

**FACTORS INFLUENCING PROJECT PLANNING IN KENYA'S RURAL  
HEALTH DEVELOPMENT PROJECTS; A CASE OF TURBO  
CONSTITUENCY, UASIN GISHU COUNTY.**

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## DECLARATION

I hereby declare that this Research Project is my original work and has not been presented in any other university.

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L50/66417/2013

This research project has been submitted for examination with my approval as the university supervisor.

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## **DEDICATION**

This Research Project is dedicated to my Mother Mrs. Hellen Kebenei for her spirit of hard work she instilled in me, to my fiancée Helga Lel for her undying love and to my brothers and sisters who are my academic mentors

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## **DEDICATION**

I wish to dedicate this project to my family and friends, lecturers for their support and mentorship which has seen me come this far in writing this project.

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## **LIST OF ABBREVIATIONS**

ADF	Africa Development Fund
CDF	Constituency Development Fund
CPM	Critical Path Method
ELDOWAS	Eldoret Water and Sanitation Company Ltd
PERT	Programs Evaluation and Review Technique
PHC	Primary Health Care
SIMAHO	Sisters Maternity Home
SPSS	Statistical package for Social Sciences
WHO	World health Organization
WONCA	World Organization of Family Doctors

## **ABSTRACT**

The study sought to examine the factors that influence project planning in Kenya's rural health development projects. It analyzed the effects of resources, leadership capabilities, political organization and societal culture influence on project planning. This study was based around open systems theory, resource based theory and strategic leadership theory. The study employed a descriptive research design. The population of the study was all heads of the rural health development projects, community leaders, trained health workers and the chairman of Turbo Constituency Development Fund (CDF). According to the CDF board of Turbo, there were approximately 28 rural health development facilities within the region. Census was used in order to come up with the sample size. The study classified the respondents into strata according to their occupation in the rural health development projects so as to facilitate an equal chance of selection. Therefore, 3 respondents from each rural health facilities were picked as the respondents, given that there was only one CDF chairman in the constituency, thus totalling to a sample size of 85 respondents. The data collection instrument that was used in this study was structured questionnaires which took the form of a likert scale questionnaire. In order to capture potential weaknesses of the research instrument, procedure, and of the information gathered by the research questionnaire, a pilot study was conducted. After data had been collected from the respondents, it was analyzed using SPSS (Statistical package for Social Sciences) to generate descriptive and inferential statistics. Descriptive statistics included measures of the mean, standard deviation and frequencies of the responses generated from the questionnaires. Inferential statistics on the other hand was measure regression, correlation of coefficients for purposes of showing the relationship between the dependent variable and the independent variable. The study found that most of the respondents 82% (mean=4.1) were of the view that the government has allocated sufficient funds for development of rural health projects, the CDF in Turbo is allocated some funds to oversee the development of these projects and plan for structures to facilitate development of rural health projects. The findings indicated that a majority of the respondents 90% (mean=4.5) were of the view that the county government has a sessional paper drafted in relation to development of rural health projects, the study also showed that that political groups have affected access of some community groups to health centers established in the constituency, the findings showed that a majority of the respondents 84%(mean=4.2) agreed with the fact that the community as the stakeholder are engaged in the evaluation of the running of the projects. The study concluded that there is need to ensure that project planning is implemented in the entire country as this will ensure that the tax payer's money and government grants are well utilized and also minimizes cases of embezzlement of funds. It further states that today's highly competitive environment, managing resources effectively which can also have a significant impact on the results of a project. Another conclusion was that resources are the essential ingredients required for the implementation of projects and the element of scarcity of resources constitutes a serious limitation to the attainment of projects' goals and objectives. The study recommends that projects have to be properly planned through careful selection and implementation of programs and projects in such an efficient and effective manner to facilitate the realization or achievement of goals and objectives.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background of the Study**

Project planning begins with the setting of goals and objectives which represent the broad rationalization for the existence of an establishment. The benchmark of progress achieved is usually measured by the degree of attainment of stated goals and objectives. Usually, the goals and objectives are concretized and translated into programs and projects which represent tangible and measurable parameters of success or failure. This is often a very difficult process but represents a very important stage in the planning process. If programs and projects describe and capture the essence of goals and objectives, then progress would have been recorded in the determination of the extent to which the set goals and objectives can be accomplished (Chioma, 2013). The study analyzed the effects of resources, leadership capabilities, political organization and societal culture influence on project planning. This study was based around open systems theory, resource based theory and strategic leadership theory.

According to the Prince's Trust (2012) Britain, the challenge that faces the management of the projects in Britain is lack of loan sufficiency among urban poor residents. Despite the huge differences between developing and developed countries, access is the major issue in rural health around the world. Even in the countries where the majority of the population lives in rural areas, the resources are concentrated in the cities. All countries have difficulties with transport and communication, and they all face the challenge of shortages of doctors and other health professionals in rural and remote areas. Many rural people are caught in the poverty– ill health– low productivity downward spiral, particularly in developing countries. The provision of health services in rural and remote areas is significantly affected by limited funding and other resource constraints. As mentioned already, in developing countries, there is considerable poverty and limited facilities and resources available for health care. In many developed countries, there has been a trend towards the reduction of funding and infrastructure support for health services in

rural and remote communities. Rural health services require sufficient numbers of doctors and other health care providers who have the necessary skills to work effectively and comfortably in these areas. Sustainability of these services is dependent on adequate health service infrastructure and availability of specialist support (Strasser, 2003).

Since 1992, WONCA, the World Organization of Family Doctors, has developed a specific focus on rural health through the WONCA Working Party on Rural Practice. This Working Party has drawn national and international attention to major rural health issues through World Rural Health Conferences and WONCA Rural Policies. The World Health Organization (WHO) has broadened its focus beyond public health to partnership with family practice, initially through a landmark WHO–WONCA Invitational Conference in Canada. From this has developed the Memorandum of Agreement between WONCA and WHO which emphasizes the important role of family practitioners in primary health care and also includes the Rural Health Initiative. In April 2002, WHO and WONCA held a major WHO–WONCA Invitational Conference on Rural Health. This conference addressed the immense challenges for improving the health of people of rural and remote areas of the world and initiated a specific action plan: The Global Initiative on Rural Health. The ‘Health for All’ vision for rural people is more likely to be achieved through joint concerted efforts of international and national bodies working together with doctors, nurses and other health workers in rural areas around the world (WONCA, 2000).

The Working Party on Rural Practice has been involved in the organization of a series of International Rural Health Conferences. Each of these conferences has involved >300 delegates from up to 30 different countries around the world. The WONCA Policy on Rural Practice and Rural Health outlines a framework for rural health care, noting that there are special problems in rural health care that are not seen in urban health care. The document calls for affirmative action policies by Government structures at national and regional levels which address the needs of underserved rural areas. It calls for research to inform rural health initiatives and to monitor progress in rural health care. The WONCA (World Organization of Family Doctors) policy goes on to outline a series of strategies: to establish rural health administrative structures; for the allocation of financial resources; to increase rural health research; and to enhance the development and representation of rural doctor issues (WONCA, 2009).

The objectives of the Ceara rural sustainable development and competitiveness project for Brazil are to: (i) improve the sustainability of rural production, including irrigation and rural income generation; and (ii) contribute to the Borrower's efforts to universalize access to water services. The restructuring will not change the original Project Development Objective (PDO) of the project. The purposes of this restructuring are: (i) widening of targeted investments towards water supply and sewerage systems for families in rural communities with difficult access to water; and (b) reduce the scope of component one, economic inclusion, to refocus it on a number of activities which can successfully be completed within the first phase of the implementation period (World Bank, 2014).

In Ghana, after nearly two decades of national debate and investigation into appropriate strategies for service delivery at the periphery, the Community-based Health Planning and Services (CHPS) Initiative has employed strategies tested in the successful Navrongo experiment to guide national health reforms that mobilize volunteerism, resources and cultural institutions for supporting community-based primary health care. Over a 2-year period, 104 out of the 110 districts in Ghana started community-based primary health care. The Ghana Community-based Health Planning and Services (CHPS) Initiative scales up innovations from an experimental study of the Navrongo Health Research Centre (NHRC) into a programme of national community health care reform that seeks to improve the accessibility, efficiency and quality of health and family planning care. Various campaigns have been launched to promote immunization, disease eradication or to mobilize community volunteers. However, none has been integrated into more general policies of reform, and the provision of sustainable community health services has not progressed in Ghana. In Africa, Large-scale organizational change is complex to undertake, particularly in settings where incremental internal resources for financing the process of change are lacking. Overcoming the complexity of organizational change requires strategies for phasing in change by discrete components in small, manageable areal units. Pilot trials are useful, not only at the experimental phase, but also in the course of scaling up. Pilots build experience with the change process, permitting adaptation of the new organizational system to local realities (Nyonator, Awoonor, Tanya, Robert & Miller, 2005).



The experience with Government projects in Nigeria is that rather than act as vehicles for the sustained development of rural areas, they only exist more or less as glossary in the annual rituals called budgets that serve merely as public relations cliché. A greater level of development and enduring progress can be achieved in Nigeria if suitable projects are formulated, prepared and implemented through the instrumentality of government machinery. Projects which are chosen should be of high priority and widespread acceptability in the national development plan. Several perspectives can be brought to bear on the definition of projects. The Food and Agriculture Organization of the United Nations (FAO) thinks of projects in the production sense (Todaro & Smith, 2005).

Health coverage in Kenya was a significant problem in the 1990s, particularly at the primary level, leading to the high incidence of illnesses like malaria and diarrhea in both urban and rural Kenya. The formulation of the rural health project resulted from the conclusions drawn after consultations between the Government of Kenya and the donor community in 1989. As part of its all-inclusive approach, this project incorporated participatory methodologies into its design to ensure that communities developed a sense of awareness of health issues and ownership of health services to facilitate the government's initiative of decentralization of health services based on a progressive community-based health care agenda (Africa Development Fund, 2008). According to Kenya, Vision 2030 the greatest challenges facing the health sector in Kenya are; inadequate funding to support planned rehabilitations of health facilities, limited capacity in procurement building and supervision, inefficient supply chain management system, matching supply of skilled human resources with the high rising demand for public health services, compounded by high population growth rate and lack of data and information on community health. One of the social pillars seeks to incorporate rehabilitation of county health facilities is a social pillar which will aim at offering integrated and comprehensive healthcare to the society which the government has embarked on development of health facilities in some parts of the country.

