PROJECT PLANNING AND PROJECT CYCLE IN SUCCESSFUL IMPLEMENTATION OF DEVELOPMENT PROJECTS: A CASE OF LEVEL TWO HOSPITALS INFRASTRUCTURE PROJECTS IN KIMININI SUB-COUNTY, TRANS NZOIA COUNTY, KENYA.

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DECLARATION

I declare that this research proposal is my original work, and it has not been submitted to any Institution for an award.

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DEDICATION

This work is dedicated to all who have journeyed with me at every stage of my life. family, friends, Bishop Crowley and Bishop Ray, Priests, and people of God. Thanks for the opportunity, encouragement, support, and for always believing in me.

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LIST OF ACRONYMS AND APPREVIATIONS.

ADB: Asian Development Bank.

CEB: Council of European Development Bank.

CIDP: County Integrated Development Plan.

EIB: European Investment Bank.

EU: European Union.

GOK: Government of Kenya.

KNBS: Kenya National Bureau of Statistics.

MOH: Ministry of Health.

PHC: Primary Health Care.

PMBOK: Project Management Book of Knowledge.

PMI: Project Management Institute.

SDGs: Sustainable Development Goals.

SPSS: Statistical Package for Social Sciences.

TOC- Theory of Change.

UN- United Nations.

WHO- World Health Organisation.

ABSTRACT

Healthcare is a critical pillar of long-term development. It is therefore up to nations and governments to ensure their healthcare systems are up to date to meet the growing needs of their populations. Developing healthcare infrastructure is critical to achieving this goal. The overall goal of this research was to investigate the influence of project planning on successful implementation of functional level two hospital infrastructure projects in Kiminini Sub-County. The specific objectives were fourfold: investigate the impact of project scope on successful implementation of infrastructure projects, investigate how budget plan influences successful implementation of projects, examine schedule plan and its impact on successful planning and implementation of projects in Kiminini, and to investigate the influence of stakeholders' engagement in implementation of projects. Kenya Health Policy 2014-2030 was used the intervening variable. Explanatory research design that utilizes both qualitative and quantitative data collection methods was used. The target population included the County departments of health, public works, and finance, heads and staff of the sampled facilities, political and community representatives and contractors. Sample size was 100 respondents. Questionnaires and interview guides were used to collect primary data. Quantitative data was analysed used SPSS version 25. Qualitative data was analysed using content analysis method and presented in narrative form. According to study findings, while some projects were completed on time, within budget, and within scope, others failed to meet their objectives. There was scope management plan in place, budget estimates and funding were planned though were not all implemented as planned due to delayed disbursement of funds and delay in approving the budgetary allocation for projects due to political differences. Planned timelines were influenced by availability and disbursement of resources. Engagement and collaboration among key stakeholders were key cause of delays. The study recommended better collaboration between County and National governments and County assembly, political good will, and continuous public sensitization, engagement, and mobilization. The study concluded that planning and its elements are crucial in implementation of successful projects with pivotal role of stakeholders' engagement. The study aimed at adding value to existing knowledge in the field of study and aiding in implementing successful healthcare infrastructure projects as envisioned in Kenya Vision 2030, and Kenya Health Policy 2014-2030.

CHAPTER ONE

INTRODUCTION

A project, according to PMBOK (Project Management Body of Knowledge), is "a discrete, time-limited effort to deliver a product, service, or outcome" (PMI, 2017, p.4). The temporal and one-of-a-kind features stem from the fact that projects, though agents of change (Barclay, et al. 2016, p.2), are defined by their location, design, size, and circumstances (PMI, 2017), and according to Werner (2007, p.193), they have a defined timescale, an approved budget with limited resources, involves risks, but with the aim to achieve a positive change. On the other hand, according to Irfan et al. (2021), planning is the process of figuring out what must be done and how to do it, as well as gathering and allocating all the resources that will be required to do it. Therefore, project planning may be thought of as the process of defining what must be done, how long it will take to complete, and what resources will be required to get the work done.

The aim of this chapter was to elaborate on the background of the study, the problem statement, the objectives, the significance of the research, the scope and delimitations, and the conceptual framework.

1.1 Background to the Study.

For any project to begin, Arumugam (2017) believes that there must be a motivation, as initiatives are launched to address an issue, satisfy a need, or discover opportunities to improve services and accomplish predetermined objectives. It is widely held that healthcare industry plays a critical role in maintaining economic growth and prosperity (United Nations, 2015). It is therefore crucial that individuals in charge of healthcare project planning, management, and implementation keep this

in mind at all times. With proper planning, the chances of a project succeeding increases while reducing the likelihood of failure decreases (Sandesh, 2019, p.2).

The key motivation for healthcare-related initiatives is Sustainable Development Goal 3, “to ensure healthy lives and the promotion of well-being for all at all ages." (UN, 2015). Tianjiao, et al. (2021) in stressing the significance of well-maintained healthcare facilities in accomplishing these goals, argued that "healthcare facility infrastructure" (including its physical, technological, and organizational components) is a necessary but insufficient situation for the delivery of quality healthcare services, and that the lack of such facilities poses a serious threat to the delivery and improvement of healthcare quality. As a result, initiatives to improve healthcare facilities have been initiated in many countries to achieve the Sustainable Development Goals.

For the purpose of improving refugee healthcare in Turkey, the European Union and the Turkish government committed €90 million (Council of Europe Development Bank, 2020) to improve healthcare for all in Turkey. This included, but was not limited to, building and renovating health centres for migrants, fixing up public hospitals, and stocking up on medical supplies and equipment.

The Asian Development Bank (ADB, 2022) funded Primary Health Care Improvement Projects in Uzbekistan, which enabled 793 newly established rural family polyclinics to acquire cutting-edge diagnostic equipment, and train medical professionals so that they could increase the number of services offered to the surrounding communities. The Irish government unveiled a 10-year Capital Plan in 2019, a program that aimed to deliver 250 health-related projects across the nation, 480 new beds, 30 new primary care facilities, 58 community nursing units, and a

sizable investment in community-based mental health, and disability projects in three years (MerrionStreet, 2019).

According to Science Business (2022), the European Investment Bank (EIB), the World Health Organization (WHO), and the African Union (AU) formed a partnership to mobilize resources to support countries in closing the health gap and building resilient health systems on a solid foundation of Primary Health Care to achieve the health-related SDGs in Sub-Saharan Africa (PHC).

Despite the far-reaching effects of Covid 19, a number of African countries still invested in mega projects to improve the health sector. Among these are the CapitalMed Medical City in Egypt, the 700 Beds Hospital in Algiers, Algeria, the Code d'Ivoire Regional Hospitals in Côte d'Ivoire, the Komfo Anokye Teaching Hospital in Ghana, and the Zambia District Hospitals Project in Zambia (Abiq Business Intelligence, 2020, para. 1). Guided by SDG 3, these projects were meant to address the rapidly expanding population, invest in healthcare infrastructure development, as well as the education and training of professionals which are key in facilitating the universal health care.

African Development Bank, following the experience and realities of COVID-19 pandemic, developed a plan termed Strategy for Quality Health Infrastructure in Africa 2021-2030 (SQHIA). The aim was to address Africa's health infrastructure deficits while recognizing its centrality in advancing quality life for Africans and supporting them to achieve their potential. The strategy was in response to the growing demands from among regional member countries for the Bank's support in overcoming challenges in national health infrastructure that were uncovered by COVID-19 pandemic and other health crises (AfDB, 2021).

With the promulgation of the Constitution of Kenya 2010 where most of health services were devolved (The Constitution of Kenya 2010, Fourth Schedule, part 2), the National and the County Governments have the responsibility of ensuring that with the internal and external sources of funding, they provide quality healthcare facilities and services to their population as outlined in the constitution.

In the financial year 2021/2022, Kenya allocated over Ksh. 230 billion of its annual budget to fund the ministry of health and its related projects (Muchangi, 2022). Out of these funds, 47.7 billion were meant to fund the government's Universal Health Coverage (UHC) program which is under the Big Four Agenda (Mutinda, 2020, p.1), that forms the pillar of the Jubilee government 2018-2022 strategic plan which is also informed by the Kenya Health Policy 2014-2030.

In Trans Nzoia County, according to the County Integrated Development Plan (CIDP 2018-2022), the Ministry of Health outlined a number of development and infrastructure projects in the County, the mega one being the completion of Trans Nzoia Referral and Teaching Hospital and other health infrastructure projects as highlighted in the subsequent annual development plans (ADP) with the main goal being reduction of morbidity and mortality, and improving quality of life through increased utilization and access to quality health services. Included in plan were healthcare infrastructure projects within Kiminini Sub-County (CIDP, 2018-2022, p. 14-23, ADP 2019-2020, p. 90-96; ADP, 2020-2021, p. 26-27).

