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Stakeholder Participation and Completion of Health Projects in Bungoma County, Kenya

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Abstract: **The purpose of the study was to examine the effect of stakeholder participation on completion of health projects in Bungoma County, Kenya. The study was guided by the following specific objective; to determine the effect of project identification on completion of health projects in Bungoma County, Kenya. The study was underpinned by four theory including: organisational identification theory. Descriptive survey research design shall be suitable for this study as it shall help in collecting data that describe events and then organizes, tabulates, depicts, and describes the data that helped in answering research questions. The target population was 35 respondents from five healthcare projects undertaken Bungoma county. The data collection was questionnaire. The quantitative analysis of data was conducted using the Statistical Package for Social Sciences (SPSS) to conduct regression analysis, descriptive analysis and inferential analysis. The presentation of the results was then done using graphs and tables. According to the correlation analysis, all the independent variables had strong positive correlations with the dependent variable. The multiple regression model had a fairly strong relationship with the data associated with the variables indicating that it is a good predictive model. There is also a statistically significant relationship between the independent variable and the dependent variable. The study revealed project identification had a significant effect to the completion of health projects in Bungoma County, Kenya. The study concluded that the identification of all key stakeholders in the setting of milestones during project implementation was critical towards the successful completion of health projects in Bungoma County. The study recommended that health institutions in Bungoma should consider strategic partnerships with both public sector and private sector players such as public private partnerships where innovative arrangements that hinge on payment for specialised service delivery such as the provision of specialised medical equipment can help to deal with the inability to fulfil pre-determined scope schedules. The institutions should also adopt risk prevention measures such as the promotion of transparency through the institutionalisation of a reporting culture, using clear communication channels to convey risk management measures, and the creation of standardised processes across the breadth of the organisations.**

Keywords: **Stakeholder Participation, Project Identification, Project Completion.**

1. INTRODUCTION

The success of organisations is premised on many different factors ranging from the availability of tangible resources to the application of these resources in the transformation of products. Ingabire, Gitahi and Mwangi (2021) posited that a crucial ingredient in establishing organizational success is the identification and involvement of the right stakeholders. Benn, Abratt and O'Leary (2016) cited Freeman's 1983 definition of stakeholders as individuals or groups who can influence the attainment of an organisation's objectives or be impacted by the attainment of an organisation's objectives.

Globally, stakeholders are very crucial subjects that play a major role in organization's operations or performance or those affected by the organization's actions (Kaplan & Babad, 2011). Kaur and Victoria (2017) classified stakeholders in the healthcare sector into three primary groups, external stakeholders, interface stakeholders and internal stakeholders. Accordingly, external stakeholders comprise individuals or groups who provide inputs to a medical facility and include patients, suppliers and the financial community; those that are the facilities' competitors; and those who possess a specific interest in the running of the facility such as government regulators, professional associations, labour unions, members of the media fraternity, among others. Interface stakeholders are those individuals or groups that operate in the interface between the organisation and the environment including the medical personnel and the hospital board of trustees. Internal stakeholders are those that operate within the medical facility including management, professional and non-professional staff.

Projects present unique operational situations for organisations. The Project Management Institute (PMI) (2017) defines a project as a temporary undertaking aimed at generating a unique product, result or service. The temporary nature denotes a definite beginning and end where the latter is determined either by the attainment of the project objectives or the failure to do so. According to Riahi (2017), the management of project stakeholders, referred to as stakeholder analysis, entails the identification of all the interested parties in the project outcome; an assessment of their specific roles, interests and capabilities; and a determination of the extent of collaboration amongst the parties. Alqaisi (2018) affirmed that there is a direct correlation between the optimal management of stakeholders' expectations and interests and the attainment of project success since the performance the underlying activities that comprise optimal stakeholder management invariably leads to project success. Indeed, the ascertainment of the timely and appropriate communication, genuine stakeholder engagement to seek their opinions on various issues, and the pursuit of stakeholder buy-in are all critical towards the attainment of project success.

A study by Akwanalo, Njuguna, Mercer, Pastakia, Mwangi, Dick, and Naanyu (2019) found that there are a number of strategies employed in the participation of stakeholders in healthcare projects. These included early stakeholder identification and engagement, using stakeholder engagement to strengthen the referral of appropriate cases, and gaining stakeholder acceptance of generated solutions. In a different study on stakeholder management in the health sector, Ramakrishnan (2019) argued that through active stakeholder management, the different stakeholder expectations are essentially captured in the attainment of project objectives in healthcare organisations. This is because it synthesizes the collaboration between primary healthcare and specialised medical care through the inclusion of strong professionals, political governance, middle management skills, and organisation's mission.