The project objectives are achieved through the following 3 components; health facilities, community based health care and project management. The sector goal is to contribute to the improved health status of all Kenyans through the deliberate restructuring of the health sector to

make all health services more effective, accessible and affordable. The project's objective is to improve the health status of the target communities in seven districts through Primary Health Care (PHC) strategy, with focus on community participation and support to community initiatives (Africa Development Fund, 2008).

## **1.2 Statement of the Problem**

Health financing remains an issue in Kenya, both because the level of funding is insufficient in spite of government's fiscal effort as well as inadequate resource allocation. Health expenditure in urban areas represents 70% of government's spending on health, but yet only 20% of Kenyans live in urban areas (African Development Fund, 2008). Under Vision 2030, a number of flagship projects have been identified in each sector which was to be implemented over the five years of the vision to facilitate the desired growth on a sustainable basis. Health projects have been identified as key in driving health growth in the health sector. The millennium development goals (MDGs) can only be achieved if only the health systems are improved at all levels or regions in the country.

Yilmaz, Dasdemir, Atmis and Lise (2010) sought to establish the most important factors affecting rural development in Turkey. The study considered factors measuring environmental, economic and socio-cultural dimensions which are different from those that the current study addresses. Gichoya (2005) examined the factors affecting the successful implementation of ICT projects in government. The findings indicate that the vision, strategy and government support are considered important for success while lack of funds and poor infrastructure are considered as major factors for failure for project implementation. Onsongo (2012) examined the influence of community participation in the sustainable implementation of health projects in Nyamira County. The researcher found that community members' contribution in decision making helps in the revitalization planning process and better understand the process and support a project they had input in.

These identified studies have touched little on factors that influence project planning in Kenya's health sector. The few that address the same consider other variables different from those that the current study was focus on. These identified gaps creates the need for a thorough research on the influence of resources availability, leadership capabilities, political organizations and societal culture in project planning of Kenya's rural health development projects.

### **1.3 Purpose of Study**

The study's general objective was to examine the factors that influence project planning in Kenya's rural health development projects; a case of Turbo constituency, Uasin Gishu County.

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

The research sought to address the following objectives;

- 1) To identify whether resources influence project planning in Turbo's rural health development projects
- 2) To evaluate whether leadership capabilities influences project planning in Turbo's rural health and development
- 3) To assess the influence of political organization on project planning in Turbo's rural health and development projects.
- 4) To determine the influence of societal culture on project planning in Turbo's rural health projects.

### **1.5 Research Hypotheses**

The hypothesis of the research was based on the philosophy of positivism and was as follows;

- i. Availability of resources positively influences project planning in Kenya's rural health development projects.
- ii. There is a positive relationship between leadership capabilities and project planning in Kenya's rural health development projects.
- iii. There exists a positive relationship between political organization and project planning in Kenya's rural health and development projects.
- iv. Societal culture positively influences project planning in Kenya's rural health projects.

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

The study findings will be used by the government and other donors on social welfare. They could use the findings of this study to mitigate some of the challenges faced in the planning

for health sector development in rural areas. From the study, they could also identify gaps resulting from cultural indifferences among the society especially related to health initiatives with the objective of sensitizing the society on the significance of such projects.

It is hoped that organization with different projects, not only health projects in various parts of the country would use the study findings for the purposes of improving their operations and be able to come address planning challenges or improve on their already established project planning techniques. The study was also contributed to the development of society awareness to foster communities to embrace the initiation of such beneficial projects.

To academicians, who was address gaps identified from the current study or use the same as a source of reference for further research. The findings of the research was add to the existing literature on factors that influence project planning in rural health sectors

## **1.7 Limitation of the Study**

Within the context of research project, the term limitation denotes the limiting conditions or restrictive weaknesses (Mugenda & Mugenda, 2003). In this study, the limitations include; Questionnaires were the only used research instrument thus there was limited face to face interaction with the respondents which could accurately capture their reactions towards their views on the subject. Additionally, the research was biased given that it was be interpreted by a single researcher based on own perception.

The other limitation was that of; reluctance and lack of trust that the researcher was receive from the respondents. However, in this scenario the researcher was assured the respondents that the results were solely for purpose of research so as to avoid biasness in response. In addition, this research was carried out in one constituency only that is Turbo in Uasin Gishu County, thus its findings could not be assumed to be the same nation-wide. Lastly, resources were also constraint the researcher thus to avert this, the researcher was initiate a work plan and a budget that was enable in financial planning as well.

## **1.8 Delimitation of Study**

In research, delimitation of the study means identifying the boundaries of the study. The population of the study were; all heads of the rural health development projects, community leaders, trained health workers and the chairman of Turbo Constituency Development Fund (CDF). According to the CDF board of Turbo, there are approximately 28 rural health development facilities within the region.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter discusses literature relating to the study variables which are; resources availability, leadership capabilities, political organization and societal culture. The theoretical and empirical literature related to the variables of the study is also presented.

#### **2.2 Theoretical Foundations**

This study is anchored on the broad theoretical perspective of three theoretical basis; strategic leadership theory and resource based theory.

##### **2.2.1 Strategic Leadership Theory**

The essence of strategic leadership involves the capacity to learn, the capacity to change and managerial wisdom (Boal & Hooijberg, 2001). Strategic leadership theories are concerned with the leadership of organizations and are marked by a concern for the evolution of the organization as a whole, including its changing aims and capabilities (Selznick, 1984). According to Boal and Hooijberg (2001) strategic leadership focuses on the people who have overall responsibility for the organization and includes not only the head of the organization but also members of the top management team.

Hosmer (1982) noted that contingency theories of leadership did not account for an organization's competitive position in the industry. Hosmer proposed that the task of the leader was different from that of a manager because a leader must constantly consider the organizational strategy in relation to the external environment. In this way, leadership represents a higher order of capability that involves both developing strategy and influencing others to follow it. Hambrick and Mason (1984) built on this idea and proposed what was then known as upper echelon theory. The central assertion of upper echelon theory is that because leaders operate at a strategic level, organizations are reflections of the cognition and values of their top managers. The specific knowledge, experience, values, and preferences of top managers will

influence their assessment of the external environment, and ultimately the choices they make about organizational strategy. Therefore, over time, the organization comes to reflect the top leader. This theory was adapted and expanded by subsequent authors, and eventually came to be known as strategic leadership theory (Finkelstein & Hambrick, 1996).

A fundamental premise of strategic leadership theory is that a leader's field of vision and interpretation of information is influenced by that leader's values, cognitions, and personality (Cannella & Monroe, 1997). Specific expressions of this underlying premise continue to be studied today. As the theory was refined by subsequent authors, strategic leadership theory grew to address the larger question of how a top-level leader contributes to organizational performance. Relying on the constructive development theory of Kegan (1982), Lewis and Jacobs (1992) argued that a leader's capacity to construct meaning of the organizational environment was more important than other factors such as values or leadership style. This theory was later linked with Jaques and Clement's (1991) stratified systems theory, which asserted that the complexity of the leadership task escalates as one moves up the hierarchy. Taken together, these theories assert that in order to be effective, the developmental capacity of a strategic leader must be well matched to the complexity of the work (Lewis & Jacobs, 1992).

More recently, authors in strategic leadership have described strategic leadership in broader terms. Ireland and Hitt (1999) proposed six components of effective strategic leadership: determining the organization's purpose or vision; exploiting and maintaining core competencies; developing human capital; sustaining an effective organizational culture; emphasizing ethical practices; and establishing balanced organizational controls. When these elements are in place, they argue, the firm's strategic leadership becomes a source of competitive advantage for an organization. In a similar effort focused on providing a broader, more integrative framework to explain how a top-level leader influences organizational outcomes, Boal and Hooijberg (2000) called for researchers to look beyond demographic variables and work instead to integrate research from other fields to describe the process whereby strategic leaders affect organizational outcomes. In keeping with this direction they proposed that at its core strategic leadership is about a leader's ability to create and maintain three capacities within the organization: absorptive capacity (or the capacity to learn), the capacity to change, and the capacity for managerial

wisdom. The application of Boal and Hooijberg's (2000) model in the nonprofit sector is explored later in this paper.

### **Application of Strategic Leadership Theory to Nonprofit Organizations**

There have been a number of studies and theoretical articles published on the role and influence of nonprofit executives generally. Several of those speak to the question of whether theories of strategic leadership from the for-profit literature would apply to nonprofit organizations. Dargie (1998) conducted a qualitative case study of public leaders, including two hospital executives. His conclusion was that the role of the public executive is different from the role of business executive. These differences between public and private executive roles included different informational, interpersonal, and decisional roles. Taliento and Silverman (2005) more recently offered their opinion of the difference between the role of corporate CEO and nonprofit CEO. Though they did not provide enough information on their methods to determine the rigor of their study, their conclusions were based on interviews with leaders who had led both for-profit and nonprofit organizations. They identified five areas in which nonprofit strategic leaders must adapt the practices of for-profit strategic leaders. These areas were a smaller scope of authority, a wider range of stakeholders who expect consensus, the need for innovative metrics to monitor performance, the requirement that nonprofit CEOs pay more attention to communications, and the challenge of building an effective organization with limited resources and training. Despite a growing volume of literature on strategic leadership, only a few researchers have attempted to incorporate strategic leadership theory into the nonprofit sector by examining the causal link between the leader's actions and organizational performance. Menefee (1997) attempted to address the question of how human service nonprofit directors succeeded in turbulent times. After face-to-face interviews with nonprofit executives, several themes for managing strategically were offered. However, despite using the term strategic leadership, Menefee did not cite or rely upon any of the principle articles in the field of strategic leadership. In this way, Menefee's work represents an early recognition of the need to integrate the fields of strategic leadership and nonprofit leadership. The same can be said for Shin and McClomb (1998), who examined the relationship between executive leadership style and organizational innovation in nonprofit human service organizations. While a focus on vision was found to be



correlated with the frequency of organizational innovation, those findings were not connected to the then emerging field of strategic leadership. In a study examining the link between employee values and nonprofit outcomes, Macy (2006) found certain value orientations, such as employee worth, to be related to successful organizational outcomes. While employees and agency directors were surveyed separately, the influence of values on organizational outcomes did not differentiate between employee values and executive values. Thus, Macy's findings suggest possible support for the argument that nonprofits reflect their leaders' values, though the findings were not put forth to support that specific research question. Propositions Since the application of strategic leadership has not been extended to the nonprofit sector, this paper attempts to offer specific propositions concerning strategic nonprofit leadership. These propositions are drawn from two sources: existing strategic leadership theory and prior research on the nonprofit sector. Because there have been multiple frameworks published in the strategic leadership field, one framework was selected for the development of propositions. Boal and Hooijberg's (2000) framework was selected as the basis for these propositions because existing nonprofit literature provides at least initial support for each of the three elements: the capacity to learn, the capacity to change, and the capacity for managerial wisdom. Thus the first three propositions offered herein are an application of Boal and Hooijberg's definition of strategic leadership to the nonprofit sector. In addition to these three propositions, the current authors have scanned the nonprofit literature for evidence of any additional elements of strategic leadership that might be unique to the nonprofit sector. The final three propositions are offered as an extension of Boal and Hooijberg's (2000) framework to reflect the realities of strategic leadership in the nonprofit sector. Support for each of these three propositions is drawn either from nonprofit literature or from research on public organizations