Consequently, Countries and businesses must spend in healthcare initiatives to obtain quality healthcare services worldwide. WHO (2019) in its report found that billions of dollars had been spent on healthcare initiative start-ups. However, the available statistics on the success rate of such healthcare ventures implemented, were unsatisfactory despite such support.

According to research by Klynveld Peat Marwick Goerdeler (KPMG) and Australian Institute of Project Management (2019, p. 6), institutions across the world were faced with ongoing challenges when attempting to complete projects within iron triangle measure of success, scope, time, and cost. The survey found that only one in five projects were completed successfully. 44.0% of projects were completed in accordance with their stated objectives and business intent, 36.0% were completed within budget, and 46% of projects were completed to the satisfaction of all stakeholders. According to the Pulse of the Profession (2020), 67.0% of projects had failed completely at companies that did not place high emphasis on project management.

According to Bahra, A. (2019), one of the main challenges for developing infrastructure projects in the United Kingdom (UK) was the escalation of costs and the lengthening of schedules. For instance, the Elizabeth Line project, which began in 2009, had its central portion scheduled to open by the end of 2018, but this was moved back to the fall of 2019, and an audit revealed that services would not begin until 2021. According to the National Audit Office, neither the ultimate cost of the project nor the timing of the entire line's inauguration had been determined. The total cost was £17.6 billion, 18.9% higher than the initial budget. In addition, the tram from Sheffield to Rotherham opened in 2018—three years late, and 401% over budget.

The study by PMI survey Pulse of the Profession (2020) indicated that, poor initial planning was a factor in the failure of 38.0% of projects in Africa, 40.0% in Australia, 37.0% in the construction sector, and 49.0% in the healthcare sector. In Canada, like the rest of the developed world, has a high rate of infrastructure projects that end in failure. 53.0% of organizations reported one or more underperforming

projects, while 31.0% came in within 10.0% of budget and 25.0% came in within 10.0% of original deadline, according to a poll by KMPG (2016).

One third of projects in Sub-Saharan Africa end in failure, with money wasted (Pulse of Profession) (2021, p.3). The report by PMI survey Pulse of the Profession (2020) indicated that, poor initial planning was a factor in the failure of 38.0% of projects in Africa. According to King et al. (2020, p. 1), in Nigeria, inaccurate costing, poor planning, poor communication, and frequent scope changes were among the causes contributing to the failure of projects.

The scenario in Kenya was not different. Cost overruns affected 35.0%-60.0% of begun projects while 35.0%-73.0% of projects encountered schedule overrun (Babu, et al., 2019, p.1). According to Beauttah, (2021), a number of initiated projects had ended up as white elephant projects. In case in point was the Elgeyo Marakwet County Arror and Kimwarer dams' projects, and the leased medical equipment services initiative which was designed to upgrade medical equipment in public hospitals across the many counties. Consequently, billions of public funds were lost as the projects did not start and equipment were either not provided at all or was provided but never used. The failure to involve all relevant county entities in the decision-making process and an inadequate feasibility assessment were cited as the main causes of this setback (Beauttah, 2021).

While devolution had been mostly successful, the TV show by (Tabu, 2021) showed that some projects that had been initiated ran over budget and over schedule, while others had been put on hold owing to a shortage of funding, poor planning, or the presence of risks that could not be predicted. The study by Muchiri, et al. (2021) indicated that several County-initiated projects in Trans Nzoia County had been delayed. According to Bwayo (2020), the mega project to construct Trans Nzoia

Teaching and Referral Hospital has gone over budget and behind time due to unforeseen technical and legal obstacles.

Consequently, to understand what success mean, how to implement successful projects, and how to measure the intended success, numerous factors are key. In measuring the success of projects in Belgium, the Project Success Survey (2018, p.6), found that identifying and agreeing upon a clear scope was crucial to project success at 96.0%, while engaging stakeholders was critical with 94.0%. 52.0% of respondents in the same survey agreed that successful project implementation was considerably aided by an efficient risk identification process that had led to the identification and mitigation of major risks, the resolution of issues, and the seizing of opportunities.

Looking at what constitutes a successful project, which includes completing the project within the approved budget and timelines, as well as project's efficiency, its impact on the team and the client, the company's success, and its ability to plan for the future according to (Shenhar, 2001), Pulse of the Profession, (2017) revealed that the above statistics are unsatisfactory. Consequently, the general objective of the study was to examine the significance of project planning's impact on the successful implementation of functional level two healthcare projects in Kiminini Sub-County, Trans Nzoia County, Kenya.

1.2 Statement of the Problem.

It is widely held that healthcare industry plays a critical role in maintaining economic growth and prosperity (United Nations, 2015). It is therefore crucial that individuals in charge of healthcare project planning, management, and implementation keep this in mind. With proper planning, chances of project succeeding increases while reducing likelihood of failure decreases (Sandesh, 2019, p.2).

With the promulgation of the Kenya Constitution 2010, hope was born in Kenya. The establishment of Counties meant that the interests and rights of minorities and the marginalized were protected and encouraged, and services and development initiatives were brought closer to the communities (Article, 174).

To achieve SDG 3, Kenya Vision 2030, the Big Four Agenda with the guidance of the Kenya Health Policy 2014-2030, Trans Nzoia County in its (CIDP 2018-2022) and its subsequent Annual Development Plans (ADP) flagged off a number of health infrastructure projects across the county. However, despite devoting time, energy, and resources, the survey by Tabu (2021) revealed that some projects had not been completed within the planned cost and schedule. The failure of projects had resulted in the loss of millions of shillings in Kenya, as stated by (Gituku, 2018).

Different studies had been carried out in relation to the successful implementation and completion of projects in Trans Nzoia County. The study by Murithi, S. et al. (2017) evaluated the factors affecting timely completion of public infrastructure projects in Trans Nzoia County, whereas Mirembe, C. & Otieno, M. (2019) studied the influence of monitoring and evaluation strategies on performance of County Government funded projects in Trans Nzoia County. In addition, Tiluk, S. & Mokaya, O. (2021), studied the effects of stakeholders' engagement on the implementation of physical infrastructure projects in public secondary schools in West Pokot and Trans Nzoia Counties.

Whereas various recommendations were proposed by different studies on how to implement successful projects, the success rate and completion of healthcare projects has remained a major challenge in Trans Nzoia County (Oeri, et al., 2020; Muchiri, et al., 2021). Consequently, due to insufficient data that has focused on the

healthcare infrastructure projects and specifically on project planning and successful implementation of projects in Kiminini Sub-County, this study was necessary.

1.3 The Research Objectives.

The study's general objective was to determine how project planning influences successful implementation and completion of healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.

1.3.1 The Specific Objectives.

i. To explore the significance of the project scope in the successful implementation of level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.
ii. To investigate how budget plan contributes to successful implementation of level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.
iii. To investigate the influence of stakeholders' engagement in successful implementation of level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.
iv. To examine how schedule plan influences successful implementation of level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.

1.4 Research Questions.

i. To what extent does project scope influence successful implementation of functional level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya?

ii. To what extent does budget plan contribute to successful implementation of functional level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya?

iii. To what extent do engagement of stakeholders influence the successful implementation of functional level two healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya?

iv. To what extent does schedule influence successful implementation of level two health infrastructure development projects in Kiminini Sub-County, Trans Nzoia County, Kenya?

1.5 Research Assumptions.

The study assumed that projects with a well-defined scope has high chances of achieving its objectives. It assumed that a well-executed budget plan increases chances of implementing successful projects. Similarly, it assumed that a well-executed schedule is key in planning and successful implementation of level two healthcare infrastructure development projects and that, stakeholders' engagement contributes highly to successful implementation of healthcare infrastructure projects.

1.6 Significance of the Study.

Projects are catalysts for progressive development (PMI, 2017). Multiple internal and external factors, including but not limited to political, environmental, economic, social-cultural, technological, and legal ones, may contribute to this transformation (Gerry, et al. p.65). While previous studies on importance of project planning to project success are certainly important, it is important to note that they may not be universally applicable. The study location was Kiminini Sub-County, Trans Nzoia County, where existing knowledge will be useful.

