DETERMINANTS OF THE IMPLEMENTATION OF HEALTHCARE PROJECTS IN KENYA: A CASE OF COAST GENERAL HOSPITAL, MOMBASA COUNTY.

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DECLARATION

This research project is original and has not been presented for the award of a master's degree in any academic institution.

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SUPERVISOR

This research project has been submitted for examination purposes with my approval as the University Supervisor.

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DEDICATION

Dedication goes to my wife Naima Salim, and my children, Zahra Iddi Toyya and Suleiman Iddi Toyya. I also thank the Almighty for the motivation I received from putting Him first.

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I sincerely appreciate my supervisor Dr. Kisimbii for his support during the preparation of this project. I also thank the department of school and open distance education Mombasa campus staff. May I take this opportunity also to acknowledge my colleagues for their encouragement during the research proposal period. They helped to ensure I did my part as a student. Special thanks to the family for understanding and supporting me during the preparation of the project. To you, all I say be blessed abundantly.

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ABBREVIATION AND ACRONYMS

CSOs	**:**	Civil Society Organizations
ICT	**:**	Information Communication Technology
DHSC	**:**	Departmental Health Social Councils
DOH	**:**	Department of Health
HRH	**:**	Human Resources for Health
LHC	**:**	Local Health Committees
NGOs	**:**	Non-governmental Organizations

ABSTRACT

Healthcare projects form part of the most crucial sector of the economies since they lead to the presence of health services. The health care services provisions therefore are life sustaining services and no one given sector of the economy that doesn't depend on health. This makes the healthcare projects very crucial in any given system of governance since they ensure that the essential services like medical drugs and medication are availed to people. However, despite the importance of health care projects in any given country, studies in the less developed countries like Kenya indicates that their implementation is wanting and majority of the citizens lack crucial healthcare services. This is tied to a number of challenges that cut across the internal and external environments. It is against this wanting state of the healthcare projects in the developing countries that this study was carried out. This study was carried out therefore with the aim of examining the determinants of implementation of healthcare projects in Kenya; a case of Coast General Hospital in Mombasa County. The study was guided by four objectives that included: to examine how funding availability influences the implementation of healthcare projects; to assess how community awareness influences the implementation of healthcare projects; to determine how project size influences the implementation of healthcare projects; and to establish how the procurement process influences the implementation of healthcare projects in Kenya; a case of Coast general hospital, Mombasa County. A descriptive research design was used with a target population of 520 and a sample size of 52 respondents. Data was collected using questionnaires and interviews whereas statistical package for social sciences (SPSS) was used to analyse the data. Descriptive statics with the mean, standard deviations, frequency tables and percentages were used to present the data. A regression analysis was used to test the hypotheses. In relation to the first objective, results indicated that majority of the respondents strongly agreed that funding availability determined the implementation of healthcare projects in Mombasa County with an average mean of 4.85. Further, majority of the respondents strongly agreed that community awareness had an influence of an average mean of 4.74 as a determinant on the implementation of healthcare projects in Mombasa County. This was further supported by a standard deviation of 0.37. Further, results indicated that: majority of the respondents strongly agreed that project size has a significant influence on the implementation of healthcare projects as indicated by a combined mean of 4.77 and standard deviation of 0.35. Finally, the study findings indicated that majority of the respondents strongly agreed that the procurement process variable determined the implementation of the healthcare project. The study concluded that: adequate funding had the highest determinant on the implementation of healthcare projects; project size, community awareness, and procurement processes influence the implementation of healthcare projects.

Key Terms: ***Funding Availability, Community Awareness, Project size, Procurement Process, and Implementation of healthcare projects.***

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Health care service provision in the devolved system of governance refer to the various processes undertaken by sub-national governments through which inputs like; finances, human resources, equipment, medical drugs, and other essential supplies are amalgamated to facilitate the delivery of health interventions to the populace. Garg and Agarwal (2014) observe that it is the lack of one or several of these inputs that influences the provision of healthcare in the devolved even at the lowest level; primary care. In Colombia, Balasubramanian, Cohen, Davis, Gunn, Dickinson, Miller and Stange (2015) reported that budget constraints did lead to the introduction of local taxation measures to enhance the financing of human resources for health (HRH) and health infrastructure by local governments. Yang, Kankanhalli, Ng and Lim (2013) reported on challenges of distribution of human resources for health that did adversely influence the implementation of health care projects by regional governments for the provision of health services in Chile.

Almajali, Masa'deh, and Tarhini (2016) reported that issues of financial planning and inadequate local taxation systems coupled with staffing of hospitals did have a negative influence on the implementation process of health care projects and the provision of health services by municipal governments in Peru. In Bolivia, Flottorp *et al.* (2013) reported failure to form partnerships between traditional healers and biomedical staff (doctors and nurses) did adversely influence the implementation of comprehensive health care projects that would have enhanced the provision of health services by departmental governments. Financial challenges emanating from poor allocation from central government that led to bottlenecks of low staffing of HRH greatly influenced the implementation of health care projects that would have witnessed the provision of health services by municipal governments in Nicaragua.

Ram, Corkindale, and Wu (2013) reported that there existed the need for collaborative communities between provincial governments and religious organizations to enhance the implementation process of health care projects that would enhance the provision of health care services in Papua New Guinea. In New Zealand, Ahmad and Cuenca (2013) reported that the involvement of other stakeholders in the form of collaborative governance integrated into community participation did positively influence the implementation of health care projects and the consequent provision of health care services by regional governments in New Zealand. In the Solomon Islands, Russ *et al.* (2015) reported that the equitable distribution of human resources for health (HRH) as an important factor in the implementation of public goods among them health care projects that enhanced the provision of health care services by provincial governments.

There have been great challenges in Africa since devolution of the health functions for the implementation of healthcare projects was done. In South Africa, Hendriks, (2013) noted the uneven allocation of finances and the resultant imbalance in health care infrastructure coupled with the consequent uneven distribution of doctors and nurses greatly influenced the implementation of health care projects by provincial governments. Aranda-Jan, Mohutsiwa-Dibe, and Loukanova (2014) reported that insufficient funding and inopportune disbursement of funds from the central government for financing of human resources for health (HRH) coupled with poor and uneven distribution of unqualified human resources and the non-existence of collaborative communities did adversely influence the implementation of health care projects in Tanzania.

Rondinelli (2013) reported that poor distribution HRH and to be specific doctors who were less than nurses posed challenges to local governments in their mission to implement health care projects and provide health care services, mainly in rural Uganda. Barasa, (2014), in Kenya stated the importance of partnerships between civil society and county governments in the implementation of health care projects. Okech, (2016) also reported that budgetary constraints and unequal distribution of human resources for health had adversely influenced the implementation of health care projects by county governments.

According to Ministry of Health (2020), there are 160 privately owned clinics, 22 municipal council-owned, and Government hospitals. The major hospitals include Coast Provincial General Hospital, and the privately-owned Mombasa Hospital, Aga Khan Hospital, and Pandya Memorial Hospital. The Coast Provincial General Hospital serves as a referral level hospital for the other counties in the region and is overwhelmed with work. While the other major health facilities are expensive and out of reach for most people. The government health facilities have few doctors, clinical officers, nurses, clinical officers, and public health officers. The Doctor /patient ratio is about 12:100,000 (MDSP 2005-2010), which among other factors, makes it difficult for the medical personnel to concentrate on early diagnosis of diseases.

1.2 Statement of the Problem

The fact that several health facilities have been built under devolution since 2014, improving ambulance services due to the purchase of new ambulance vehicles by county governments, health care still remains a reserve of the privileged. This is proved by the fact that most health care facilities are understaffed, ill-equipped, lack drugs and other medical supplies, they also lack proper basic amenities such as toilets and clean drinking water Choge and Muturi, (2014). In Mombasa County, despite The Mombasa County Government having allocated KShs. 1.7 billion in the financial year 2015/2016, frequent strikes by health workers coupled by lack of medical supplies have been reported to often paralyze operations at the Mombasa Level 5 hospital and other county health facilities leading to poor delivery of services to patients putting the lives of these patients in danger. Further, despite recent alarming reports of rising cases of cancer, with 15% of those referred to the Kenyatta coming from the study locale, the major county hospitals lack proper equipment for proper diagnosis and treatment (Kimanthi, 2015). The allocation of budget in the years 2018/2019 rose by 97% of the previous year, Hence a total of 3.31Billion according to an analysis of Kenya’s budget 2017/2018 report of (2018) However strikes have been experienced.

Several studies have been conducted on factors affecting the implementation of projects. For example, the Waweru (2014) study investigated the challenges of strategy

implementation in the world scout bureau-Africa regional office in Nairobi Kenya. The study revealed that technical factors, managerial factors, organizational structures, and factors attributed to donor policies and practices influenced project implementation. Though qualified ICT personnel was in place, it was concluded that they were not directly involved in project management therefore a justification of lack of data management systems experts.

Nekvapilova and Pitas (2016) investigated the factors influencing project management in the public sector. The study indicated that the prospect of learning by doing, in order to reach a higher quality of project outcomes, to mitigate risks. This was a complex process that required experts in the management of the projects. However, this was not the case as consequently, experts were not willing to regularly work as a team. This, therefore, justified a knowledge gap why the study was carried to establish the determinants of implementation of healthcare projects in Mombasa County, with a specific emphasis on the Coast General Hospital.

1.3 Purpose of the Study

The study focused on establishing the determinants of implementation of healthcare projects in Kenya; a case of Coast General Hospital in Mombasa County.