This theory is relevant to the study as it highlights the functions of a leader and how they manage the function of planning and maintain proper organizational structures, processes and culture for success of a project.

### **2.2.2 Resource Based Theory**

This theory argues that firms possess resources enable firms to achieve competitive advantage and lead to superior long term performance. Valuable and rare resources can lead to

the creation of competitive advantage. That advantage can be sustained over longer time periods to the extent that the firm is able to protect against resource limitation, transfer or substitution (Frawley & Fahy, 2006). Information system resources may take on many of the attributes of dynamic capabilities and may be useful to firms operating in rapidly changing environment. Information resources may not directly lead the firm to a position of superior sustained competitive advantage but they may be critical to the firm's long term competitiveness in unstable environments if they help it develop, add, integrate and release other key resources over time (Wade and Hulland, 2004)

Resources such as adequate finance and competent human resource are crucial for the effectiveness of project planning and its implementation in a rapidly changing environment (Wade and Hulland, 2004). The dynamic capabilities which consist of the activities and mechanisms of managing resources in the creation of value which enables companies manage its activities for improvement in performance. It is expected that an organization that has adequate financial resources would have more influence on the effectiveness of project planning competent leadership. This theory is also relevant to the study as it explains how resources at a firm's disposal are a critical factor to consider in order to facilitate the planning which oversees the overall objectives of certain projects.

## **2.3 Empirical Review**

### **2.3.1 Resources and Project Planning**

Although there are many ways to judge the success of a project, today's standard based accountability systems focus most on project strategic planning.

In addition, given the current policy context and the fact that many states are focusing a lot of their resources on the testing requirements of the Act of 2001 as well as state standards-based reforms, it seems relevant to study, if indirectly, how these resources influence outcomes on standardized tests of projects.

Ali (2011) examined the factors that affect financial sustainability of NGOs in Kenya with specific reference to Sisters Maternity Home (SIMAHO) in Garissa. The study found that donor relationship management contribute most to financial sustainability of nongovernmental followed by strategic financial management then income diversification while own income generation contributed the least to financial sustainability of nongovernmental organizations. The study recommends that in order to ensure that the NGOs remain sustainable; they should procure employees that are competent in strategic planning, plan implementation and financial analysis. Further recommendations are that NGO management should increase their income sources from their usual ones. The management should ensure that they maintain a good relationship with the donors mainly by information management, ensuring there is accountability and meaningful communications.

Belout and Gauvreau (2004) examined the impact of human resources in project success. The results found that for three distinct structures; functional, project based and matrix, the management Support and Trouble-shooting variables were significantly correlated with success. The study confirms a moderating effect between the independent variables and project success, depending on the sector studied. The study adds another step in conceptualizing human resources management in project context which is still very scarce.

As Fermanich (2003) summarized, prior research on the effects of leaders and employee capability on project achievement includes three main types of studies: production function studies, effective strategies and leader effects/employee-effects studies. Production function studies such as those reviewed by Hanushek (1989) and reviewed by Hedges et al. (1994) found, at best, a questionable link between resources and success. However, it is also the case that these studies tend not to include fully specified models of how effective performance and success in project planning transpires in a project. The second group, effective strategy studies, shows that effective project planning tends to have certain characteristics, but these are not necessarily linked to level of resources. The third group, leader effects/employee-effects studies, uses regression analysis to show how various characteristics of leader and employees are related to project outcomes, including achievement. In terms of the effect of project-level resources, most

of these studies have not looked directly at this issue. This study looks both directly at this issue and at some of the other variables found to influence student achievement cited in studies next.

Some studies have shown that after accounting for project characteristics, the largest portion of the remaining unexplained variance is due to the characteristics of the leader (Sanders, 2000) Narrowing in on project resources Sanders and Rivers, 1996). Much of the research on leader effects has focused on experience, education, certification, ability, and leader evaluation score, with mixed findings on the impact of all of these factors except standards-based leader evaluation score, which is consistently positive (Darling-Hammond, 2000; Gallagher, 2004; Hanushek, 1992; Hanushek, Kain, O'Brien, and Rivkin, 2005; Kimball, White, Milanowski, and Borman, 2004; Milanowski and Kimball, 2005; Wayne and Youngs, 2003).

At the project level, some studies have shown a negative relationship between the size of a project and its achievement, suggesting that smaller projects may be more successful (Andrews, Duncombe, and Yinger, 2002).

Current resources can and must be used better if ambitious project reform goals and project performance improvement are to be achieved. Research has produced a great deal of information about how dollars are distributed to projects. However, there is insufficient data in the research on how to put dollars to productive use (Picus and Fazal, 1995). From recent studies, it is known that at least 80 percent of project budgets are spent at and within project sites for a wide range of t services such as instruction, leadership, consultancy services, supplies, and materials (Odden and Archibald, 2001). The remaining expenditures support the superintendent's office, tax collection, insurance coverage, and other business and operating expenses.

In today's highly competitive environment, managing people effectively can also have a significant impact on the results of a project since, as Hubbard (1990) noted, most major project failures are related to social issues. For instance, a study by Todryk (1990) revealed that a well-trained project manager is a key factor linked with project success because as a team builder, he/she can create an effective team. This view is supported by other studies on project-team training. Financial management plays an important role in supporting new programs to be

diffused in practice. Some even argue that programs can only be fulfilled to the extent that they can be realized through technologies. As a consequence, technologies become imperative in terms of realizing the program (Ahrens and Chapman, 2006).

Ahrens, T.A., Chapman, C. (2006). Doing qualitative field research in management accounting: positioning data to contribute to theory. Kamanga (2013) conducted a study to identify the causes of delay in completing road construction projects in Malawi. The results were analyzed using the Relative Importance Index (RII) and Spearman's Rank Correlation Coefficients, which indicated that the top ten causes of delay in Malawi are: shortage of fuel, insufficient contractor cash-flow, shortage of foreign currency for importation of materials and equipment, slow payment procedures adopted by the client in making progress payments, insufficient equipment, delay in relocating utilities, shortage of construction materials, delay in paying compensation to land owners, shortage of technical personnel, and delay in site mobilization. The causes of delay are significant and should be given attention by client organizations, consultants and contractors to enable the timely completion of projects in future.

### **2.3.2 Leadership Capabilities and Project Planning**

Leadership is the art and science of applying a set of knowledge, skills, tools, and techniques by a leader to a project in order to meet or to exceed the needs and expectations of the stakeholders. It requires achieving a delicate balancing of strategic and tactical requirements. Leadership often requires determining what is possible and what is needed. Balancing capability and need generally results in defining the best that can be achieved with the limited resources available, rather than attempting to find the perfect solution.

Need for professional leadership techniques emerged with growing scope and complexity of projects, with tightening restrictions and requirements for use of material, financial and labour resources and for quality of work and performance (Neverauskas, 2008). Leadership through application of different project leadership techniques and tools contributes to timely completion of the project conforming to specific requirements and intended budget.

The current trends towards global competition, rapid technological change and innovations are increasing the importance of the leadership processes since the project leaders and their teams are agents of change. Tidd (2001) support the importance of organizational project leadership competencies and view them as highly correlated with an organization's ability to innovate their systems successfully. Leadership is a cyclical process of planning, monitoring and review, where strong inference placed on communication during the planning stage further expands on the project leadership process, viewing it as encompassing the stages of project initiation, planning, execution, control and the closing process.

A leadership capability/characteristic is a structured approach for delivering a project, and consists of a set of processes, with each process having clearly defined resources and activities (Turner, 2009). A leadership capability will set out what an organization regards as best practice; improve inter-organizational communication; and minimize duplication of effort by having common resources, documentation and training. Kerzner (2001) believes the best way to increase the likelihood of an organization having a continuous stream of successfully managed projects is to develop in-house capability of leadership that is flexible enough to support all projects. The amount of time and effort needed to develop such capability will vary from company to company depending upon factors such as the size and nature of projects, competitive pressures and the number of functional boundaries to be crossed.

The existing literature recognizes the benefits of capably managing projects in an order, and does not distinguish between leadership capabilities that are internally developed or internationally-recognized. Deploying a leadership style can have a positive impact on an organization, as the standards set out can reduce the time to deploy new practices by providing a common reference point for those developing the infrastructure to support the standard (Garcia, 2005).

The effects of leadership capability to the organization include: effective leadership and planning of the project; the controlling of budgets and resources; and the provision of a consistent method of reporting across all projects, allowing staff to move between projects without having to relearn the leadership approach. In other words leadership capability pushes

team members to understand each other. Another characteristic of leadership is to manage change effectively by providing appropriate tools and techniques (Kerzner, 2009).