Whereas proper planning cannot ensure a project's success, failure was notably associated with inadequate planning. Consequently, this research was important as it highlighted the role that careful planning plays in ensuring the success of healthcare infrastructure projects.

The research was also significant for personal growth and academic development, hence enhancing integral development which is essential to the success of both individual and society. While building on prior research, this study was worthwhile since it aimed to contribute to the field and serve as a baseline for future investigations at the county and national level of governments.

1.7 Scope and Delimitations of the Study.

The health-related infrastructure projects launched by the Trans Nzoia County Government were the primary focus of this study. The SDG 3 (United Nations, 2015) and the Kenyan government's Big Four Agenda plan (The Government of Kenya, 2017) both emphasized the importance of health, with the former aiming to guarantee healthy lives through the latter's emphasis on promoting well-being for all people of all ages and providing access to affordable healthcare. With such a huge population, Trans Nzoia County, of which Kiminini Sub-County is a part, needs sufficient healthcare facilities to address the needs of its residents in compliance with the Kenya Constitution 2010, and Kenya Health Policy 2014-2030.

The County Executive was singled as the target population as from it all other stakeholders relate: the health, finance and public works departments, the County health Board, the dispensaries staff, the political class, the community leaders, and the contractors. These groups were key in providing the data necessary for the study.

Healthcare infrastructure projects implemented by the County Government between 2017 and 2022 and outlined in the Trans Nzoia County Integrated

Development Plan were the primary focus of this study (2018-2022). This was a pivotal period because it connected the first and second term of devolution in the country and was presumed that the County Governments had gained considerable experience in the areas of planning and implementation of projects.

Consequently, the study set out to investigate the influence of project planning factors; scope, budget, cost, schedule, and stakeholder engagement had on the successful implementation of Level two healthcare infrastructure projects in Kiminini sub-County, Trans Nzoia County. The Kenya Health Policy 2014-2030 was the intervening variable was knowledge was key for the study.

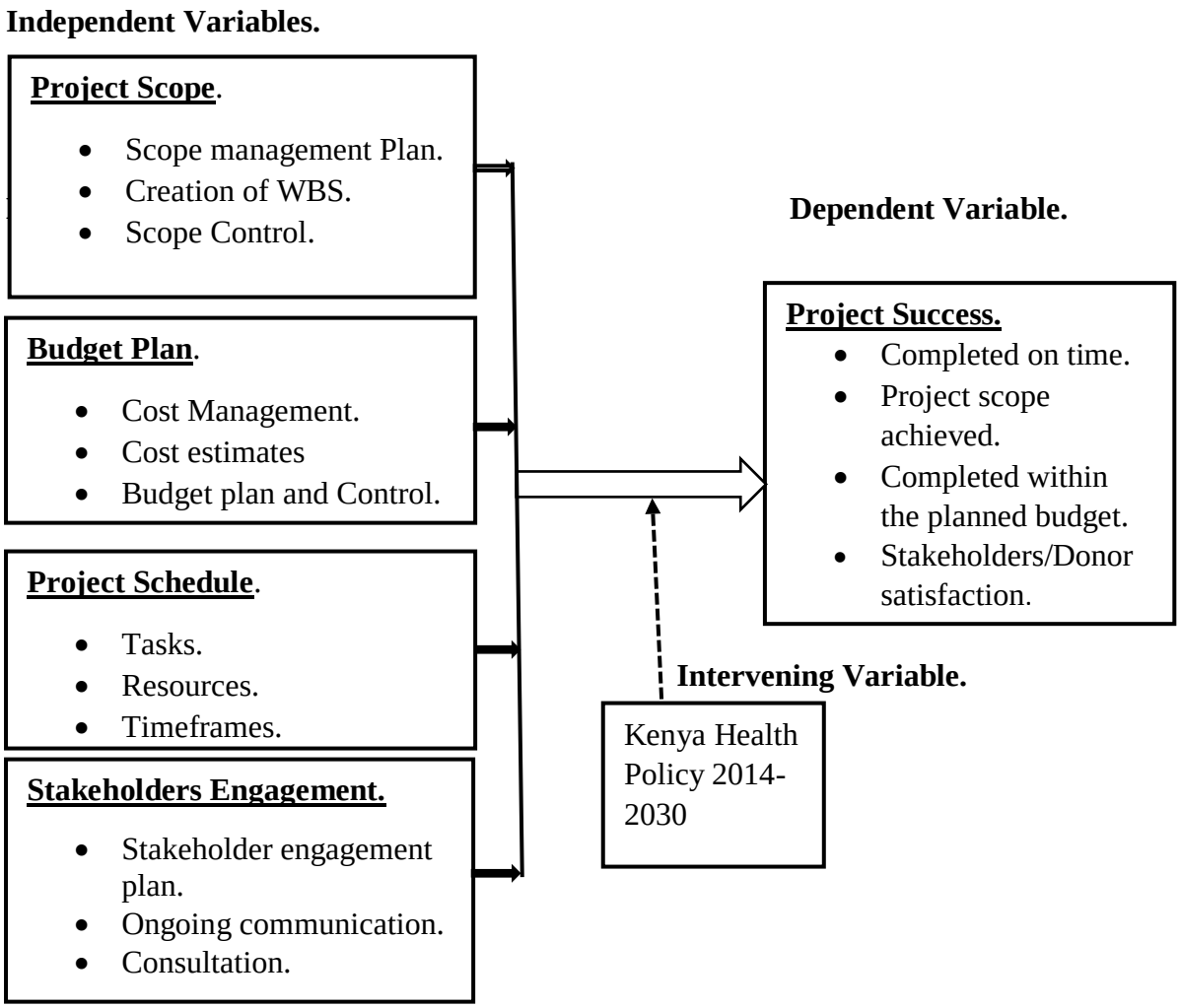
In addition, the research focused on four knowledge areas: project scope, budget, timeline, and stakeholders' engagement, even though project planning has more general knowledge areas such as integration, scope, schedule, cost, quality, resources, communications, risk, procurement, and stakeholders. The importance of investing in healthcare infrastructure and providing hospitals with the vital equipment and human resources they need for quality service delivery was also underlined.

1.8 The Conceptual Framework.

The framework was used to illustrate the relationship between the variables and their indicators. The independent variables were the four selected knowledge areas of project planning: scope, budget, schedule, and stakeholders' engagement. Project success was the dependent variable, while the Kenya Health Policy 2014-2030 was the intervening variable as shown in Figure 1.

Figure 1

Conceptual Framework



Note: Source: Westland, J. 2019 & Megan, K. 2021.

1.9 Organization of the Study.

The study was presented in five chapters. The first chapter presented background study, problem statement, significance of the study, objectives of the study, scope and delimitation of the study, conceptual framework, and study organization. In Chapter two, the theoretical framework was discussed. Relevant literature was examined, and research gap highlighted. Chapter three was devoted to methodology, which included discussions of the study's paradigm, research design, sample size, data collection tools, data analysis procedures, research tools, and ethical considerations.

In chapter four, the research findings were analysed, summarized, interpreted, and presented. In chapter five, an overview of the study's results, recommendations, conclusions, and areas for future research were offered. The study's references and appendices were included as well.

1.10 Conclusion.

The study in this chapter analysed the existing body of knowledge on project planning and project success. Research from surveys and studies conducted in Kenya and across the world was analysed. The study's objectives, questions, and assumptions, the study’s significance, scope, and conceptual framework were presented. The organization of the study was also highlighted.

CHAPTER TWO

LITERATURE REVIEW

The chapter included review of theories and literature relevant to the study with the variables serving as the guiding concept. The study looked at the relationship between the project's success as the dependent variable and four independent variables: project scope, budget plan, schedule plan, and stakeholder engagement. The Kenya Health Policy 2014-2030 was the intervening variable. The literature was analysed, and gaps identified.

2.1 The review of the Theoretical Frameworks.

The study used two theories: the Theory of Change (TOC) and the Stakeholders theory.

2.1.1 The Theory of Change (TOC).

Centre for the Theory of Change (2023) defines theory of Change as an essential comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. Isabel Vogel (April 2012, p.5) claims that this represents the beginning of a continuous process of discussion-based analysis and learning that yields potent insights to strengthen program design across strategy, implementation, evaluation, and impact assessment, all of which are communicated via revised diagrams and narratives.

Furthermore, the Theory of Change is characterized by the stability with which the cycles are interconnected and fulfilled across time, as stated by the International NGO Training and Research Centre (INTRAC, 2017), and how it might be applied to strategic or policy planning by determining where things stand in terms

of needs and possibilities, where things should be, and what steps are necessary to get from where things are to where things ought to be (Kusters, 2017, p.129).