In the healthcare setting, stakeholders within the organization are the core. They include various cadre of employees ranging from healthcare professionals, administrators and the other persons who play both clinical and non-clinical roles (Kaplan & Babad, 2011). Kaplan and Babad (2011) further postulate that nurses always work in multidisciplinary teams which comprises of different specialties. These include anesthesiologists, pharmacists, physicians, physiotherapists, and other health specialists who are directly involved in provision of healthcare services. Therefore, the organizations management structure plays a vital role in ensuring provision of the necessary leadership and framework that would propel the adoption of proposed changes thus showing how important the organization management is in ensuring successful implementation of evidence-based projects. It is imperative that stakeholders play an important role in ensuring successful implementation of evidence-based projects. The successful implementation of health projects is dependent upon the effective involvement of internal stakeholders who bring their knowledge, leadership and skills to bear resulting in the anticipated change (Wickramasinghe, et al., 2018). For instance, as the primary care providers, nurses are mandated to translate the available evidence into actual practice. On the same note, there are also external stakeholders who include patients, suppliers, and financial organizations such as the government, healthcare insurance providers etc. who in reality also play a major role in supporting the implementation of change through the provision of the required resources. The government provides healthcare infrastructure by providing resources for the construction of health facilities, making policies that efficient access and quality service for all among others while patients came in as the end consumers of the healthcare services who are also very important in facilitating the successful implementation of the evidence-based project (Purcarea, 2019).

Anunda (2016) conducted a study on the factors influencing the performance of projects implemented by Non-Governmental Organisations (NGOs) in the health sector. The study found that stakeholders are engaged through

partnerships particularly amongst NGOs and between the Government and NGOs operating in the health sector. These partnerships have played a critical role in shaping national agendas pertaining to health including HIV/AIDS. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2019), as a result such partnerships, the annual novel HIV infections have been reducing globally from a peak of 2.9 million in 1997 to 1.7 million in 2018, while regionally, eastern and southern Africa registered the strongest decline in new infection rates of 28% between 2010 and 2018.

Hushie, Omenyo, van den Berg and Lally (2016) examined state-civil society partnerships for HIV/AIDS treatment and prevention in Ghana. According to the study, the key driving force for improvements in HIV/AIDS related interventions during the past decade has been the adoption of greater collaboration through state-civil society partnerships in the provision of funding, reinforcing healthcare systems, and increasing the accessibility of health interventions. In a study on stakeholder perspectives on barriers and facilitators in the implementation of nutrition policy activities in Ghana, Galaurchi, Chatio, Beeri, Oduro, Ofosu, Hanson, Newell, Norris, Ward, Nonterah, and Biesma (2021) established that the success of this project was premised on the merging and alignment of the priorities of all individual stakeholders into a single operational framework. Consequently, all stakeholders operated in concert in as far as project implementation was concerned. A study by Hove, et al., (2021) maintained that the most effective means through which the lack of access to safe water as a public health concern in rural communities in South Africa can be addressed is through the establishment of public health observatories that can facilitate the creation of neutral, mediated spaces for stakeholder participation. Such initiatives ensured the inclusion of the input of the intended beneficiaries and resulted in greater commitment by community members to behavioural change and reorganisation of existing services. Dizon, et al., (2016) added that the South African Government, in an effort to address shortcomings in the provision of primary healthcare, introduced the Allied Health project. In this project, a special group of health professionals are able to utilise their expertise in the diagnosis, treatment and rehabilitation of individuals regardless of age or specialities. The implementation of this initiative called for the active engagement of stakeholders within the health sector across multiple government levels, and the private sector. According to Nabila (2020), the sustainability of community-based initiatives for health projects in Jinja, Uganda has been hampered by the passive level of participation by community members. Indeed, despite mobilisation and sensitisation efforts by the local Government officials, only the leaders and a marginal number of community stakeholders were convinced to participate in the community health initiatives. Atwijukire, et al., (2015) examined the relationship between stakeholder involvement and the performance of public institutions within the Ugandan health sector and determined that there was a strong positive correlation between stakeholders' involvement in monitoring, procurement, and governance and the performance of public institutions such as the National Medical Stores. In fact, the feedback that is provided by stakeholders as well as the pressure on the project management to deliver on the stipulated objectives were crucial to the performance of such organisations.