Muhammad, Chaudhry and Abdur (2012) analyzed the impact of leadership on project performance. In this research study, leadership factors of HR planning were adopted on the basis of project nature and analyzed the effect of the factors on the performance of the project. The links of these factors with strategic goals and objectives of the project were explored in order to improve project performance. The data was collected from 70 employees from four main consultancies companies working together on a project, located in Lahore, Pakistan. Results suggest that leadership has positive links with project performance.

According to Chan and Suhaiza (2007) strong leadership style by the project manager is necessary for the successful planning and implementation of projects. Normally the project manager has a great deal of responsibility but does not have the commensurate authority as a line manager whereas the line manager has a great deal of authority but only limited project responsibility. Considering this fact, it is therefore important for a project manager to maintain a leadership style that adapts to each employee assigned to the project. The researchers further argue that project management is unlikely to succeed unless there is any visible support and commitment by executive management. Ongoing and positive executive involvement, in a leadership capacity was reflecting executive management's commitment to project management.

Passia(2004) and Gyorkos (2003) notes that project planners should include a clearly delineated monitoring and evaluation plan as an integral part of the overall project plan that include monitoring and evaluation activities , persons to carry out the activities, frequency of activities, sufficient budget for activities and specification of the use of monitoring and evaluation findings. Jody and Ray (2004) identify the complementary roles of the two functions. Information from monitoring feeds into evaluation in order understand and capture any lessons in the middle or at the end of the implementation with regard to what went right or wrong for learning purposes.

### **2.3.3 Political Organization and Project Planning**

As one of the oldest and most perplexing phenomenon in human society, politics exist in every country in the contemporary world and it is not exclusively in developing countries. Politics relates to the activities associated with the governance of a country or other area, especially the debate or conflict among individuals or parties having or hoping to achieve power (Heidenheimer, 1993). Political organization in itself is not a vice as such but there exist political corruption. The classical concept of corruption as a general disease of the body politics was stated by ancient political philosophers Plato and Aristotle.

Corruption is seen as destructive of a particular political order, be it monarchy, aristocracy, or polity, the latter a constitutionally limited popular rule, and thus by definition devoid of any function within apolitical order. For Machiavelli corruption is a process by which the virtue of the citizen is undermined and eventually destroyed. According to Rosseau political corruption is a necessary consequence of the struggle for power. Then he argued that man had been corrupted by social and political life. It is not the corruption of man which destroyed the political system but the political system which corrupts and destroys man.

According to Friedrich (1966, pp.174-5) the use of public office for private advantage is not always widely perceived in a given society to be corrupt. "Particularly if an individual making personal gain is simultaneously making a positive contribution to the society-there is no necessary contradiction between private advantages and contributing to the general good-many citizens will see such actions as at least acceptable and sometimes even just reward."Considering the conflict that can arise between an abstract definition of corruption and its application to a complex real world some writers have distinguished between what can crudely be called good, bad and ambiguous corruption. For example, Katsenelinbogen (1983) identifies two basic types of corruption.

According to Katsenelinbogen, this form of corruption involves redesigning the system and legalizing the appropriate actions of people in it. 2. Actions that unambiguously harm society. Such acts should be treated as corrupt and criminal. Then Arnold Heindehmer (1970) goes



further and identifies three basic categories of corruption 'black', 'white' and 'gray'. 'White' acts are more or less accepted by both groups, whereas 'Grey' acts are those about which both officials and citizens disagree. 'Black' acts are perceived as wrong by both officials and citizens. It is evident from the above discussion that there is a wide range of definitions of corruption.

Empirical studies have also proved the impudence of political factors on the regional allocation of investments in transport infrastructure (Castells & Solé-Ollé 2005, Walden & Eryuruk 2012; Jussila & Hammes, 2012) and on decisions about investment and disinvestment in public transport infra-structure. Delays and failures to introduce policies such as congestion charges and traffic restriction are also linked to the lack of public acceptability and to the socio-political characteristics of the population affected (Schade & Schlag, 2003).

Zhang and Yang (2012) investigates bank employees' perceptions of organizational politics and analyzes its effects on job performance by the questionnaire survey. The conclusions show that: two aspects of perceptions of organizational politics, self-serving behaviors and coworker relation, have significantly positive correlation with task performance. However, pay and promotion policies had significantly negative correlation with both task performance and relationship performance effects of bank employees' perceptions on organizational politics and job performance.

In recent years, perceptions of organizational politics have been studied extensively and have emerged as a good predictor of job performance. Research that has been able to prove this include those of Valle and Perrewé (2000) Vigoda-Gadot (2003); Vigoda-Gadot and Drory (2006). Of particular interest is the negative effect that perceptions of politics seem to have on job attitudes that is job satisfaction, organizational commitment and on affective performance as well as the indirect relationships that potentially mediate or moderate these relationships (Vigoda, 2000)

### **2.3.4 Societal Culture and Project Planning**

Culture consists of the beliefs, behaviors, objects, and other characteristics common to the members of a particular group or society. Through culture, people and groups define themselves, conform to society's shared values, and contribute to society. Thus, culture includes many societal aspects: language, customs, values, norms, mores, rules, tools, technologies, products, organizations, and institutions. This latter term institution refers to clusters of rules and cultural meanings associated with specific social activities. Common institutions are the family, education, religion, work, and health care.

Being cultured means being well-educated, knowledgeable of the arts, stylish, and well-mannered. High culture refers to classical music, theater, fine arts, and other sophisticated pursuits. Members of the upper class can pursue high art because they have cultural capital, which means the professional credentials, education, knowledge, and verbal and social skills necessary to attain the property, power, and prestige to get ahead socially. Low culture or popular culture refers to sports, movies, television sitcoms and soaps, and rock music.

Sociologists define society as the people who interact in such a way as to share a common culture. The cultural bond may be ethnic or racial, based on gender, or due to shared beliefs, values, and activities. The term society can also have a geographic meaning and refer to people who share a common culture in a particular location. For example, people living in arctic climates developed different cultures from those living in desert cultures. In time, a large variety of human cultures arose around the world. Culture and society are intricately related. A culture consists of the objects of a society, whereas a society consists of the people who share a common culture. When the terms culture and society first acquired their current meanings, most people in the world worked and lived in small groups in the same locale.

Although there is considerable interest in the relationship of societal cultures to organizations (Dickson, BeShears, & Gupta, 2004), there has been little theoretical or empirical work investigating the relationship of societal culture and organizational identity. The studies that have addressed this relationship have focused on the organizational identification process

(Jack & Lorbiecki, 2007) and, secondarily, organizational identity, and have emphasized national cultures. In organizational studies, discussions of societal culture and its relationship to organizations have focused on management practices (Schuler & Rogovsky, 1998) and, to a lesser degree, organizational culture (Lee & Barnett, 1997). Taking a broader perspective, there is a well-developed body of work in sociology that links societal and national culture and identity (collective as well as individual) (Dimaggio, 1997) and with collective memory and commemoration of past events (Schwartz, 2000, 2005; Cerulo, 1995). Commemorations are rituals that facilitate order and continuity and are connected with emotionally significant events that affirm the identity of one's group and redefining membership with that group (Frijda, 1997). Events that are recalled are most often turning points and threaten the essence or the identity of the community (Pennebaker & Banasik, 1997). Why or how these events are remembered is influenced by societal culture and the related identity of the groups in which they are recalled (Schwartz & Kim, 2002). In the section that follows, the term societal culture is used to represent the broader perspective of a collective, and national culture is used when the literature specifies a country with defined geographical boundaries.

Understanding diverse cultural perspectives has become critical (House, Javidan, & Dorfman, 2001) not only for recruitment and retention, but also for maximizing employees' contributions to and identification with the organization. Thus, global companies must increasingly understand the impact that multiple cultural perspectives have on employees' perceptions of the organization's identity that is, those characteristics considered to be the most core, enduring, and distinctive (Albert & Whetten, 1985) to foster more effective connections between the corporation and its members. The influence of societal culture on organizations has been explored from a variety of perspectives including leadership, management practice, and organizational culture. Societal culture includes the culture of the country in which the global organization is located, as well as the societal cultures of the organization's employees. Through a discussion of organizational identity and local employees' identification with a global company, this paper will contribute to literature by exploring the relationship between societal culture and organizational identity, particularly the ideational and phenomenological components (Whetten, 2006) of the definition of organizational identity, given the increasing number of global corporations

