

**PROJECT MANAGEMENT IMPLEMENTATION PRACTICES IN  
PROVISION OF REPRODUCTIVE HEALTH SERVICES IN SELECTED  
HEALTH FACILITIES IN NAIROBI COUNTY**

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## DECLARATION

This research project report is my original work and has not been presented for a degree in any university.

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

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## **DEDICATION**

I dedicate this research project report to my lovely sisters Elizabeth Bonareri, Elizabeth Mose and Elizabeth Maua, my friends Dr. Anita Bisera and Ruth Orwenjo for believing in me and availing spiritual, financial and emotional support during the period of the study. Secondly, to my parents Mr. and Mrs. Edward Gitamo who have constantly encouraged and supported me throughout the preparations. Finally, to my supervisor Dr. J. Kwasira for his unwavering support throughout this course.

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## **ABBREVIATIONS AND ACRONYMS**

<b>CBO</b>	Community Based Organization
<b>GBV</b>	Gender Based Violence
<b>GVRC</b>	Gender Violence Recovery Centre
<b>ICPD</b>	International Conference on Population and Development
<b>IS&amp;IT</b>	Information system and Information Technology
<b>NHW</b>	Nairobi Women's Hospital
<b>PMO</b>	Project Management Office
<b>SPSS</b>	Statistical Package for Social Sciences

## DEFINITION OF TERMS

- Performance:** Is the degree at which conditions generally in place in the organization enable a project being undertaken by the organization to be completed on time within the estimated and allocated budget (Bubshait & Almohawis, 1994)
- Project Management:** Project management can be defined as a careful planning, motivating, organizing and controlling resources with the aim of achieving certain set goals (Cattani, Ferriani, Negro, & Perretti, 2008)
- Project Performance-** Is the standards at which a project is delivered as it was stipulated in the agreement between the client and the service deliverer (Langston (2012)
- Project Success:** Project success also refers to stakeholder satisfaction, system use, perceived usefulness, and system quality (Nokes, 2007)
- Project:** Project can be defined as a temporary activity that an organization undertakes with the aim of producing unique products and services (Nokes, 2007)

## ABSTRACT

Project activities in private and public health sectors are on the increase and this calls for better project management to ensure successful completion of projects that the organizations are engaged in. This study sought to establish how project management implementation practices have led to the provision of reproductive health services in Hospitals in Nairobi County; that is Nairobi Women's Gender Based Violence Recovery Centre and Family health options Kenya. These project management implementation practices can be applied to other hospitals in Kenya successfully by improving the performance of providers, expanding the role of the private sector, shifting the function of central ministries of health and improving their regulatory capacity, broadening financing, and shifting donor financing to support sector-wide health programs rather than vertical programs, such as family planning. Reproductive health initiatives and health sector reform share the goals of equity and quality. The question of interest to those working in reproductive health is whether the reform measures aimed at increasing efficiency will be sufficient to ensure universal access to high-quality reproductive health services by 2030, as outlined in the ICPD Programme of action. Poor management is often responsible for difficulties and failure of health care projects than methodological issues. This study will benefit policy makers, practitioners, and scholars in the area of project management implementation. Research and publication on the contribution of project management implementation to health provision will highlight the value of project management implementation office and encourage managers to adopt project management implementation practices. The respondents were purposively selected from the levels of Executive Directors, Project Managers and Program Officers who are the main custodians of information of their organizations. Primary and secondary data was collected for the study. The researcher used a questionnaire to collect primary data from the population and secondary data was collected from the Government reports and other related studies. The study had a target population of 26 project staff. A pilot on the instrument was conducted at ROMACY reproductive health organization to determine instrument reliability. The questionnaire consisted of closed ended questions. The collected data was edited, coded and classified; the data was analyzed using descriptive statistics and some level of inferential statistics which helped interpret the correlation of the independent variable to the dependent variable. The Final data is presented using tables and figures. From multiple regressions, it was inferred that the use of information technology was significant in explaining the provision of health services at a 1% significance level, followed by monitoring and evaluation, donor partnership practices, and lastly stakeholder participation. The study concluded that monitoring and evaluation has greatly contributed to organizational learning and result orientation. Information technology has substantively contributed to knowledge management. Adequate stakeholder engagement and the donor partnership practices are a huge asset for the sustainability and success of reproductive health projects. The study recommends the adoption of project management implementation practices by Organizations implementing reproductive health projects and further research on other project management implementation practices contributing 64.8% of success for the projects.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

With the increasing number of activities that take place in both private and public sectors to improve performance, the organizations find it difficult to manage all the projects (Samset & Volden, 2015). According to (Samset & Volden, 2015) ways to govern these projects should be put in place to avoid loss of resources that would eventually lead to loss on the part of the organization. For an organization to achieve its goals and objectives project management has been found to be a key strategy. With growing issues on achieving relevance and success, project management is key and should also be adopted as a model in the organization (Carvalho & Rabechini, 2011).

Project management is therefore an important component of the success of the organization (Ellatar, 2009). Project management is defined as a process that is established in an organization to organize and manage the resources that are in place for specific activities in the organization to avoid wastage(Muller, 2009).This research project was be based on project management implementation practices in provision of reproductive health services in the county government of Nairobi.

According to project management institute body of knowledge (PMBOK), projects which are temporary endeavors undertaken to meet unique goal and objectives within a defined scope budget and time frame, typically go through a life cycle(OMI,2008).The project life cycle which is logical sequence of activities to accomplish the project goals is made up of five stages namely the project initiation stages, the project planning stage, the project execution stage, the monitoring and controlling stage and the project closure stage. Attention to detail, along with the involvement of key stakeholders and proper documentation at each stage ensures the success and quality of the project. The sequential phases are generally differentiated by the set of activities that are carried out within the phase, the key actors involved the expected deliverables and the control measures put in place (project management institute (PMI), 2004). For a period now project management was considered as a branch of engineering (Shi, 2010). However, now project management can be applied

in different fields to achieve organizational transformation (Winter, Smith, Morris, & Cicmil, 2006).

According to (Wright & Szczepanek, 2008) growth in industries other than engineering has contributed to adoption of project management. It has also been established that there has been growing pressure to reduce on the time and resources used by the organization and an expected end result of profit or surplus (Too & Weaver, 2014). Too et al (2008), argues that the pressure to make a surplus on the part of the organization has led to the organization adopting more than one project at a go and therefore leading to the adoption of project management skills.

In the case that the organization adopts more than one project, the time and the budget for each project differ (Marnwick & Labneuschag, 2011). In such a case, management of the different project is important in order to create value and align the projects to the organizations entrepreneurial strategy. To attain a surplus level value recreation is a key component in the organizations strategy (Mittal & Sheth, 2001). Value creation of a project is the function that the project performs to satisfy the needs of the stakes holders involved (Zhai, Xin, & Cheng, 2009).

### **1.1.3 Global Perspective of Project Management Implementation Practices in Healthcare**

The concept of Professional project management has been in existence since the period before the Second World War. Its emergence can be traced back to the early fifties, when it was implemented on a large scale project (Peters M, 1981). In the history of America, mothers were responsible for the health needs of their families. They performed the duties that are today performed by nurses, physicians, and other healthcare professionals whenever they had a sick member in their families.

The great depression of 1929 led Baylor University's hospital in Dallas to come up with measures to address the declining revenue. The great depression led to financial constraints that made American households to forgo healthcare. The hospital's reaction led to the current model of expansive healthcare industry. Baylor's modest plan would grow into Blue Cross, one of the most well-known health insurance plans in the industry, which later merged with Blue Shield in 1982 (Rosacker et al., 2010).

In the Scandinavian region, healthcare services have largely been characterized by an increasing amount of work done in projects since early 2000s (Suhonen et al., 2011). A study carried out to analyze healthcare projects from the viewpoint of planning, implementation and evaluation of projects indicated that, healthcare projects are heavily funded in the Scandinavian countries just like other regions in the globe. The research indicated that over 1.1 million euros were spent by 58 hospitals in healthcare projects between the years 2008-2010. This study recommended the need for integration of projects in the hospital strategy as a primary key to successful development work (Rosacker et al., 2010).

### **1.1.2 Project Management Implementation Practices in Healthcare projects in Africa**

Project management implementation practices in developing African countries remain very critical due to the advancement of technology, the increasing complexity of projects and the scarcity of human capital (Crawford *et al.*, 2006). There is need to urgently develop project management implementation practices in developing Africa due to the rapid technological advances, relaxation of trade regulations and a highly competitive marketplace in the globe.( Birkhead, *et al.*, (2000).

International development projects in Africa face numerous management challenges which contribute enormously to projects stalling or failing at different phases of the project cycle. The problems that face project in Africa may fall into four main traps: one-size fits all technical trap, the lack of project management capacity trap, the-accountability for results trap and the cultural trap (Stephen et al., 2016). In Africa, the environment for projects is marked by resource scarcity and pre-existing rules for moderating the battles or competition for these resources.

The market in Africa is growing fast and comprises of urbanized middle class consumers. The market in Africa is expected to increase to 1.1 billion by the year 2060. All these coupled with the scramble for Africa's unexploited commodities, are trends that indicate the massive need for better service delivery and infrastructure development in the continent. In order to achieve this, a project oriented mindset needs to be adopted to enable Africa to overcome the huddles to a new phase of development (Stephen et al., 2016).

### **1.1.3 Project Management Implementation in The Health sector in Kenya**

According to (Mwaura & Ngugi, 2014) project management in Kenya begun with vision 2030 and is expected that vision 2030 can transform the project management process in Kenya. Prior to vision 2030, projects in Kenya that had been initiated by the government did not seem to hold water and most of the time they collapsed (Mwaura et al., 2014). For a project targeting the community to be successful, the organization needs to come with a structure that is peopling centered (Cooke-Davies, 2000).

Through this, the organization is able to become a community based organization (CBOs) (Mwaura et. al, 2000). On his part, Kerzner (2000) argues that project management is only perfected over time and therefore there is no need for an organization to be a CBO or to form CBOs. Mwaura et. al., (2014) argues that through the creation of a CBO the organization is able to reach out the grass roots populations. However CBOs are mostly not well utilized to their full capacity since they are financially expensive on the part of the organization.

The organization may not be in a position to manage them and finally lack of proper planning on the part of the organization (Longenecker, et al., 2006). Of the three, poor governance of the CBOs tops the list of the major constraints that the CBOs face in their growth process (Oketch, 2000). According to (Anderson, Dana, & Dana, 2006) CBOs are an opportunity for entrepreneurial development in an economy. To be successful and to satisfy economic and entrepreneurial objectives CBOs should be able to identify opportunities to be exploited in the economy (Berkes & Davudson-Hunt, 2006)

The health sector in Kenya has been faced with a number of challenges due to the changing social economic and political environment that affect planning in the health sector (Kimalu, 2001). Like many countries Kenya has been looking for ways to finance its health care projects. Health care projects can be financially expensive and risky (Carrin & Chris, 2005). In Kenya, like most low income countries, health care projects are funded through cost sharing (Kimalu, Nafula, Manda, Bedi, Mwabu, & Kimenyi, 2004).

The health care project in Kenya has gone through three Phases which included: free access to health care, incorporation of Health care programs into district health care structures and finally the relationship between health care and the Millenium Development Goals (MDGs) (Audibert, Mathonnat, & De-Roodenbeke, 2004).The health care Projects in the country have experiences a lot of draw backs due to the policies in place such as cost sharing policy (Muiya & Kamau, 2013). Due to over reliance on cost sharing policies the government has reduced on the amount of money that is available for the health sector projects to operate (Muiya et al., 2013).

With less government funding the public is forced to pay more during treatment to support the health sector projects in place (Deolitte, 2011). High poverty levels in the country also contribute significantly to poor funding of health projects hence most of the projects do not take off from the planning stage (Deolitte, 2011).The project management of government health centres also suffer from delays to take off due to the bureaucratic structure of the governement fund management (Dehn, Reinikka, & Svensson, 2003).

Due to the inability of the government to effectively fund the health facilities projects, the government has allowed donars to contribute to the funding process (Afande, 2013). This intitiative by the donors has however been faced with a number of set backs. One major set back is the poor training of the employees that the governemnt offers to manage the funds and this leads to loss of funds.Project success is a key project management issue, but still poorly defined in terms of its concept and paths necessary to achieve it(Arndt, 2000).