A study by Shayo, Mboera and Blystad (2013) found that the Government of Tanzania sought to enhance the access to primary health care (PHC) by rural communities. This was done by decentralising through devolution and integration of district healthcare services where local authorities were now mandated to carry the burden of decision making so as to enhance accountability and planning through better priority setting. This decentralisation enabled more active participation of community stakeholders and engendered a feeling of increased empowerment amongst the local populations that has manifested in the success of PHC projects. A different study by White, et al.,(2013) established that the Tanzanian Government had made great strides in its healthcare provision by partnering with the private sector in public private partnership (PPP) projects under the stewardship of the Ministry of Health and supported by development partners in the health sector. This approach has witnessed the gradual inclusion of various types of service providers and coordinating their efforts under one health system. Locally, stakeholder participation is very crucial to the decisions made by the health projects. The pluralist nature of Kenya's healthcare system as exemplified by the fact that it features both public and private sector service providers has necessitated the coordination of the efforts of different stakeholders both internal and external. These include the Civil Society Organisations (CSOs), International non-governmental organisations (INGOs) among others who have been engaging in different programs that support various facets of the health sector thus giving them a key role in shaping and directly influencing state decisions (Nyawira, et al, 2021). This has given the NGOs such as World Vision the space in the development sector and specifically health that has been profound. However, their involvement has had to be customised to the suit the healthcare priorities of the Government (Njogu, 2018). CSOs provide various categories of professional and general services in the health sector both public and medical with a large percentage of them focused on HIV/AIDS and maternal and reproductive health primarily through

the facilitation of the Global Fund (GF) grants. However, their participation has been handicapped by technical and governance capacity constraints in the utilisation of the grants (Marita, et.al., 2016).

Chacha and Sitienei (2020) studied the roles and relationships of stakeholders in public health policies implementation in Kenya and found that a thorough comprehension of the different roles of the various stakeholders including communities, NGOs and private health providers, along with the interrelationships amongst each of these actors is critical towards the implementation of PHC in Kenya. In this regard, county governments in Kenya have experienced a number of issues in their relationship with the national Government as far as the implementation of their healthcare projects are concerned such as the lack of commitment in the disbursement of timely and adequate funds. Wanjau, Kivuti-Bitok, Aminde and Veerman (2021) conducted a study on stakeholder perceptions of current practices and challenges in priority setting for non-communicable disease (NCD) control in Kenya and affirmed that there is an urgent need for the alignment of the priorities of development aid partners with the specific priority areas of NCD control. This finding was based on the fact that donors tended to dictate the priority areas of their interventions.

Stakeholder participation is very crucial in management of projects. Projects of health sector in Kenya utilised KES 13 billion in 2018/2019 on health-related projects representing 17% of the total project expenditure and an increment of 10.8% over 2017/2018 financial year. AMREF Health Africa in Kenya was the fifth highest utiliser of funding for health projects among NGOs in the Kenya with KES 2.65 billion while the health sector was the third most popular sector for newly registered NGOs at 13%. According to Fitch Solutions, spending on healthcare was valued at KES 394.68bn (US$3.98bn) in 2017 (Medic East Africa, 2019). Per capita healthcare expenditure reached US$80, of which as much as 61% was sourced from the private sector. Generally speaking, healthcare remains unaffordable to many, also due to the lacking infrastructure in rural areas. In 2017, total healthcare spending accounted for around 4.8% of the country's GDP, with the figure gradually falling in recent years from over 5.7% in as recently as 2014. In early 2017, WHO figures showed that almost every four out of five Kenyans had no access to medical insurance, which precluded them from being able to reach necessary healthcare services (Medic East Africa, 2019).

Wamugu and Ogollah (2017) posited that many health projects in Kenya have been constrained by limited or complete lack of stakeholder participation in planning including strategy formulation which has led to misaligned priorities in their implementation and resulted in dissatisfied beneficiaries. Ochunga (2016) added that owing to poor participation of stakeholders in planning of many community health projects in Kenya, there has been a lack of inclusion of their ideas in setting the vision of the projects and establishing appropriate priorities making these projects less relevant to them upon completion. Kariega (2020) found that many NGOs in the health sector in Kenya are unable to carry out detailed needs assessment with suitable community representatives, thereby leading to poor selection of projects. According to Muchunu (2015), many county health projects in Kenya fail to achieve effective cost management due to the limited participation of critical stakeholders in the budgetary process which has resulted in limited allocation of funds to some important project items. Kandie (2020) affirmed that owing to inadequate resources many county government health projects in Kenya have not been able to ensure adequate public participation in budget preparation, budget monitoring and budgetary review. Barasa, Mukanzi and Nyang'au (2021) determined that many community based health projects in Kenya were unable to attain sustainability due to the inability to establish appropriate stakeholder participation mechanisms. This study sought to contribute to the existing body of knowledge on influence of project identification on completion of health projects in Bungoma County, Kenya.