1.4 Objectives of the study

The study was guided by the following objectives:

- **i.** To examine how funding availability influences the implementation of healthcare projects in Kenya; a case of Coast general hospital, Mombasa Count.
- **ii.** To assess how community awareness influences the implementation of healthcare projects in Kenya; a case of Coast general hospital, Mombasa Count.
- **iii.** To determine how project size influences the implementation of healthcare projects in Kenya; a case of Coast general hospital, Mombasa Count.
- **iv.** To establish how the procurement process influences the implementation of healthcare projects in Kenya; a case of Coast general hospital, Mombasa Count.

1.5 Research Questions

This study was guided by the following research questions:

i. How does funding availability determine the implementation of healthcare projects?
ii. How does community awareness determine the implementation of healthcare projects?
iii. How does project size determine the implementation of healthcare projects?
iv. How does the procurement process determine the implementation of a healthcare project?

1.6 Research Hypothesis

The study tested the following null hypotheses at 95% level of significance

i. **$H0_1$**: There is no Significant Relationship between funding and implementation of healthcare projects
ii. **$H0_2$**: There is no significant relationship between community awareness and implementation of healthcare projects.
iii. **$H0_3$**: There is no significant relationship between project size and implementation of healthcare projects.
iv. **$H0_4$**: There is no significant relationship between the procurement process and the implementation of healthcare projects.

1.7 Significance of the Study

The study hoped to provide good information through which policy planners in the national government's Ministry of Devolution and Planning. Ministry of Health and will also be useful for the Mombasa County Department of Health to both evaluate and issue guidelines on the distribution of human resources and the collaboration of communities in the implementation of health care projects.

It is also hoped the study findings will be useful in particular to planners in the Ministry of Finance on issues related to fiscal decentralization for health care projects and the Ministry of Devolution and Planning on issues related to medical equipment and supplies transfer

to county governments in Kenya. Concerning the Finances, these findings will benefit the Ministries by reducing the cost of project implementation. It will also assist in identifying the correct scope of a project before implementation. The correct procurement practises will be sought and finally, communities will be made aware while implementing projects.

The study will also contribute important literature on factors influencing health care projects implemented by devolved governments and by so doing inform policy gaps in the measures so far undertaken to address emanating challenges in the realization of equitable access to health care at the county level. It is also hoped that the study findings will evoke other researchers to perform an inquiry on the influence of other factors on the implementation of health care projects on devolved funding.

1.8 Basic Assumptions of the Study

The study first assumed that the four objectives, funding availability, community awareness, project size, and procurement process will have a vital influence on the implementation of healthcare projects. The study assumed that research respondents will find the time and provide the required information without bias to carry out the study effectively. Hence the four objectives will have a significant outcome to this study findings.

1.9 Delimitations of the Study

This research study was carried out in Mombasa County at Coast General Hospital administrative office blocks. Data was collected from the various employees who have participated in the implementation of various projects in the hospital from the various departments. Data was restricted to the four variables that made the objectives i.e funding availability, community awareness, project size, and procurement process.

1.10 Limitation of the Study

The study experienced a time constraint issue due tight schedule of the study respondents. To overcome the challenge, the researcher focused on interviewing informants by telephoning the busiest respondents. The researcher also arranged to meet them during

lunch breaks at their workstations and through the help of respective administration support managers. Some respondents were resistant and biased in giving information. However, the researcher cleared doubts in advance by obtaining consent to carry out the study and also guaranteeing them confidentiality.

1.11 Definitions of significant Terms

Health care projects: Refers to such activities and programs that enhance better services within the sectors. The projects may be training development, provision of equipment among others.

Funding availability: This is the state of money provided, especially by an organization or government, for a project purpose being adequate.

Community Awareness: Refers to increase the community's knowledge of the available programs and services offered in the project. This is accomplished by informing the general public through various activities.

Project Size: Focuses on factor of process scope, simply defined as the extent and degree to which project management practices are formally applied.

Implementation: Refers to the process of putting a plan or a decision into effect; execution of the project.

1.12 Organization of the Study

The study was structured into five chapters. Chapter one focused on the study background information, statement of the problem, purpose, objective, research questions, research hypothesis and the significance of the study, assumption of the study limitation, and definitions of key terms among others. Chapter two captured empirical literature on related studies. It also captured the theories that relate to the implementation of health projects. The chapter also presented the conceptual framework with clearly labelled dependent and independent variables. Chapter Three dealt with the research design adopted by the study, the population targeted by the study, the techniques that were used to determine the sample size and instruments used for the collection of data. The chapter also dealt with data collection its reliability and its validity, the procedures employed to sample the target

population, data analysis and presentation, how variables were tested, and the ethical concerns that were considered by the study. Chapter four dealt with data analysis, presentation, and interpretation. Chapter five summarized the findings, concluded, and gave recommendations for further studies.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

In this chapter, we compare what other scholars and researchers have done to inform the direction of the current study. It discussed project performance, the dependent variable, before embarking on the independent variables. It also presented the theories that support project performance, the conceptual framework, and a summary of chapter two.

2.2 Project Implementation in the Public Sector

Project implementation is the process of making decisions and committing resources to execute the required project activities. To ensure successful project implementation, the project should have dedicated people that are focussed to implement it. All factors of the project process should be written or recorded on paper before the beginning of any project. This will make easier to manage the project implementation process, it will be useful for similar projects in the future. A study by Farzandipur, Jeddi, and Azimi (2016) found that human factors including computer skills, perceiving usefulness, and perceiving the ease of a hospital information system use are more effective on the acceptance and successful implementation of hospital information systems; then the technological factors play a greater role.

A Study by Agu (2016) pinpointed factors which affect project implementation which include poor or no project appraisal; top management lapses; defective contract agreements and awards; and gross failure to apply project management techniques; contracts for projects are awarded without adequate project planning which includes the costing, communication, networking, and system integration, timely, relevant, complete and scheduling as well as the method for successful implementation. Hence Project funding, availability of resources is also an important aspect to ensuring that activities are implemented as planned.

2.2.1 Funding Availability and the Implementation of Healthcare Projects

Project financing takes many forms including loans that can take a short- or long-term horizon. According to Corazzini, Cotton, and Valbonesi (2015) external funding of projects, there should be adequate sources of funding so that the project can be done and completed in time as required. The adequate flow of funding receives encouragement from the expected sources and the necessary funding and contributions are made. Kuppuswamy and Bayus (2013) stated that while developing the project, one should pay attention to key criteria employed in including operational guidelines and policies and its annexes.

There are various sources of funding available for NGOs. One of the biggest sources of funding for NGOs projects is bilateral and unilateral aid (Ramadan and Borgonovi, 2015). Private charities that are privately handled also act as a source of funds to NGOs. Donations and gifts from individuals and informal groups are also a source of funds. Non-conventional resources include Micro-enterprise, Microfinance, and Microinsurance (Khim and Annear, 2013).

Keng'ara (2014) conducted a study on the effect of funds procedures on the implementation of donor projects in Homabay County, Kenya. The study revealed that there is delayed receipt of funds by projects of up to 15 months with a positive correlation coefficient of 0.689 at 0.000 significance level between suppliers' inability to honor contractual obligations and projects incurring cost overruns. Unresolved audit issues result in donors suspending aid and returning huge unspent funds to Treasury yielded a positive correlation coefficient.

Siborurema, Shukla, and Mbera (2012) did an investigation on the effects of project funding on their performance in Rwanda. The project funding factors which had been considered during this research are the project cost estimation, the project technical design, and the project funding policy applicable in Rwanda which influences the project budgeting, these three factors were the research independent variables on one hand, and the project performance which has been measured in a matter of project implementation

time and was considered as the dependent variable for this research on the other hand. On analysis of the data, it found that both the cost estimation and technical design interfere with the project's funding policy and affect negatively the scheduled projects implementation time. Regarding the findings, conclusions and good practice-based recommendations were formulated.

Muthoni (2015) did a study on factors influencing youth enterprise development fund projects in Kirinyaga south constituency, Kirinyaga County, Kenya. The study concluded that the provision of continuous and relevant business development services to youth entrepreneurs is key to the success of enterprise development initiatives in enhancing sustainability. The study recommended that there is a need for the YEDF to encourage the youth to get loans from them by easing the administration process followed for them to access funds and facilitate in equipping the youth with entrepreneurial skills and business management skills to help them make informed decisions on the businesses that are viable for their groups.

According to a study by Nzekwe, Oladejo and Emoh, (2015) funding is a major issue for all projects. Projects suffer from a dearth of funding even after budgetary provisions were made for their funding. This is because the mere fact that a sum of money was budgeted for does not mean that the said amount will be ultimately released for the project, due to other considerations. Funds in many government projects in Africa are limited and are a challenging factor as stated by Price Water House Coopers (2014). In Kenya, the health sector relies heavily on out-of-pocket payments. Government funds are mainly allocated through a historical incremental approach (Chuma and Okungu, 2011).

According to studies by Kipngok, Wanyoike and Kemboi (2014) they sought to investigate the critical factors that significantly affect the implementation of geothermal projects. The study concluded that finances are key to the implementation of geothermal projects, citing that on average, for example, it costs about 4.5 to 6 million United States dollars to develop 1 MWe of geothermal power. A study by Kiarie and Wanyoike (2016) in Kenya assessed

the critical factors leading to the successful implementation of government-funded projects in Kenya with a special focus on the Integrated Financial Management System (IFMIS). The study concluded that funds disbursement by the government influenced the success of projects albeit marginally. Projects require financing to take off but government projects are still influenced by other factors including political interference and this reduces the influence of funding.