For many years the prevailing view of project success was focused on scope, time and cost variables highlighted in the famous "triangle of virtue" that literature widely describes. Currently, the understanding of what defines project success or failure of a project is far more complex because there are several different views, perspectives and ways of looking to this issue (Baiden & Price, 2011).On April 16, 2010, the USAID awarded MSH the Leadership, Management and Sustainability Program/Kenya Associate Award (LMS/Kenya). LMS/Kenya is a five-year program (2010-2015) which supports public-sector institutions of the health system, non-governmental and faith based organizations in the health sector, and other USAID partners to strengthen leadership and management capabilities.

This support is given at the national, provincial, district, and community levels to improve access to and use of quality health services and thereby improve the health of the Kenyan population. LMS/Kenya contributes to Result 1 of the new USAID Strategic plan for 2010-2015 of strengthened leadership, management and governance for sustained health programs through three intermediate results namely: Leadership development, improved management systems, Governance support, Priority hospital reforms, Institutionalization of leadership and management.

## **1.2 Statement of the Problem**

Society has gone through many significant changes which have an impact on health services management as a whole .Evolving trends have an impact in modern medical practice. The trends have placed new demands on the health service providers of the 21st century. Some of these trends include increasing demand for accountability by agencies funding health projects, stake holder awareness of their rights in projects that they are part of and increasing interest in evidence to support practice. Reproductive health institutions have adopted various management strategies to meet the demands of the current need to generate deliverables that will meet the funding partners and stakeholders expectations. Project Management is one of the management strategies employed by some of the reproductive health institutions to achieve quality. A research done in South Africa on the researchers' opinions on project management and whether it made a difference in healthcare research projects related to alcohol and pregnancy indicated that, 93.8% of respondents agreed that project management increased the effectiveness of the project, communication, teamwork, and application of the interdisciplinary group of researchers' expertise (Fageha & Aibinu, 2012). Kenya's health sector funding is from national government, county governments, local and international NGOs. According to the World Bank (2013), donor aid to the Kenyan government towards health programs for the period 2013-2016 was US\$41 million from the International development Association (IDA) and US\$ 20 million from multi donor agencies. A report by the Organization for Economic Co-operation and Development shows that soon after completion, projects in public hospitals are likely to collapse within one year (OECD, 2014). The government of Kenya statistics further indicates that 63% of health projects collapse for one reason or the other (GOK, 2014).

### **1.3. Research Objectives**

The general objective of this study was to assess project management implementation practices in provision of reproductive health services in Nairobi County.

#### **1.3.1 Specific Objectives**

- i) To assess how the use of information technology practices influence provision of reproductive health services in selected hospitals, in Nairobi County.
- ii) To assess how the adoption of stakeholders involvement practices influence provision of reproductive health services in Hospitals in Nairobi County
- iii) To establish the role of donor partnership practices in provision of reproductive health services
- iv) To determine the effect of monitoring and evaluation practices on provision of reproductive health

#### **1.4. Research Hypotheses**

- H01. Information and technology has no significant effect on provision of reproductive health services in selected hospitals?
- H02. Stakeholder's involvement has no significant influence in the provision of reproductive health services in the Hospitals in Nairobi County?
- H03 Adoption of donor partnership practice has no significant role in the provision of reproductive health services in Hospitals in Nairobi County?
- H04 Monitoring & evaluation has no significant effect on the provision of reproductive health services of Hospitals in Nairobi County?

#### **1.5 Justification of the Study**

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood. Project management is one of the most successful management strategies. Poor management is often responsible for difficulties and failure of health care projects than methodological issues (Usherwood, 1996). The findings from this research are anticipated to benefit various people. These are policy makers, practitioners, and scholars in the area of project management. Research and publication on the contribution of project management to health provision will

highlight the value of project management office and encourage managers to adopt project management implementation practices

### **1.6 Scope of the Study**

The study was carried out in Nairobi County in two Hospitals implementing reproductive health projects: Nairobi Women's GBVRC and Family health options Kenya. This research took a span of two months. The budget for the study was one hundred thousand Kenyan shillings. The variables of focus were: information and technology practices, monitoring and evaluation practices, stakeholder involvement practices and donor partnership practices; and how they influence provision of reproductive health services. The data collected will be of confidential use.

### **1.7 Limitation of the Study**

Some donor projects in hospitals in Nairobi rely on their head offices that are based overseas to authorize research in the organizations. This made it difficult to include the organizations in this research. A second limitation is whereby other organizations had a policy that the organization's research department co-author the research and participate from inception to completion of the research project. This led to exclusion of several organizations since this is not allowed for academic research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter mainly focuses on the project management implementation practices and the relationship to the implementation of reproductive health services. The relationship captures the global perspective to regional and then to domestic level. The project management implementation practices reviewed include: Use of information technology, monitoring and evaluation, donor partnership and stakeholder participation and how they influence implementation of reproductive health projects. The project management implementation practices are discussed under the four themes. The models discussed above of project management implementation practices have been borrowed to inform the four project management implementation practices discussed in this chapter. The other items under this chapter are the theoretical and conceptual frameworks.

#### **2.2 Theoretical Review**

The increasing changes in technology and business environment has meant that greater demands are required from traditional management models, which have difficulties in providing adequate answer to stakeholders 'expectations. Information and technology (I&T) have been recognized over last decade as being an important factor for the achievement of the objectives of access, efficiency, effectiveness and transparency (Taylor, 2007). Remarkable progress has been made in the field of medicine, as well in information technology due to their impact on health care organizations, as well as the potential advancement of hospital information systems (Yang, 2009).

Project management has been developed to be able to meet these challenges. The practices and techniques of project management are recognized as being essential skills which benefit organizations ( (Sauer, Gemino, & Reich, 2007) ).Traditionally; project management success has focused on the development of the process dimension of time, cost and quality. Further research has found that the achievement of these requirements was not sufficient for measuring project success and it

evaluated other dimensions, such as; service or product quality and/or stakeholder satisfaction (Thomas & Fernandez, 2007).

### **2.2.1 Theory of Constraints**

The theory of constraints, introduced by Eliyahu Goldratt in 1984, aims to help organizations to constantly achieve their goals. Project management derives the concept of critical chain project management from this theory. Goldratt adapted the concept to project management with his book *Critical Chain*, published in 1997. The theory of constraint focuses on goal achievement. It bases on the premise that the rate of goal achievement by a goal oriented system is limited by at least one constraint (Audibert, Mathonnat, & De-Roodenbeke, 2004).

The underlying assumption of the theory of constraints is that organizations can be measured and controlled by variations on three measures: throughput, operational expense, and inventory (Carrin & Chris, 2005). The argument from which the theory is deduced is that, If there was nothing preventing a system from achieving higher throughput, its throughput would be infinite a situation which is (kerzner, 2000) impossible in a real-life system. The theory further stipulates that, only by increasing flow through the constraint can overall throughput be increased.

In order to increase flow, the organization needs to identify the system's constraints, decide on how to explore the constraints, pool resources towards the decisions, elevate the system's constraints and evaluate the outcome of the process. The five focusing steps aim to ensure ongoing improvement efforts are centered on the organization's constraints. A constraint in this context is defined as anything that prevents a system from optimally achieving its goal (Ibbs, Reginato, & Kwak, 2004). Constraints can be internal or external. Internal constraints are seen in cases where the market demands are higher than what the system can deliver.

Such a constraint will require that the organization focuses on meeting the market demands. Examples of internal constraint include unskilled personnel, poor technology or unfavorable policy. An external constraint on the other hand, is evident when the system can produce more than the market needs. In such a case, the system will focus on mechanisms to create more demand (Gibson, Wang, Cho, & Pappas, 2006). Critical chain project management (CCPM) is a method of planning and

managing projects that puts emphasis on resource such as people, equipment and physical space required to execute project tasks.

CCPM differs from more traditional methods that derive from critical path and PERT which emphasize task order and rigid scheduling. A critical chain project network strives to keep resources levelled, and requires that they be flexible in start times (Audibert, Mathonnat, & De-Roodenbeke, 2004). The use of CCPM in project management has been credited with achieving projects 10% to 50% faster and/or cheaper than the traditional methods such as PERT, Gantt and Critical path method developed from 1910 to 1950s.

One significant strength of theory of constraints is that it borrows from more than 40 years of previous management science research and practice, particularly from program evaluation and review technique/ critical path method and (PERT/CPM) and the just in time strategy (Marnwick & Labneuschag, 2011). However, Goldratt has been criticized on lack of openness in his theories, an example being him not releasing the algorithm he used for the Optimum Performance Training system.

Some view him as unscientific with many of his theories, tools and techniques not being a part of the public domain, rather a part of his own framework of profiting on his ideas. According to Gupta and Snyder (2009), despite being recognized as a genuine management philosophy nowadays, TOC has yet failed to demonstrate its effectiveness in the academic literature and as such cannot be considered academically worthy enough to be called a widely recognized theory. Theory of constraints needs more case studies that prove a connection between implementation and improved financial performance.

Nave (2002) argues that theory of constraints does not take employees into account and fails to empower them in the production process. He also states that TOC fails to address unsuccessful policies as constraints. In contrast, Mukherjee and Chatterjee (2007) state that much of the criticism of Goldratt's work has been focused on the lack of rigor in his work, but not of the bottleneck approach, which are two different aspects of the issue. Critical chain project management utilizes project management implementation practices to ensure achievement of the critical activities in a project. Organizations that have successfully identified constraints that face them in the

delivery of their projects focus on addressing these constraints in order to achieve success in project delivery (Ling, Low, Wang, & Lim, 2009).

The measures translate into project management implementation practices for that particular field based on the unique challenges that the project industry face. This research sought to assess the project management implementation practices that hospitals have adopted to ensure successful delivery of reproductive health projects.

### **2.2.2 Stakeholder theory**

The stakeholder theory coined by Freeman forms a ground for many other developments on stakeholders' management. Freeman's stakeholders theory evolved through his "Strategic Management: A Stakeholder Approach" which became the theoretical ground for further developments. Stakeholder theory is a theory of organizational management and ethics (Phillips, Freeman, & Wicks, 2003). It opposes the free market norm of shareholder capitalization and promotes stakeholder maximization. For many decades economists have been defining the purpose of a business as an instrument to capitalize on shareholders, this was also referred to the legal purpose of a business.

Stakeholder scholar Stout (2012) stated that this is a misinterpretation as law has not defined the purpose of a business to capitalize on shareholders; law simply says to do the lawful. This may also reflect the purpose of a project as an instrument established to deliver benefits to its stakeholders that include the project owner (Fageha & Aibinu, 2012). The stakeholder view of strategy integrates both a resource-based view and a market-based view, and adds a socio-political level. One common version of stakeholder theory seeks to define the specific stakeholders of a company (the normative theory of stakeholder identification) and then examine the conditions under which managers treat these parties as stakeholders (the descriptive theory of stakeholder salience). A meta-analysis study on stakeholder theory in project management discipline; authors found that the PMBOK guide definition has become the dominant stakeholder definition for the field of project management as of 2006 onwards (Littau et al., 2010). The political philosopher Charles Blattberg has criticized stakeholder theory for assuming that the interests of the various stakeholders can be, at best, compromised or balanced against each other. Blattberg argues that this is a

product of its emphasis on negotiation as the chief mode of dialogue for dealing with conflicts between stakeholder interests. He recommends conversation instead and this leads him to defend what he calls a 'patriotic' conception of the corporation as an alternative to that associated with stakeholder theory.

By applying the political concept of a 'social contract' to the corporation, stakeholder theory undermines the principles on which a market economy is based (Mansell, 2013). Stakeholders' theory has been applied in fields such as law, management, and human resource. In these fields, stakeholder theory succeeded in challenging the usual analysis frameworks, by suggesting putting stakeholders' needs at the beginning of any action (Kissi & Ansah, 2013). The stakeholder's theory is relevant to this research as it is in line with the research question.

### **2.2.3 Theory of change in project management**

The concept of theory of change emerged in the United States of America in the 1990s in the context of improving evaluation theory and practices in community initiatives. In its early conceptualization in 1995, Weiss described the theory of change as a "theory of how and why it works". Theory of change is a theory-based approach to planning, implementing or evaluating change at an individual, organizational or community level (Ruesga, 2010). The theory of change makes an assumption that an action is purposeful. A theory of change articulates explicitly how a project or initiative is intended to achieve outcomes through actions, while taking into account its context. Theory based methods are applicable to a range of disciplines including, for example, education, community development and public health. This approach has its roots in the 1960s, when Kirkpatrick used the model to examine the effects of training on students. The approach has grown in popularity in the last twenty years, partly in response to the need for a framework that can take into account the complexity of multi-stranded and interrelated actions to encourage social change (Lederach et al., 2007).