As emphasized by (INTRAC, 2017) and the Centre for the Theory of Change (2021), it is a crucial theory in specifying the connections between program activities and outcomes for the realization of the long-term goals by going beyond the identification of program outputs. It also emphasizes monitoring and evaluation so that the assumptions can be revisited during the implementation to see if they are valid, and if not, try to adapt the strategy, or change the assumptions. It also emphasizes on basing future plans on knowledge gained from evaluation of completed projects (BetterEvaluation, 2021). It was therefore relevant to the research as it is developed at planning stage rather than the implementation stage.

The Theory of Change was also relevant because it establishes a connection between planning, monitoring, evaluation, and impact assessment where, stakeholders' respective roles are defined and refined to keep tabs on the success of their efforts to bring about the desired change (BetterEvaluation, 2021). This fits well with the planning phase, as its goal is the same as that of the planning phase: to enhance the likelihood that the project will succeed by accomplishing its objectives.

In conclusion, by gathering, evaluating, and interpreting data at all stages of project life cycle, the researcher was able to identify and explain some of challenges to successful implementation of functional healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County.

2.1.2 The Stakeholder Theory.

Anyone with an interest or can influence a project, business, or organization is a stakeholder and their management is critical for the success of any project. Stakeholder theory entails prioritizing the different stakeholders in relation to power,

proximity, and urgency with the aim of improving efficiencies throughout the project by strengthening relationships with stakeholders through constant updates (Megan, K. 2022).

According to Thomas Donaldson, stakeholder theory has descriptive dimension where it describes the interests of an organization and its stakeholders by providing a framework for better understanding, and organization's relationship with its stakeholders. Therefore, it is instrumental as its goal is to increase value for stakeholders as a means of achieving the institution's set goals (Megan, K. 2022).

2.1.2.1 Advantages of the Stakeholder Theory.

According to stakeholder theory, an institution is successful if it adds value to its stakeholders, a value that can take different forms; feelings of being valued which enhances cooperation and productivity. It promotes donor confidence which in turn enhances investments (Megan, K. 2022). It promotes marketing through retention and referrals from the satisfied customers, improved service delivery and satisfaction among the stakeholders which uplifts the socio-economic status of the local community while offering an opportunity for everyone to thrive and grow (Wright, T. 2022).

2.1.2.2 Weakness of Stakeholder Theory.

Among the stakeholders, there is a wealth of diversity. Consequently, it is difficult to balance their needs and interests which are broad. As a result, there is a tendency of powerful stakeholders to overpower the rest of the stakeholders which may lead to conflicts due to misunderstanding. However, this can be minimized and managed by developing a communication plan in the engagement of stakeholders, analysing and prioritization of stakeholders, and the need for frequent consultation,

respect, trust, and embracing compromise in accommodating different stakeholders (Guthrie, G. 2021).

Conclusively, any initiated project needs the back up of all the stakeholders for its implementation. Stakeholder theory was therefore of significance in highlighting the different goals and interests both for the organisation, and the involved stakeholders to enhance success of the projects. Clear roles and interests of the health sector stakeholders was key and worth to emphasize in relation to this study. In addition, with the Theory of Change that is key in the planning process, the two theories are key in project life cycle for success of any project.

2.2 Project Success in Public Health Projects.

Multiple interpretations have been made of the term "project success" (Barclay, et al. 2016. p.15). The emphasis on the multidimensional nature of project success by (Mohammad, et al. 2021) supports this view, as it ensures not only the efficiency of the project, the success of the organization, the satisfaction of the customers, and the readiness for the future, but also the social, economic, and environmental well-being of the stakeholders. On the other hand, according to Pulse of the Profession (2017), a project is considered a success if it meets its objectives and is completed within the scheduled time, scope, and budget while producing results that are both sustainable and up to par.

The definition of a successful project in project management has changed over the years. A successful project has traditionally been characterized as one that completes its goals within scope, budget, and schedule. However, in a development project, success also extends to providing the benefits, and meeting the expectations of all parties involved (Rodolfo, S. 2022).

Bannerman (2008) argues that it is challenging to establish a uniform criterion for a project's success because projects are not continuous but rather multifaceted activities that serve as vehicles for change. The difficulty in comparison is exacerbated by the fact that many measures of project performance are employed. Success is also subjective, with differing interpretations depending on who is doing the judging and how much time has passed since the project was finished. This also complicates our ability to measure the success of projects.

According to the study by Doulabi (2016, pp. 411-114), eight factors—including scope, timing, cost, quality, human resource competences, risk management, and handling of external matters—determine whether healthcare facility construction projects in Iran succeed or failed (politics, economy, rules, and regulations). Therefore, success of projects was measured in terms of its adherence to schedule, budget, scope, and level of satisfaction experienced by end users.

According to Santos, et al. (2020), the goal of public health is to provide "appropriate and cost-effective care for everybody," which includes services for health promotion and disease prevention. Due to the importance of ensuring the project's continuation, public and stakeholder finance often becomes a driving factor in many initiatives. A further difficulty for project and program managers is that the success of health projects is dependent on the global impact on the target population, which is not always easy to assess because the results are sometimes intangible (Santos, C. et al. 2020).

Success criteria and variables in public health were highlighted in a systematic literature analysis by Santos, C. et al. (2020). End-user (stakeholder) and sponsor satisfaction, strategic project objective attainment, growth potential, and value creation for the project owner were also included as subjective criteria in addition to

the "iron triangle" of scope, schedule, and budget at the project's conclusion. Considering the dearth of literature on healthcare infrastructure projects in Kiminini Sub-County, this comprehension of what constitutes a successful project offered crucial insights into that investigation.

2.3 Project Planning and the Success of Projects.

According to the Irish Public Service Project Management Handbook (2020, p.59), planning entails carrying out the tasks necessary to establish the project's scope, time, cost, stakeholders, quality, communications, and procurement plan. This is done by defining and refining the goals, creating the strategy to deliver those benefits, and emphasizing both the input factors and the output aspects, and hence providing a stable base from which the project's goals can be accomplished.

The Project Management Institute (PMI), (2008), as cited by Serradoh (2013), states that, of the 42 operations a project manager is expected to conduct during the project life cycle, 48.0% (20) are related with the planning processes, which demonstrates the significance of planning in project management. PMI's Pulse of the Profession (2020) survey indicated that insufficient planning was a major factor in the failure of projects all around the world. On the other hand, according to Eskander, (2018), successful initiatives were the result of careful and thorough planning, organization, and management.

Ermias et al. (2017) define project planning as the process of detailing the project's actions and events alongside the necessary resources, cost, time, and success milestones to achieve the project's goals. A plan of this sort should detail all the resources (material, equipment, facilities, human, etc.) that will be needed to complete the project. Across the world, there are several reasons why infrastructure projects have failed or been unsuccessful in Canada and Nigeria. The cited causes include,

inaccurate budgeting, inadequate planning, poor project management, poor communication, and frequent modifications to the design scope were singled out as major causes of the project's failure (KMPG, 2016, & King et al., 2020, p.1).

Consequently, in emphasizing the pivotal role of developing and implementing a better plan to achieve successful projects, Wafula, et al. (2019) maintained that there is positive influence of planning on successful implementation of projects. Research by Mukami, (2019. p.51) while assessing the impact of socioeconomic factors on project completion noted that, planning related issues, such as late material delivery, poor funding program, political influence, incompetent procurement capacity, and incompetent contractors, all contributed to excessive length of time it took to finish projects in Kitale town.

Although studies have shown that careful planning increases the likelihood of a project's success, it was unclear how much of an impact project planning had on the effective implementation of healthcare infrastructure projects in Kiminini sub-county of northern Nzoia County.

2.4 Project Scope Plan and the Implementation of Successful Projects.

It is common for projects to fail at the start (Team FME, 2014). Therefore, the project scope describes the activities that must be completed to deliver product, service, or result with required qualities and features (Team FME, 2014. p. 5).

The successful execution of any strategy requires a well-defined scope in which to operate. A project's scope is "the description of the bounds of the project by determining what the project will and will not generate," as stated in Project Management for Development (PM4DEV, 2016). The plan defines the parameters of the endeavour and incorporates feedback from all stakeholders. When a project is well-managed, its scope includes everything that needs to be done to finish the work.

Therefore, project scope management primarily focuses on establishing and controlling what is and is not included in the project.