2.2.2 Community Awareness and Implementation of Healthcare Projects

Mubyazi and Hutton, (2014) define community awareness through collaboration as the process that integrates different spheres of the society at various stages of project implementation such as; priority setting, resource allocation, service management, and monitoring and evaluation. According to Ramírez *et al.* (2015) weak community awareness structures adversely influence the implementation of primary health care projects by devolved governance structures in South America. However, in their study Ruiz-Rodríguez *et al.* (2015) found evidence indicating that the awareness of communities in the form of integration of community participation was important in the successful implementation of primary health care (PHC) projects by departmental governments in Colombia. Further, they contend that community participation through the involvement of women's groups was important in the implementation of maternal and child health (MCH) and family planning projects by departmental and municipal governments.

Similarly, Sandoval and Cáceres, (2013) found evidence indicating that awareness of communities which integrated community participation in the form of; Community representatives in regional governments health committees and partnerships with private-sector health companies and Non-Governmental Organizations (NGOs) was important in the successful implementation of health care projects by regional governments in Peru. They also noted that the positive influence emanating from this was more pronounced to access health services related to; HIV, Tuberculosis (T.B), and Cancer in the regions of Peru (Sandoval & Cáceres, 2013).

Caruso, Stephenson, and Leon (2016) observed that departmental governments and municipalities in Bolivia had created Departmental Health Social Councils (DHSC) and Local Health Committees (LHC) respectively which enhanced community awareness in both the implementation and management of health projects. These they contend played key roles in the management of MCH and particular projects related to child diarrhea by these devolved governances, however, some respondents observed that both the DHSC and LHC were not effective in preventive health care projects as they were in curative ones. Further, they contend that preventative health care projects would have been more successful through community awareness such as those related to dealing with cases of dental cavities and fluorosis.

Community participation is an interactive process that entails communication, listening, consulting, collaborating, and merging with the community who acts as a partner and will participate to give consent and opinion regarding the decision-making process (Okello *et al.,* 2009). Community participation involves information sharing. empowering the community in terms of ability to influence the decision-making process by involving them in decision-making processes and taking into consideration the ideas generated by the community (Gozun, 2008)

Community participation in the implementation of waste management projects is vital for several reasons. The first rationale is that the community will have the responsibility to participate as it is a fact that everyone in a community generates waste and if waste is not properly managed, it can affect them either directly or indirectly. The role of community participation in waste management is that it ensures the sustainability of the project by welcoming them. People know when they are welcome and when they are not. Welcoming community participation means more than giving a new participant a friendly smile and supporting them. When people are not welcome they will not stay for long. The success of community participation in the implementation of waste management projects requires opening the process to the newcomers and involving them actively in participating in the project at hand (Reid. 2014). This can be by the following gesture: -

The role of active participation of the community in issues of waste disposal especially in urban areas means involving key actors in various institutions in the participation process. These actors include district committees, NGOs, local authorities, and businesswomen associations. Traditional rulers, teachers, politicians, teacher's district heads, religious leaders, and youths are actors in playing a role in community participation to implement waste management projects. Political patronage characterizes Constituency development committees that are the centre of decision making.

Oyalo and Bwisa (2015), highlights some of the constituency characteristics that impact on the efficiency and efficacy of CDF projects and also some political economy aspects associated with this program. In most cases, the implementations of such projects take longer than planned, the end-user gets a questionable result or the funds are not adequately utilized. Other CDF projects are abandoned in the process of implementation (Oyalo and Bwisa, 2015). In the public sector for the past three years, CDF projects progress is seen to be consistently performing poorly in some constituencies based on research done by Mahamud, Muchelule and Ogolla (2019) on factors affecting the implementation of National Government projects in Mvita Constituency of Mombasa County.

Parliamentary involvement in grassroots projects and community development has been growing in a diverse set of countries, including Kenya, Pakistan, India, Uganda, Bhutan, Jamaica, and Papua New Guinea (Baldwin and Bordoli, 2014). One policy tool for this involvement is Constituency Development Funds (CDFs), which dedicate public money to benefit specific political sub-divisions through allocations and/or spending decisions influenced by their representatives in the national parliament. CDFs resemble the venerable U.S. congressional allocations generally called pork barrel, in national and state level policymaking (Korir, 2013).

Gilbert (2013) an expert is very intelligent people, appreciates work self-governance, appreciates agreeable pay, and participates in innovative and mentally difficult work. Professionalism in procurement must be achieved through learning and experience with

technical and soft skills. This is part of the motivation to staff and which focuses on the participation leadership concept and focused on people being aware of what governs them.

2.2.3 Project Size and the Implementation of Healthcare Projects

Togar (2014) a project size provides a clear statement of the problem or opportunity and the solution, project outcome, and able develop clear business justification to ensure the project is consistent with the direction, priorities in the Strategic Plan. It enables prepare budget and review with the funding approval authority if applicable document deliverables and significant milestones identify customers, users, and stakeholders. The study involved public projects where initiative organization aspects (suitability and adequacy of its framework such that authority and role pairs, how well-defined its connection with its parent firm is, stability and ability in the company as well as efficient decision making), were identified and the number of projects (number and size of projects), project planning and control as CSFs in such projects was determined Torp *et al*. (2004).

A study by Farfan, and Lorant (2012) who argued that effective central governmental fiscal disbursement program departmental governments assisted the financing of human resource for maternal and child health consequently reducing the rate of infant mortality especially among the low-income populace in Colombia. The findings are however contrary to the research by Gené-Badia, *et al.,* (2012) who argued that reductions on funds disbursed by the central government in Spain had negatively influenced the provision of health care services by Autonomous Communities. The study also revealed that the county government does not face budgetary constraints which adversely influenced the provision of health care services. This is because the county received enough funds from the central government, raised enough taxes, and received health grants from international governments. The findings are contrary to the research by Avlijaš and Bartlett (2011) argued that municipal governments in Serbia faced budgetary constraints due to low central government disbursements, low revenue from local taxes and the non-existence of health grants which negatively influenced the provision of health care services

A study by Gitonga and Keiyoro (2017) on factors influencing the implementation of healthcare projects: The case of Meru County, Kenya. The study concludes that adequate financial resources are key drivers in the implementation of health care projects. Hence the rate of flow of health care projects' funds especially those disbursed from the central government to devolved units influences the implementation of such projects and as well as the project scope. Another similar study by Musyoka, Adoyo, and Oluoch, (2015) argued that failure to adopt performance appraisals (PA) by county health service managers adversely influenced the motivation of human resources for health in the sub-county public hospitals resulting to poor quality health care services. The county government had failed to fully utilize the benefits of benchmarking trips by its medical personnel to peer counties. This leads to weak quality stakeholder mobilization strategies, monitoring and evaluation processes, financial management, and low adoption of cost reduction processes adversely influencing the implementation of health care projects. The findings are contrary to the study by Ettorchi-Tardy, Levif and Michel, (2012) contend that benchmarking trips positively influenced the implementation of health care projects by regional governments in France, more importantly; they help on project scope and not to compromise the quality.

Maina (2016) did a study that focussed on the factors influencing healthcare projects implementation. The case of this study included the AMREF health Africa in the Nairobi region. The study used a semi structured questionnaire with the target population being 700 employees in the organization within Nairobi County. It was a descriptive research in nature and the results indicated that: the size of the project, commitment to maintain projects size and standards among other factors significantly influence the implementation of healthcare projects. The various indicators of project size were also tied to the project purpose, project funding, project location etc.

2.2.4 Procurement Process and the Implementation of Healthcare Project

According to the public procurement act of 2015, the procurement process should be clearly outlined. The first process is budget and planning, followed by receipt of the tender document, advertisement is then advertised and closes on the closing date. A tender

opening committee is then appointed to open the tenders, later an independent evaluation committee is appointed for evaluation within 30 days after tender opening. A Procurement representative does an evaluation report based on the findings. Finally, once the report is completed it is forwarded to the head of procurement who then prepares a professional report opinion to the chief officer (Managing director) for approval or rejection (RoK, 2015).

Procurement and Supply chain integration are also emerging within the construction industry. This shifts the focus from project-based deliberations with single buyers towards a multi-project perspective on service delivery within larger partnership agreements (Koolwijk et al., 2018; Broft, Badi and Pryke, 2016). Through this increased integration of the client and the supplier organization in service delivery, the supply chain evolves towards an extended enterprise or quasi-firm beyond the scope of individual projects.

According to a study done by Van Bortel, Zijlstra and Gruis, 2013), Dutch housing associations consider partnering in the supply chain an important way to improve their efficiency. The concept of supply chain partnering (SCP) refers to firms becoming partners in integrated teams, often for a longer-term according to Venselaar and Gruis (2016). An example of this new collaborative approach is the development of a performance-based maintenance framework agreement for a housing block through which maintenance is commissioned to one supplier for some years (Vrijhoef, 2011).

According to Verzuh (2015) although considerable developments in procurement have been made in previous decades, for instance, in the form of the centralized procurement systems, Just in Time (JIT) and Total Quality Management (TQM) programs, this has happened for the most part, in economically developed countries. In various economies of developing countries, procurement has not had such a critical effect in the project management industry. According to a study by Araújo, Alencar and Miranda Mota (2017) highlight the importance of suppliers in the success or failure of the project. The selection and evaluation of the performance of the supplier play an essential role in the development of the project.