The current evolution of the theory of change draws on two streams of development and social programme practice: evaluation and informed social practice. Traditional approaches to evaluation that measure outcomes, often require them to be known (or hypothesized) at the start and a baseline measures to be in place. However, many

initiatives and projects may have outcomes that are not known at the start, or that are very hard to define, such as cultural change (CARE, 2012). Theory of change enables a portfolio of data to be collected that might represent a more complex outcome.

The way in which initiatives are implemented is crucial, and context is not just another variable but a critical part of the success or otherwise of achieving change. Visible for a number of years, the theory of change is a way to demonstrate that outcomes are indeed likely. For other initiatives, using statistical averages may mean that individual effects may be overlooked or ignored, and theory of change can make these visible (Carvalho & Rabechini, 2011). By using a theory of change approach, we can articulate how we expect outcomes to be achieved. We do this by exploring the real-world setting in which the project is being implemented, the starting situation, and risks or opportunities that may influence achieving change, the actions to be taken and the steps of change expected to take place. Theories of change may be developed and used at various points in the lifecycle of an initiative or programme, from planning an idea through to implementation, delivery and review (CARE, 2012). The theory of change can be used as an approach to programme evaluation.

A theory of change may be used to plan a project from the start. Using a theory of change when the project is underway can enable an understanding of why a programme does or does not work, and lets an evaluator or practitioner see where in the chain things are not going as they should (CARE, 2012). It can improve planning and prevent project drift, and highlight gaps in knowledge or thinking that is lacking in clarity. Monitoring and evaluation: Theory of change articulate expected processes and outcomes that can be reviewed over time. This allows organizations to assess their contribution to change and to revise their theory of change (Fulbright et al., 2008).

The strengths attributed to theory of change include the ability to allow evaluators and managers to tell a contribution story that is logical to those involved in the project. It also allows conclusions to be drawn on the cause-effect elements of an intervention. However, some of the weaknesses of the theory of change include the fact that it may require a significant amount of data in order to develop the logic (Sharma & Lutchman, 2006). In some instances, more than one theory of change may arise and thus the need to test each of them against evidence to see which theory best reflects

reality. The theory of change may not provide a quantitative measure of the size of the contribution an intervention is making (Weiss, 1997). This research will create a logic model in terms of causal linkage of success in reproductive health projects to project management implementation practices. Project management implementation practices adopted by an organization contribute enormously towards achievement of the project goals. Activities in health projects are geared towards bringing about a change in the health status of the population they serve. Monitoring and evaluation enables an organization to assess their contribution towards bringing about this change. Project success is defined in terms of completing the project within the time, cost and quality while creating value to the organization and stake holder (Cadle et al., 2004).

### **2.3 Conceptual Review**

This conceptual review will discuss the project management implementation practices under study in relation to provision of reproductive health services. The project management implementation practices under review include; Information technology practices, stakeholder involvement practices, donor participation practices and monitoring and evaluation practices.

#### **2.3.1 Information technology practices and reproductive health projects**

Information technology can be adopted at a strategic, tactical and operational level of a project. Over the last decade, health systems have faced growing challenges, due mainly to population-ageing and an increase of chronic diseases, which lead to a significant rise in costs and difficulties in accessing healthcare. Countries have made a huge effort that has mainly consisted in significant increase in health financing the expansion of health services facilities, the adoption of new information systems and technology (IS/IT), improving access to medicines, and continued endeavors to enhance organizational management and the sustainability of healthcare services.

Information system will undoubtedly represent an important tool for providing adequate answers to all these challenges and these systems have the potential to reduce healthcare costs, as well as to improve outcomes (Yetton, Martin, Sharma, & Johnston, 2000). The recognition of project management and maturity models has been evidenced over the last years by the large investments made by health

organizations to develop competencies and skills. Information technology facilitates storage and quick retrieval of large amounts of data and information.

Information technology is useful for efficient conversion between data and information but is a poor alternative for converting information to knowledge (Ra, 1997). Many organizations invest in technology to improve organizational performance and to gain a competitive advantage. The role of technology in project performance depends on how technology systems are designed in organizations (Anantatmula & Kanungo, 2005). Technology can meet the project management needs of documentation, storage and retrieval. A research on the benefits of adopting information technology practices in projects indicated that information technology contributed to a greater extent to 'Improved organizational process flexibility' as a strategic benefit whereby, 95% of organizations considered having achieved this through the adoption of IT.

Likewise, 94% of organizations identified 'improved customer/supplier satisfaction' as a strategic benefit. A key motivation for adopting IT was to improve service quality and as a result, perceived 'improvements in customer/supplier satisfaction' have been acquired (Zika-Viktorsson, Sundstro, & Engwall, 2006). At a tactical level, 'improved service quality,' 'improved contract administration,' and 'improved response' to changes were identified as being experienced by more than 90% of the organizations sampled (Peter and Zahir , 2004). Information technology is profoundly affecting project management capabilities, scope and leadership styles (Thahmain, 2004). Technology provides project management tools for planning and web-based support systems which are essential for communication, conflict resolution, knowledge sharing and integration of complex projects. Technology can help project managers to improve the project processes they use to manage the project complexity, project integration and resource utilization. Information technology projects will continue to fulfill a vital role in the new global economy. Communication is key in the project team.

Information technology facilitates communication and allows timely and efficient passing on of relevant information for action by the project team (Dey, Kinch, & Ogunlana, 2007). This is very critical for project success. Communication efforts often lead to improved collaboration, establishing trust and making better decisions.

Information technology facilitates interaction between organizational members, encourages discussion and promotes the flow and collection of knowledge. The difficulty facing organizations is how to connect information technology investments to business performance (Marchand et al., 2000)

### **2.3.2 Stakeholders involvement practices and reproductive health projects**

Stakeholders refer to a person or groups who are directly or indirectly affected by a project (African development Bank, 2001). Stakeholder management is an extremely important practice towards achieving project success. Stakeholders have a dual relationship with the performance of the project in that; their actions can influence the project outcomes whereas the project results may affect their interests (Beringer et al., 2013).

Freeman (1984) gives a traditional definition of a stakeholder as any group or individual who can affect or is affected by the achievement of the organization's objectives. International projects involve international participation by the international multilateral, governmental or nongovernmental organizations through financing and technical assistance (Baranskaya, 2007). This characteristic makes them unique and therefore requires a different planning and implementation than national projects (Kwak, 2001).

In a global context, the management and development of people inevitably leads to consideration of diversity and related challenges (Higgs, 1996). Bartlett & Gorshal (1989) highlighted the challenges facing organizations which are intending to work effectively across borders. The recipient countries lack the technical and management skills required to successfully implement and manage project (Mohammed and White, 2008). As a result, many of the financial institutions require them to seek foreign expertise to assist with project preparation and implementation (Kwak, 2002).

The foreign expertise may not be familiar with resources, the socio-cultural background, and are accustomed to different approaches to project management implementation practices (Duc & Martins, 2002). This induces conflict of interests, extra pressures on executives, and frustration, which restrains or obstructs project

progress and often lead to lost opportunities, directing of development efforts at wrong groups, project cost overrun and schedule delays (Vonsild, 1996).Freeman (1984) suggests that managers must formulate and implement processes which satisfy all and stakeholders in a project.

A study carried out in East Africa by Zacharia et al, 2008, delineates the role and contribution of stakeholders participation in the sustainability of selected projects. The management of stakeholders in a project involves a process of interpretation which generates different understanding of the environment surrounding the managerial actions taken. Inadequate management of stakeholders can easily lead to misunderstandings and conflicts affecting the success of a project (Alltenon, 2011). Feedback from stakeholders has critical value for project managers inasmuch as it alerts them to the social, environmental, and ethical implications of health activities.

Stakeholder management can be conducted through stakeholders' identification, planning of stakeholders' management, management of stakeholders' engagement and control of stakeholders' engagement. Stakeholder participation in discussions about all what entails the program activities empowers them and also enhances inclusions. It brings the aspect of meaningful participation by different stakeholder groups (Donaldson,2003). Stakeholder participation means empowering development beneficiaries in terms of resources and needs identification, planning on the use of resources and the actual implementation of development initiatives (Chambers, 1997).

### **2.3.3 Donor partnership practices and reproductive health projects**

The concept of partnership is seen as a way of enhancing the use of scarce project resources, increasing sustainability of the implementing institution and improving beneficiary participation (Lewis, 1997). A partnership involves sharing with a sense of mutuality and equality (Fowler, 1991). Donor agencies view non-governmental organizations as an advantage to development projects and as central players who can carry forward their broad goals. Maintaining effective donor partnership is important to ensure that projects stay on track. This is because such relationships enable projects to navigate through complex changing and unfamiliar terrain (Feldman, 2003)A partnership has to be an agreed relationship based on a set of linkages between two or

more agencies within the development circle, involving division of roles and responsibilities, sharing of risks and pursuing joint objectives (Lewis, 1997).

In order for Donors and organizations to build successful relationships and collaborations, they require investing time and resources. Collaboration needs to take place at all levels of intervention. High quality partnering projects require collaboration structures at international, national and local level. This need to be reflected in project plans and design (Bryde, 2008). Donors' partnership allows the organization to benefit from capacity building initiatives from the donor partners. A project in which all actors understand the essentials of making partnerships successful has a much higher likelihood of success (Dehn, Reinikka, & Svensson, 2003).

Donor partnership allows the organization and the donors to build a knowledge base around the partnership, give orientation and support practice exchange. Donor funds often come with complex requirements for organizations. These include project appraisal, reporting, monitoring and evaluation and accounting (Harris, 2000). When donors provide project funds, they expect the set standards to be met and the required results to be achieved in which case if the organization fails to produce those results, donors may withdraw their funds (HeyWood & Smith, 2006). Donor partnership can take a top bottom form or be interdependent. A top bottom relationship makes an organization more of a contractor to the donors.

In this kind of partnership, there is no reciprocal transparency between the organization and the donor. Donors in such a partnership are considered to have a higher authority (Kissi & Ansah, 2013). An interdependent relationship on the other hand produces a high level of mutual reliance and reciprocity. Whereas the organization depends on the donor for funding, the donor agency depends on the organization to meet the needs of the beneficiaries which they can use to showcase as their success story and add onto their legitimacy. This brings about a mutual dependency (Mwaura & Ngugi, 2014).

#### **2.3.4 Monitoring and evaluation Practices and reproductive health projects**

The use of an evaluation framework in health links policy and health service performance to health outcomes. According to Pinto & Slevin (1987), monitoring and feedback are the project control processes whereby at each stage of the project

implementation, the project team receive feedback on how the project is comparing to initial projections. Monitoring and evaluation will assist health services to improve performance as part of a continuous quality improvement cycle.

Integral to improving rural and remote health outcomes is the provision of appropriate, accessible and effective health care services relevant to the needs of communities (Holmes & Bhuvanendra, 2014). This requires a mechanism to monitor and evaluate the impact of health services on improving health outcomes for communities ( (Singh & Levy, 2007) ). Monitoring can be defined as the ongoing process by which stakeholders receive regular feedback on the progress being made towards achieving their goals and objectives.

Evaluation on the other hand is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which the stated objectives have been achieved (Audibert, Mathonnat, & De-Roodenbeke, 2004). Monitoring and evaluation can be used for accountability purposes (Moynihan, 2005). It can be used to indicate project compliance with required parameters and demonstrate to funding agencies, donors, or the public that resources have been used appropriately. Results based management (RBM) brings together planning, monitoring and evaluation. Results based management is a strategy aimed at achieving improved performance and demonstrable results.

RBM is concerned with learning, risk management and accountability (Kissi & Ansah, 2013). Monitoring and evaluation as a practice helps in improving results in projects and enhances the capacity of the organization and individuals to make better decisions in the future while at the same time providing feedback about the progress of the project to the donors, implementers and beneficiaries of the project. The resulting information is used for decision making for improving project performance” (Bartle, 2007).

According to research carried out by Darren & Pinter (2004) on National Strategies for Sustainable Development, it was evident that in most public or private organizations rarely do formal mechanisms exist in which organizations spend on a continuous basis to sit back, critically analyze the key lessons from monitoring reports and map the necessary measures to adapt to the lesson learned. In most instances,

organizational learning and adaptation occurs in an ad hoc manner (Anumba, Baugh, & Khalfan, 2002).