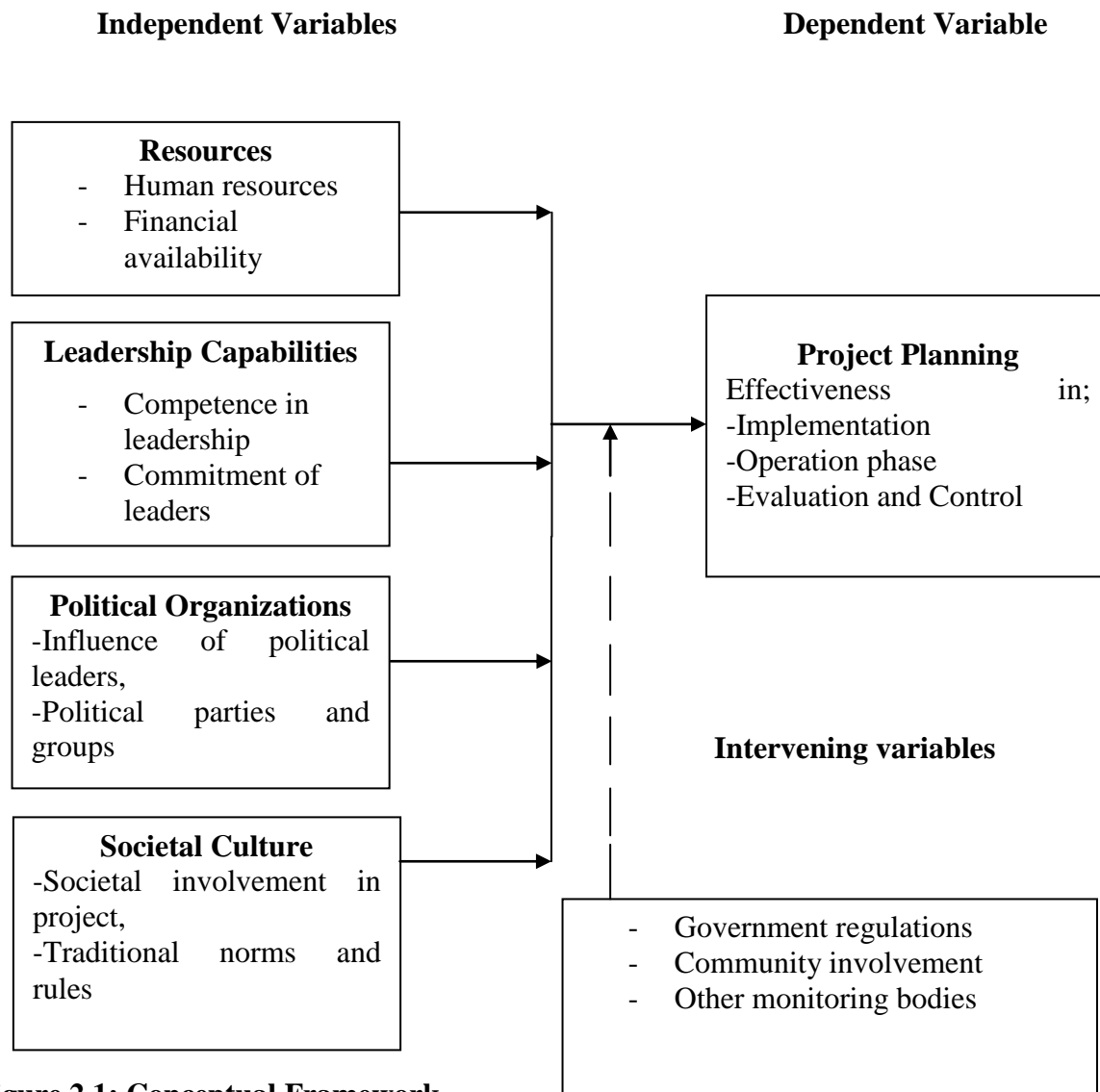
Belassi and Tukul (1996) in their survey of project management in the manufacturing sector found that project managers from manufacturing ranked; top management support, coordination and competence of project manager as the most important factors for project success, in fact these three factors were ranked equally important followed by commitment, technical background and communication of project members as the next 3 important factors. Proudlock (2009) found that the whole process of impact evaluation and particularly the analysis and interpretation of results can be greatly improved by the participation of intended beneficiaries, who are after all the primary stakeholders in their own development and the best judges of their own situation. However, stakeholders engagement needs to be managed with care too much stakeholder's involvement could lead to undue influence on the evaluation, and too little could lead to evaluators dominating the process.

Although the CDF allows the community to identify the projects close to their interests at the location Development Committee Levels. It is difficult to tell their level of competency in determining what is beneficial in the long run or how to integrate the projects within neighbors' locations or constituencies for maximum benefit (Mwangi, 2005). Whether the community participates in the identification of projects depends on how their leaders shape the boundaries of engagement. There are those who was be invited and those who was not be invited in the identification of projects in CDF. The projects identified by those close to the leaders who are political icons of the regions are said to be passed as having been identified by the community (Mungai, 2009). Mapesa and Kibua, (2006) found that majority of constituents in some selected constituencies in Kenya took CDF funds for the local politicians own development gesture extended to the people. With this kind of mentality, it is expected that when such funds are embezzled, the local people may not know, and if so may be unable to question or may not know the channel through which to complain.

## **2.4 Conceptual Framework**

According to Mugenda and Mugenda (2003), a conceptual framework is a hypothesized model identifying the model under study and the relationship between the dependent and independent variables. The dependent variable in this study is project planning while the

independent variables are influence of resources, leadership capabilities, political organization and societal culture. Below is a figurative representation of the variables explored by this study.



**Figure 2.1: Conceptual Framework**

## 2.5 Operationalization of Variables

The study's dependent variable is project planning with independent variables as; resources, leadership capabilities, political organizations and societal culture.

**Resources**

The term resources may have diverse meanings. However in this case, resources mean material resources in form of finances and immaterial which may take the form of human capital (employees) for significance in project planning (Ayres, 2001).

**Leadership Capabilities**

This consists of factors that define a leader which include; competence, right skills and experiences, great interpersonal skills which enable them to run an organization or a project effectively.

**Political Organizations**

A political organization is any organization that involves itself in the political process, including political parties, non-governmental organizations, advocacy groups and special interest groups (Ferris, 2007).

**Societal Culture**

This is the customary beliefs, social forms, and material traits of a racial, religious, or social group the characteristic features of a particular society that has to be respected. Culture thus consists of language, ideas, beliefs, customs, taboos, codes, institutions, tools, techniques, and works of art, rituals, ceremonies, and symbols.

**Project Planning**

Project planning defines the project activities and end products that was performed and describes how the activities were accomplished. The purpose of project planning is to define each major task, estimate the time and resources required, and provide a framework for management review and control (Chioma, 2012).

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter provides a description of the research design, the target population and also describes the sampling procedures and the sample size that was be used in the study. It also discusses the research instruments and its administration of the research instruments, its validity and reliability as well as data collection and analytical procedures used in the study.

#### **3.2 Research design**

Cooper and Schindler (2008) define research design as a blueprint for fulfilling objectives and answering questions. The study was employ a descriptive research design to analyse the factors that influence project planning in Kenya's rural health projects. Descriptive research describes data and characteristics about a population of a phenomenon. This was an appropriate research design as it aimed at producing accurate representation of persons, events and situations (Toro chim, 2006; Winter, 2000 and Sekaran, 2006).

#### **3.3 Target Population**

Population is defined as the exact enumeration of elements targeted for a study. Ngeechu (2004) defines study population as a well, defined or specified set of people, group of things, households, firms, services, elements or events which is under investigation. The population of the study was; all heads of the rural health development projects, community leaders, trained health workers and the chairman of Turbo Constituency Development Fund (CDF). According to the CDF board of Turbo, there are approximately 28 rural health development facilities within the region.

#### **3.4 Sampling Procedure and Sample Size**

A sample is subset of a population, carefully selected to represent the targeted population. According to Hyndman (2008) a sample is a subset of population to be studies. Given that rural health projects in Turbo are few, the study employed a census; that is all the health facilities

within the constituency. The study classified the respondents into strata according to the identified groups; that is the heads of rural health development projects, community leaders, trained health workers and the chairman of Turbo CDF. Stratified sampling was more appropriate as it facilitated an equal chance of selection. Therefore, 3 respondents from each rural health facility were picked as the respondents, given that there was only one CDF chairman in the constituency. The sample size for the study is as displayed in Table 3.1 below;

**Table 3.1: Sample Size**

<b>Strata</b>	<b>Population</b>	<b>Sample</b>
Heads of Rural Health Development Project	28	28
Health Workers	28	28
Community Leaders	28	28
CDF Chairman	1	1
<b>Total</b>	<b>85</b>	<b>85</b>

### **3.5 Data Collection Instruments**

The data collection instruments for the study were structured questionnaires. The questionnaires took the form of a likert scale questionnaire. A likert scale questionnaire was used. Likert scale is an interval scale that specifically used five anchors of strongly disagree, disagree, neutral, agree and strongly agree. The researcher also made use of research assistants who were trained on the data collection procedure as well as the etiquette required when administering the same to the respondents.

### **3.6 Data Collection Procedure**

Permission to conduct the study was obtained from the Ministry of Health. An introduction letter to the respondents is presented in Appendix I. The researcher also used the help of research assistants in distributing and collecting answered questions from the respondents.

### **3.7 Pilot Testing**

In order to capture potential weaknesses of the research instrument, procedure, and of the information gathered by the research questionnaire, a pilot study was conducted.



### **3.7.1 Validity and Reliability**

Reliability of the research is to ensure that there is consistency of the research instrument, or the degree to which the questionnaire as a measure of an instrument, measured the same way each time it used under the same conditions with the same subjects (Mugenda & Mugenda, 2003). Validity is the strength of the research conclusion, inferences or propositions. Gall, Gall and Borg (2007) purports, validity can also be referred to as credibility, conformity or dependency of qualitative research.

To test for this validity and reliability the researcher was randomly distribute five questionnaires to the targeted respondents. The content of the questionnaires was adjusted according to the views of the managers. To measure reliability on the other hand was measured by distributing 5 questionnaires to randomly selected respondents within the constituency. Cronbach alpha (1951) that is generated from SPSS was be used to test for reliability. According to George and Mallery (2003) Cronbach Alpha value greater than 0.7 was regarded as satisfactory for reliability assessment. The responses from the pilot study were not included in the final analysis.

### **3.8 Data Processing and Analysis**

After data was collected from the respondents, it was analyzed using SPSS (Statistical package for Social Sciences) to generate describe and inferential statistics. Descriptive statistics included measures of the mean, standard deviation and frequencies of the responses generated from the questionnaires.

### 3.9 Operationalization of Variables

**Table 3.2: Shows how the variables were operationalized**

Objectives	Variables	Indicators	Measuring scale	Type of analysis	Tool of Analysis
To identify whether resources influence project planning in Turbo's rural health development projects	<b>Independent</b> Resources	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Financial availability</li> </ul>	Ordinal	Descriptive Statistics  Inferential Statistics	Frequency tables, graphs and pie charts
To evaluate whether leadership capabilities influences project planning in Turbo's rural health and development	<b>Independent</b> Leadership capabilities	<ul style="list-style-type: none"> <li>• Competence in leadership</li> <li>• Commitment of leaders</li> </ul>	Ordinal	Descriptive Statistics  Inferential Statistics	Frequency tables, graphs and pie charts

To assess the influence of political organization on project planning in Turbo's rural health and development projects.	<b>Independent</b> Political organization	<ul style="list-style-type: none"> <li>• Influence of political leaders,</li> <li>• Political parties and groups</li> </ul>	Ratio	Descriptive Statistics  Inferential Statistics	Frequency tables, graphs and pie charts
To determine the influence of societal culture on project planning in Turbo's rural health projects	<b>Independent</b> Societal culture	<ul style="list-style-type: none"> <li>• Societal involvement in project,</li> <li>• Traditional norms and rules</li> </ul>	Nominal	Descriptive Statistics  Inferential Statistics	Frequency tables, graphs and pie charts
	<b>Dependent</b> Project planning	<p>Effectiveness in;</p> <ul style="list-style-type: none"> <li>• Implementation</li> <li>• Operation phase</li> <li>• Evaluation and Control</li> </ul>	Nominal	Descriptive Statistics  Inferential Statistics	Frequency tables, graphs and pie charts

## **CHAPTER FOUR**

### **DATA ANALYSIS, DISCUSSION AND INTERPRETATION**

#### **4.1 Introduction**

The chapter presents the analysis, and interpretation of the data collected using questionnaires. The data collected was analyzed using SPSS program and the diverse responses were summarized by the use of tables that were tabulated based on the objectives of the study, which were: To identify whether resources influence project planning in Turbo's rural health development projects, to examine whether leadership capabilities influences project planning in Turbo's rural health and development, to examine the influence of political organization on project planning in Turbo's rural health and development projects and to identify the influence of societal culture on project planning in Turbo's rural health projects. Consequently, the demographic information of the respondents is also dealt with in this section. This is important because it enabled the researcher to fully understand the background information of respondents. A total of 85 respondents were involved in filling of questionnaires.