Several researchers have developed decision charts to investigate the criteria for the selection and success rate of suppliers in terms of time, cost, and quality. Over the years, however, the selection process has become increasingly complex, mainly as a result of the continued proliferation of different procurement methods, the increasing technical complexity of projects (Agarchand and Laishram, 2017), and the need for greater value for money. Therefore, the classic criteria of time, cost, and quality alone are considered very simplistic in the context of a complex project environment and, so, decision frameworks need to be updated (Naoum and Egbu, 2016). The current vision of a project's success is considered multidimensional (Carvalho and Rabechini, 2015) and this comprehensive view should also be considered in a procurement management environment.

Aiming to minimize the gap between what is hired and delivered, the supplier has to fully understand the company's needs in the procurement process through extensive information sharing and constant communication. Only when a binding mechanism motivates information sharing is it possible to achieve a balanced relationship between the company and the supplier. As the company-supplier mechanism works, risk-averse suppliers are more likely to collaborate to define project scopes (Cheng and Carrillo, 2012).

According to the Africa Center for Open Governance (AfriCOG, 2015), transparency in procurement concerns timely access to easily understood information. It assists in ensuring that any deviations from fair and equal treatment are detected early hence reducing the risk of such deviations. It protects the integrity of the process and interest of stakeholders and the public. The study further defined accountability in procurement as that it concerns officials being responsible for their actions and decisions concerning procurement and resulting outcomes. Furthermore, the study concluded that accountability is a process that entails ensuring that the due process is followed, including seeking necessary approvals, supporting the decision made and those records for all the activities are maintained as required by law.

An assessment on the effectiveness of the tendering process in the public sector in Tanzania a case of ministry of health and social welfare was done (Athumani, 2012) and according

to him if tendering is performed and administered according to the laid down effective procedures and regulations the outcome is the best quality of goods delivered to the public expectations. He further explained the need to exercise accountability and transparency in the procurement process.

Wanyonyi and Muturi (2015) found that the key contributors to staff competence included training of new employees in the procurement departments, enhancement of teamwork of procurement staff, acquaintance with the procurement law by the procurement team, and employment of qualified and competent personnel in the procurement departments among others. Public procurement professionals have to endeavor to achieve three competing demands of meeting commercial interests with key themes of value for money, economy, efficiency, and effectiveness (Shileswa, 2017)

2.3 Theoretical Framework

A theory is a combination of well-articulated ideas that serve to breakdown a certain phenomenon by giving variables of the laws that then relate (Kothari, 2004). Many theories support project implementation in firms. These are the Theory of project implementation, project performance control model, and control theory and responsibility accounting. Some theories support the implementation and performance of projects. They include system theory and management theories.

2.3.1 Community Participation Theory

Community participation theory was developed by Jamal and Getz (1995). Arnstein proposed a ladder of participation. He stated that participation in community activities is influenced by several factors which include the center of power, issues of process and capacity, group leadership, attitude that the participants have towards the project. Jamal and Getz state that in particular, there has been a shift towards understanding participation in terms of the empowerment of individuals and communities. This has stemmed from the growing prominence of the idea of the citizen as consumer, where choice among alternatives is seen as a means of access to power (Abbott, 2013). Under this model, people

are expected to be responsible for them and should, therefore, be active in decision-making. This theory applies to this study since community-based project awareness is also influenced by similar factors as proposed by (Jamal & Getz, 1994).

2.3.2 Resource Dependence Theory (RDT)

The resource-based theory was developed by Pfeffer and Salancik, (1978). The theory is based on how the external resources of organizations affect the behavior of the organization. Resource-based theory urges that organizations are dependent on resources, these resources ultimately originate from the environment of organizations, the environment to a considerable extent contains other organizations, the resources one organization needs are thus often in the hand of other organizations, resources are a basis of power, legally independent organizations can, therefore, be dependent on each other (Hillman, Withers & Collins, 2009).

In as much as organizations are inter-dependent, the theory of Resource Dependence needs a closer examination. Its' very weakness lies in its very assertions of dependence (Drees & Heugens, 2013). With changing trends of financial uncertainties, there is a need to lean towards other theories of uncertainties. According to this theory, an organization depends on resources for their survival; therefore, for any organization to achieve sustainability, resources are indispensable (Pfeffer, 2005). For community-based projects to achieve sustainability, resources are important. These resources will come in the form of financial resources – therefore there is a need to involve all the stakeholders in the project for sustainability, other resources are human and land. This theory is important in is study as it explains the important role that funding plays as part of the overall system that makes up a project (Hart, 2013).

2.4 Conceptual Framework

The conceptual framework illustrates the relationship between independent and dependent variables as described in Figure1. Hence: The conceptual framework shows the relationship between the dependent variable of the study is the implementation of

healthcare projects. While the independent variables are funding availability, community awareness, Project size, and Procurement process. The third variable will be the moderation variable hence National Assembly Legislation and Mombasa County Assembly Laws.

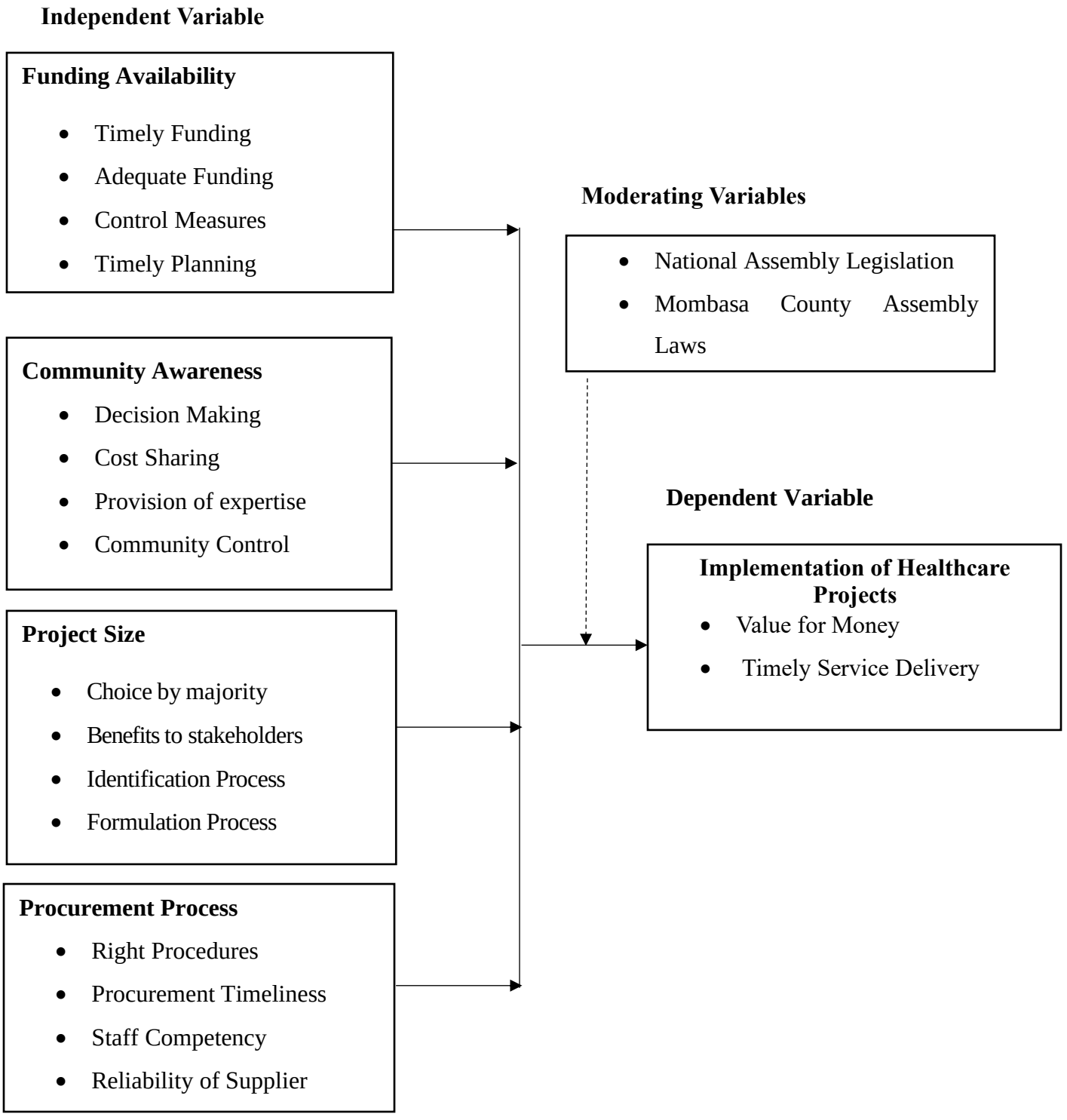

Figure 1: Conceptual framework

2.5 Knowledge Gap

The literature review established the following gaps as shown in Table 2.1

Table 2.1: Knowledge Gap

Author	Area of Focus	Findings/results	Research gaps	Research gaps addressed
Corazzini, Cotton and Valbonesi (2015)	Funding	An adequate external source for funding of the project ensures that the projects are done and completed in time as required.	This study has just outlined the role external source of funding does in relation to projects implementation. The study has however failed to outline the various components that add up to funding entirely. Further, the study used secondary data that at times is biased	The current study just examined all the components of funding that cut across financial resources sourcing to financial management. Further the study shall use primary data for its data
Mubyazi and Hutton, (2014)	Community awareness	Community awareness helps in priority setting, resources allocation, service management, monitoring and evaluation which in return influence the implementation of projects significantly	However, this study dealt with the community collaboration aspect and never addressed all the issues of community participation in budgeting as well as involving the community in project identification.	This study addressed the gap by considering the all levels of community participation in projects implementation including community decision making.
Togar (2014)	Project size	Project size provides a clear statement of the whole problem to be addressed in a project. It determines the	The study has not addressed all the variables of project size. Further the study failed to use data from primary sources that is normally	The current study focused on the process of identification and other factors concerning project size and their

		amount of funds required and the priority areas	adequate besides ensuring that the case of study hit on the healthcare projects.	influence on the implementation of healthcare projects
Wanyonyi and Muturi (2015	Procurement Process	training of new employees in the procurement departments, enhancement of teamwork of procurement staff, acquaintance with the procurement law by the procurement team, and employment of qualified and competent personnel in the procurement departments among others influence the implementation of projects	The study has only focused on staff in the procurement process and left out other crucial indicators that add up to the projects' procurement practice. Further the study failed to test the relationship between the various indicators of procurement process and their influence on the implementation of projects	This study focused on all the indicators of procurement process and tested the relationship between these indicators and the implementation of projects. The null hypothesis was tested to ascertain the extent of relationship