### **2.3.5 Provision of Reproductive Health services**

For any project to deliver as required project performance is a key issue for any project (Idoro, 2010). According to Idoro (2010) this is because there is a set of objectives that ought to be met in every project that is undertaken by the organization. According to (Ling, Low, Wang, & Lim, 2009) project performance can be measured from the cost at which the project delivers schedule of performance and the quality of performance metrics.

Therefore project performance can be defined as the extent to which the activities of the project have been developed and the delivery of the different activities of the project from the view point of the beneficiaries of the project (Jiang, Klein, Hwang, Huang, & Hung, 2004). According to (Bai & Yang, 2011) the performance of the project is as a result of the processes that are undertaken in an organization. (Bubshait & Almohawis, 1994) defined performance measured by cost as the degree at which conditions generally in place in the organization enable a project being undertaken by the organization to be completed on time within the estimated and allocated budget.

The variations in the cost of the project are mostly used to measure the performance of cost for a particular project (Salter & Torbett, 2004). Project cost performance is not limited to the tender costs that are incurred during the project but the entire cost that is incurred during the time at which the project is undertaken (Azlan & Ismail, 2010). According to Azlan (2010) the costs are inclusive of the costs that arise from variations during the project implementation process, costs that arise from the modifications that take place during the implementation process and finally the costs.

Studies carried out by (Muturi & Donald, 2006, Kayongo et al., 2006 and Mususinguzi, 2011) claim that project management has been a significant element in reproductive health project achievement. Reproductive health issues require many years of intervention to obtain positive outcomes. This therefore means that reproductive health projects require strategies for long term on-going operations before the positive outcomes are delivered (Paine-Andrews et al. 2000). The

sustainable outcomes of reproductive health programs are impacted by long term, on-going operation that meets the needs of the community.

Reproductive health needs are inherently varied because of diverse cultures, religious beliefs and practices, and economic factors (World Health Organization, 2009). To be able to determine the benefits of the project compared to the cost in that has been attained the activities of the project should be decomposed into the different activities and the performance calculator applied to each (Langer, Forman, Kekre, & Scheller-Wolf, 2007). It can therefore be concluded that cost performances is measured by the variance that is between the actual cost incurred and the budgeted cost (Azlan, 2010).

The second performance measure is time. According to (Langston, 2012) time performance can be defined as the period at which the project is completed before, on or after the date or period set for completion. A projects time performance is an important function of project performance level since high costs and a highly level of labor are spent in a bid to finish the project on the set time (Jaafar & Khalatbari, 2013). It is therefore important for the organization to finish its projects on time since the stake holders, customers who are the end users of the project tend to look at the project at a micro point of view (Azlan, 2010).

To the other parties other than the organization that is undertaking the project the completion of the project on the specified time determines the success of the project (Lim & Mohamed, 2000). According to (Parfitt & Sanvido, 1993) performance of a project based on quality could be defined as having all the features in place for a services or product before being delivered to the end user. Tailoring the project management processes to meet the specific needs of individual projects enables the organization to advance its strategic objectives through the application of principles and project management implementation practices (Winter, Smith, Morris, & Cicmil, 2006)

The success or failure of a project is perceived differently by different stakeholders of the project. The understanding of the concept of project success has evolved over recent decades, and a gradual understanding is now emerging that project success requires a broader and more comprehensive definition. Several stages were identified for the evolution of project success, namely. The triple constraint method; the

stakeholder's satisfaction dimension, the organization specific strategic view, and finally, the strategically-oriented view in responding to increasing globalization (Parfitt & Sanvido, 1993).

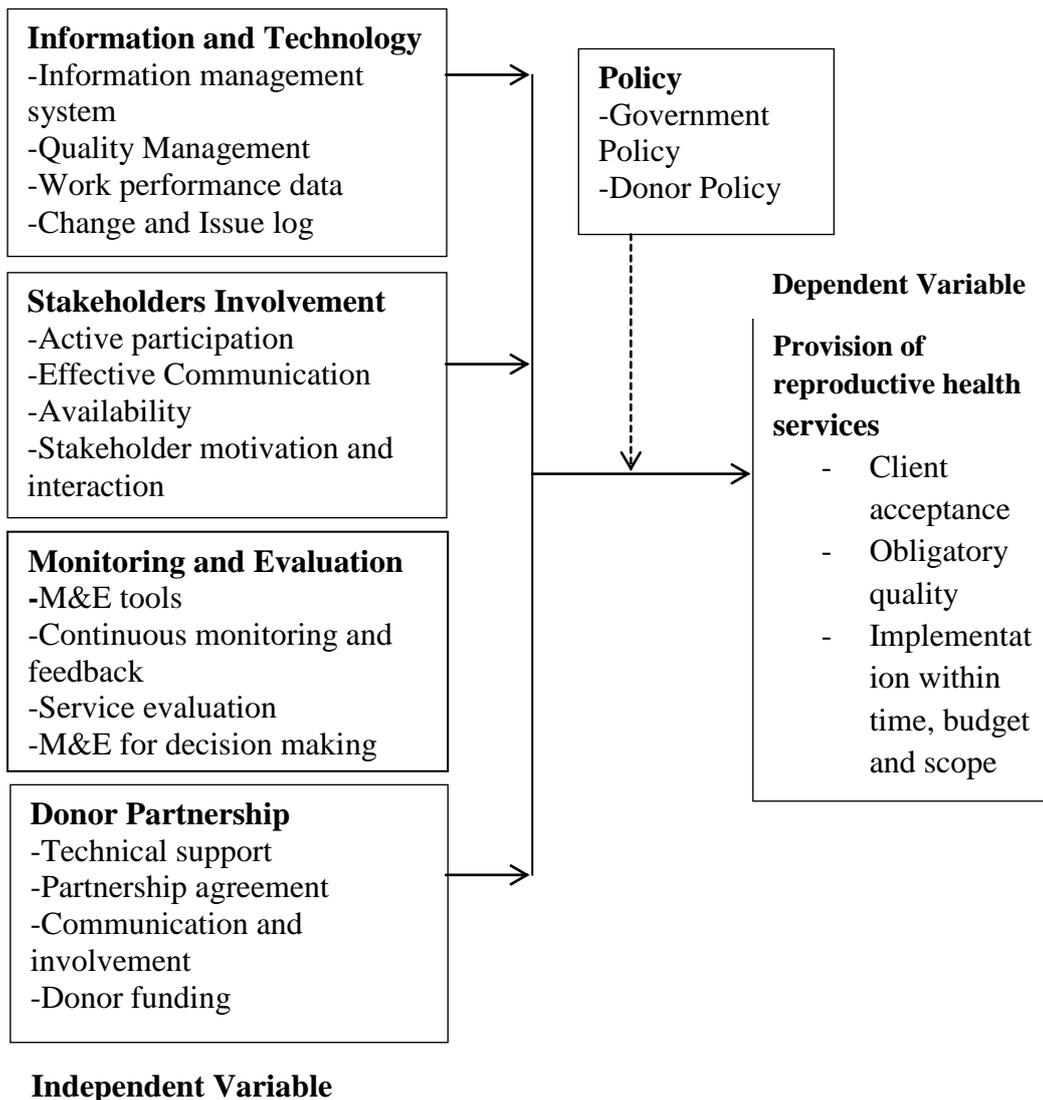
Langston (2012) defined project performance as the standards at which a project is delivered as it was stipulated in the agreement between the client and the service deliverer. Azlan (2010) argues that project quality is that ability of the service providers to conform to the requirements of the industry in the service delivery. (Yang, 2009) Argued that for the quality of a project that is delivered to the end user is dependent on use of technology in the procurement and design.

In the construction industry prefabrication has been found to improve the quality of the project and reduce on the wastage of materials, this can therefore be applied in the service industry to improve on the quality of services provided (Tchidi, He, & Li, 2012). Provision of quality projects ensures customer retention on the part of the organization, loyalty and constant growth in other areas of the organization as a whole ((Langston, 2012).

## **2.4 Conceptual Framework**

The conceptual framework in Figure 1 demonstrates the relationships that exist between the dependent and independent variables under investigation. The dependent variable is successful provision of reproductive health services whose main indicator is client acceptance, implementation of the project within budget/cost, scope, time and ensuring obligatory quality.

The independent variables that were investigated to establish their level of influence on the dependent variable are: donor partnership, monitoring and evaluation, use of information and technology, and stakeholder involvement and how they influence implementation of health projects.



**Figure 2.1: Conceptual framework**

## 2.5 Critique of the existing literature

A worldwide benchmark study of organizational project management implementation practices involving more than 550 organizations identified key attributes and drivers of project management success and failure. Among the key attributes of project management success are; establishing an environment of trust, creating transparency in decision making, creating consistent processes, ensuring understanding of documentation and delivering results. However, it is difficult to apply all the identified project management implementation practices across projects in different sectors (Kajewski, et al., 2003). Whereas at the same time, the practices vary across the different sectors and different stages of the project life cycle. Defining project

success poses another challenge in understanding project management and consequently assessing its performance. It is generally accepted however, that the success or otherwise of a project can be defined through the convergence of, the ability of the process to meet the technical goals of the project whilst not deviating from the three constraints of scope, time and cost; the usefulness of the project as perceived by beneficiaries and sponsors as well as the project team; and the performance of the project (Kerzner, 1992, 2001, 2003).

By such a definition, project success or failure can only be effectively measured at the completion of the project. This is concurred with by Baccharini's (1999) definition of project success which measures success or failure by the elements of the project log-frame and thus, the effective utilization of the project output. Projects generally fail as a result of poor planning, constant changes in the scope and consequently deadline and budget, as well as the lack of monitoring and control.

Boyd (2001) introduced five maxims of measuring project satisfaction regardless of project scope, size or duration which are; delivering the product that the customer desires or needs; delivering quality consistent with price; delivering the project within the timeframe stipulated by the customer; delivering the desired degree of feedback that the customer desires; having a system of conflict resolution that is fair to both the customer and the development team. DeWit (1988) distinguished between project success, which is measured against the overall objectives of the project, and project management success measured against the widespread and traditional measures of performance against cost, time and quality.

Pinto and Slevin (1988) came out with a set of best practices for project management which were believed to contribute to project success. These include: Project Mission, the initial clarity of goals and general direction; Top Management Support the willingness of top management to provide the necessary resources and authority for project success; Project Schedule Plans a detailed specification of individual action steps required for project implementation; Client Consultation communication, consultation, and active listening to all impacted parties;

Personnel recruitment, selection and training of the necessary personnel for the project team. The practices identified are broad and not linked to specific sectors.

Different sectors have unique constraints that affect project implementation other than the cross cutting constraints that affect different sectors. Several studies have attempted to link information technology methods and models to improved organizational performance. They include (Ahn & Chang, 2002, Jennex & Olfam, 2002; King 2002, Merchand et al., 2000) However, the relationship that they were illustrating is not obvious.

## **2.6 Summary of Reviewed Literature**

A projects time performance is an important function of project performance level since high costs and a highly level of labor are spent in a bid to finish the project on the set time (Jaafar & Khalatbari, 2013). It is therefore important for the organization to finish its projects on time since the stake holders, customers who are the end users of the project tend to look at the project at a micro point of view (Azlan, 2010). To the other parties other than the organization that is undertaking the project the completion of the project on the specified time determines the success of the project (Lim & Mohamed, 2000).According to (Parfitt & Sanvido, 1993) performance of a project based on quality could be defined as having all the features in place for a services or product before being delivered to the end user. Another important aspect of quality is the stage at which it is assessed in the life cycle of a project. According to Toakley and Marosszeky (2003), project quality is normally evaluated at the completion stage, though assessments may be undertaken during the various stages of the project. Although the most significant quality decisions are made during the planning and design stages, most of the quality management efforts occur during the implementation phase of the project. The onus for ensuring project quality lies primarily on the project manager and the project team who should endeavor to undertake best practices to ensure successful project.

## **2.7 Research Gap**

A study carried out in Congo which looked at GBV committed during war (Holmes & Bhuvanendra, 2014). This study cannot be applied in the Kenyan setting because Kenya had not experienced such kind of GBV. Besides not having experienced a war based GBV the study did not also look at the treatment that was offered to the victims and the management of the facilities that offer treatment to the victims. Only studies

carried out in Kenya mostly looked at the connection between GBV and Human Immunodeficiency (HIV) (Nyamongo, 2014). In the study the scholar did not look at the facilities that provide treatment for the GBV victims. This study therefore seeks to fill the gap by investigating ways through which hospitals have been successful in the provision of reproductive health care services. The use of IS/IT in healthcare is recognized as being a major factor for the promotion of improving patient care, clinical practices, and supportive care.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter will cover research methodology that was adopted to carry out the study. The methodology will include research design; it will show the target population, sample size, sample design and techniques, data collection instruments, research instruments, data collection procedure and finally data analysis and processing tools.