##### **4.1.1 Response Rate**

The study yielded a response rate of 100% since out of 85 targeted respondents; the researcher was able to collect information from all of the respondents. This was because all the respondents were willing to participate in the study. This showed that the study was considered reliable in terms of response rate as in accordance to Keeter (2006) who stated that any survey with a response rate of above 70% gives out a more reliable and precise information as it gives considerable outcomes.

#### **4.1.2 Reliability statistic**

The study was found to be reliable and valid. This is based on the Cranach's reliability index which was found to be 0.631 with standard deviation of 11.074. This showed that data was computed by chance.

#### **4.2 Demographic information of the respondents**

The researcher sought to establish the demographic information of the respondents based on gender of the respondents, age, educational level and also experience of the respondents. The background information was significant to the study as it helped to understand the logic of the background aspects of the different respondents. However, all the respondents were selected from the study area.

##### **4.2.1 Gender of the Respondents**

The study sought to find out the gender of the respondents in order to ascertain whether there was gender disparity in data collection and also to balance the views of both genders based on the study objectives. The findings were as illustrated on table 4.1

**Table 4.1 Gender of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Male</b>	49	57.6%
<b>Female</b>	36	42.4%
<b>Total</b>	85	100%

**Source; Researcher (2014)**

The study results showed that, out of the 85 respondents 49 of them representing 57.6% were male while 36 (42.4%) were female. Deliberation of gender was important in this study in order

to get views from both sides which has great significance. The findings showed a nearly equitable distribution in terms of gender. This shows that there was no gender biasness.

However, It is clear from the study findings (table 4.1) that majority of the respondents were male. This could be because traditionally, it is perceived that the development of projects is the responsibility of the men thus women have not participated much in project planning practices

#### **4.1.2 Response by Age**

The study sought to establish the age of respondents. The findings were illustrated as shown on table 4.2.

**Table 4.2 Response by age**

<b>Age range</b>	<b>Frequency</b>	<b>Percentage</b>
<b>18-30 years</b>	51	60
<b>31-35 years</b>	22	25.9
<b>36-40 years</b>	6	7.1
<b>41-45 years</b>	4	4.7
<b>Over 46 years</b>	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

**Source; Researcher (2014)**

The study findings revealed that out of 85 respondents, majority 51(60%) were aged between 18-30 years, followed by 22 (25.9%) who were aged between 31-35 years and 6(7.1%) of the

respondents were aged between 36-40 years, 4(4.7%) respondents were aged between 41-45 years. The least were 2 (2.4%) who were over 46 years. The ages of respondents were relevant to the study since views from people of diverse age categories were obtained.

It is evident from the study findings (table 4.2) that a majority of the respondents were aged between 18-30 years of age representing the most productive age group of the health development projects.

#### **4.1.2 Educational Level of Respondents**

The study established the educational level of the respondents. The findings were as presented in table 4.3

**Table 4.3 Educational Level of Respondents**

<b>Education level</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Certificate</b>	1	1.2
<b>Diploma</b>	6	7.1
<b>Undergraduate</b>	46	54.1
<b>Post graduate</b>	32	37.6
<b>Total</b>	85	100%

According to the study findings (table 4.3), 1 respondent representing 1.2% had certificate level of education, 6(7.1%) had diploma level of education, 46(54.1%) were of undergraduate level of education and 32(37.6%) of the total number of respondents were of post graduate level of education. It was necessary to establish the education level of the respondents because getting information from diverse knowledge in education was very vital for the study since respondents with different level of education have different perception on project development.

It was observed from the study findings that a majority of the respondents were well educated having acquired a degree level of education. This could be for easy answering of questionnaires due to literacy level.

#### **4.2.5 Level of Experience of the respondents**

The study sought to know the level of experience of the respondents working in various health development projects in order to ascertain the level of understanding of the respondents in regards to planning of development projects. The findings were as illustrated in the table 4.4

**Table 4.4 Level of Experience of the respondents**

	<b>Frequency</b>	<b>Percentage</b>
<b>Below 3 years</b>	57	67.1
<b>4-6 years</b>	21	24.7
<b>7-10 years</b>	5	5.9
<b>Above 10 years</b>	2	2.4
<b>Total</b>	<b>85</b>	<b>100%</b>

**Source; Researcher (2014)**

The study findings from table 4.4 shows that out of 85(100%) respondents, 57(67.1%) had working experience of less than three years, 21(24.7%) had 4-6yrs of experience, 5(5.9%) had between 7-10 years and the least who were 2(2.4%) had over 10 years experience.

It was observed from the study findings that majority of the respondents 57(67.1%) had a working experience of less than three years.



### **4.3 Specific Information based on the Objectives of the Study**

This section sought to establish the opinions of the respondents in accordance to the specified objectives and has been summarized and presented in tabular form in each category

#### **4.3.1 Project planning in Turbo's rural health development projects**

The study sought to establish project planning in Turbo's rural health development projects. The findings were analyzed and presented in the table 4.5

**KEY: SA- strongly Agree, A-agree, U-Undecided, D-Disagree, SD- Strongly Disagree, T – Total, F-Frequency**

**Table 4.5 Project Planning in Turbo’s rural health development projects**

Statement		SA	A	U	D	SD	T	MEAN
Literacy levels of the project managers determines the type of health development in a certain area	F	53	27	2	3	0	85	4.5
	%	62.4	31.8	2.4	3.5	0	100	90%
Road networks to urban or commercial areas leads to the development of health centres in particular areas	F	21	44	10	10	0	85	3.9
	%	24.7	51.8	11.8	11.8	0	100	78%
The community are usually the key stakeholders of a rural health development project and are involved in planning through giving their views.	F	28	48	5	3	1	85	4.2
	%	32.9	56.5	5.9	3.5	1.2	100	84%
Project planning is a continuous process as the progress needs to be kept in track of progress	F	41	38	4	2	0	85	4.4
	%	48.2	44.7	4.7	2.4	0	100	88%
Delay in project planning, delays implementation	F	32	33	13	6	1	85	4.7
	%	37.6%	38.8	15.3	7.1	1.2	100	94%

**Source; Researcher (2014)**

According to the study finding from table 4.5, it was observed that a majority of respondents 94%(mean=4.7) agreed with the view that delay in project planning, delays implementation followed by 90%(mean=4.5) of the respondents who were of the opinion that Literacy levels of the project managers determines the type of health development in a certain area. Further, the study reveals that 88% (mean=4.4) of the respondents said that Project planning is a continuous process as the progress needs to be kept in track of progress, 84% (mean=4.2) of the respondents also agreed that the community are usually the key stakeholders of a rural health development project and are involved in planning through giving their views and only 78%(mean=3.9) of the respondents said that road networks to urban or commercial areas leads to the development of health centres in this particular area.

From the study 94% (mean=4.7) of the respondents agreed that delay in project planning, delays implementation. This is due to the number of bureaucracies associated with the development projects.

These findings concur with the study by Kamanga (2013) who conducted a study to identify the causes of delay in completing road construction projects in Malawi. He found out that the top ten causes of delay in Malawi are: shortage of fuel, insufficient contractor cash-flow, shortage of foreign currency for importation of materials and equipment, slow payment procedures adopted by the client in making progress payments, insufficient equipment, delay in relocating utilities, shortage of construction materials, delay in paying compensation to land owners, shortage of technical personnel, and delay in site mobilization. The causes of delay are significant and should be given attention by client organizations, consultants and contractors to enable the timely completion of projects. The management should ensure that they maintain a good relationship with the donors mainly by information management, ensuring there is accountability and meaningful communications (Belout and Gauvreau, 2004).

#### **4.3.2 How resources influence project planning in Turbo's rural health development projects**

The study sought to investigate the influence of resources in project planning in Turbo's rural health development projects. The findings were analyzed and presented in the table 4.6

**Table 4.6 How resources influence project planning in Turbo's rural health development projects**

Statement		SA	A	U	D	SD	T	MEAN
The government has allocated sufficient funds for development of rural health projects	F	23	52	8	2	0	85	4.1
	%	27.1	61.2	9.4	2.4	0	100	82%
The health projects in our community has easier access to human resources that is trained medical personnel	F	33	34	10	7	1	85	4.0
	%	38.8	40	11.8	8.2	1.2	100	80%
The CDF in Turbo is allocating some funds for overseeing the development of these projects	F	28	44	8	5	0	85	4.1
	%	32.9	51.8	9.4	5.9	0	100	82%
Resources are fairly utilized in development of health facilities	F	26	38	10	11	0	85	3.9
	%	30.6	44.7	11.8	12.9	0	100	78%
Planning for structures to facilitate development of rural health projects has been so far successful	F	32	39	7	5	2	85	4.1
	%	37.6	45.9	8.2	5.9	2.4	100	82%

**Source; Researcher (2014)**

The findings from table 4.6 indicated that most of the respondents 82% (mean=4.1) were of the view that the government has allocated sufficient funds for development of rural health projects, the CDF in Turbo is allocated some funds for overseeing the development of these projects and planning for structures to facilitate development of rural health projects has been so far successful. The study also found out that the health projects in our community has easier access to human resources that is trained medical personnel according to 80% (mean=4.0) of the respondents whereas 78% (mean=3.9) of the respondents said that resources are fairly utilized in development of health facilities.