2. PROJECT IDENTIFICATION

Kirima, et al., (2024) states that project identification is the very critical in any project programmes. Berssaneti and Carvalho, 2022) observe that a well-executed project identification phase encompasses a careful definition of the user requirements for the conceived facility and relates the requirements to the available technology, resources and inherent risks. Therefore, at the end of the project identification phase, it should be decided whether a feasibility study should be undertaken. Cruz, Sastoque and Otegi (2020) observe that Identification, the first stage of the project cycle, is a crucially important process leading to the initial screening of projects. According to Love, Mistry and Davis (2021) project identification generally consists of the following steps; Establish the project concept (together with alternative plans) that will effectively serve to achieve the country's development objectives;a ssess the priority or urgency of the project in the context of the country's economic and social development plan and sector investment

program;estimate approximate project cost (together with the cost of alternatives) based on the conceptual design; and make preliminary assessment of the feasibility of the project and its impacts on the country, its specific region or sector.

Makhdumi and Taha-El-Baba (2022) investigated the project identification approaches in mega construction projects in developing countries: cases from Pakistan. The research was based on case study nquiry strategy comprising of three case studies, which incorporated interviews with project managers of the respective mega construction projects. According to Miseda and Nyonje (2014), project identification involves the determination of the nature of the environmental issues that need to be addressed as well as the needs and interests of all the concerned stakeholders. Some of the critical activities in this process include: conducting a situation analysis based on a sound scientific conceptual framework; preparation of the concept proposal for sponsorship; preparation and formulation of the project proposal; and preparing the logical framework. Wera (2016) opined that the project identification process is dependent upon the meaningful participation of stakeholders in project problem analysis, and the establishment of the nature of intended beneficiary community problems. The first indicator of project identification is accuracy of needs analysis. Betti (2021) defined needs analysis (also known as needs assessment) as the systematic process through which the management of an organisation identify the areas that are in need of improvement including the personnel, the systems and the technology. Watkins, Meiers and Vesser (2012) explained that accurate needs assessment entails the application of proven approaches to gathering of information during the initial project development phase in order to provide reliable information for proper decision making. The second indicator of project identification is the level of project credibility. Project credibility refers to the development of a business case for a project by establishing viable and convincing reasons why project should be selected for implementation so as to get the funding and the buy-in by the critical project stakeholders. This is typically done by the project sponsor who promotes the endearing qualities of the project by providing the background and purpose of the business case as well as the organisation decision making criteria for selecting and prioritising the project (Kim & Kim, 2015).

The third indicator of project identification is the congruence of community and project management priorities. Dahlan, Suharman and Poulus (2020) affirmed that the congruence of community and project management priorities is established during a consensus building exercise where representatives of the beneficiary community agree with the project management team on key aspects of the project including the project goals, objectives and implementation so as ensure alignment.

Completion of projects refers to the process of final delivery of the project to the client following the attainment of project implementation goals and includes: product acceptance, final analysis, experience assurance, and the final resolution of the project. However, should the project fail to attain its implementation objectives then it may be terminated by mutual agreement of the client and project implementation team (Akaissy, Arashpour, Li, Alaghmand & Nezamian, 2022). The completion of health projects is usually captured by a completion schedule that details the anticipated duration, the quality expectations, and the scope expected to have been covered by the time of completion (Ndachi & Kimutai, 2018). The first indicator of completion of health projects is the rate of completion within stipulated time. According to Hajali-Mohamad, Mosavi and Shahanaghi (2016), the rate of completion of a project within the stipulated time is a determination of how closely the project will have been delivered to the client by the projected date of completion. The authors identified three time estimation methods, namely: the Earned Value Management (EVM) technique, the Earned Schedule (“ES) method, and the Fuzzy Earned Value (FEV) technique.

The second indicator of completion of health projects is the rate of completion within the project scope. Mirza, Pourzolfaghar and Shahnazari (2013) posited that the rate of completion within the project scope is an indicator of whether or not the project has accomplished all the required works to create the project deliverables. This process must involve all key stakeholders so that they can sign off on their itemised requirements on the project scope statement during the completion of the project. The third indicator of completion of health projects is the rate of completion within the established quality standards. Project quality refers to the ability of a completed project to meet the customer’s performance requirements by adhering to pre-determined specifications. A high rating from the customer means that the project has satisfied the customer’s specifications (Steinman, 2017). As far as projects are concerned, the completion within established standards is dependent upon the prevailing ISO standards in the specific industrial sector since these vary from sector to sector such as ISO 9001 which is concerned with the establishment of process-based quality management systems (Pries, Quigley & Quigley, 2013).