#### **3.2 Research Design**

Research design can be defined as a blue print of carrying out a study, in which case the researcher has maximum control over the factors that may influence or otherwise interfere with the validity of the study finding. According to Mugenda and Mugenda (1999) the purpose of descriptive research is to determine and report the way things are and it helps in establishing the current status of the population under study and are useful for describing, explaining or exploring the existing status of two or more variables.

Descriptive research design was used since it seeks to answer the questions concerning the causes of the problem (Coopers & Schindler, 2011). The study employed qualitative approach to gather information as to how the organization is utilizing project management implementation practices while quantitative approach was used to investigate the ideas and opinions of people in regard to project management. Both primary and secondary data was collected.

#### **3.3. Target Population**

The unit of analysis from which a researcher wishes to draw a scientific inference comprises the target population (Bhattacharjee, 2012). The target population comprises of all people or items (unit of analysis) with the characteristics that one wishes to study. The unit of analysis may be a person, group, organization, country, object, or any other entity that you wish to draw scientific inferences about (Bhattacharjee, 2012). From Table 3.2, the population for this study wastwenty six (26) respondents of two organizations drawn from organizations that implement

reproductive health projects within Nairobi County. The organizations include Family Health Options Kenya and Nairobi Women’s GBVRC.

**Table 3.1: Target Population Data**

<b>Type of Organization</b>	<b>Population</b>
Family Health Options Kenya	10
Nairobi Women’s GBVRC	16
<b>Total</b>	<b>26</b>

### **3.4 Sample Size Selection and Sampling Technique**

This section shows how the sample size was determined and the procedure used for sampling.

#### **3.4.1. Sample Size Determination**

A sample size represents a subset of a sampling unit from a population (Frank-Nachmias, 1996), and thus does not include the entire set of sampling units that has been defined as the population. Sample size gives the entire number of population elements from which the data will be collected. This study adopted census method due to the small target population. Table 3.3 shows the strata that were used to guide the researcher in data collection.

**Table 3.2: Population Strata**

<b>Organization (Frequency)</b>	<b>Job Category</b>	<b>No. of Respondents</b>
<b>Nairobi Women’s GBVRC</b>	CEO/Project Director	1
	Project Managers	2
	Technical/ Project officers	6
	Health service providers	4
	Others	3
<b>Family Health Options Kenya</b>	CEO/Project Director	1
	Project Managers	2
	Technical/ Project officers	4
	Heath Service Providers	3
<b>Total</b>		<b>26</b>

### **3.4.2. Sampling Procedure**

A census is a survey conducted on the full set of observation objects belonging to a given population (UNECE, 2000). It is the preferred sampling procedure when dealing with small populations (Statistics Canada, 2010). All the units in the population are enumerated with respect to well defined characteristics. This is to ensure estimates with small sampling error by sampling a large fraction of the population. According to Kothari, 2004, a high level of accuracy is achieved when all items are covered as no element of chance is left. The respondents were purposively selected from the levels of Executive Directors, Project Managers and Program Officers who are the main custodians of information of their organizations.

### **3.5 Research Instruments**

A structured Likert scale type questionnaire was used as a data collection instrument and review of existing literature related to the study topic. According to Kothari (2004) Likert scale questionnaires are best for measuring attitudes. According to Mugenda and Mugenda (2004) on structured Likert scale questionnaire has the advantage of obtaining standard responses items in questionnaires making it possible to compare between sets of data.

### **3.6 Pilot Testing**

Pre-testing is extremely important to validate the questionnaire to enable the researcher to the questions and to verify the professionals' ability to answer the questions. Pilot testing was carried out by administering the questionnaire to 5 project staff working for ROMACY reproductive health organization implementing reproductive health in the context of HIV management. The results enabled the researcher to come up with three scales of the conceptual model where some improvements were made to reduce redundancy in the Project Success scale, and also to increase the variability of responses to such items. The complexity of concepts suggested the need for a better control of the respondents' profile.

#### **3.6.1 Validity of Research Instrument**

Validity refers to the extent to which the findings are accurate or reflect the underlying purpose of the study. Validity indicates the degree to which instruments measure what they are supposed to measure (lessons 2009).The researcher ensured

validity of the instrument through consultation with the academic research supervisor. In checking validity, the researcher ensured that the questions answered the research questions exhaustively or to a satisfactory level.

### **3.6.2 Reliability of Research Instrument**

The reliability of the instrument was established by pre-testing it at a different area from where the research was carried out. Structured questionnaires were distributed randomly to the workers with the assistance of research assistants in order to reach a variety of respondents.

### **3.7 Data Collection Procedure**

The study collected both primary and secondary data in order to achieve the objectives of the study. The secondary data contributed to the formation of the background information necessary to guide the collection of primary data. Primary data was collected using questionnaires to identify the opinions and ideas of the project employees in the reproductive health projects' office.

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

After the questionnaires were collected from the field they were adequately checked for reliability, completeness. The data was then coded and keyed to the Statistical Package of Social Sciences. Content analysis was used to analyze the qualitative data while descriptive statistics was used to analyze quantitative data. Measures of dependency which are correlation and covariance were used. The data gathered was presented in tables form to enable the researcher to easily interpret the results. The regression model used is as shown below.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon_i$$
 Where; Y = Provision of reproduction health service;  $\beta_1, \beta_2$  = Coefficient of the Independent Variables;  $X_1$  = Information Technology;  $X_2$  = Stakeholders Involvement Practices;  $X_3$  = Role of donor Partnership Practices;  $X_4$  = Monitoring and Evaluation Practices  $\beta_0$  = Constant;  $\epsilon$  = Error term. The assumption of this model that there must be a linear relationship between the outcome variable and the independent variable.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS

#### 4.1. Introduction

This chapter presents results obtained from analysis and interpretation of data collected. Background information and an overview of the research findings are provided regarding project management implementation practices and the provision of reproductive health services in Nairobi County. The four independent variables are discussed based on the research findings. These variables include; donor partnership practices, monitoring and evaluation practices, stakeholder involvement practices and Information and technology practices.

#### 4.2. Questionnaire Return Rate

According to Mugenda, 2003 a response rate of above 50% is adequate for analysis and reporting. A rate of 60% is good and a response rate of 70% and over is excellent.

**Table 4.1: Questionnaire return rate**

Organization (Respondents)	No. Administered	No. Returned	Return Rate (%)
Nairobi Women's GBVRC	16	14	53.84
Family Health Options Kenya	10	10	38.46
<b>Cumulative</b>	<b>26</b>	<b>24</b>	<b>92.30</b>

The researcher administered questionnaires to 26 respondents at FHOK and Nairobi Women's GBVRC. 24 of the questionnaires were returned, which represents 92% return rate. In this case, the response rate of 92.30% is adequate enough to answer the research questions.

#### 4.3. Demographic Characteristics of the Respondents

This research sought to record the following demographic information of the respondents; highest level of education, gender, age, cadre/position in the organization and the period of time the respondent has been undertaking project work.

### 4.3.1 Distribution of respondents by level of education

The respondents were requested to state their highest level of education. On analysis of their responses, the findings are as presented on Table 4.2.

**Table 4.2: Distribution of respondents by level of Education**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Valid	Diploma	4	16.7	16.7	16.7
	Degree	11	45.8	45.8	62.5
	Post Degree	9	37.5	37.5	100.0
	Total	24	100.0	100.0	

The data findings indicate that majority (11) of the respondents had a first degree, 9 had a post graduate degree and 5 had diploma. All had post-secondary level of education. This indicates that they were all knowledgeable enough to give accurate responses for the research.

### 4.3.2 Distribution of respondents by Gender

The respondents' gender distribution as per their responses is as presented in the table 4.3.

**Table 4.3: Distribution of respondents by Gender**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Valid	Male	17	70.8	70.8	70.8
	Female	7	29.2	29.2	100.0
	Total	24	100.0	100.0	

From the findings, majority (17) of the respondents were males and 7 of the respondents were females. This implies that there could be a gender gap in project work in reproductive health projects.

### 4.3.3 Distribution of respondents by Age

The age of the respondents is as presented in table 4.4 below.

**Table 4.4: Distribution of respondents by Age**

	Age category	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-30	4	16.7	16.7	16.7
	31-40	10	41.7	41.7	58.3
	41-50	9	37.5	37.5	95.8
	Above 51	1	4.2	4.2	100.0
	Total	24	100.0	100.0	

The findings indicate that, 1 of the respondents was 51 years and above, 9 were 41-50 years, 10 were 31-40 years, and 4 respondents were 20-30 years old. This provides a blend across the age categories.

### 4.3.4 Distribution of respondents by position in the organization

The respondents were asked to indicate their position in the organization and the findings are as shown in Table 4.5.

**Table 4.5: Distribution of respondents by position in the organization**

	Frequency	Percent	Valid Percent	Cumulative Percent
Technical Officer	8	33.3	33.3	33.3
Project Manager	5	20.8	20.8	54.2
Health service provider	5	20.8	20.8	75.0
Project accountant	4	16.7	16.7	91.7
CEO	2	8.3	8.3	100.0
Total	24	100.0	100.0	

The findings indicate that most of the respondents (33.3%) were technical Officers, 20.8% were Project Managers, 20.8% were health service providers and the executive comprised 8.3%. This information shows that most of the respondents had programmatic knowledge and therefore could be relied upon to present comprehensive information.

#### 4.3.5 Distribution of respondents by number of years worked in the organization

The study also sought to establish how long respondents have worked in project work.

**Table 4.6: Distribution of respondents by number of years worked in the organization**

	Frequency	Percent	Valid Percent	Cumulative Percent
	0-4	11	45.8	45.8
Valid	5-8	13	54.2	100.0
	Total	24	100.0	100.0

The distribution of respondents by the number of years they have worked in the organization indicated that majority (13) had 5-8 years of experience in project work whereas 11 of the respondents have worked in project work for 0-4 years. This is indicative of accumulated substantial knowledge of project work.

#### 4.4. Information Technology Practices in the Provision of RH Services

There is rapid development of information technology in project management. This is evidenced by the extensive use of technology tools in all phases of project management and deployment of other project management implementation practices (Thahmain, 2004)

##### 4.4.1 Respondents' opinion on the role of Information and Technology practices in the Provision of RH Services.

Respondents were asked seven question regarding information technology practices in their organization. The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree.

The responses are summarized in table 4.10 below.

**Table 4.7: Information and Technology Practices in Provision of RH Services**

<b>Statement</b>	<b>n</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std</b>
The project has enough information technology facilities	24	5	19	0	0	0	4	5	4.21	0.414
The project utilizes ICT as the ideal vehicle for the dissemination of informational content.	24	7	17	0	0	0	4	5	4.29	0.464
I&T has allowed the organization to manage organizational knowledge of past projects	24	2	13	9	0	0	3	5	3.71	0.624
Organizational knowledge of past projects facilitated by information technology has led to identification of best project management implementation practices adopted	24	1	14	9	0	0	3	5	3.67	0.564
Communication within and without the organization heavily depends on information technology	24	12	12	0	0	0	4	5	4.50	0.510
Information technology has enabled the organization to integrate various reproductive health projects	24	4	17	3	0	0	3	5	4.04	0.550
Information technology has to a larger extent contributed to the provision of reproductive health services	24	9	15	0	0	0	4	5	4.37	0.494

The findings in table 4.10 indicate that the respondents agreed that; the project has enough information technology facilities (mean=4.21), and that the project utilizes ICT as the ideal vehicle for the dissemination of informational content (mean=4.29). The respondents also agreed that; the project IT has facilitated knowledge management that has enabled them identify best practices (mean=3.71). In addition to this, they strongly agreed that the organizations depend on IT to facilitate communication within and without (mean=4.50). Finally, respondents agree that with IT, the projects have managed to integrate various RH projects (mean=4.04) and that use of IT practices has contributed to the provision of reproductive health services (mean=4.37).

#### **4.5 Stakeholder Involvement practices in Provision of RH Services**

Stakeholder involvement practices ensure that there is ownership of a project to both the beneficiaries and partners. This is due to demand to demonstrate results and accountability requirements on projects and also the need to incorporate their

expectations as a measure of project performance.