Project scope for Althiyabi, T. et al. 2021, & Moira, 2020 describes the overall setting, major inputs and outputs, and primary purposes of the system being built. It lays out everything that must be done in order to complete the project and achieve its goals and deliverables. What the project is about, what is included, and what is not included are all spelled out in detail in the project scope, as pointed out by Alexander (2020). This improves the project's chances of success by facilitating the participation of key stakeholders, setting out realistic expectations, and keeping the project's components in line with its goals.

According to Project Management Institute (2017), to enhance the chances of project success, the following should be included in the project's scope statement: a product scope description that goes into greater depth about the features and benefits of product, services, or results outlined in project charter as well as deliverables: products, results, services, and the ability to provide them uniquely and reliably that are generated in order to finish a project.

Among the PMBOK planning procedures studied, Kubra, et al. (2020, p. 46) found that the Work Breakdown Structure (WBS) was the most important in terms of predicting the final outcome of construction projects in Nigeria. According to Althiyabi, et al. (2021), a Project Scope Statement (PSS) helps all stakeholders involved in a project comprehend its goals and objectives by outlining the whole scope of work that will be done. In addition, they highlight the interconnected nature of the project's scope, time, and budget as essential success indicators.

In implantation of projects, change may occur. However, the way that change is handled over the project's cycle can make or break it. Unchecked alterations to the

project's scope, known as "scope creep," might cause it to go beyond its allotted budget and delay its completion (PM4DEV, 2016). Therefore, a well-thought-out project scope management plan can help avoid this problem by outlining the steps necessary for the project's management and key stakeholders to accept and implement the necessary changes (PM4DEV, 2016).

According to a study by Owili et al. (2021, p. 65), clear project scheduling, definition of activities, expected activity time, and sequencing of activities and tasks all contributed considerably to the successful implementation of infrastructure projects in public hospitals.

Therefore, it is crucial to have a well-managed scope plan in place to safeguard the project contract, which specifies the project's overall scope, and the project Logical Framework (Logframe), which establishes a causal link between inputs and outputs and the project's objectives (PM4DEV, 2016). This research aimed to shed light on how project scope had influenced the successful implementation health infrastructure projects in Kiminini Sub-County whose data remain inadequate.

2.5 Budget Planning and Successful Implementation of Projects.

Developing a cost breakdown and estimate before beginning any project is essential. Irfan, et al. (2021) stated that one indicator of whether a project has succeeded is whether or not it stays within the bounds of the initial budget. According to Dhillon, (2018), the success or failure of a project is determined by how well the three constraints of time, scope, and cost are balanced. A change to one impact the rest and to have the desired effect on the whole, change must be applied to all of them.

The study by Njeri et al. (2020, p.13) stated that, a project's budget "provides a way to monitor the project's financial operations over the lifecycle of the project and provides a framework for expenditure to meet the project's objectives in an efficient manner." Consequently, the success of a project relies on careful and realistic budget planning.

According to the global poll conducted by PMI titled "Pulse of the Profession (2020)," 67.0% of all projects fail completely. Therefore, establishing accurate estimates for all the project's cost that results in a budget plan is necessary, since the budget plan helps in tracking the full project in accordance with the budget (Watt, A., n.d.). Determining resource cost rates, analysing vendor bids and resources, and calculating the cost of quality are all crucial tools and strategies for carrying out the calculations.

The project management team's responsibility is to allocate sufficient resources to the project for its successful completion. In their study, Oleribe, et al. (2019) found that, inadequate finance, related to both financial unsustainability and lack of financial autonomy, was the biggest difficulty facing healthcare systems in Africa where health infrastructure projects constitute part.

While recognizing the gains in health structural development necessitated by devolution in Kenya, the research by Masaba, et al. (2020) highlighted the fact that insufficient funds and resources, particularly from the national government, remained a key challenge in the delivery of general health services, which includes the healthcare infrastructure projects in the Counties.

The study by Kairu et al. (2021) found that hospital and health centre budgeting and planning practices varied widely throughout Kenyan counties. In the absence of a connection to actual resources, budgets were not only not transparent and

credible, but were also just wish lists. Funding for hospitals came primarily from patient payments, whereas health centres relied on charitable contributions. In addition, most hospitals suffered from a severe lack of financial independence.

Furthermore, the study by Moses et al. (2021), while evaluating the effectiveness of the healthcare systems in Kenya's counties, found that delays in disbursing funds and a lack of available funds as a result of poor budget execution, negatively affected the efficiency and effectiveness of the County public healthcare system. These findings were consistent to the earlier findings by African Development Bank (AfDB) report on Kenya-Rural health project III which noted that, delays in processing of disbursements requests demoralized contractors and suppliers which contributed to overall project implementation delays, creating a lack of confidence from the service (AfDB, 2013, p. 16).

According to the study by Owili et al. (2021), inadequate financial planning was a major problem preventing the efficient rollout of infrastructure projects in public hospitals in Nairobi City County. The study by Wario (2018) found that budgetary allocation was just as important as project monitoring and stakeholder involvement in ensuring the successful completion of health projects in Garbatula, Isiolo County. This view was backed up by findings from research conducted in Kilifi County, where respondents gave high marks to budgetary allocation, stakeholder participation, and project design and specifications as having a significant impact on the successful implementation of infrastructure projects at the grassroots level (Mwadzidzye, 2018).

During its evaluation of the health sector's 2019-2020 Annual Development Plan, Trans Nzoia County found that, in addition to planning difficulties, limited finance hindered the implementation of the planned projects, causing several to be postponed or cancelled altogether (ADP 2020-2021, p. 29, 106).

Conclusively, the above discussion points to the fact that, the budget is crucial to the success or failure of any initiated project. However, there is insufficient literature on how the budget plan has affected the successful implementation of health infrastructure projects in Kiminini Sub-County, for which this study set out to do.

2.6 Project Schedule Plan and the Successful Implementation of Development Projects.

Tasks, resources, milestones, dependencies, timelines, responsibilities, and assignments are only few of the things that need to be scheduled when working on a project (Shubhangi, 2022). To answer the questions "who needs to do what, and when," a project schedule is compiled to include all the moving pieces. It entails a number of steps which includes creating a schedule management strategy, outlining the tasks to be completed, determining their order, determining how much time each task will take, and developing the project schedule (Wrike, 2022).

Cost and schedule creep are inextricably linked in projects (Aero, 2020). According to the research conducted by the Project Management Institute (PMI), issues with communication have a negative influence on projects more often than not. There was an increase in the amount of time spent on less efficient and fruitless pursuits like correcting errors, redoing work, searching for missing project data, and mediating disagreements.

The study in Indonesia, Malaysia, Thailand, and Vietnam found that material shortages, insufficient planning, poor site management and supervision, and

equipment scarcity or failure on the contractor's side were the main causes of construction delays. The owner related causes included, financial issues, design change or variation which came down to inefficiency and incompetency of the contractor and the problems caused by clients (Wuala, et al., 2020).

Numerous causes in Pakistan contributed to the overrunning schedules of public projects. Legal factors, land acquisition and compensation issues, delay in payments to contractors, unrealistic time schedule imposed in the contract due to political pressure in view of political timelines (elections), unavailability of designs and approved documents on time, rework due to error in design or variation orders, which also led to the rise in the total project cost, and litigation issues were all mentioned in the study by Shehryar et al. (2021). Poor site management and oversight, a lack of cooperation among key stakeholders, and overly optimistic budget projections also contributed to the project's failure.

The United States inquiry on the impact of Covid-19 on building projects identified issues arising from government mandated stay-at-home orders, slower supply of steel and other commodities from China and Europe, and default by subcontractors' inability to sustain work in a slump. There were hiccups in certain initiatives due to the failure by stakeholders either to stick or enforce the schedule which resulted to the delays (Walsh, et al., 2020).

About half of Uganda's 69 key government projects were behind schedule, leading to cost overruns, according to a report by parliament's Budget committee that examined the 2022/23 budget. Covid-19 and associated lockdowns, as well as other factors such as late procurements, land acquisition and compensations issues, incorrect timing of planned activities, poor planning and costing, late release of funds, understaffing, delayed payments to contractors, poor equipment, change in work

scope, and the complex terrain of the project all played a role in the delay (Kafeero, 2022).

Research conducted on causes of time overrun in the implementation of energy mega projects in South Africa, incomplete drawings, design revisions, sluggish client decision-making, late issue of instruction, lack of competent labour, poor planning and scheduling, labour unrest, lack of personnel, and delay in work approval were cited as the key causes (Tshidavhu, et al. 2020).

