the null hypothesis, indicating a meaningful relationship between risk management and health project implementation in Makueni County.

The beta value of 0.967 and a p-value of 0.003 suggest that a unit increase in technology leads to a 0.967 increase in project implementation, and this relationship is statistically significant at the

5% confidence level. The p-value of 0.003, falling below 0.05, results in the rejection of the null hypothesis, signifying a significant association between technology and health project implementation.

System user-friendliness, indicated by a mean of 0.510 and a p-value of 0.002, has a positive and statistically significant effect on project implementation. The p-value of 0.002, being less than the critical threshold, leads to the rejection of the null hypothesis, suggesting a significant relationship between system user-friendliness and the performance of health projects in Makueni County.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This section of the study provides a summary of the findings, draws conclusions based on the findings and makes recommendations based on the findings.

5.2 Summary of Findings

The demographic analysis revealed a near equal distribution of gender among project managers in Makueni County. This balanced representation with 57% female and 43% male participants suggests a diverse and inclusive sample. A substantial portion of respondents (41.4%) fell within the 41-50 age range, implying significant work experience. This distribution, coupled with only 22.4% being 51 years and above, suggests a workforce with notable experience but possibly not yet at retirement age. The majority of participants (65.5%) held degree-level qualifications, while 25.9% had postgraduate degrees. This high educational attainment among project managers in Makueni County signifies a well-educated and potentially highly skilled workforce.

Descriptive statistics shed light on stakeholders' perspectives regarding key aspects of project implementation. Stakeholders overwhelmingly endorsed stakeholder feedback, compliance with standards, and data accuracy, indicating a positive organizational commitment to quality assurance practices. While there was consensus on the importance of quality assurance, opinions varied on system user friendliness. This suggests a potential area for improvement in ensuring that systems are user-friendly and easily navigable. Multivariate regression analysis revealed a statistically significant relationship between organizational reporting systems and the implementation of donor-funded health projects in Makueni County. Quality assurance, risk management, technology, and system user friendliness emerged as significant predictors, collectively explaining 35% of the variation in project implementation. This underscores the importance of these factors in shaping successful project outcomes.

These findings imply that organizations should adopt a holistic approach, considering the interconnectedness of quality assurance, risk management, technology, and system user friendliness for effective project implementation. The varying opinions on system user friendliness

highlight the need for continuous improvement efforts to enhance the overall user experience, potentially leading to increased project success.

5.3 Conclusion

The study emphasized the pivotal role of quality assurance (QA) in the successful implementation of donor-funded health projects in Makueni County. Quality assurance practices, involving stakeholders' active participation and adherence to standards, emerged as crucial contributors to project success. The significance of QA aligns with Montgomery's (2019) definition, which stresses continuous improvement in healthcare quality. The study's findings underscore that, despite challenges, a focus on QA is essential for ensuring the desired level of quality in health services and operations.

The conclusion highlights the importance of effective risk management practices in achieving successful project outcomes. Risk management, as per the study and supported by literature, involves identifying potential areas of loss, proposing alternatives, choosing the best feasible option, implementing, and monitoring. The role of risk management is crucial in the healthcare sector, where variables and human errors can pose significant threats. The study's findings reinforce Aduma and Kimutai's (2018) argument that prioritizing high-impact issues with the highest probability of occurrence is essential for project success.

The integration of technology was identified as positively impacting project implementation in Makueni County. The study highlighted stakeholders' positive perceptions, especially regarding robust infrastructure and alignment of technology with project requirements. This aligns with the literature, emphasizing the significant gains technology confers when aligned with organizational goals (Pashutan et al., 2022). The conclusion suggests that leveraging technology in reporting systems contributes to improved project implementation by facilitating the creation, processing, and dissemination of information.

The study emphasized the importance of system user friendliness and acknowledged continuous efforts to simplify processes and enhance system responsiveness. Divergent views on user engagement metrics indicated a need for improvement in this area. The conclusion aligns with the literature, emphasizing the significance of user-friendly interfaces in project implementation

(Kuang & Fabricant, 2019). Selecting software solutions that are comprehensible and accessible to users, without demanding extensive training, is crucial for achieving project objectives.

5.4 Recommendations

Address the divergent views on system user friendliness by focusing on continuous improvement initiatives, monitoring user engagement metrics, and addressing issues related to system responsiveness.