2.6 Summary of the Chapter

The literature review for this study discussed critically the main objectives of both global, regional, and local aspects. The appropriate theories that linkage with the study objective was also discussed. The four main research was hypothesized and described showing their relationship between independent and dependent variables of the study and knowledge gap analysis thereafter finally the summary level.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter dealt with the research design. The target population of the study, methods, and techniques used in sampling respondents, sampling frame, data collection, and analysis method used. Reliability, Validity, Data presentation method, ethical consideration, and operations of variables of the study.

3.2 Research Design

The study used a descriptive design. Descriptive survey design is a structure and plan that strives to answer the research questions of the study. This design helped the researcher to capture the current state of project implementation as it exists without any changes. Descriptive survey design is more appropriate in a situation where the researcher intends to conclude a superior population. This survey design develops a quick preview of particular issues of interest because of large samples.

3.3 Target Population

According to secondary data from the Ministry of Health, department of health (DOH) Mombasa County Government (2019) there are 15 public hospitals under its management but the Coast General is the largest. The department has 12 non-medical staff and there are 500 medical personnel (doctors, nurses, clinical-medicine officers, and pharmacists). There are 8 managers registered health Civil Society Organizations (CSOs) operating within Mombasa and formed part of the study respondents. Table 3.1 captured the total number of the target population

Table 3. 1: Target Population

Stratum	Frequency	Percentage
Department of Health (DoH) Staff- Non-Medical	12	2.3%
Medical personnel (Doctors, Nurses, Pharmacists, Clinical officers)	500	96.2%
Health CSOs Managers	08	1.5%
Total	**520**	**100%**

(Source: Ministry of Health, Mombasa county Office, 2019)

3.4 Sample Size and Sampling Procedure

A sample involves a subset of a population that is chosen to represent the features of a population. Sampling is a chosen number of people who provide information that the study uses to draw conclusions of the entire population whom these people represent.

3.4.1 Sample Size

The sample size is a portion of the population of the study. The study adopted to stratified random sampling to determine the sample size. For this study, the population was stratified as per position and for each stratum, 20% was being picked to obtain the sample size. According to Creswell and Creswell (2017), the sample size will be deemed ideal if picked from 10-30% of the population from each group. This study, therefore, adopted to 10% from each stratum, as shown in Table 3.2

Sample Size Table 3. 2

Stratum	Target population	Percentage	Sample
Non-Medical (DOH)	12	10	1.2
Medical Personnel (DOH)	500	10	50
Health CSOs Managers	08	10	0.8
Totals	**520**	**N/A**	**52**

3.5 Data Collection Method

The study collected primary data to allow exhaustive responses to research objectives and questions. Primary data was collected using a questionnaire design and was administered through the drop and pick technique. As Mellenbergh (2015) stated, questionnaires are appropriate for this kind of study since they will be used to collect information that will not directly observable.

3.5.1 Validity of the Instrument

Research instrument validity is the extent to which study results obtained from data analysis represents the study phenomenon. It was measured by test-retest. Validity measures the extent to which an instrument indicates what it is supposed to measure (Bazzi and Clemens, 2013). The researcher gave the questionnaire to the supervisor and expert following extensive research supervision to help in determining the validity of the instruments.

3.5.2 Reliability of the Research Instrument

Reliability is the degree of consistency in the measurement of the research instruments. A measure is seen as reliable when it results in inconsistent results with every successive repetition (Yin, 2017). The researcher adopted an internal consistency measure of the Cronbach Alpha coefficient to determine reliability. According to Babbie (2015), for the instruments to be deemed as reliable, the Cronbach alpha coefficient was at 0.7 and above.

3.6 Data Collection Procedure

The researcher was given a transmittal letter from the respective department of the school of open e-learning at the University of Nairobi. The letter was then used to seek permission from the respective Mombasa County offices in the health department. The researcher hired the services of a research assistant who gave support to administering questionnaires to respondents. The administering of questionnaires was done at the place of work of respondents, (Coast General Hospital). The researcher noted the contact information of respondents at the point of dropping questionnaires. A follow up was done using the contact information of respondents.

3.7 Data Analysis Techniques

Collected research instruments were coded before entry into statistical software for analysis. Data cleansing was also carried out before coding did commence. The researcher computed descriptive statistics including standard deviations, means, and frequencies. SPSS was used for the analysis of the findings. Descriptive statistics were used as a basis for analysis, presentation, and interpretation of data. Descriptive analysis was done using frequency distribution tables. Hence, the researcher used regression analysis to test the hypothesis with the following model:

$Y = \beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4 + \varepsilon.$

Where: Y= The Performance of Projects;

$\beta 0$ = Constant; $\beta 1$ - $\beta 4$ = Beta coefficients;

X1= Funding Availability

X2= Community Awareness

X3= Project Size

X4 = Procurement Process

ε = Error term

3.8 Ethical Considerations

This researcher adhered to ethical consideration procedures as required by law. The researcher briefed the respective departmental head through a letter obtained from

respective ministries attached to the university transmittal letter. The research through the local administrators informed the respondents of the importance of the study and that it was for entirely for academic purposes. Respondents were also informed of their role to give information hence be partial and honest as possible. They were requested to keep the confidentiality of the information they were giving and that their names will be not going to be mentioned or recorded anywhere in the study.

3.9 Operational Definitions of Variable

This section indicated the summary of variables, indicators, measurements tools, and data collection and analysis method of the study as stated in Table 3.2

Table 3:3 Operational Definitions of Variables

Objective	**Variable**	**Indicators**	**Scale**	**Descriptive and inferential statistics**
1). To examine how funding availability determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.	**Funding Availability Influence**	Timely Funding Adequate Funding Control Measures Timely Planning	Ordinary/Normal	Mean and Percentage
2). To assess how community awareness determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.	**Community awareness Influence**	Decision Making Cost Sharing Provision of expertise Community Control	Ordinary /Nominal	Mean and Percentage

3). To determine how project size influences the implementation of healthcare projects in Mombasa County, Coast General Hospital.	**Project size Influence**	Choice by majority Benefits to stakeholders Identification Process Formulation Process	Ordinary /Nominal	Mean and Percentage
4). To establish how the procurement process determines the implementation of healthcare projects in Mombasa County,Coast General Hospital.	**Procurement process Influence**	Right Procedures Procurement Timeliness Staff Competency Reliability of Supplier	Ordinary /Nominal	Mean and Percentage

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

4.1 Introduction

The main purpose of the research study was to establish determinants of implementation of healthcare projects in Mombasa County, Coast General Hospital. This chapter presents data analysis and interpretation; the section starts with an analysis of the questionnaire return rate, followed by an outline of the profile of respondents and the tests for assumptions and analysis of Likert scale data. This is followed by the analysis and interpretation of the relationship between the variables under study.

4.2 Questionnaire Return Rate

The research targeted 52 respondents, from the 52 questionnaires which were administered, 36 questionnaires were dully filled, completed, and returned. Table 4.1 below presents a summary of the return rate.

Table 4.1 Questionnaires Return Rate

Questionnaires	Frequency	Percentage
Distributed	52	100
Valid Respond	36	69.23
Deficit	16	30.77

Based on the results of Table 4.1, the researcher distributed 52 questionnaires to respondents. The return rate was 36 dully filled questionnaires making 69.23 % of the valid responses. This was enough for the researcher to continue with the survey study.

4.3 Demographic Characteristics of Respondents

This study requested respondents to indicate their general information that included, gender, age, profession, years of experience. More importantly, their ability to undertake health care programs within Mombasa County.

Table 4.2: Demographic Details

BioData	Frequency	Percentage
Gender of respondents		
• Male	20	55.55
• Female	16	44.45
Age of respondents		
• 21 to 30 years	05	13.88
• 31 to 40 years	14	38.88
• 41 to 50 years	12	33.36
• Above 51 years	05	13.88
Education of respondents		
• Certificate /Vocational	06	16.66
• Diploma/college	12	33.33
• University Degree	14	38.88
• Masters and above	04	11.13
Profession/Occupation		
• Non-Medical	02	05.55
• Medical Personnel	32	88.90
• Health CSOs Managers	02	05.55
Work Experience		
• 1 to 5 Years	06	16.66
• 6 to 10 Years	14	38.88
• 10 to 15 Years	12	33.33
• Above 16 Years	04	11.13
Totals	**36**	**100.00**

As publicized in Table 4.2 male respondents were more popular at 55.55% while female respondents were ranked at 45.45%. On age status, 31 to 40 years category was ranked at 38.88%, 41 to 50 at 33.36%, 21 to 30, and above 51 years were ranked 13.88 respectively. On the level of education, 38.88 % of respondents had degree status, while diploma or college were ranked 33.33%, certificate and vocational training were ranked at 16.66 %

and Masters and above were ranked at 11.13 %. The findings indicated that above 80% of the respondents were qualified for healthcare project implementation.