The report by the Controller of budget for the financial year 2021/2022 (p.71) indicated that most development projects in Kenya stalled or were delayed due to lack of funding, projects starting without concept notes or austerity measures which resulted in budget cuts and non-allocation of funds in subsequent budgets. Disputes resulting from court injunctions let to initiated projects to fail. Project delays in Nairobi, Kilifi, Isiolo, and Trans Nzoia Counties were attributed, in part, to a lack of finance (ADP 2020-2021, p. 29, 106; Owili, et al. 2021, p. 65; Wario, 2018 & Mwadzidzye, 2018).

Conclusively, from the above literature, schedule overrun is an issue that many projects are faced with, and while different factors have been sited, there is inadequate literature available specifically on the area of this study and hence this research endeavoured to examine the project schedule and how it has influenced planning and successful implementation of health development projects in Kiminini Sub-County, Trans Nzoia County.

2.7 Stakeholders' Engagement and the Successful Implementation of Projects.

Stakeholders are defined by Project Management Institute (2017) as "any individual, group, or organization that may affect, be affected by, or perceive itself to be affected by a decision, activity, or outcome of a project." According to Epicflow

(2020), the success of a project also depends on having clear goals, a realistic project schedule, and a realistic budget. All projects rely on the input of key decision-makers to successfully manage, plan, organize, and coordinate their execution.

Projects are never completely autonomous, and their outcomes are always influenced by the surrounding political climate and the various stakeholders involved (Vogwell, 2003). Analysis of high-profile project disasters emphasized the significance of structured approach to identification, prioritization, and engagement of all stakeholders with project management team, and continuous communication as key link in engaging stakeholders (Retfalvi, 2014). According to research conducted in Rwanda by Kabosingye, et al. (2017), the level of involvement from project stakeholders in the planning process correlated positively with the success of the final product.

Both internal and external stakeholders play a significant role in a project because of the impact they have on the project and its delivery (Epicflow, 2020). According to Clement Kitetu, head of the Project Management Institute in Kenya, projects are more likely to succeed if stakeholders are educated about the why of the project, problems around the project, with constant consultation and engagement (Mbogo, 2018).

County and National Governments, religious organizations, Amref, and Ampth are among the most important stakeholders in the healthcare sector (ADP 2020-2021, p.103-104). Their participation is crucial to the implementation and management of successful projects at all levels. According to the research, a well-thought-out plan for involving project stakeholders is essential for a successful outcome. While different studies to analyse the influence of stakeholders' engagement in successful implementation of projects have been conducted, there is inadequate

literature in relation to the healthcare infrastructure projects in the Kiminini sub-county, a gap which this study set out to fill.

2.8 Kenya Health Policy (KHP) 2014-2030.

The introduction to the KHP explains that it was created to "provide guidance toward achieving the highest standards of health in a manner that is responsive to population needs," drawing from the principles of the Kenyan Constitution of 2010, the nation's long-term development agenda, Vision 2030, and international commitments (KHP 2014-2030).

Kenya's health care system is divided into six categories. Community clinics, dispensaries, and hospitals make up the second tier of health care delivery. The third-tier houses hospitals and other medical facilities. Primary medical care is provided on levels two (Dispensaries) and three (Health centres). There are two types of hospitals, those providing primary referral care (level four) and those providing secondary referral care (level five). Sixth level is comprised of the tertiary care facilities (KHP, 2014-2030. p. 5).

Orientation 7 of the Health Policy Framework is devoted to Health Infrastructure, which includes the provision of physical facilities for the delivery of healthcare (KHP, p. 51). By 2030, level 3; health centres are expected to be the entry-level facility for providing primary health care services (KHP, 2014-2030. p.41), which means that all ongoing level two public and Faith Based Organisation infrastructure projects should adhere to level 3 infrastructure norms and standards (KHSSPI, p. 52).

Strategic objective 3 of the Kenya Primary Healthcare Strategic Framework emphasizes the importance of investing in and enhancing infrastructure to provide primary health care. This will be achieved by enhancing the current infrastructure for

the delivery of primary health care services, establishing a mechanism for assessing the status of primary health care infrastructure, and ensuring the equitable distribution of such infrastructure in accordance with applicable standards and norms (KPHCSF, p.38).

Trans Nzoia County Integrated Development Plan 2018-2022 (CIDP) accounted for these realities by aiming to build 121 facilities by 2022, with the added benefit of ensuring all residents live less than 5 kilometres from facility (CIDP, p. 16). This related to government's plans to implement Universal Healthcare Policy, and bring about the goals of Kenya Vision 2030, an ambitious plan for the country's long-term development that includes making Kenya a middle-income, high-quality-of-life nation for all its citizens by year 2030 (Kenya Vision 2030, p. 1).

Legally, KHP is based on Articles 10 and 232, as well as Chapters 6 and 12 of the Kenyan Constitution 2010. Equity in distribution of health services and interventions, as well as the use of multi-sectoral approach to overall development planning and effective application of health technologies, are all highlighted by the KHP 2014-2030. In conclusion, in line with the SDG 3, the intended goals can be achieved by 2030 through a thorough comprehension of all these regulations and their integration into the planning process for the projects pertaining to health facilities.

2. 9 Summary and Research Gap.

The literature review indicated there is positive relationship between project planning and implementation of projects (Ermias, et al. (2017). However, some projects had been implemented successfully while others had failed by exceeding their initial budget plan, timelines, and other success criterion measures. According to survey by the Pulse of Profession (2020), the contributing factors to the failure included planning, the project scope, the budget, and stakeholders' engagement.

While this has been a global phenomenon, Trans Nzoia County had faced with the same challenges. While some projects had succeeded, others, had either delayed, or stalled. Different studies highlighted the reasons and causes for this. For example (ADP 2020-2021, p. 29) pointed to project planning and budget challenges as the cause. The study by Mukami, (2019, p.51) while pointing out that projects within Kitale town were taking long time to be completed, delay in material delivery, poor funding programme, and political influence were the contributing factors.

Different studies have been carried out in relation to the successful implementation and completion of projects in Trans Nzoia County. In their study, Murithi, S. et al. (2017) evaluated the factors affecting timely completion of public infrastructure projects in Trans Nzoia County. Mirembe, C. & Otieno, M. (2019) studied the influence of monitoring and evaluation strategies on performance of County Government funded projects in Trans Nzoia County, while Tiluk, S. & Mokaya, O. (2021), studied the effects of stakeholders' engagement on the implementation of physical infrastructure projects in public secondary schools in West Pokot and Trans Nzoia Counties.

However, there is inadequate literature available in relation to the influence project planning specifically the areas of project scope, Budget plan, schedule plan, and stakeholders' engagement has had in the implementation of successful healthcare infrastructure projects in Kiminini Sub-County, Trans Nzoia County. This is the gap this research endeavoured to fill.

CHAPTER THREE

RESEARCH METHODOLOGY

According to Jansen, et al. (2020), research methodology is "a description of how the researcher systematically designs a study to ensure valid and reliable results that address research's aims and objectives by specifying the data to collect, sampling design, data collection methods, and data analysis methods." Therefore, it is a guide to the research.

3.1 Research Paradigm and Design.

A paradigm is a philosophical assumption or basic set of beliefs that guides the actions, and defines the worldview of the research, as stated by Lincoln et al. (2011) and Kuhn (1970) and cited by Kaushik et al. (2019). This term was originally coined to describe the commonly held convictions and values among a group of experts about the nature of reality and the pursuit of truth. In contrast, a research design is an approach to conducting research that includes everything from generalized hypotheses to specifics on how data will be collected and analysed (Creswell, 2009; McCombes, 2021).

This research adhered to the pragmatic paradigm, which is "a world view that emphasizes what works rather than what might be regarded absolutely and objectively accurate or real" (Wilson, 2021). This approach is grounded in a relational epistemology, which states that the researcher should choose the type of relationship that will be most fruitful for his or her research. It promotes the view that there is more than one possible reality, and that each person has their own distinct experience of the world. It relies on a value-laden axiology in which research is performed to help people and makes use of both qualitative and quantitative research methods (Kivunja, et al. 2017, p. 35).

Explanatory research design was adopted to analyse how planning can improve the likelihood of implementing successful healthcare infrastructure projects in Kiminini Sub-County. The design aims to define the why behind a certain phenomenon by connecting different ideas to define cause and effect-based relationships that highlights factors or reasons behind the happening of certain event. This relationship-based understanding helps in identifying key points to solving specific issues (Voxco, 2021).