The findings indicated that a majority of the respondents 82% (mean=4.1) says that planning for structures to facilitate development of rural health projects has been so far successful, the CDF in Turbo is allocating some funds for overseeing the development of these projects and that the government has allocated sufficient funds for development of rural health projects. This is due to the current close monitoring of the constituency development funds by the government which ensures accountability and transparency in the disbursement of the funds to local projects.

This concurs with the findings by Ali (2011) who examined the factors that affect financial sustainability of NGOs in Kenya with specific reference to Sisters Maternity Home (SIMAHO) in Garissa. The study found that donor relationship management contribute most to financial sustainability of nongovernmental followed by strategic financial management then income diversification while own income generation contributed the least to financial sustainability of nongovernmental organizations.

On human resource, these findings are consistent with a study by Todryk (1990) which revealed that a well-trained project manager is a key factor linked with project success because as a team builder, he/she can create an effective team. This view is supported by other studies on project-team training. Financial management plays an important role in supporting new programs to be diffused in practice. Some even argue that programs can only be fulfilled to the extent that they can be realized through technologies. As a consequence, technologies become imperative in terms of realizing the program (Ahrens and Chapman, 2006).

### 4.3.3 How leadership capabilities influences project planning in Turbo's rural health and development

The study's second objective was to assess the influence of leadership capabilities on project planning. The findings were analyzed and presented as in table 4.7

**Table 4.7 How leadership capabilities influence project planning**

Statement		SA	A	U	D	SD	T	MEAN
The county government has a sessional paper drafted in relation to development of rural health projects.	F	45	38	0	0	2	85	4.5
	%	52.9	44.7	0	0	2.4	100	90%
Incompetent leaders have led to derailment of project planning in the rural	F	41	36	6	2	0	85	4.4
	%	48.2	42.4	7.1	2.4	0	100	88%
The leaders of rural health projects have developed identified problems that curtail the development and have come up with means to mitigate the same	F	42	36	4	2	1	85	4.4
	%	49.4	42.4	4.7	2.4	1.2	100	88%
Project leaders in our area have developed strategic goals and objectives which can be achieved within the span of time forecasted	F	25	46	10	3	1	85	4.1
	%	29.4	54.1	11.8	3.5	1.2	100	82%
There is high funds embezzlement by our leaders thus frustrating the management and planning of rural health development projects	F	20	42	18	3	2	85	3.9
	%	23.5	49.4	21.2	3.5	2.4	100	78%

**Source; Researcher (2014)**

The findings from table 4.7 indicated that a majority of the respondents 90% (mean=4.5) were of the view that the county government has a sessional paper drafted in relation to development of rural health projects, 88% and a similar percentage of the them agreed with the fact that Incompetent leaders have led to derailment of project planning in the rural and that the leaders of rural health projects have developed identified problems that curtail the development and have come up with means to mitigate the same. In addition, the study further established that 82% (mean=4.1) of the respondents said that Project leaders in the area have developed strategic goals and objectives which can be achieved within the span and finally, 78% (mean=3.9) agreed that there is high funds embezzlement by our leaders thus frustrating the management and planning of rural health development projects.

It evident from the study findings on table 4.7 that majority of the respondents were of the view that the county government has a sessional paper drafted in relation to development of rural health projects.

Muhammad, Chaudhry and Abdur (2012) analyzed the impact of leadership on project performance and found out that leadership factors of HR planning were adopted on the basis of project nature. He further argued that strong leadership style by the project manager is necessary for the successful planning and implementation of projects.

The project manager has a great deal of responsibility but does not have the commensurate authority as a line manager whereas the line manager has a great deal of authority but only limited project responsibility. Considering this fact, it is therefore important for a project manager to maintain a leadership style that adapts to each employee assigned to the project. The researchers further argue that project management is unlikely to succeed unless there is any visible support and commitment by executive management. Ongoing and positive executive involvement, in a leadership capacity will reflect executive management's commitment to project management (Chan and Suhaiza, 2007)

#### **4.3.3 To examine the influence of political organization on project planning in Turbo's rural health and development projects**

The study's third objective sought to establish the influence of political organization on project planning in Turbo's rural health and development projects. The findings based on this objective was as illustrated in the table 4.8



**Table 4.8 The influence of political organization on project planning in Turbo's rural health and development projects**

**KEY SA- strongly agree A-agree U-undecided D-disagree SD- strongly disagree-Total**

Statement		SA	A	U	D	SD	T	MEAN
Political affiliation determines the type and size of health development projects in certain locations county government has a sessional paper	F	21	39	15	9	1	85	3.8
	%	24.7	45.9	17.6	10.6	1.2	100	76%
Political wrangles among communities affect development projects	F	18	44	14	7	2	85	3.8
	%	21.2	51.8	16.5	8.2	2.4	100	76%
Delays in establishment of infrastructure that will support health projects are as a result of politics	F	15	44	9	11	6	85	3.6
	%	17.6	51.8	10.6	12.9	7.1	100	72%
Political groups have affected access of some community groups to health centers established in our constituency and failures to	F	25	44	10	5	1	85	4.0
	%	29.5	51.8	11.8	5.9	1.2	100	80%
Leaders of political parties get involved with the running of the rural health development projects causing lack of continuity of such	F	25	36	14	7	3	85	3.9
	%	29.4	42.4	16.5	8.2	3.5	100	78%

**Source; Researcher (2014)**

In table 4.8, the findings showed that a majority of the respondents 80%(mean=4.0) agreed with the fact that political groups have affected access of some community groups to health centers established in our constituency and failures to introduce policies, 78%(mean=3.9) of them said that Leaders of political parties get involved with the running of the rural health development projects causing lack of continuity of such projects in communities. In addition, the study further found that some of the respondents 76% (mean=3.8) were of the opinion that Political affiliation determines the type and size of health development projects in certain locations county government has a sessional paper drafted in relation to development of rural health projects and the same number of respondents said that Political wrangles among communities affect development projects.

The study found out that a majority of the respondents say that political groups have affected access of some community groups to health centers established in our constituency and failures to introduce policies. Politics are seen to be dominant in the control and disbursement of funds from the government thus impact on the development projects to be conducted and where is more developed.

These findings are consistent with the findings of Jussila & Hammes (2012) who proved the influence of political factors on the regional allocation of investments in transport infrastructure and on decisions about investment and disinvestment in public transport infra-structure.

He argues that delays and failures to introduce policies such as congestion charges and traffic restriction are also linked to the lack of public acceptability and to the socio-political characteristics of the population affected (Schade & Schlag, 2003)

#### **4.3.4 The influence of societal culture on project planning in Turbo's rural health projects**

The study's fourth objective sought to establish the influence of societal culture on project planning in Turbo's rural health projects. The findings were analyzed and tabulated as shown on table 4.9

**Table 4.9 The influence of societal culture on project planning in Turbo's rural health projects**

**KEY SA- strongly agree A-agree U-undecided D-disagree SD- strongly disagree-Total**

Statement		SA	A	U	D	SD	T	MEAN
There is inclusion of women groups in the development of rural health projects	F	10	50	19	5	1	85	3.7
	%	11.8	58.8	22.4	5.9	1.2	100	74%
People with disabilities are usually factored in as beneficiaries of development projects	F	19	52	12	1	1	85	4.0
	%	22.4	61.2	14.1	1.2	1.2	100	80%
The community as the stakeholder are engaged in the evaluation of the running of the projects	F	32	44	4	4	1	85	4.2
	%	37.6	51.8	4.7	4.7	1.2	100	84%
Community participation depends on how the leaders shape the boundaries of engagement	F	27	88	15	4	1	85	4.0
	%	31.8	44.7	17.6	4.7	1.2	100	80%
The CDF in allows the community to identify the projects close to their interests at the location development committee levels.	F	32	39	7	5	2	85	4.1
	%	37.6	45.9	8.2	5.9	2.4	100	82%

**Source; Researcher (2014)**

In table 4.9, the findings showed that a majority of the respondents 84% (mean=4.2) agreed with the fact that The community as the stakeholder are engaged in the evaluation of the running of the projects, 82% (mean=4.1) of them said that The CDF in allows the community to identify the projects close to their interests at the location development committee levels, the study further found that some of the respondents 80% (mean=4.0) were of the opinion that of rural health projects and the same number of respondents said that people with disabilities are usually factored in as beneficiaries of development projects as the same number of respondents agreed that ccommunity participation depends on how the leaders shape the boundaries of engagement whereas a minority 74% (mean=3.7) said that there is inclusion of women groups in the development of rural health projects.

The findings indicate that the community as the stakeholder is engaged in the evaluation of the running of the projects according to 84% (mean=4.2) of the total number of respondents. In their study on their survey of project management in the manufacturing sector, Belassi and Tukel (1996) found that project managers from manufacturing ranked; top management support, coordination and competence of project manager as the most important factors for project success.

The study findings are also consistent with the findings of Proudlock (2009) who found that the whole process of impact evaluation and particularly the analysis and interpretation of results can be greatly improved by the participation of intended beneficiaries, who are the primary stakeholders in their own development and the best judges of their own situation.

## **CHAPTER FIVE**

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

#### **5.1 Introduction**

This chapter presents a summary of findings, conclusions reached and recommendations following the objectives of the study. The study sought to examine the factors that influence project planning in Kenya's rural health development projects. This study set out to establish the to identify whether resources influence project planning in Turbo's rural health development projects, to examine whether leadership capabilities influences project planning in Turbo's rural health and development, to examine the influence of political organization on project planning in Turbo's rural health and development projects and to identify the influence of societal culture on project planning in Turbo's rural health projects.