Despite positive perceptions, there is room for improvement in communicating and understanding risk management practices. Regular reviews and updates of policies and procedures should be emphasized.

Foster a consensus on technology adoption strategies to enhance efficiency. Aligning infrastructure investments with future scalability needs and designing technology solutions with scalability in mind are critical areas for improvement.

5.5 Suggestions for Further Study

Conduct a follow-up study to assess the long-term impact of implemented donor-funded health projects on the healthcare system in Makueni County.

Compare the findings from Makueni County with other counties or regions to identify variations in organizational reporting systems and their effects on project implementation.

Supplement quantitative data with qualitative insights to gain a deeper understanding of stakeholders' perceptions and experiences in the implementation of donor-funded health projects.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

The purpose of this questionnaire is to gather information regarding the implementation of donor-funded projects in Makueni County. It serves as an academic research initiative conducted at the University of Nairobi, as part of the requirements for the Master of Arts in Project Planning and Management degree. The data collected through this questionnaire will be strictly used for academic purposes and will be handled with the utmost confidentiality.

Kindly fill by ticking appropriately the availed options or by writing a brief statement in the case of open-ended questions.

SECTION I: General information

Gender

Male [] FEMALE []

Age

31 -40 Years

41-50 Years

51 Years and above

Level of education

Primary level [] Secondary level [] Certificate [] Diploma []

Degree [] Masters [] PHD []

Position in project

Project managers [] Project accountants [] Company administrators []

Community/social/health workers [] Any Other []

SECTION II: Technology

Statements on Technology	1	2	3	4	5
Our infrastructure is robust and capable of supporting the demands of our projects.					
Investments in infrastructure are aligned with project requirements and future scalability.					
The organization actively embraces and adopts new technologies to enhance efficiency.					
Our technology solutions are designed with scalability in mind to accommodate future growth.					

Please specify other ways you feel technology has helped in the implementation of this project.

SECTION III: Quality assurance

Statements on Quality assurance	1	2	3	4	5
Stakeholder feedback is actively sought and utilized to enhance project outcomes					
Compliance with standards is a fundamental aspect of our quality assurance practices					
Data accuracy is a top priority, and our systems are designed to minimize errors.					
Our systems are user-friendly, requiring minimal training for effective use.					

SECTION IV: Risk management

Statement on Risk management	1	2	3	4	5
There is an established risk management framework or methodology within your organization					
The risk management is integrated into project planning and decision-making processes					
The risk management policies and procedures are regularly reviewed and updated					
The risk management practices are communicated and understood throughout the organization					

SECTION V: System User Friendliness

Statements on System user friendliness	1	2	3	4	5
Continuous efforts are made to simplify complex processes for end-users.					
The team actively monitors and addresses issues related to system responsiveness.					
We track user engagement metrics to ensure widespread and effective system usage.					
Our systems respond promptly to user inputs, providing a seamless experience.					

Have you ever encountered any issues or challenges while using the system? If yes, please describe the issue and how it was resolved (if at all).

THANK YOU FOR YOUR RESPONSES

APPENDIX II: LIST OF HEALTH-RELATED PROJECTS

Health Projects in Makueni County
AIDS Healthcare Foundation (AHF) - Implementing HIV care and treatment programs
NorthStar alliance - Implementing HIV responses for Key Population funded by CDC
Medtronics Labs - Implementing Afya Dumu to Combat Noncommunicable Diseases
World Vision – Implementing Integrated Health & Water, Sanitation and Hygiene
Afya Ugavi - Supporting Medical supplies and Malaria funded by USAID
JPHIEGO - Implementing Obstetric Safe Surgery funded by USAID
Palladium – Implementing Health policy plus Funded by USAID
Catholic Medical Mission Board's – Implementing a community focused tuberculosis prevention, care and treatment project funded by Global fund

APPENDIX III: SIMILARITY REPORT

AIDAH MUSYOKI

ORIGINALITY REPORT

15% SIMILARITY INDEX	15% INTERNET SOURCES	3% PUBLICATIONS	6% STUDENT PAPERS
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PRIMARY SOURCES

1	erepository.uonbi.ac.ke Internet Source	6%
2	ir-library.ku.ac.ke Internet Source	1%
3	erepository.uonbi.ac.ke:8080 Internet Source	1%
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