In a study on the influence of M&E tools on project completion in Kakamega County, Kenya, Barasa (2014) posited that it was imperative for the budget making process to integrate a needs assessment of the needs of the intended community beneficiaries as part of a logical framework analysis in order for the successful completion of health projects in the County to be ensured. This can only possible through the involvement of stakeholders in the project identification process. Kamau (2020) studied the influence of community health volunteers' empowerment on the implementation of community health projects in Mukuru Slum, Bungoma County, Kenya and established that in order for the proper implementation of these projects to be ensured, the project management team must incorporate the needs of the community health workers (CHWs) including their need for recognition and some modest remuneration as part of a needs analysis exercise in order to incentivise them to be motivated to continue carrying out their duties with diligence and commitment. In fact, the study also found that this would need to be a requirement for the identification of future community health projects since these are heavily dependent on the efforts of CHWs.

A study by Maina (2016) on factors influencing effective implementation of health projects in Kenya affirmed that given the high dependence by these projects on donor funding, it was essential for them to incorporate sound financial accountability so as to enhance their credibility. Indeed, the establishment of sound financial accountability was found to be a key determinant of the identification of healthcare projects by donors as potential recipients of funding. Gitonga and Keiyoro (2017) examined the factors influencing the implementation of healthcare projects in Meru County, Kenya and determined that prevalent corruption had an adverse effect on the credibility of many healthcare projects in the County since it had led to the under-utilization of health grants and prevented these projects from consideration for further funding from more demanding donors

Salat and James (2019), in a study on the influence of project management strategies on the sustainability of community based health projects in Mandera County, Kenya, found that the most effective means through which the sustainability of these projects could be established was through the direct input of community representatives of the target beneficiaries on development priorities so as to provide an opportunity for the community to have a say on the identification of projects as well as the most eligible recipients of private benefits. Gerrand and Wanjohi (2019) investigated the factors influencing the implementation of prisons' health projects in Kenya and argued that whilst the Government had made great strides in prison reforms, the success of these reforms would be hampered by the lack of consideration for the priorities of inmates in terms of the improvement of their health. This would only be affirmed by the inclusion of representatives of the prison inmate community in deliberations on healthcare reforms as part of the identification and implementation of prisons' health projects. A study conducted by Karuingi (2014) on determinants of timely completion of projects in Kenya determined that the most critical factors included project planning tools, procurement procedures, timely availability of funds, stakeholder analysis, and managerial skills among the project managers. Project planning tools included needs assessment and collection of baseline data; while timely availability of funds acted as a moderating factor to ensure the availability of the rest of the factors. Iddi (2020) averred that the timely disbursement of funds was critical towards the successful completion of health projects in Mombasa County since these projects were primarily dependent on the financial support of donors and national Government. Indeed, this dependence has made them susceptible to time overruns owing to the fact that they have no alternative sources of funding.

Okoth (2016) studied the determinants of sustainability of health projects in Bungoma County and affirmed that the inability of the project management team to accurately define the scope has led to a number of projects incurring cost, time and schedule overruns, frequent changes and reworks have created disharmony in the team. In fact the poor scope definition has had an adverse effect on the resource utilisation since resources have had to be redirected whenever there is a change in the scope. Turatsinze (2018) examined the influence of scope change management on project success and established that organisations should reinforce the effectiveness of scope change committees by having a scheduling system that is designed to conduct monitoring and direct progress reporting. Additionally, there needs to be established consensus on the implementation timeframe and the project scope in terms of milestones and deliverables so as to ensure successful project completion. Shire and Oringo (2020) carried out a study on the correlation between total quality management practices and the performance of public hospitals in Embu County, Kenya and determined that the most effective total quality management (TQM) practices in the health sector were continuous improvement, a customer-centric

approach, and top management support for quality management. All these require organisational capability and an appropriate quality framework. These findings were echoed by Wamuyu (2015) who in a study on TQM in Kenya's healthcare industry affirmed that although the benefits of TQM are well established, many players in the industry have been unable to properly implement it owing to a number of barriers including the high cost, the initial disruptive effect of TQM on an organisation's operations, the tendency of TQM to increase the risk exposure of an organisation, and resistance from some staff members.