#### 4.5.1. Respondents' Opinion on the organization's Interaction with stakeholders

The respondents were asked to indicate the type I of interaction the organization had with stakeholders. The findings are as in table 4.11.

**Table 4.8: The interaction with the stakeholders can be described as**

		Frequency	Percent	Cumulative Percent
Valid	Active (one on one with the project team)	20	83.3	87.0
	Facilitated ( There is a go between the project team and stakeholders)	3	12.5	100.0
	Total	23	95.8	
Missing	System	1	4.2	
Total		24	100.0	

The findings in table 4.11 indicate that (majority) 20 respondents indicated that the project team had active interaction with stakeholders, 3 indicated that the interaction was facilitated.

#### 4.5.2 Stakeholders Availability

The respondents were asked to indicate how they viewed the stakeholders' presence or availability in the reproductive health projects. The responses are summarized in table 4.12 below.

**Table 4.9: Description of The stakeholders' availability**

		Frequency	Percent	Cumulative Percent
Valid	Continuous	23	95.8	100.0
Missing	Irregular	1	4.2	
Total		24	100.0	

From the findings, 23 of the respondents agreed that the organization's stakeholders were continuously available whereas 1 respondent indicated that the stakeholders' availability was irregular. This implies that majority of the organization/ project had

stakeholders who were continuously available.

#### **4.5.3 Stakeholders involvement in Project activities**

The respondents were asked to indicate the level of involvement of the stakeholders. The levels of engagement we described as proactive and reactive. The responses are summarized in the table below.

**Table 4.10: The project stakeholders can be described as**

		<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
Valid	Proactive	23	95.8	100.0
Missing	System	1	4.2	
<b>Total</b>		<b>24</b>	<b>100.0</b>	

From the findings, 23 of the respondents agreed that the stakeholders were proactively involved while only 1 of them was of the contrary opinion. This implies that majority of the organization/ had stakeholders who were proactively involved in the project activities.

#### **4.5.4. Respondents' Opinion on the Organization's Stakeholder Involvement in the Provision of RH Services**

The respondents were asked to rate the following practices on a Likert's scale. The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree.

The responses are summarized in table 4.14 below.

**Table 4.11: Respondents' opinion on the Stakeholder involvement practices in Provision of RH services**

Statement	n	SA	A	U	D	SD	Min	Max	Mean	Std
The organization has invested time and resources to identify who their stakeholders are	24	0	22	2	0	0	3	5	3.91	0.282
The organization has regular discussions with the stakeholders regarding the reproductive health projects	24	1	16	7	0	0	3	5	3.75	0.531
There is a formal communication channel to the project stakeholders	24	3	20	1	0	0	3	5	4.08	0.408
The organization engages stakeholders in putting in place a process to monitor and evaluate progress	24	1	17	6	0	0	3	5	3.79	0.508
The organization has measures put in place to motivate stakeholder participation	24	1	15	8	0	0	3	5	3.70	0.55
The support of the stakeholders has contributed to the success of the reproductive health project	24	3	20	0	0	0	3	5	4.08	0.408

The findings in table 4.11 indicate that the respondents agreed that; the project has formal communication channel to stakeholders (mean=4.08), and that the project stakeholders have contributed to the success of the project (mean=4.08). The respondents also agreed that; the organization has invested time and resources to identify stakeholders (mean=3.91). In addition to this, respondents agreed that the organizations have regular discussions with stakeholders regarding the projects (mean=3.75). Finally, respondents agree that the organizations engage the stakeholders in monitoring and evaluating progress (mean=3.79) as well as instituting measures to motivate stakeholders (3.70).

#### **4.6 Donor Partnership practices in Provision of Reproductive Health Services**

The respondents were asked to indicate the type of relationship that exists between the organization and the funding partners and the type of partnership agreements that the organization has entered into with the funding partners.

#### 4.6.1 Relationship with Funding Partners

The relationship with funding partners was defined as interdependent or top bottom relationship. The findings are as tabulated.

**Table 4.12: The organizations relationship with funding partners**

		Frequency	Percent	Cumulative Percent
Valid	Interdependent	23	95.8	95.8
	Top-bottom relationship	1	4.2	100.0
	Total	24	100.0	

95.8% of the respondents indicated that an interdependent relationship exists between the organization and the funding partner whereas only 4.2% described the relationship as top-bottom. This therefore means that the majority of the organizations had interdependent relationship with the various funding partners.

#### 4.6.2 Availability and type of partnership agreement with funding partner

The researcher, in finding out whether there were any forms of binding agreements between the funding partners and he organizations, asked the respondents to indicate the type of partnership agreement that was applicable for their organization. The responses are as summarized in table 4.13 below.

**Table 4.13: The partnership agreement with the funding partner is**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Memorandum of understanding	14	58.3	58.3	58.3
	Project Charter	10	41.7	41.7	100.0
	Total	24	100.0	100.0	

The findings indicate that all the respondents indicated the existence of one or more forms of partnership agreements between their organizations and the funding partners .No respondent indicated a lack of a form of agreement. This therefore means that all the organizations had agreements with the donor partners.

### 4.6.3 Availability of a Donor partnership manager or focal person

The respondents were asked whether the organization had a donor partnership manager or focal person. The responses are summarized in table 4.17.

**Table 4.14: The organization has a donor partnership manager or focal person**

		Frequency	Percent	Cumulative Percent
Valid	Yes	24	100.0	100.0

The findings in table 4.14 indicate that all respondents indicated the presence of a donor partnership manager or focal person in the organization. This implies that all organizations included in this research had a donor partnership focal person or manager.

### 4.6.4. Respondents' opinion on donor partnership practices in the organizations

The respondents were asked to rate the following donor partnership practices on a Likert's scale. The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree. The responses are summarized in table 4.18 below.

**Table 4.15: Respondents' opinions on Donor partnership practices in the Provision of RH Services.**

Statement	n	SA	A	U	D	SD	Min	Max	Mean	Std
Funding partners are actively involved in the planning, monitoring and evaluation of the reproductive health project activities	24	2	20	2	0	0	4	5	4.00	0.417
There is a shared responsibility between the funding partners and the organization in decision making.	24	1	16	7	0	0	4	5	3.75	0.531
There is effective communication between the organization and the funding partners.	24	8	16	0	0	0	4	5	4.33	0.481
Funding partners provide useful technical support in building skills and knowledge to the project team	24	2	15	7	0	0	3	5	3.79	0.588
Donor partnership has contributed to the success of reproductive health projects in the organization	24	2	22	0	0	0	3	5	4.08	0.282

The findings in table 4.18 indicate that the respondents agreed that; the funding partners are actively involved in planning, monitoring and evaluation of reproductive health projects (mean=4.00), that there is shared responsibility between the funding partners and the organization in decision making (mean=3.75), that there is effective communication between the organization and the funding partners (mean= 4.33). The respondents also agreed that; funding partners provide useful technical support in building skills and knowledge to the team (mean=3.79). Finally, respondents agree that donor partnership has contributed to the success of reproductive health services (mean=4.08). This implies that there is substantial application of donor partnership practices in the organizations.

#### **4.7 Monitoring and Evaluation Practices in Provision of RH Services**

Monitoring and evaluation is a valuable practice in project management. This is because it informs projects on the direction the project is taking and whether there is achievement of objectives and hence goal achievement.

##### **4.7.1 Project Monitoring Tools**

The respondents were asked to indicate the monitoring and evaluation practices in their organizations. A summary of the findings is as presented.

**Table 4.16: The Tools Used by the Organization for Monitoring**

		Frequency	Percent	Cumulative Percent
Valid	Reports	22	91.7	100.0
Missing	System	2	8.3	
Total		24	100.0	

As per the findings in table 4.16, 91. 7% of the respondents indicated that they used written reports to monitor the project performance, 2% did not respond to this question. This implies that written reports were mostly used to track the progress of reproductive health projects.

#### 4.7.2 Evaluation of reproductive health projects

The respondents were asked to indicate whether the different forms of evaluation of reproductive health projects were performed in their organizations. Findings are as presented in table 4.17, table 4.18 and 4.19.

**Table 4.17: Interim/midterm evaluation**

		Frequency	Percent	Cumulative Percent
Valid	Yes	22	91.7	100.0
Missing	System	2	8.3	
Total		24	100.0	

Majority of the respondents (22) indicated that their organizations carried out midterm evaluation of reproductive health services. 2 respondents did not have midterm evaluation conducted in their organizations. This implies that the organizations implemented interim/ midterm evaluation practices in reproductive health projects.

**Table 4.18: End of project evaluation**

		Frequency	Percent	Cumulative Percent
Valid	Yes	22	91.7	100.0
Missing	System	2	8.3	
Total		24	100.0	

The findings indicate that 91.7% (22) of the respondents had end of project evaluation carried out the end of reproductive health projects. 2 respondents did not respond to this question.

**Table 4.19: Ex-post evaluation (after some years of project completion)**

		Frequency	Percent	Cumulative Percent
Valid	Yes	18	75.0	81.8
	No	4	16.7	100.0
	Total	22	91.7	
Missing	System	2	8.3	
Total		24	100.0	

The findings in table 4.22 indicate that (majority) 13 respondents indicated that their organizations carried out ex-post evaluation of reproductive health projects. 4 respondents indicated that ex-post evaluation of reproductive health projects was not done in their organizations whereas 2 respondents did not respond to this question.

### 4.7.3 Respondents' opinion on the organization's monitoring and evaluation practices

The study requested the respondents to indicate how much they agree with the following statements as an indication of the level of application of monitoring and evaluation practices in the implementation of reproductive health projects in their organizations. The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree. The findings are summarized in table 4.23 below.

**Table 4.20: Monitoring and evaluation practices in provision of RH services**

Statement	n	SA	A	U	D	SD	Min	Max	Mean	Std
The organization undertakes monitoring as a continuous process in all the phases of the project cycle	24	10	14	0	0	0	3	4	4.58	0.503
The lessons from the monitoring process are discussed periodically	24	5	19	0	0	0	3	5	4.20	0.415
Evaluation promotes a culture of results orientation	24	8	16	0	0	0	3	5	4.33	0.482
Monitoring and evaluation results are used to inform action and decisions	24	7	17	0	0	0	3	5	4.29	0.464
Monitoring and evaluation has supported substantive accountability to the stakeholders	24	7	17	0	0	0	3	5	4.70	0.464
Monitoring and evaluation has enhanced organizational and individual learning	24	7	17	0	0	0	3	5	4.29	0.464
Monitoring and evaluation has contributed to reproductive health service provision	24	11	13	0	0	0	3	5	4.46	0.508

From the findings, the respondents strongly agree that their organizations undertake monitoring as a continuous process in all phases of the project cycle (mean=4.58) and that monitoring and evaluation has enhanced organizational and individual learning (mean= 4.70). The respondents agree that lessons from monitoring and evaluation are discussed periodically (mean=4.20), that monitoring evaluation results are used to inform action and decisions in their organizations (mean= 4.33), M&E has supported substantive accountability to the stakeholders (mean=4.29), has contributed to RH service provision in their RH projects (mean= 4.29) and finally, they agree that evaluation has promoted a culture of result orientation in their organization (mean= 4.46). This implies that the respondents agree to the role of monitoring and evaluation practices in the success of reproductive health services.

#### **4.8 Provision of Reproductive health services**

The study requested the respondents to respond to questions in section VI of the questionnaire which revolve around the key indicators of reproductive health project success.

##### **4.8.1 Period of Implementation of reproductive health projects in Years**

The respondents were asked to indicate the number of years the organizations have been implementing reproductive health projects. The responses are summarized in the table below.

**Table 4.21: Period of time in years the organization has implemented reproductive health projects**

	Frequency	Percent	Cumulative Percent
Valid more than 10 years	24	100.0	100.0

The findings in table 4.24 show that all respondents indicated that their organizations have been implementing reproductive health projects for more than 10 years. This implies that there has been funding available for the projects to run.

##### **4.8.2 Number of donors or donor organizations funding reproductive health projects in the organizations**

The respondents were requested to indicate the number of donors and donor funding organizations that are funding the reproductive health projects. A summary of the findings is as tabulated.

**Table 4.22: Number of donors and donor organizations support the reproductive health services in the organization**

	Frequency	Percent	Cumulative Percent
Valid More than 2	24	100.0	100.0

All the respondents indicated that there were more than two donors funding the reproductive health projects implemented by their organizations.