3.2 Site Description, Study Population and Target Population.

Kiminini Sub-County, one of five Sub-Counties in Trans-Nzoia County, was chosen as the study's location. Cherangany, Kwanza, Endebess, and Saboti are some of the other sub-counties. The landmass that is Kiminini totals 395,3 km2 (ADP 2019. p, 3). Out of Kenya's 47 counties, Trans Nzoia is numbered 026 as "County 026." Out of a total of 990,341 residents in the County, the 2019 Kenya Population and Housing Census (KPHC, p.16) estimates that 242,823 call the area home. Of these, 118,087 are male, 124,730 are female, and 6 are intersex. Kiminini, Waitaluk, Sirende, Nabiswa, Hospital, and Sikhendu are its six electoral wards (ADP, 2019-2020, p.4).

The average distance to a closest health facility is 5 km for people living in urban centres, and 10 km for those living in rural areas. There were 8 tier 3 public hospitals, 24 tier 2 public hospitals, and 42 tier one public hospitals in the County. Twenty of the county's 43 private facilities are found in the Kiminini sub-county, with the remainder spread over the rest of the county (38 tier 2 and 5 tier 3 facilities). By 2020, there was a deficit of human resources at the county level, with just ninety-one physicians and 488 nurses working for the government. The physician-to-patient ratio was 1:11,000, and the nurse-to-patient ratio was 1:2,051. (ADP 2020-2021, p. 102).

Researchers define target population as the subset of the population to whom they will have access and whose characteristics best mirror those of the population of interest (Casteel, et al (2021, p.344). This research aimed to learn more about the perspectives of the Trans Nzoia County executive, to whom all other stakeholders in the healthcare infrastructure projects relate. The target population included all level two health facilities in Kiminini Sub-County, the staff of the health facilities, the County Health Board, the staff at the Departments of Health, Public Works, and Finance, Political class, community representatives, and the contractors.

3.3 Sample Frame and Size.

According to Turner (2003, p.3), the sampling frame is the pool of potential respondents from which researchers draw their sample. The sampling frame consisted of a list of all healthcare hospitals within Kiminini Sub-County, heads of the health facilities, staff within these facilities, County Health Board, County departments of health, public works, and finance, contractors, community representatives, and political leaders.

According to Crandon (2017), a study's sample size is the fraction of population that agrees to be studied, thus it is essential that the sample selected is representative of the larger population and the results may be extrapolated to those who did not take part in the research. The researcher planned for one hundred (100) respondents for this study.

By using the Health Facility Master List (HFML) and the Trans Nzoia County Annual Development Plan, the researcher randomly selected five level two health facilities in Kiminini Sub-County for the study. Because of factors including cost, timeline, accessibility by public transportation, and the need to accommodate research assistants, this was deemed to be a fair representation of all available facilities. From

each respective sub-group, a specified number of respondents were sampled for the study. Table 1 shows the respondents that were selected for the study.

Table 1

Categories of Selected Respondents.

Category (sub-group).	**No. of Respondents.**
County Health Management Board	7
Heads of the Selected Facilities.	5
Staff from the Selected Facility.	32
Department of Health.	18
Department of Finance.	10
Department of Public Works.	8
Political Leaders.	2
Contractors.	6
Community Representatives.	12
Total	**100**

For the interview purpose, twenty (20) respondents were purposively sampled from the sample size (two County Health Board, 3 from the Department of Health, 3 from the department of finance and 1 from the public works department. 5 heads of the five sampled health facilities, 2 political leaders, 2 contractors, and 2 community representatives. The selection was based on their key role and the critical information they could offer while seeking clarity on the gathered data through the questionnaires.

3.4 Sampling Procedure.

The stratified random sampling procedures where each member of the subgroup had an equal chance of being selected was used because results of stratified random sample may be trusted to be fair and accurate (Hayes, 2021). Purposive sampling, a non-probabilistic method of selecting study participants who have been hand-picked for their unique set of experiences and knowledge on a given issue (Etikan, et al. 2016) was also used. It was expected that the County Health Board members, in addition to heads of sampled facilities and County Departmental heads (health, finance, public works), experts like contractors as well as political and community representatives would participate.

3.5 Data Collection Methods.

5-point Likert scale questionnaire was used to gather primary data for the study. In collecting information from respondents on their perspectives, a questionnaire is typically utilized (Bhandari, 2021). The questions based on research's goals were written in a way that made it easy for respondents to comprehend them. Participants either completed questionnaires on their own or where needed by the guidance of the research assistant. An interview guide was used to gather detailed data from among 20 (Twenty) key informants from the sampled respondents. Professional research assistants were hired to oversee the data collection process to guarantee its integrity.

3.6 Validity of the Study.

According to Middleton (2019), a study can be considered valid if its methodology reliably captures the target variables. For a method to be considered highly valid, its outcomes must be consistent with the traits, characteristics, and variances seen in the real world. Using content validity, the questionnaire was

developed in collaboration with the supervisors to ensure it measured the right things. This was evaluated by comparing the study's conceptual definition of the variables and indicators with the measurements themselves.

3.7 Reliability of the Study.

O'Brian et al. (2018) define reliability as the capability of a research method or tool to produce consistent outcomes across multiple tests. For the reliability test, fifteen respondents from Cherangani Sub County which boarders Kiminini Sub County was sampled for the piloting purpose. It was chosen for piloting because of its proximity, and that similar projects had been initiated. The questionnaire was administered, and the Cronbach's alpha was used to measure the internal consistency, where a reliability coefficient of .70 or higher was deemed acceptable.

3.8 Data Analysis.

According to Calzon (2022), data analysis is the process of gathering, cleaning, analysing, and interpreting data to derive insights for decision-making. Errors were cleared from the original data by editing, categorizing, coding, and statistically analysing it. The quantitative data was supplied to offer the researcher with the general look of the data obtained and identify the pattern of the data in accordance with the objectives. Descriptive statistics in the form of frequency tables, graphs, and charts were used to present the quantitative data that was analysed using SPSS version 25.

Content analysis was utilized to analyse qualitative data. This was expressed in narrative form under objectives and research questions. All of study's variables were put through a relational analysis to see how they connected to one another. Analyses was conducted on the coded concepts with respect to their direction, sign, and strength of link (the extent to which two or more concepts are associated).

3.9 Ethical Considerations.

Gajjar, B. (2013) argues that research ethics are foundational since they further the pursuit of research goals like understanding, accuracy, and precision. Trust, accountability, mutual respect, and fairness are just few of the values that are fostered by these practices, and they are fundamental to any kind of collaborative work. They make researchers answerable to the general public and foster greater acceptance of scientific inquiry.

The researcher got approval from the University's research department before conducting fieldwork to ensure compliance with ethical standards. The permission from National Commission for Science, Technology, and Innovation (NACOSTI) was acquired. The County Government of Trans Nzoia's Ministry of Health granted the researcher access to the relevant County departments and gave him permission to conduct research within the selected health facilities.

The project involved the researcher recruiting and training research assistants. It was made clear what standards of research ethics were expected to be met over the course of gathering this information. Respondents were told what would be learned from their participation in the study, and they gave their consent after being fully informed of the study's goals and methods. Respondents' privacy, security, and well-being were treated with utmost importance. Respondents' privacy was protected further by the researcher's use of codes in place of their names.

Additionally, the respondent's privacy was protected to a higher degree. Information provided by participants will not be shared with any third parties or used for any purpose not related to this study without first obtaining consent from participants. All the relevant works cited in the research were referenced.

CHAPTER FOUR

DATA PRESENATTION AND INTERPRETATION OF FINDINGS

In this chapter, presentation and interpretation of findings were analysed. Respondents' demographic information was analysed. Both dependent and independent variables were evaluated on a 5-point Likert scale. Descriptive statistics, graphs, charts, and frequency tables were used to present the data. 5 of the 6 facilities sampled were included in the study. A sample size of 100 respondents was used. They filled the questionnaire given to them. From the same sample size, 20 respondents were purposively sampled for interviews.