3. METHOD

This study adopted a descriptive survey research design. The target population was 35 respondents from five healthcare projects undertaken Bungoma county. The individuals were selected due to their knowledge of the project implementation issues as determined by the researcher on the basis of her knowledge of the unit of analysis. Since the target population was small, the study adopted census.This study employed the use of primary data that was collected by use of both the questionnaire. Questionnaires were developed from the objectives of the study and were administered to the identified stakeholders, and hospital management staffs. Personal information of the respondents was obtained and to enable reliable measuring of each variable the questions were anchored on a five point Likert scale as they were easy to construct, reliable and objective than any other opinion scales (Kothari, 2016). The study used a five point Likert scale to develop the questionnaire to use along with two measures of central tendency, standard deviation and mean, to describe the data as per the recommendations of Joshi, et al., (2015). The quantitative analysis of data was then conducted using the Statistical Package for Social Sciences (SPSS) to enable regression analysis, descriptive analysis and inferential analysis. The presentation of the results was then done using tables.

4. DISCUSSIONS

4.1. Project Identification and Completion of Health Projects

The descriptive statistics results of project identification are shown in table 4.1. According to the results, 63.6% of the respondents either agreed or strongly agreed that the budget making process has integrated a needs assessment of the needs of the intended community beneficiaries as part of a logical framework analysis. This statement had a relatively high mean score of 3.6186 indicating that the majority of the respondents agreed with it which was consistent with the findings of Barasa (2014). Additionally, 88.1% of the respondents either agreed or strongly agreed that the organisation identifies projects which incorporate the needs of the community health workers. This indicated that there was a high level of affirmation by the respondents which was reinforced by the high mean score of 4.2034. This tallied with the findings of Kamau (2020).

The results also showed that 83.1% of the respondents either agreed or strongly agreed that given the high dependence by the organisation's projects on donor funding, it was essential for them to incorporate sound financial accountability so as to enhance their credibility. This statement had a mean score of 4.4237 indicating a very high affirmation by the respondents and agreeing with the findings of Maina (2016). Further, only 41.5% of the respondents either agreed or strongly agreed while 30.5% were neutral towards the assertion that prevalent corruption had an adverse effect on the credibility of many healthcare projects in the organisation since it had led to the under-utilization of health grants. This high level of uncertainty was also reflected in the mean of 3.3644 and was inconsistent with the findings of Gitonga and Keiyoro (2017).

According to the results, 70.3% of the respondents either agreed or strongly agreed that the direct input of community representatives of the target beneficiaries on development priorities has provided an opportunity for the community to have a say on the identification of projects. This statement had a mean score of 3.9322 indicating a high level of agreement. This corroborated the findings of Salat and James (2019). Lastly, 72.9% of the respondents either agreed or strongly agreed that the organisation had ensured the inclusion of representatives of the community in deliberations on healthcare reforms as part of the identification and implementation of health projects. This was an indicator of the affirmation by most of the respondents which was supported by the high mean score of 3.8305 and echoed the findings of Gerrand and Wanjohi (2019). A review of the standard deviations of the statements showed that all the standard deviations ranged between 0.76691 and 1.12216 indicating a low variation between each response and the mean responses.

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Table 4. 1: Descriptive Statistics of Project Identification

Project identification	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Deviation
The budget making process has integrated a needs assessment of the needs of the intended community beneficiaries as part of a logical framework analysis.	0.0%	19.5%	16.9%	45.8%	17.8%	3.6186	0.99503
The organisation identifies projects which incorporate the needs of the community health workers.	0.0%	6.0%	5.9%	50.0%	38.1%	4.2034	0.80127
Given the high dependence by the organisation's projects on donor funding, it was essential for them to incorporate sound financial accountability so as to enhance their credibility.	0.0%	0.0%	16.9%	23.8%	59.3%	4.4237	.76691
Prevalent corruption had an adverse effect on the credibility of many healthcare projects in the organisation since it had led to the under-utilization of health grants.	0.0%	28.0%	30.5%	18.6%	22.9%	3.3644	1.12216
The direct input of community representatives of the target beneficiaries on development priorities has provided an opportunity for the community to have a say on the identification of projects.	0.0%	0.0%	29.7%	47.4%	22.9%	3.9322	0.72476
The organisation has ensured the inclusion of representatives of the community in deliberations on healthcare reforms as part of the identification and implementation of health projects.	0.0%	10.2%	16.9%	52.5%	20.4%	3.8305	0.87026
Total average						**3.8954**	**.88007**

4.2 Completion of Health Projects

The results of the descriptive statistics of completion of health projects are presented in Table 4.2. According to the results, 86.4% of the respondents either agreed or strongly agreed that one of the most critical determinants of project completion is timely availability of funds. This statement had a mean of 4.3390 indicating a very high level of affirmation by the respondents. This was consistent with the findings of Karuingi (2014). Additionally, 70.3% of the respondents strongly agreed that the dependence on donors and government funding has made the organisation's projects susceptible to time overruns owing to the fact that they have no alternative sources of funding. This is an indicator that most of the respondents agreed with this statement, a fact that was reinforced by the high mean score of 4.1102. This affirmed the findings of Iddi (2020).