#### **4.8.3 Respondents' opinion on success of the reproductive health projects in their organization**

The respondents were asked to indicate their opinions regarding the statements below and how they apply to their organizations. The responses are summarized in the table 4.26 below.

**Table 4.23 Provision of reproductive health services**

Statements	n	SA	A	U	D	SD	Min	Max	Mean	Std
The organization has clear objectives set for the reproductive health projects	24	8	16	0	0	0	4	5	4.67	0.481
The reproductive health projects are completed within the period set for completion	24	15	9	0	0	0	4	5	4.01	0.495
The reproductive health projects conform to the standard operating procedure for the industry	24	9	15	0	0	0	4	5	4.37	0.494
There is the use of technology in the procurement and design of the reproductive health services	24	4	19	1	0	0	4	5	4.13	0.448
There is no variance between the actual cost incurred in completing a project and the budget cost	24	2	20	2	0	0	4	5	4.00	0.417
The reproductive health services meet the needs of the community	24	17	7	0	0	0	4	5	4.71	0.464

The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree. The summary of findings in table 4.26 indicate that the respondents strongly agree that their organizations have

clear objectives set for reproductive health projects (mean= 4.67) and that the reproductive health services provided by the organization meet the needs of the community (mean= 4.71). The respondents agree that the reproductive health projects conform to the standard operating procedures for the industry (mean=4.37), that the RH projects are completed within the period set for completion (mean= 4.01), that there is use of technology in the procurement and design of the reproductive health services (mean= 4.13) and finally, they agree that there is no variance between the actual cost incurred in completing a project and the initial budget (mean= 4.00). This implies that the reproductive health projects meet the basic success criteria of completion within time, quality, cost and meets the needs of the beneficiaries.

#### **4.9 Inferential Analysis**

The study applied a Linear Model to determine the predictive power on the influence of project management implementation practices on provision of reproductive health services. This included regression analysis, the Model, coefficient of determination. In addition, the researcher conducted a multiple regression analysis so as to test relationship among variables (independent) on the influence of project management implementation practices on provision of reproductive health services in hospitals. The researcher applied the statistical package for social sciences (SPSS V17.0) to code, enter and compute the measurements of the multiple regressions for the study. Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (provision of reproductive health services) that is explained by all the four independent variables (donor partnership, stakeholder engagement, monitoring and evaluation and Information and technology practices).

#### 4.9.1. Model Summary

**Table 4. 24: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R	F	df1	df2	Sig. F Change	
1	.593 <sup>a</sup>	.352	.292	.41927	.352	5.842	4	43	.001	2.437

a. Predictors: (Constant), Monitoring and evaluation, The company has involved IT, The company involves stakeholders effectively, Donor partnership

b. Dependent Variable: Provision of health services has been successful

The R squared of this regression model was 0.352. This meant that the independent variables in this study explained 35.2 percent of all the changes in the provision of health services. The Model was statistically significant at 1 percent significance level in explaining changes in provision for health services since the F statistics significance was 0.001 which is lower than 0.01. The model showed no presence of serial correlation since the Durbin Watson statistic was 2.437 which is greater than the statistically agreed value of 2.

#### 4.9.2. Correlation of the Independent and dependent variables

The correlation of the dependent and independent variables is described by the table below. It indicates the strength and direction of the relationship between dependent variables and independent variable.

**Table 4.25: Pearson’s correlation**

		<b>Provision of RH services has been successful</b>	<b>The company has involved IT</b>	<b>The company involves stakeholders effectively</b>	<b>Donor partnership</b>	<b>Monitoring and evaluation</b>
Pearson Correlation	Provision of RH services has been successful	1.000	.434***	.051	.414***	.293**
	The company has involved IT	.434***	1.000	.155	.251**	-.059
	The company involves stakeholders effectively	.051	.155	1.000	.369***	-.174
	Donor partnership	.414***	.251**	.369***	1.000	.236
	Monitoring and Evaluation	.293**	-.059	-.174	.236*	1.000*

Note: \*\*\*, \*\*, \* indicates statistical significance at 1%, 5% and 10% respectively

At 0.434, the correlation of information and technology and provision of provision of reproductive health is a moderate positive relationship. This also applies to the correlation between donor partnership and RH projects; with a moderate positive relationship of 0.414.

### 4.9.3. Coefficient of determination

The regression coefficients are represented in the table below.

**Table 4.26: Coefficient of determination**

Model	Coefficients <sup>a</sup>						
	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	.601	1.261	0.321	.0476	.636	-1.943	3.144
Use of information technology	.469	.155	.386	3.020	.004	.156	.782
Adoption of stakeholders involvement practices	-.133	.246	-.075	-.542	.591	-.630	.363
Donor partnership practices	.349	.174	.289	2.011	.051	-.001	.700
Monitoring and evaluation practices	.267	.151	.234	1.766	.085	-.038	.572

a. Dependent Variable: Provision of health services

The results show that the use of information technology was significant in explaining the provision of health services at a 1 percent significance level. The use of information technology had a coefficient of 0.469 which implied that a one unit increase in the use of information technology would lead to a 0.469 unit increase in the provision of health services.

The results further showed that donor partnership practices and monitoring and evaluation practices both had a positive and statistically significant effect at 10 percent significance level on the provision of health services.

The coefficient of donor partnership practices which was 0.349 implied that a one unit increase in the implementation of donor partnership practices would lead to a 0.349 units increase in the provision of health services. The coefficient of monitoring and evaluation practices was 0.267 which implied that a one unit increase in the implementation of monitoring and evaluation practices would lead to a 0.267 unit increase in the provision of health services.

The results also showed a negative but insignificant effect of the adoption of stakeholders practices on the provision of health services with a coefficient of -0.133

#### **4.10 Hypothesis Testing**

The study sought to test the hypotheses

##### **Hypothesis I**

The first hypothesis of the study was

**H<sub>01</sub>:** Information technology has no significant effect on provision of reproductive health services in selected hospitals

In testing this hypothesis, multiple regression analysis was done between the rating on Information technology and provision of reproductive health services. The tests were performed at a significance level  $p = 0.10$ . The results of the analysis indicated that there exists a significant relationship between adoption of information technology and provision of reproductive health services in Health Facilities in Nairobi County where ( $\beta = 0.469$ ,  $p < 0.10$ ). This implied that a one unit increase in the use of information technology would lead to a 0.469 unit increase in the provision of health services. Thus the study therefore fails to accept  $H_0$ .

##### **Hypothesis II**

The second hypothesis of the study was:

**H<sub>02</sub>:** Stakeholder involvement practices has no significant effect on provision of reproductive health services in selected hospitals

The hypothesis was tested using regression analysis between Stakeholder involvement practices and provision of reproductive health services. The tests were performed at a significance level  $p=0.10$ . The analysis results in Table 4.26 indicate that there exists a statistically significant relationship between adoption of stakeholder involvement practices and provision of reproductive health services ( $\beta = -0.133$ ,  $p > 0.05$ ). This indicates that the adoption of stakeholder management practices in the health facilities did not influence efficiency in provision of reproductive health services. The study therefore fails to reject **H<sub>02</sub>**.

### **Hypothesis III**

The third hypothesis of the study was.

**H<sub>03</sub>:** Adoption of donor partnership practice has no significant role in the provision of reproductive health services in Hospitals in Nairobi County

Similarly, this hypothesis was tested using linear regression analysis between rating on donor partnership practices and the provision of reproductive health services at a significance level of  $p = 0.10$  in Table 4.26. The results indicate that there existed a statistically significant relationship between adoption of donor partnership practices and provision of reproductive health services ( $\beta = 0.349$ ,  $p < 0.10$ ). This implied that hospitals that embraced donor partnership practices performed significantly better in the provision of reproductive health services. The study therefore fails to accept H<sub>03</sub>

### **Hypothesis IV**

The fourth objective stated that:

**H<sub>04</sub>:** Monitoring & evaluation has no significant effect on the provision of reproductive health services of Hospitals in Nairobi County

This was tested through a regression analysis between ratings on adoption of monitoring and evaluation practices and provision of reproductive health services at  $p=0.10$ . Results of the regression analysis in Table 4.26 indicate that there existed a significant correlation between the adoption of monitoring and evaluation practices and provision of reproductive health services ( $\beta = 0.267$   $p < 0.10$ ) which implied that a one unit increase in the implementation of monitoring and evaluation practices would lead to a 0.267 unit increase in the provision of health services. The study therefore fails to accept **H<sub>04</sub>**.

## **CHAPTER FIVE**

### **SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1. Introduction**

This chapter gives a summary of the research findings, discussion of the findings, conclusion and recommendations based on the research findings and future research recommendations. The section focuses on the project management implementation practices in reproductive health service provision in Hospitals in Nairobi County based on; monitoring and evaluation practices, information and technology practices, donor partnership practices and stakeholder involvement practices. The relationship of each of the objective and the empirical data from the literature review is briefly presented as the researcher concludes and gives recommendations for further research.

#### **5.2. Summary of findings**

The summary of findings summarizes each of the findings under each of the objectives of the study. The study sought to assess the project management implementation practices in provision of reproductive health services in hospitals in Nairobi County.

On the strategic planning for project management, the studies available do not clearly indicate the processes the impact of lack of or availability of strategic planning for project management. There is limited information on the extent to which monitoring an evaluation impacts effective implementation of projects. The literature review reviews that few organizations fully understand the use of PMTT in management of the projects. Additionally, the studies do not indicate to what extent the lack of stakeholder participation affects the effective project implementation. Generally, the studies available shows that much research has been carried out for government funded projects but not much attention to Non-Governmental education based projects, for which this study will help provide more information about.

##### **5.2.1. Information Technology practices in provision of reproductive health services in Hospitals in Nairobi County**

The study revealed that the organizations had information and technology facilities

for the reproductive health projects. The organizations largely utilize ICT in the dissemination of informational content while at the same time depending heavily on ICT facilities for communication within and out of the organization. The study also established that, the organizations are able to track past projects due to utilization of information and technology practices. Tracking of past projects through utilization of Information technology practices has enabled the organizations to identify and apply best practices from previous projects. The findings also indicated that most of the organizations were able to integrate several reproductive health projects due to application of information and technology practices. The study was also able to establish that the use of information and technology practices has substantially contributed to the success of reproductive health projects.

### **5.2.2. Monitoring and evaluation practices in provision of reproductive health services in Hospitals in Nairobi County**

From the findings, it can be summarized that majority of the organizations utilize monitoring tools to track the progress of the reproductive health projects and services. Similarly, most respondents indicated the use of evaluation in the midterm, at the end of the projects and even some years or time after the completion of projects. The study established that monitoring and evaluation findings were used in evidence based decision making and provided a source of substantive accountability to stakeholders. Monitoring and evaluation was found to be conducted continually in all phases of the project cycle for majority of the organizations in this study. The organizations have adopted the practice of periodically reviewing the monitoring and evaluation findings. The responses indicated that evaluation has greatly contributed to a culture of result orientation within the organizations. There was enhanced organizational learning attributed to monitoring and evaluation practices.

### **5.2.3. Donor Partnership Practices in provision of reproductive health services in Hospitals in Nairobi County**

The study depicts that the organizations have an interdependent relationship with the donors as opposed to a top-down relationship. In addition to this, all the organizations registered a form of partnership agreement with the funding partners (donors) and had donor managers or focal persons. The study indicates that the donors/funding partners are involved extensively in the planning, monitoring and evaluation of reproductive health projects. The organizations share the decision

making responsibility largely, with the funding partners. The findings indicate that the funding partners largely provide technical support in building skills and knowledge of the project teams. Finally, the findings evidently indicate existence of effective communication between the organizations and the funding partners.

#### **5.2.4. Stakeholder engagement practices in provision of reproductive health services in Hospitals in Nairobi County**

The study revealed that the stakeholders in the project are proactive as opposed to reactive. The stakeholders have a continuous presence in the project as opposed to irregular presence. The interaction of the stakeholders and the project team is largely defined as active as opposed to facilitated interaction. The organizations were found to have invested time and resources in the identification of project stakeholders.

From the findings of the study, it is evident that the organizations adequately engaged the stakeholders in discussions that regard the reproductive health projects. The study established that the organizations have formal communication channels that facilitate their communication with stakeholders. The organizations also have instituted measure to support stakeholder motivation and they largely engage them in monitoring and evaluation activities. It is also evident from the study that the stakeholder engagement contributed to success of reproductive health projects.