Medical personnel were ranked at 88.9%, Non- medical and Health CSOs Managers were respectively ranked at 05.55 %.All the respondents had the required experience to undertake healthcare project implementation. Those with 6 years and above were ranked 83.34% therefore an indication that the information was collected from valid healthcare personnel.

4.4. Funding Availability and the Implementation of Healthcare Projects

The researcher used descriptive statistics to analyze the various sub-variables statements on; how funding availability determines the implementation of healthcare projects in Mombasa County, Coast General Hospital. Then for testing the hypothesis linear regression was done.

4.4.1. Descriptive Statistics for funding availability factors

Different dimensions concerning funding availability as a determinant for the implementation of healthcare projects. Respondents were questioned through statements on funding using a Likert scale of (1-5); where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. Their opinions, analysis of the statements and findings were presented in Table 4.3

Table 4.3: Funding Availability and the Implementation of Projects

Statement	N	Mean	STDV
Timely Funding determine the implementation of healthcare projects in Coast General Hospital.	36	4.90	0.21
Adequate Funding determines the implementation of healthcare projects in Coast General Hospital.	36	4.91	0.22
Control Measures determine the implementation of healthcare projects in Coast General Hospital.	36	4.88	0.23
Timely Planning determine the implementation of healthcare projects in Coast General Hospital.	36	4.85	0.34
Average Mean and Std Deviation- (STDV)	**36**	**4.85**	**0.25**

Table 4.3 indicated that adequate funding had the highest determinant on implementation of healthcare projects with a mean of 4.91, while the least determinant was timely funding which had a mean of 4.85. Respondents strongly agreed that funding availability determined the implementation of healthcare projects in Mombasa County with an average mean of 4.85. This was confirmed through composite STDV = 0.25.

4.4.2 Regression Analysis of Funding Availability and its determinant on Implementation of Healthcare Projects

The first objective of the study was to examine how funding availability, determines the implementation of healthcare projects in Mombasa County. To achieve this objective the following hypothesis was formulated and tested.

H_0: There is no significant relationship between funding availability and implementation of healthcare projects. The effects of funding availability were proven by regression analysis with the outcomes tabulated in Tables 4.4, 4.5, and 4.6.

Table 4.4: Funding Availability and its influence on Implementation of Health Projects Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.538[a]	.289	.269	.74293

a. Predictors: (Constant), Funding Availability

Table 4.4 shows that the regression model summary. This study model showed a moderate correlation coefficient of 0.538. This result is a clear indication that there is a moderate association between funding availability and the implementation of health projects. This was further enhanced when a coefficient of determination (R^2) of 0.289 was realized which indicated that the study independent variable (funding availability) can be able to explain 28.9% of the variability in the dependent variable (health projects implementation)., which means funding availability has a moderate impact on the health care projects implementation. An ANOVA of the study model was carried out to investigate further this relationship; the results of the study are presented in Table 4.5.

Table 4.5: Funding Availability and its influence on Implementation of Health Projects ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.997	1	.997	1.807	.043[b]
	Residual	16.558	30	.552		
	Total	17.556	31			

a. Dependent Variable: Project Implementation ;b. Predictors: (Constant), Funding Availability

Table 4.5 presents an analysis of variance (ANOVA) to test the variability of funding availability and health care project implementation. The outcomes presented, F-test was 1.807, the p-value =0.043 (P<0.05), and residual of 16.558 which indicates that funding availability is statistically significant in determining the implementation of healthcare projects at 95% confidence level. Therefore, this analysis confirms that the ability of funding availability to influence healthcare projects implementation as observed in the goodness of fit model is statistically significant. Therefore, the study accepts the alternative hypothesis (H_1) that there is a significant relationship between funding availability and implementation of healthcare projects. A further regression analysis was done on the relationship; the outcomes are presented in Table 4.6 shows the regression model coefficients.

Table 4.6 Funding Availability and Healthcare Projects Implementation Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.195	.980		3.261	.003
	Funding Availability	.334	.249	.238	1.344	.043

a. Dependent Variable: Project Implementation

From the findings in Table 4.6, funding availability has an impact on the implementation of healthcare projects in Mombasa county since its relationship is statistically significant (p=0.043). The regression model indicates that the association between project implementation and funding availability is positive with a coefficient of 0.334 and a constant of 3.195. The regression model equation is as below.

$Y=3.195 +0.334FA +e$

Where: Y if the implementation of healthcare Projects and FA is funding availability.

4.5 Community Awareness and the Implementation of Healthcare Projects.

The measurement scale comprised five elements calculated using on a Likert scale of (1-5); where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. The analysis of the responses was presented as follows;

4.5.1 Community Awareness and the Implementation of Healthcare Projects.

The researcher aimed at determining the degree in which the respondents agreed with statements assessing how Community Awareness is a determinant on the Implementation of Healthcare Projects. Hence conclusions of the statements are described in Table 4.7

Table 4.7: Community Awareness and the Implementation of Healthcare Projects.

Statement	N	Mean	STDV
Decision Making determines the implementation of healthcare projects in Mombasa County.	36	4.86	0.26
Cost Sharing determines the implementation of healthcare projects in Mombasa County.	36	4.55	0.46
The provision of expertise determines the implementation of healthcare projects in Mombasa County.	36	4.75	0.36
Community Control determines the implementation of healthcare projects in Mombasa County.	36	4.80	0.39
Composite Mean and STDV	**36**	**4.74**	**0.37**

Findings as illustrated in Table 4.7, indicated that decision making determines the implementation of healthcare projects had the highest influence with a mean of 4.86, while the least influence was from cost-sharing with a mean of 4.55. Respondents strongly agreed that community awareness had an influence of an average mean of 4.74 as a determinant

on the implementation of healthcare projects in Mombasa County. This was supported by a standard deviation of 0.37.

4.5.2 Regression Analysis of Community Awareness and its Determinant on Implementation of Healthcare Projects

The second objective of the study was to examine how community awareness, determine the implementation of healthcare projects in Mombasa County. To achieve this objective the following hypothesis was formulated and tested.

H_0: There is no significant relationship between community awareness and the implementation of healthcare projects. The effects of awareness were proven by regression analysis with the outcomes tabulated in Tables 4.8 to 4.10.

Table 4.8: Community Awareness and Implementation of Health Projects Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.482[a]	.232	.211	.75022

a. Predictors: (Constant), Community Awareness

Table 4.8 shows the regression model summary. This study model showed a moderate correlation coefficient of 0.482. This result is a clear indication that there is a moderate association between community awareness and the implementation of health projects. This was further enhanced when a coefficient of determination (R^2) of 0.232 was realized which indicated that the study independent variable (community awareness) can be able to explain 23.2% of the variability in the dependent variable (health projects implementation), which means community awareness has a moderate impact on the health care projects implementation. An ANOVA of the study model was carried out to investigate further this relationship; the results of the study are presented in Table 4.9.

Table 4.9: Community Awareness and Implementation of Health Projects ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.671	1	.671	1.192	.047[b]
	Residual	16.885	30	.563		
	Total	17.556	31			

a. ***Dependent Variable: Project Implementation; b. Predictors: (Constant), Community Awareness***

Table 4.9 presents an analysis of variance (ANOVA) to test the variability of community awareness and health care project implementation. The outcomes presented, F-test was 1.192, the p-value =0.047 ($P<0.05$), and residual of 16.885 which indicates that community awareness is statistically significant in determining the implementation of healthcare projects at 95% confidence level. Therefore, this analysis confirms that the ability of community awareness to influence healthcare projects implementation as observed in the goodness of fit model is statistically significant. Therefore, the study accepts the alternative hypothesis (H_1) that there is a significant relationship between community awareness and the implementation of healthcare projects. A further regression analysis was done on the relationship; the outcomes are presented in Table 4.10 showing the regression model coefficients.

Table 4.10: Community Awareness and Healthcare projects Implementation Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.591	.843		4.257	.000
	Community Awareness	.271	.248	.195	1.092	.047

a. Dependent Variable: Project Implementation

From the findings in Table 4.10, Community awareness has an impact on the implementation of healthcare projects in Mombasa county since its relationship is

statistically significant (p=0.047). The regression model indicates that the association between Project implementation and community awareness is positive with a coefficient of 0.271 and a constant of 3.591. The regression model equation is as below.

Y=3.591 +0.271CA +e

Where: Y if the implementation of healthcare Projects and CA is community awareness.

4.6 Project Size and the Implementation of Healthcare Projects.

This independent variable was assessed using four statements which were evaluated on the Likert scale. The researcher wanted to determine how project size influences the implementation of healthcare projects. An analysis of responses was presented using mean, standard deviation, and regression tests.

4.6.1 Descriptive Statistics on Project Size and the Implementation of Healthcare Projects.

The researcher sought to establish the degree in which the respondents agree with Project Size to implementation of the health care project then make conclusions on the study as prescribed in Table 4.11.

Table 4.11: Project Size and the Implementation of Healthcare Projects.