Further, 77.2% of the respondents either agreed or strongly agreed that poor scope definition has had an adverse effect on the resource utilisation since resources have had to be redirected whenever there is a change in the scope. This statement had a mean score of 4.0085 indicating that the majority of respondents affirmed it. This corroborated the findings of Okoth (2016). The results also showed that 87.3% of the respondents either agreed or strongly agreed that the organisation has reinforced the effectiveness of scope change committees by having a scheduling system that is designed

to conduct monitoring and direct progress reporting. This indicating a strong affirmation of the statement and was supported by the high mean score 4.3390. This confirmed the findings of Turatsinze (2018).

55.1% of the respondents either agreed or strongly agreed, while 22.9% were neutral towards the statement that the organisation has incorporated continuous improvement, a customer-centric approach, and top management support for quality management in its health projects. This statement had a mean of 3.6017 indicating a moderate level of agreement, which was aligned with the findings of Shire and Oringo (2020). Lastly, 94.1% of the respondents either agreed or strongly agreed that the organisation has been unable to properly implement total quality management owing to a number of barriers including the high cost. This statement had a mean of 4.6610 indicating a very high level of agreement and affirming the findings of Wamuyu (2015). The standard deviations of all the statements ranged between 0.58792 and 1.36639 indicating that there was minimal variation between each response and the average response.

Table 4.2: Descriptive Statistics of Completion of Health Projects

Completion of health projects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Deviation
One of the most critical determinants of project completion is timely availability of funds.	13.6%	0.0%	0.0%	11.9%	74.5%	4.3390	1.36639
The dependence on donors and government funding has made the organisation's projects susceptible to time overruns owing to the fact that they have no alternative sources of funding.	0.0%	29.7%	0.0%	0.0%	70.3%	4.1102	1.37613
Poor scope definition has had an adverse effect on the resource utilisation since resources have had to be redirected whenever there is a change in the scope.	0.0%	5.9%	16.9%	47.5%	29.7%	4.0085	.84222
The organisation has reinforced the effectiveness of scope change committees by having a scheduling system that is designed to conduct monitoring and direct progress reporting.	0.0%	0.0%	12.7%	40.7%	46.6%	4.3390	.69455
The organisation has incorporated continuous improvement, a customer-centric approach, and top management support for quality management in its health projects.	11.0%	11.0%	22.9%	16.9%	38.2%	3.6017	1.37834
The organisation has been unable to properly implement total quality management owing to a number of barriers including the high cost.	0.0%	0.0%	5.9%	22.1%	72.0%	4.6610	0.58792
Total average						**4.1765**	**1.040925**

4.3 Inferential Statistics

4.3.1 Pearson Correlation Coefficient Analysis

According to Benesty, Chen, Huang and Cohen (2009), Pearson correlation coefficient refers to the extent to which two or more variables have a linear association. The Pearson correlation coefficients of this study are illustrated in Table 4.3.

According to the results, the four independent variables, Project Identification, had positive correlations of r = 0.746 respectively with the dependent variable, Completion of Health Projects. Thus, a change in Stakeholder Participation by one unit will lead to a corresponding change of 0.746 in the dependent variable; a change in Project Identification by one unit will lead to a corresponding change of 0.791 in completion of health projects;

Further, an assessment of the p-values showed that all the independent variable had p-values that were below 0.05 indicating that there a statistically significant relationship between all of them and the dependent variable. This affirmed Dahiru (2008) who determined that in instances where there are confidence intervals of 95%, p-values are supposed to be below 0.05 so that the observed differences between groups are not likely to be down to chance and, as such, statistically significant.