#### **5.2 Summary of the findings**

Based on the responses of the study, the researcher summarized the findings as shown in the table 5.1

**Table 5.1: Summary of Findings**

<b>Objectives of the study</b>	<b>Findings</b>
1) To identify whether resources influence project planning in Turbo's rural health development projects	The findings from table 4.6 indicated that most of the respondents 82% (mean=4.1) were of the view that the government has allocated sufficient funds for development of rural health projects, the CDF in Turbo is allocated some funds for overseeing the development of these projects and pplanning for structures to facilitate development of rural health projects has been so far successful. The study also found out that the health projects in our community has easier access to human resources that is trained medical personnel according to 80% (mean=4.0) of the respondents whereas 78% (mean=3.9) of the respondents said that resources are fairly utilized in development of health facilities.
2) To examine whether leadership capabilities influences project planning in Turbo's rural health and development	The findings from table 4.7 indicated that a majority of the respondents 90% (mean=4.5) were of the view that the county government has a sessional paper drafted in relation to development of rural health projects, 88% and a similar percentage of the them agreed with the fact that Incompetent leaders have led to derailment of project planning in the rural and that the leaders of rural health projects have developed identified problems that curtail the development and have come up with means to mitigate the same. In addition, the study further established that 82% (mean=4.1) of the respondents said that Project leaders in the area have developed strategic goals and objectives which can be

	<p>achieved within the span and finally, 78% (mean=3.9) agreed that there is high funds embezzlement by our leaders thus frustrating the management and planning of rural health development projects.</p>
<p>3) To examine the influence of political organization on project planning in Turbo's rural health and development projects.</p>	<p>In table 4.8, the findings showed that a majority of the respondents 80%(mean=4.0) agreed with the fact that political groups have affected access of some community groups to health centers established in our constituency and failures to introduce policies, 78%(mean=3.9) of them said that Leaders of political parties get involved with the running of the rural health development projects causing lack of continuity of such projects in communities. In addition, the study further found that some of the respondents 76% (mean=3.8) were of the opinion that Political affiliation determines the type and size of health development projects in certain locations county government has a sessional paper drafted in relation to development of rural health projects and the same number of respondents said that Political wrangles among communities affect development projects.</p>

<p>4) To identify the influence of societal culture on project planning in Turbo's rural health projects.</p>	<p>In table 4.9, the findings showed that a majority of the respondents 84%(mean=4.2) agreed with the fact that The community as the stakeholder are engaged in the evaluation of the running of the projects, 82%(mean=4.1) of them said that The CDF in allows the community to identify the projects close to their interests at the location development committee levels, the study further found that some of the respondents 80% (mean=4.0) were of the opinion that of rural health projects and the same number of respondents said that people with disabilities are usually factored in as beneficiaries of development projects as the same number of respondents agreed that ccommunity participation depends on how the leaders shape the boundaries of engagement whereas a minority 74% (mean=3.7) said that there is inclusion of women groups in the development of rural health projects.</p>
<p>5) Project planning</p>	<p>According to the study finding from table 4.5, it was observed that a majority of respondents 94%(mean=4.7) agreed with the view that delay in project planning, delays implementation followed by 90%(mean=4.5) of the respondents who were of the opinion that Literacy levels of the project managers determines the type of health development in a certain area. Further, the study reveals that 88% (mean=4.4) of the respondents said that Project planning is a continuous process as the progress needs to be kept in track of progress, 84% (mean=4.2) of the respondents also agreed that the community are usually the key stakeholders of a rural health development project and</p>



	are involved in planning through giving their views and only 78%(mean=3.9) of the respondents said that road networks to urban or commercial areas leads to the development of health centres in this particular area.
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### 5.3 Conclusion of the Study

From the study it was realized that; firstly majority of the respondents were for the opinion that delay in project planning, delays implementation. This is due to the number of bureaucracies associated with the development projects.

Secondly from the study, the findings indicated that a majority of the respondents says that planning for structures to facilitate development of rural health projects has been so far successful, the CDF in Turbo is allocating some funds for overseeing the development of these projects and that the government has allocated sufficient funds for development of rural health projects. This is due to the current close monitoring of the constituency development funds by the government which ensures accountability and transparency in the disbursement of the funds to local projects.

The study also established that political groups have affected access of some community groups to health centers established in our constituency and failures to introduce policies. Politics are seen to be dominant in the control and disbursement of funds from the government thus impact on the development projects to be conducted and where is more developed.

Lastly, the findings indicate that the community as the stakeholder is engaged in the evaluation of the running of the projects. The community through its leaders is concerned on the monitoring and implementation of development projects in the area. The leaders also monitor the government funds that are meant for regional development.

## 5.5 Recommendation

The researcher recommends that:

- i. There is need to ensure that project planning is implemented in the entire country. This will ensure that the tax payer's money and government grants are well utilized and also minimizes cases of embezzlement of funds.
- ii. In today's highly competitive environment, managing resources effectively which can also have a significant impact on the results of a project. Economic resources have a great impact in any project.
- iii. Resources are the essential ingredients required for the implementation of projects. The element of scarcity of resources constitutes a serious limitation to the attainment of projects' goals and objectives. Projects have to be properly planned through careful selection and implementation of programs and projects in such an efficient and effective manner to facilitate the realization or achievement of goals and objectives
- iv. Politics impact on health projects development, their presence impacts the project planning development since the pursuit of these interests may clash with the social good. A politically-biased policy may lead to correct allocation of resources and distribution of benefits and costs that is not consistent with society's views on broad objectives such as economic efficiency, social equity or environmental sustainability.
- v. Societal culture involves changes to the norms, values, and beliefs of individuals that guide and rationalize their cognition of themselves in their society. The medical development projects should be made viable and be operational for long without collapsing. This can be guaranteed only through proper management of the scheme as well provision of adequate funding by the government and other agencies such as non Governmental Organizations (NGO's).

## **5.6 Implications for further studies**

The researcher suggests the following areas for further studies;

- i. Effectiveness of project planning in other fields
- ii. Challenges faced by managers in project planning
- iii. An assessment of other factors that influence development projects in Kenya

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## **APPENDICES**

### **Appendix I: Introduction Letter**

TO HEAD OF RURAL HEALTH DEVELOPMENT PROJECTS  
MINISTRY OF HEALTH

Dear Sir/Madam,

#### **RE: DATA COLLECTION**

I am a postgraduate student at University of Nairobi pursuing a master's degree in Project Planning and Management at the University of Nairobi. I am currently carrying out a research on "Factors affecting Project Planning in Kenya's rural health development projects. A case of Turbo constituency, Uasin Gishu County."

It is for this purpose that I am requesting for the permission of getting access to the identified respondents of the study who are; heads of the rural health facilities, health workers, community leaders and the CDF chairman of the said constituency. This was go a long way in helping me collect the necessary data which was enable me carry out the analysis hence achieve the objective of the study.

Please be assured that the information you are going to provide was remain confidential and was only be used exclusively for the purpose of this research and not for any other purpose whatsoever. Your assistance will be highly appreciated.

Yours faithfully

**Kebenei K. John**

## Appendix II: Study Questionnaire

This questionnaire seeks to collect data on factors that influence project planning in Kenya's rural health development projects. The study is purely academic work and the information obtained was not be used for any other purpose other than academic research.

### SECTION A: BACKGROUND INFORMATION

i. Gender:                                      a) Male ☐                                      b) Female ☐

ii. Age:

- a) 18-30 years [   ]
- b) 31-35 years [   ]
- c) 36-40 years [   ]
- d) 41-45 years [   ]
- e) Over 46 years [   ]

iii. What is your education level?

- a) College ☐                                      b) Diploma certificate ☐
- c) Undergraduate ☐                                      d) Postgraduate ☐

iv. Level of experience

- a) Below 3 years [   ]
- b) 4-6 years [   ]
- c) 7-10 years [   ]
- d) Over 10 years [   ]

## SECTION B

Kindly indicate how much you agree or disagree with the following statement as far as performance contracting knowledge is concerned. (Tick where appropriate) **where 1-Strongly Disagree; 2-Disagree; 3- Neutral; 4-Agree; 5-Strongly Agree**

### PROJECT PLANNING

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
1	Literacy levels of the project managers determines the type of health development in a certain area					
2	Road networks to urban or commercial areas leads to the development of health centres in particular areas					
3	The community are usually the key stakeholders of a rural health development project and are involved in planning through giving their views.					
4	Project planning is a continuous process as the progress needs to be kept in track of progress					
5	Delay in project planning, delays implementation					

### RESOURCES AND PROJECT PLANNING

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
1	The government has allocated sufficient funds for development of rural health projects					
2	The health projects in our community has easier access to human resources that is trained medical personnel					
3	The CDF in Turbo, is allocated some					

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
	funds for overseeing the development of these projects					
4	Resources are fairly utilized in development of health facilities					
5	Planning for structures to facilitate development of rural health projects has been so far successful					

### LEADERSHIP CAPABILITIES AND PROJECT PLANNING

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
1	The county government has a sessional paper drafted in relation to development of rural health projects.					
2	Incompetent leaders have led to derailment of project planning in the rural					
3	The leaders of rural health projects have developed identified problems that curtail the development and have come up with means to mitigate the same					
4	Project leaders in our area have developed strategic goals and objectives which can be achieved within the span of time forecasted					
5	There is high funds embezzlement by our leaders thus frustrating the management and planning of rural health development projects					
6	Our leaders have established a strategic plan that guides the plan and maintenance of the project					

## POLITICAL ORGANIZATION AND PROJECT PLANNING

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
1	Political affiliation determines the type and size of health development projects in certain locations					
2	Political wrangles among communities affect development projects					
3	Delays in establishment of infrastructure that was support health projects are as a result of politics					
4	Political groups have affected access of some community groups to health centers established in our constituency and failures to introduce policies					
5	Leaders of political parties get involved with the running of the rural health development projects causing lack of continuity of such projects in communities					
6	Political leaders/groups influence communities on the acceptance of rural health development projects					

## SOCIETAL CULTURE AND PROJECT PLANNING

No	Statement	Rating				
		1Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
1	There is inclusion of women groups in the development of rural health projects					
2	People with disabilities are usually factored in as beneficiaries of development projects					
3	The community as the stakeholder are engaged in the evaluation of the running of the projects					
4	Community participation depends on how the leaders shape the boundaries of engagement					
5	The CDF in allows the community to identify the projects close to their interests at the location development committee levels.					