STATEMENTS	N	Mean	STDV
Choice by majority determine the implementation of healthcare projects in Mombasa County	36	4.79	0.34
Benefits to stakeholders determine the implementation of healthcare projects in Mombasa County	36	4.85	0.24
The identification Process determines the implementation of healthcare projects in Mombasa County.	36	4.68	0.41
Formulation Process determines the implementation of healthcare projects in Mombasa County	36	4.75	0.42
Composite Mean and STDV	**36**	**4.77**	**0.35**

Data as presented in Table 4.11. indicated that, majority of respondents strongly agreed that benefits to stakeholders determine the implementation of healthcare projects the statement had a mean of 4.85. The identification Process determines the implementation of healthcare projects was rated the least with a mean of 4.68. It was important to note that, project size variables were highly rated with a composite mean of 4.77 = STDV 0.35, thus the researcher concluded that, most responses made were clustered around strongly agreed response on the Likert scale.

4.6.2 Regression Analysis of Project Size and the Implementation of Healthcare Projects

The third objective of the study was to examine how project size; determines the implementation of healthcare projects in Mombasa County. To achieve this objective the following hypothesis was formulated and tested.

H_0: There is no significant relationship between project size and implementation of healthcare projects. The effects of awareness were proven by regression analysis with the outcomes tabulated in Tables 4.12, 4.13, and 4.14.

Table 4.12: Project Size and Implementation of Health Projects Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.608[a]	.369	.348	.60756

a. Predictors: (Constant), Project Size

Table 4.12 shows the regression model summary. This study model showed a moderate-high correlation coefficient of 0.608. This result is a clear indication that there is a moderate-high association between project size and implementation of health projects. This was further enhanced when a coefficient of determination (R^2) of 0.369 was realized which indicated that the study independent variable (project size) can be able to explain 36.9% of the variability in the dependent variable (health projects implementation) which means project size has a moderate impact on the health care projects implementation. An ANOVA of the study model was carried out to investigate further this relationship; the results of the study are presented in Table 4.13

Table 4.2: Project Size and Implementation of Health Projects ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.482	1	6.482	17.560	.000[b]
	Residual	11.074	30	.369		
	Total	17.556	31			

a. Dependent Variable: Project Implementation; b. Predictors: (Constant), Project Size

Table 4.13 presents an analysis of variance (ANOVA) to test the variability of project size and health care project implementation. The outcomes presented, F-test was 17.560, the p-value =0.000 ($P<0.05$), and residual of 30 which indicates that project size is statistically significant in determining the implementation of healthcare projects at 95% confidence level. Therefore, this analysis confirms that the ability of project size to influence healthcare projects implementation as observed in the goodness of fit model is statistically significant. Therefore, the study accepts the alternative hypothesis (H_1) that there is a

significant relationship between project size and implementation of healthcare projects. A further regression analysis was done on the relationship; the outcomes are presented in Table 4.14 showing the regression model coefficients.

Table 4.14: Project Size and Healthcare Projects Implementation Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.212	.556		3.975	.000
	Project Size	.600	.143	.608	4.190	.000

a. Dependent Variable: Project Implementation

From the findings in Table 4.14, Project size has an impact on the implementation of healthcare projects in Mombasa county since its relationship is statistically significant (p=0.000). The regression model indicates that the association between Project implementation and project size is positive with a coefficient of 0.600 and a constant of 2.212. The regression model equation is as below.

Y=2.212 +0.600PS+e

Where: Y if the implementation of healthcare Projects and PS is Project size.

4.7 Procurement Process and the Implementation of Healthcare Projects

The researcher used a five Likert scale on a set of statements concerning the procurement process and its influence on the implementation of healthcare projects. The researcher aimed to determine the impacts of variables and make conclusions on the findings as presented in Tables 4.15, 4.16, and 4.17.

4.7.1 Procurement Process and the Implementation of Healthcare Projects.

The researcher sought to establish the degree to which the Procurement process affects the implementation of healthcare projects as illustrated in Table 4.15.

Table 4.15: Descriptive statistics on Procurement Process effects on the implementation of healthcare project

STATEMENTS	N	Mean	STDV
Right Procedures determine the implementation of healthcare projects in Mombasa County	36	4.40	0.71
Procurement Timeliness determine the implementation of healthcare projects in Mombasa County	36	4.75	0.44
Staff Competency determines the implementation of healthcare projects in Mombasa County.	36	4.45	0.22
Reliability of Supplier determines the implementation of healthcare projects in Mombasa County	36	4.80	0.39
Composite Mean and STDV	**36**	**4.60**	**0.41**

As shown in Table 4.15 findings indicated that the reliability of suppliers determines the implementation of healthcare projects. The statement had a mean of 4.80. Whereas the least influence was from the right procedures which had a mean of 4.40. Respondents strongly agreed that the procurement process variable determined the implementation of the healthcare project. This was justified through a composite mean of 4.60 = STDV 0.41. Hence the researcher concluded, the majority of respondents strongly agreed that the procurement process was a great determinant of the implementation of healthcare projects.

4.7.2 Regression Analysis of Procurement Process and its Determinant on Implementation of Healthcare Projects

The fourth objective of the study was to examine how the procurement process; determine the implementation of healthcare projects in Mombasa County. To achieve this objective the following hypothesis was formulated and tested.

H_0: There is no significant relationship between the procurement process and the implementation of healthcare projects. The effects of awareness were proven by regression analysis with the outcomes tabulated in Tables 4.16, 4.17, and 4.18.

Table 4.16: Community Awareness and Implementation of Health Projects Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.384[a]	.147	.119	.70648

a. Predictors: (Constant), Procurement Process

Table 4.16 shows the regression model summary. This study model showed a low correlation coefficient of 0.384. This result is a clear indication that there is a low association between the procurement process and the implementation of health projects. This was further enhanced when a coefficient of determination (R^2) of 0.147 was realized which indicated that the study independent variable (procurement process) can be able to explain 14.7% of the variability in the dependent variable (healthcare projects implementation), which means procurement process has a low impact on the health care projects implementation. An ANOVA of the study model was carried out to investigate further this relationship; the results of the study are presented in Table 4.17.

Table 4.3: Procurement Process and Implementation of Health Projects ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.582	1	2.582	5.173	.030[b]
	Residual	14.973	30	.499		
	Total	17.556	31			

a. Dependent Variable: Project Implementation; b. Predictors: (Constant), Procurement Process

Table 4.17 presents an analysis of variance (ANOVA) to test the variability of the Procurement process and health care project implementation. The outcomes presented, F-test was 5.173, the p-value =0.030 ($P<0.05$), and residual of 30 which indicates that the

Procurement process is statistically significant in determining the implementation of healthcare projects at 95% confidence level. Therefore, this analysis confirms that the ability of the Procurement process to influence healthcare projects implementation as observed in the goodness of fit model is statistically significant. Therefore, the study accepts the alternative hypothesis (H_1) that there is a significant relationship between the procurement process and the implementation of healthcare projects. A further regression analysis was done on the relationship; the outcomes are presented in Table 4.18 showing the regression model coefficients.

Table 4.4: Procurement Process and Healthcare Projects Implementation Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.449	.479		7.205	.000
	Procurement Process	.321	.141	.384	2.274	.030

a. Dependent Variable: Project Implementation

From the findings in Table 4.18, Procurement Process has an impact on the implementation of healthcare projects in Mombasa county since its relationship is statistically significant (p=0.030). The regression model indicates that the association between Project implementation and project size is positive with a coefficient of 0.321 and a constant of 3.449. The regression model equation is as below.

Y=3.449 +0.321PC+e

Where: Y if the implementation of healthcare Projects and PC is the Procurement process

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS.

5.1 Introduction

The study focus was on determinants of implementation of healthcare projects in Mombasa County. The chapter presented a summary of the findings, conclusion, recommendations, and further suggestions for future studies.

5.2 Summary of the Findings

In relation to the first objective of the study that established the influence of funding availability and the implementation of Healthcare Projects results indicated that: Respondents strongly agreed that funding availability determined the implementation of healthcare projects in Mombasa County with an average mean of 4.85. This was confirmed through composite STDV of 0.25. When testing the hypothesis, it was found out that, F-test was 1.807, the p-value =0.043 ($P<0.05$), and residual of 16.558 which indicated that funding availability is statistically significant in determining the implementation of healthcare projects at 95% confidence level. Therefore, this analysis confirmed that the ability of funding availability to influence healthcare projects implementation as observed in the goodness of fit model was statistically significant. Therefore, the study accepted the alternative hypothesis (H1) that there is a significant relationship between funding availability and implementation of healthcare projects.

The second objective examined the influence of community awareness on the implementation of healthcare projects. The results indicated that majority of the respondents strongly agreed that community awareness had an influence of an average mean of 4.74 as a determinant on the implementation of healthcare projects in Mombasa County. This was supported by a standard deviation of 0.37. When testing the hypothesis by use of a stepwise regression model, the regression model indicated that the association between project implementation and community awareness was positive with a coefficient of 0.271 and a constant of 3.591. Therefore, community awareness has an impact on the

implementation of healthcare projects in Mombasa county since its relationship was also statistically significant (p=0.047).

Further, in relation to the objective that examined the influence of project size and the implementation of healthcare projects, results indicated that: majority of the respondents strongly agreed that project size has a significant influence on the implementation of healthcare projects as indicated by a combined mean of 4.77 and standard deviation of 0.35. When testing the hypothesis by use of a regression analysis, it was found out that project size has an impact on the implementation of healthcare projects in Mombasa county since its relationship is statistically significant (p=0.000). The regression model indicates that the association between project implementation and project size is positive with a coefficient of 0.600 and a constant of 2.212.