Table 4.3: Pearson Correlation Coefficients

		Project Identification	Completion of Health Projects
Project Identification	Pearson Correlation	1	
	Sig. (2-tailed)		
	N	33	
Completion of Health Projects	Pearson Correlation	.791*	1
	Sig. (2-tailed)	.039	
	N	33	33

4.3.2 Multiple Regression Analysis

Regression is a statistical technique that deals with the determination of linkages between one or more independent variables and a dependent variable by fitting a line of best fit through a series of observations (Mooi & Startstedt, 2014). The summary of the study's multiple regression model is presented in Table 4.4. These results show that the R Square value for all the variables was 0.714 indicating that the model explained 71.4% of any changes in the dependent variable, Completion of Health Projects whenever there is a one percent change in the independent variable. This means that the model managed to reach the 0.7 threshold for significance of the R Square value as recommended by Hamilton, Ghert and Simpson (2015). This demonstrates a fairly strong goodness-of-fit of the regression model.

Table 4.4: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.848[a]	.714	.682	.32978

a. Predictors: (Constant), Project Identification,

4.3.3 Analysis of Variance

Sawyer (2009) affirmed that the Analysis of Variance (ANOVA) is a statistical procedure that attempts to find out existing differences between experimental group means in situations where there are one or more independent variables and a dependent variable. The results of the ANOVA of the study are presented in Table 4.5. The results indicate that the ANOVA F-test score, calculated value F_{cal} at 5% level of significance is equivalent to 24.836, which is greater than the F critical value (F_{crit}) of 2.45 indicating that there is a significant relationship between all the independent variables and the dependent variable of completion of health project. The p-value of 0.000 is less than 0.05 indicating that there is a statistically significant relationship between each of the independent variables and Completion of Health Projects in accordance with the recommendations of Kao and Green (2008). This demonstrates the goodness of fit of the model.

Table 4.5: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.804	1	2.701	24.836	.000[b]
	Residual	22.289	32	.109		
	Total	33.093	33			

a. Dependent Variable: Completion of Health Projects

b. Predictors: (Constant), Project Identification,

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4.3.4 Beta Coefficient Analysis

Beta Coefficients as unknown constants that are projected from the data which are connected to particular independent variables (Peterson & Brown, 2005). These coefficients enable the measurement of the size of change in an independent variable and the manner in which this affects the dependent variable when the rest of the independent variables are held constant. The results of the Beta Coefficients of the study variables are shown in Table 4.6. The values of the constants and coefficients enabled the generation of the following multiple regression model:

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon$$

$$= 4.200 + 0.137X_1 + 0.582$$

Where, Y refers to the dependent variable (Completion of Health Projects), X_1 refers to the Project Identification variable. According to the equation, taking the independent variable to be zero, Completion of Health Projects will be a constant equivalent to 4.200. A review of the findings also shows that a unit increase in Project Identification will lead to a 0.137 increase in Completion of Health Projects when all other independent variables are held constant. Lastly, the p-values for all the variables are all below 0.05, which indicates that they are all statistically significant.

Table 4.6: Beta Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.200	.582		7.213	.000
	Project Identification	.137	.065	.193	2.113	.037

a. Dependent Variable: Completion of Health Projects

5. CONCLUSIONS AND RECOMMENDATIONS

The results of the descriptive statistics of Project identification demonstrated that five of the six examined aspects were affirmed by the respondents. The three most important determinants of completion of health projects as far as project identification was concerned were: the identification of projects which incorporate the needs of the community health workers; given the high dependence by the organisations' projects on donor funding, it was essential for them to incorporate sound financial accountability so as to enhance their credibility; and the organisations have ensured the inclusion of representatives of the community in deliberations on healthcare reforms as part of the identification and implementation of health projects. However, a significant number of respondents were uncertain about the assertion that prevalent corruption had an adverse effect on the credibility of many healthcare projects in the organisation since it had led to the under-utilization of health grants. Based on conclusion, The organisations had prioritised the identification of projects which incorporate the needs of the community health workers. Given the high dependence by the organisations' projects on donor funding, it was essential for them to incorporate sound financial accountability so as to enhance their credibility. The organisations have ensured the inclusion of representatives of the community in deliberations on healthcare reforms as part of the identification and implementation of health projects. There was a lack of awareness by many healthcare workers regarding the correlation between prevalent corruption and the credibility of many healthcare projects in the organisations on account of the under-utilization of health grants.the study recommended that the institutions should have proper plans on identification of health projects and adopt risk prevention measures such as the promotion of transparency through the institutionalisation of a reporting culture, using clear communication channels to convey risk management measures, and the creation of standardised processes across the breadth of the organisations. There should be sensitisation exercises to build awareness by the healthcare workers regarding the correlation between prevalent corruption and the credibility of many healthcare projects in the organisations on account of the under-utilization of health grants.

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