#### **5.2.5 Provision of Reproductive Health Services in hospitals in Nairobi County**

The study derived that both organizations have implemented reproductive health projects for more than ten years and have more than two donors funding the reproductive health projects. Majority of the respondents stated that the reproductive health projects in their organization had clear objectives and were completed within the set period of project time frame. The reproductive health services provided by the organizations conform to the standard operating procedures for the industry to a larger extent. The organizations were found to be using technology in procurement and design of the reproductive health services. There was no significant variance between the actual cost and the budget cost for the reproductive health projects.

### **5.3. Conclusions**

The conclusions drawn from this study are discussed as per the variables under study. The study had the following conclusions.

### **5.3.1. Information Technology Practices in Provision of Reproductive Health**

#### **Services in Hospitals in Nairobi County**

The study concluded that all the organizations utilized information and technology facilities in the implementation of the reproductive health services. In addition, the study concludes that information and technology has to a large extent contributed to organizational learning from past projects. The Findings further concludes that, the backbone of communication within and without the organizations in this study is information and technology. It can also be concluded that the use of information and technology has enabled the organizations to integrate several reproductive health projects. Finally, the study concludes that information technology has positive significant effect on provision of reproductive health services in hospitals in Nairobi County.

### **5.4.2 Monitoring and Evaluation Practices in Provision of Reproductive Health**

#### **Services in Hospitals in Nairobi County**

From the findings, it can be concluded that all the organizations implemented monitoring as a continuous process in all phases of the project cycle and that all the organizations discussed lessons derived from monitoring and evaluation periodically. The organizations also utilized the monitoring and evaluation results to inform decision and action. The study goes further to conclude that M&E has contributed to substantive accountability to stakeholders, enhanced organizational individual learning and cultivated a culture of results orientation within the organizations. Finally, the study concludes Monitoring & evaluation has significant effect on the performance of reproductive health services of Hospitals in Nairobi County.

### **5.4.3. Stakeholder Engagement Practices in Provision of Reproductive Health**

#### **Services in Hospitals in Nairobi County**

The study concludes that the organizations were adequately engaging the stakeholders in an active way rather than having facilitated engagement where there is a go between. In addition, it can be concluded from the findings that most organizations invested time and resources to identify their stakeholders and had regular discussions. The stakeholders in the organizations have been proactive and their presence continuous. The organizations have formal communication channels with stakeholders and to a larger extent, have mechanisms for stakeholders' motivation.

Finally, the study concludes that stakeholder engagement practices have significant influence in the provision of reproductive health services in the Hospitals in Nairobi County.

#### **5.4.4 Donor Partnership Practices in Provision of Reproductive Health Services in Hospitals in Nairobi County**

The study concluded that the organizations have established functional partnerships with donors. The findings conclude that the practices that have ensured healthy partnership with donors include: having a donor partnership manager or focal person, having some form of partnership agreements and developing an interdependent rather than a top-down relationship with donors. The study therefore concludes that, adoption of donor partnership practice has significant role in the provision of reproductive health services in Hospitals in Nairobi County.

#### **5.4.5 Provision of Reproductive Health Services in Hospitals in Nairobi County**

From the findings, the study concludes that the organizations have had successful implementation of reproductive health services since all of them have run reproductive health projects for more than ten years and they have more than two donors funding one or more reproductive health projects. We can therefore conclude that successful implementation has led to more funding and sustained presence of the projects. The study concludes that the organizations have clear objectives for the reproductive health projects. Finally, the study concludes that the organizations have been successful in providing selected reproductive health projects since they meet the time, cost and quality criteria while at the same time meeting the needs of the community.

### **5.5. Recommendations**

The study findings make the following recommendations;

Organizations implementing reproductive health projects need to adopt project management implementation practices to ensure successful and sustainable reproductive health projects.

To enhance sustainability of the projects, donors' accountability is key and thus project management implementation practices such as donor partnership and monitoring and evaluation are key assets in achieving this.

Monitoring and evaluation should be undertaken in every step of project

implementation and not a onetime event as it is common with many selected projects. This will help identify, loopholes and deviations from overall projects goals, and correct them early as to ensure successful quality implementation.

Selected projects should not only invest in technology, but also training of the project team on usage of the same technology. This will increase skills and their disposal and level of efficiency in increasing project implementation.

From the study, it is evident that monitoring and evaluation practices rate highly as a best practice in reproductive health projects. This therefore means that, organizations can never go wrong in devoting enough resources to this factor while ensuring adequate training to all personnel on the use monitoring and evaluation practices and utilization of results in decision making.

#### **5.6. Suggestions for Further Studies**

The demographic information gathered in this research indicated a gender gap in the cadres that are engaged in reproductive health project implementation. There is need for a study to be undertaken on the gender and their effect on project implementation as well as gender disparities in project implementation teams.

From the study, the four independent variables that were studied, 35.2% of the project management implementation practices on provision of reproductive health services as represented by the  $R^2$ . This therefore means that other factors not studied in this research contribute 64.8% of the project management implementation practices on provision of reproductive health services. Therefore, further research should be conducted to investigate the other factors (64.8%). Other variables considered important to study are; risk management, time management, human resource management, and accountability among others that affect implementation of selected projects.

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## LIST OF APPENDICES

### Appendix I: Questionnaires

#### I. Employee Questionnaire

##### Part I: Bio data

- 1) Please indicate your gender Male {        }        Female {        }
- 2) Age category in years  
  
20 – 30 years {        }        31– 40 years {        }  
41 – 50 years {        }        Above 51 years {        }
- 3) State the highest level of education attained  
  
Certificate {        }        Diploma {        }  
Degree {        }        Post Degree {        }
- 4) Indicate the number of years worked in this organization  
  
0 – 4 years {        }        5 – 8Years {        }  
  
9 – 12 Years {        }        Others {        } Kindly specify\_\_\_\_\_
- 5) Indicate the cadre held at the organization.  
  
Technical officer {    }  
Project manager {    }  
Health service provider {    }  
Project accountant {    }  
Other {    }Specify\_\_\_\_\_

## Part II

In this section Kindly choose one option that you consider to answer the statement best, these are: Strongly disagree (1); Disagree (2); Uncertain (3); Agree (4); and Strongly Agree (5). Please tick as appropriate in the provided boxes that represent your views

### Information technology practices

Code			4	3	2	1
6	The project has enough information technology facilities					
7	The project utilizes ICT as the ideal vehicle for the dissemination of informational content.					
8	I&T has allowed the organization to manage organizational knowledge of past projects					
9	Organizational knowledge of past projects facilitated by information technology has led to identification of best project management implementation practices adopted					
10	Communication within and without the organization heavily depends on information technology					
11	Information technology has enabled the organization to integrate various reproductive health projects					
12	Information technology has to a larger extent contributed to the provision of reproductive health services					

### PART III

#### Stakeholders' involvement practices

13. The interaction with the stakeholders can be described as

Active (one on one with the project team)

Facilitated (There is a go between the project team and stakeholders)

14. The stakeholders' availability can be described as

Irregular

Continuous

15. The project stakeholders can be described as

Reactive

Proactive

Code		5	4	3	2	1
13	The organization has invested time and resources to identify who their stakeholders are					
14	The organization has regular discussions with the stakeholders regarding the reproductive health projects					
15	There is a formal communication channel to the project stakeholders					
16	The organization engages stakeholders in putting in place a process to monitor and evaluate progress					
17	The organization has measures put in place to motivate stakeholder participation					
18	The support of the stakeholders has contributed to the success of the reproductive health projects					

**PART IV**

**Donor partnership practices**

The organization’s relationship with funding partners can be described as

- Interdependent
- Top-bottom relationship

The partnership agreement with the funding partner is

- Memorandum of understanding
- Project Charter
- Letter of intent
- Project implementation agreement
- Legal contract
- Other funding agreements Please specify\_\_\_\_\_

The organization has a donor partnership manager or focal person

- Yes
- No

Code		5	4	3	2	1
6	Funding partners are actively involved in the planning, monitoring and evaluation of the reproductive health project activities.					
7	There is a shared responsibility between the funding partners and the organization in decision making.					
8	There is effective communication between the organization and the funding partners.					
9	Funding partners provide useful technical support in building skills and knowledge to the project team					
10	Donor partnership has contributed to the success of reproductive health projects in the organization					

## PART V

### Monitoring and Evaluation Practices

The tools used by the organization for monitoring include

- Verbal communication
- Meetings
- Reports
- Diary notes
- Support supervision feedback forms

The organization undertakes which types of evaluation

- Interim/midterm evaluation
- End of project evaluation
- Ex-post evaluation (after some years of project completion)

Code		5	4	3	2	1
6	The organization undertakes monitoring as a continuous process in all the phases of the project cycle					
7	The lessons from the monitoring process are discussed periodically					
8	Evaluation promotes a culture of results orientation					
9	Monitoring and evaluation results are used to inform action and decisions					
10	Monitoring and evaluation has supported substantive accountability to the stakeholders					
11	Monitoring and evaluation has enhanced organizational and individual learning					
12	Monitoring and evaluation has contributed to reproductive health service provision					

**PART VI**

**Reproductive Health services**

How long has the organization implemented Reproductive Health projects?

- Less than 1 year
- 2-3 years
- 4-5 years
- 6-10 years
- More than 10 years

How many donors or donor organizations support the reproductive health projects?

- 1
- 2
- More than 2

<b>Code</b>			<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
6	The organization has clear objectives set for the reproductive health projects.					
7	The reproductive health projects are completed within the period set for completion					
8	The reproductive health projects conform to the standard operating procedure for the industry					
9	There is the use of technology in the procurement and design of the reproductive health services					
10	There is no variance between the actual cost incurred in completing a project and the budget cost					
11	The reproductive health services meet the needs of the community					

## Appendix ii: Letter of Introduction from JKUAT



**JOMO KENYATTA UNIVERSITY  
OF  
AGRICULTURE AND TECHNOLOGY**  
P.O. Box 1063 - 20100 NAKURU, KENYA.

TEL: (051) 2216660 FAX: 2215664 CELL: 0714 716957

Email: [nakurcbd@jkuat.ac.ke](mailto:nakurcbd@jkuat.ac.ke) Website: [www.jkuat.ac.ke](http://www.jkuat.ac.ke)

REF: HD317-C007-0229/2012

DATE: 05<sup>TH</sup> MAY, 2017

### TO WHOM IT MAY CONCERN

Dear Sir/Madam,

**RE: MAXIMILLER MONG'INA GITAMO HD317-C007-0229/2012**

This is to confirm that Ms. Gitamo is a bona fide student of this University undertaking a Master programme in Project Management at the Nakuru CBD Campus. She has completed her coursework and currently working on research project on: **ASSESSMENT OF PROJECT MANAGEMENT PRACTICES IN SUCCESSFUL PROVISION OF REPRODUCTIVE HEALTH SERVICES IN NAIROBI COUNTY.**

*NAKURU*  
Any assistance accorded to her will be highly appreciated.



RLNKR



JKUAT is ISO 9001:2008 CERTIFIED  
Setting Trends in Higher Education, Research and Innovation

## Appendix iii: Permission to Collect Data from FHOK



# FAMILY HEALTH OPTIONS KENYA

Family Health Plaza  
Mai Mahiu Rd., Nairobi West  
P.O. Box 30581-00100  
Tel: +254 - 20 - 6003923/7, +254 - 20 - 6004296/7  
Mobile: +254 - 722-203871 / 734 - 600186  
Fax: +254 - 20 - 6003928  
NAIROBI - KENYA  
E-mail: info@fhok.org website: www.fhok.org

A Member of  
 **IPPF** International  
Planned Parenthood  
Federation  
Africa Regional Office

29<sup>th</sup> May 2017

Maximiller M. Gitamo  
Jomo Kenyatta University-Nakuru Campus  
P.O. Box 1063-20100  
NAKURU

Dear Maximiller,

RE: PERMISSION TO COLLECT DATA AT FHOK

i am writing to acknowledge receipt of your letter of 17<sup>th</sup> May, 2017 seeking permission to collect data among FHOK staff on your research topic "*Assessment of Project Management Practices in Successful provision of Reproductive Health Services in Nairobi County*".

I would like to inform you that your request has been approved. You will collect the required data among FHOK staff in Programmes Department. You will also be required to observe confidentiality as you carry out your work. A copy of the final report should be submitted to FHOK for reference and record.

Yours faithfully,



**EDWARD MARIENGA**  
**EXECUTIVE DIRECTOR**

*Your Health, Our Concern*