Finally the research sought to examine the influence of procurement process on the implementation of healthcare projects. The study findings indicated that majority of the respondents strongly agreed that the procurement process variable determined the implementation of the healthcare project. This was justified through a composite mean of 4.60 = STDV 0.41. When testing the hypothesis, it was found out that pprocurement process has an impact on the implementation of healthcare projects in Mombasa county since its relationship was statistically significant (p=0.030). The regression model indicated that the association between project implementation and project size is positive with a coefficient of 0.321 and a constant of 3.449.

5.3. Discussion of Findings

In relation to the first objective of the study that established the influence of funding availability and the implementation of Healthcare Projects results indicated that: Respondents strongly agreed that funding availability determined the implementation of healthcare projects in Mombasa County with an average mean of 4.85. This was confirmed through composite STDV of 0.25. These findings concur with the study done by Corazzini, Cotton, and Valbonesi (2015) which concentrated on the influence funding has on the implementation of projects. The trio confirmed that external funding, sources of funding,

the amount of funding, flow of funding influences the implementation of projects. They further conclude that there should be adequate sources of funding so that the project can be done and completed in time as required.

The second objective examined the influence of community awareness on the implementation of healthcare projects. The results indicated that majority of the respondents strongly agreed that community awareness had an influence of an average mean of 4.74 as a determinant on the implementation of healthcare projects in Mombasa County. This was supported by a standard deviation of 0.37. When testing the hypothesis it was found out that community awareness has a significant influence on the implementation of healthcare projects in Mombasa County. In agreement to the above results are Sandoval and Cáceres, (2013) who found evidence indicating that awareness of communities which integrated community participation in the form of; Community representatives in regional governments health committees and partnerships with private-sector health companies and Non-Governmental Organizations (NGOs) was important in the successful implementation of health care projects by regional governments in Peru.

In relation to the objective that examined the influence of project size and the implementation of healthcare projects, results indicated that: majority of the respondents strongly agreed that project size has a significant influence on the implementation of healthcare projects as indicated by a combined mean of 4.77 and standard deviation of 0.35. When testing the hypothesis, it was found out that project size has an influence on the implementation of healthcare projects in Mombasa County. Supporting the findings is Maina (2016)'s study that focussed on the factors influencing healthcare projects implementation, a case of AMREF health Africa in the Nairobi region. The study used a semi structured questionnaire with the target population being 700 employees in the organization within Nairobi County. It was a descriptive research in nature and the results indicated that: the size of the project, commitment to maintain projects size and standards among other factors significantly influence the implementation of healthcare projects. The various indicators of project size were also tied to the project purpose, project funding, project location etc.

Finally the research sought to examine the influence of procurement process on the implementation of healthcare projects. The study findings indicated that majority of the respondents strongly agreed that the procurement process variable determined the implementation of the healthcare project. Wanyonyi and Muturi (2015) in their study advance that procurement process is very crucial in delivery of projects in time. According to the study that was carried out and focussed on the various components of procurement process that influence projects implementation, it was agreed that: the key contributors to staff competence included training of new employees in the procurement departments, enhancement of teamwork of procurement staff, acquaintance with the procurement law by the procurement team, and employment of qualified and competent personnel in the procurement departments among others.

5.4 Conclusion

The study conclusion was drawn from the model summary. Funding availability, community awareness, project size, and procurement process are the determinants of the implementation of health care projects.

On funding availability, the majority of the respondents strongly agreed that adequate funding had the highest determinant on the implementation of healthcare projects. Respondents strongly agreed that funding availability determined the implementation of healthcare projects with a composite mean of 4.74=STDV 0.37. Therefore, it has an impact on the implementation of healthcare projects in Mombasa county, Coast general Hospital, since its relationship is statistically significant (p=0.043). The regression model indicates that the association between Project implementation and funding availability is positive with a coefficient of 0.334 and a constant of 3.195.

Therefore, it is correct to say that funding availability influences the implementation of healthcare projects in Mombasa County's Coast General Hospital.

On the project size, it was important to note that, project size variables were highly rated with a composite mean of 4.77 = STV 0.35, thus the researcher concluded that, most

responses made were clustered around strongly agreed response on the Likert scale. Therefore, majority of respondents strongly agreed that indeed the size of the project influenced the implementation of healthcare projects. This was supported by a composite standard deviation of 0.35.

On Community awareness, respondents strongly agreed that Community Awareness had an influence of an average mean of 4.74 as a determinant on the implementation of healthcare projects in Mombasa County's Coast general Hospital. This was supported by a composite standard deviation of 0. 37.Therefore it is correct to conclude that, indeed Community awareness has a positive influence on implementation of healthcare projects.

As of the procurement process, respondents strongly agreed that the procurement process variable determined the implementation of the healthcare project. This was vindicated through a composite mean of 4.60 = STDV 0.41. Hence the researcher concluded that the procurement process was a great determinant on implementation of healthcare projects in Coast General Hospital.

5.5 Recommendations

Focusing on the study results, the researcher made the following endorsements; funding availability being one of the most influential determinants for the survival of sustainable implementation of the healthcare projects, should be made available, and properly managed to ensure full support of the implemented healthcare projects. Secondly, community awareness through public participation, community empowerment on proper decision-making processes, cost-sharing, and community control should also be enhanced to ensure the success of the implementation of the healthcare projects. Thirdly, the project size is a vital determinant in terms of project identification and formulation should be taken into consideration. Lastly, the procurement process also being a determinant of implementation of these healthcare projects, the procurement procedures mechanisms should be put in place to help in streamlining the process to minimize risks and irregularities. For instance, competency in staffing, reliability of suppliers, and procurement timelines should be considered for effective implementation of the healthcare projects to be achieved.

5.6 Suggestion for Further Studies

The research outcomes of this study serve as a source for further researches on the influence of determinants of implementation of healthcare projects in Mombasa, Kenya. Future researchers could also consider looking into the impacts of these determinants on the sustainable implementation of healthcare projects.

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APPENDICES

APPENDIX I: RESEARCH INSTRUMENTS

SECTION A: GENERAL INFORMATION

My name is IDDI SULEIMAN TOYYA a Master of Arts in Project Planning student at the University of Nairobi, School of Open learning Mombasa campus. I am researching on Determinants of the Implementation of Healthcare Projects: A Case of Mombasa County,Coast General Hospital. This is a requirement for my graduation therefore I politely request you spare a little of your time to fill in this questionnaire. Your answers will remain secret and your name will not be mentioned anywhere in this research.

1). Kindly state your gender

Male [ ]

Female [ ]

2). What is your Age Group?

21 – 30 years [ ] 31 – 40 years [ ]

41 – 50 years [ ] Over 50 years [ ]

3). What is your highest level of education? {Please tick one (√)

High School [ ] Certificate [ ]

Diploma [ ] Bachelor Degree [ ]

Post Graduate Degree [ ]

Other (specify)

4). Profession/Occupation

Non-Medical [ ]

Medical Personnel [ ]

Health CSOs Managers [ ]

5) How long have you worked in this department

1- 5 years [ ] 6 – 10 Years [ ]

10 – 15 Years [ ] Above 16 Years [ ]

SECTION B QUESTIONS GUIDED BY THE STUDY OBJECTIVES

OBJECTIVE 1

To examine how funding availability, determine the implementation of healthcare projects in Mombasa,Coast General Hospital.

1). Does funding determine the implementation of health care projects in your organization

- **YES [ ] NO [ ]**

2). Does the timeliness of funding availability influence the efficiency of executing health care projects in your organization?

- **YES [ ] NO [ ]**

3). Using scale of 1-5 where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. Respondents were asked the extent to which the following statement concerning funding availability determines the implementation of healthcare projects. Tick where applicable.

Statement	**1**	**2**	**3**	**4**	**5**
Timely Funding determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Adequate Funding determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Control Measures determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Timely Planning determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					

OBJECTIVE 2:

To assess how community awareness, determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.

1). Community participation is a concept that influences the implementation of Health care Projects in your organization.

- **YES [ ] NO [ ]**

2). Different stakeholders including participate in decision making on the Implementation of healthcare projects in your organization**.**

- **YES [ ] NO [ ]**

3). Using scale of 1-5 where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. Respondents were asked the extent to which the following statement concerning community awareness determines the implementation of healthcare projects. Tick where applicable.

Statement	**1**	**2**	**3**	**4**	**5**
Decision Making determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Cost Sharing determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Provision of expertise determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Community Control determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					

OBJECTIVE 3

To determine how project size influences the implementation of healthcare projects in Mombasa County,Coast General Hospital.

1). Source of funding is a factor that determines the implementation of health care projects in your organization

- **YES [ ] NO [ ]**

2). Project identification is a factor that determines the implementation of healthcare projects in your organization.

- **YES [ ] NO [ ]**

3). Using scale of 1-5 where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. Respondents were asked the extent to which the following statement concerning project size determines the implementation of healthcare projects. Tick where applicable

Statement	**1**	**2**	**3**	**4**	**5**
Choice by majority determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Benefits to stakeholders determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
The identification Process determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
The formulation Process determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					

OBJECTIVE 4

To establish how the procurement process determine the implementation of healthcare projects in Mombasa County,**Coast General Hospital.**

1). Open tendering is a factor that determines the implementation of healthcare projects in your organization

- **YES [ ] NO [ ]**

2). Using scale of 1-5 where 1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree, 5= strongly agree. Respondents were asked the extent to which the following statement concerning the procurement process determines the implementation of healthcare projects. Tick where applicable

Statement	**1**	**2**	**3**	**4**	**5**
Right Procedures determine the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Procurement Timeliness determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
Staff Competency determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					
The reliability of the Supplier determines the implementation of healthcare projects in Mombasa County, Coast General Hospital.					