4.1 Demographic Characteristics of Respondents.

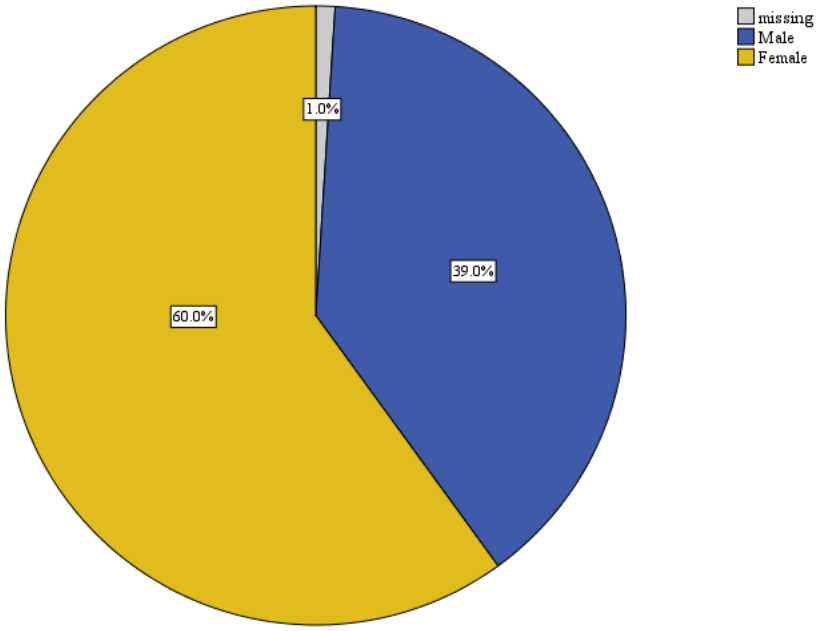
For the purpose of this study, the demographics used were gender, age, and profession of respondents. The demographic results were presented by use of tables and charts.

4.1.1 The Gender of Respondents

Respondents were asked to indicate their gender either as male or female. This was meant to help in analysing the level of participation and representation of both gender in the study. The collected was presented on figure 2.

Figure 2

Gender of Respondents



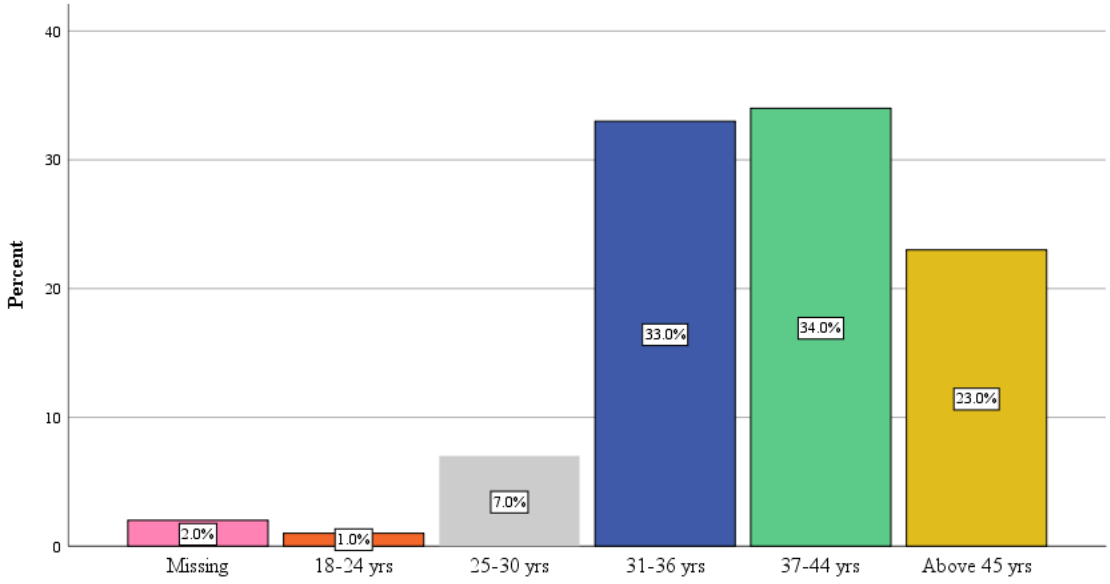
According to the collected data as represented in figure 2, respondents who identified themselves as male were 39 representing 39.0 % while those who identified themselves as female were 60 representing 60.0 %. Only one respondent representing 1.0% did not identify with either of the gender. The results showed that the female gender formed majority of respondents for the study with 60.0 %. The implication was that article 27(3) of the Kenyan Constitution 2010 which demands the right for equal treatment for women and men with equal opportunities in political, economic, cultural, and social spheres was achieved. Consequently, the study adhered to promotion of gender equality as there was fair representation of both genders.

4.1.2 The Age of Respondents

The researcher endeavoured to know the age of respondents taking part in the study. Six options from which respondents were to identify their age with were given. Age between 18-24 years was the lower category while those with 45 years and above was the higher category. The results were presented in figure 3.

Figure 3

Age of Respondents



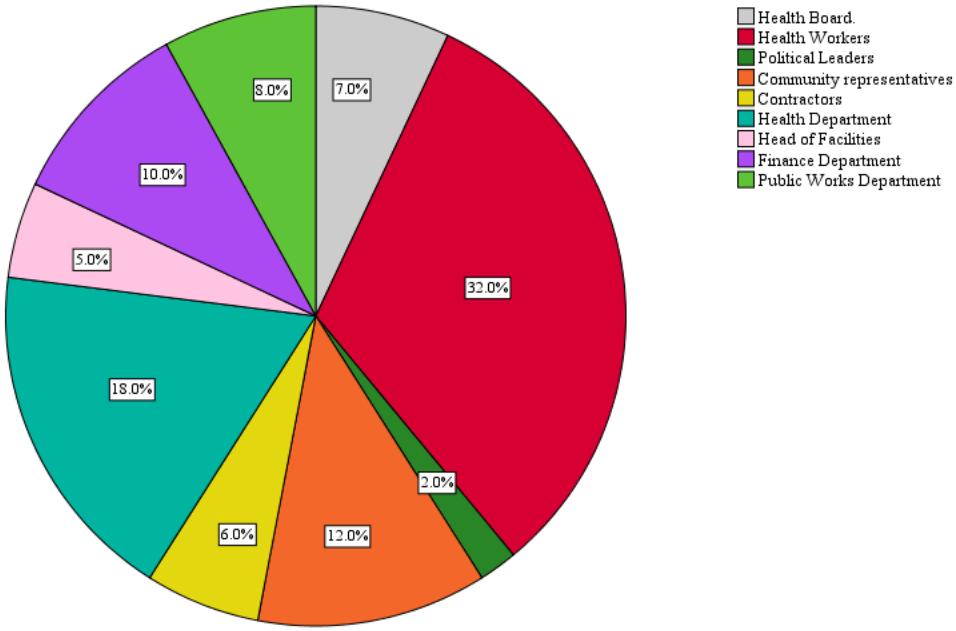
Results on figure 3 above indicated there was one (1.0%) respondent with the age between 18-24 years, seven (7.0%) were between 25-30 years, thirty three (33.0%) of respondents had their age between 31-36 years. Thirty four (34.0%) of respondents were between 37-44 years, while 23 (23.0%) were above 45 years. Two (2.0 %) of respondents did not indicate their age. Consequently, the dominant age bracket of respondents was between the age of 37-44 years at 34.0 % while the lowest was between the age of 18-24 years with 1.0%. The study also found that, the percentage of young people, those below the age of thirty five (35) years was smaller across all categories of respondents that were involved in the study.

4.1.3 The Profession of Respondents

Respondents were asked to indicate their profession. The researcher identified nine specific levels of the participants in the study. They were all stakeholders in the health infrastructure projects. The result of their distribution was presented in figure 4.

Figure 4

Profession of Respondents



The category of profession from figure 4 indicated that, Health Board had seven (7.0%) of respondents, five (5.0%) of respondents were Clinical officers who were the heads of the selected health facilities under the study. Health workers category comprised had 32 (32.0 %) of respondents, two (2.0 %) of respondents were political leaders while twelve (12.0 %) of respondents were Community representatives. Six (6.0 %) of respondents were Contractors. The Departments of Health, Finance, and Public Works had 18 (18%), 10 (10%), and 8 (8%) of respondents respectively. The implication of the result was that health sector (Health

board, Clinical Officers, Health workers, and the Health department) which was the area of interest for the researcher formed the highest number of respondents constituting 62.0%.

4.2 Presentation of Data Analysis.

The analysis of data was based on objectives of the study as follows: to investigate the importance of project scope on the successful implementation of functional level two healthcare infrastructure projects, investigate how the budget plan contributed to the successful implementation of level two healthcare infrastructure projects, and investigate the influence of stakeholders on the successful implementation of functional level two healthcare infrastructure projects. The variables were examined and presented based on the collected data.

4.2.1 The Analysis of Dependant Variable.

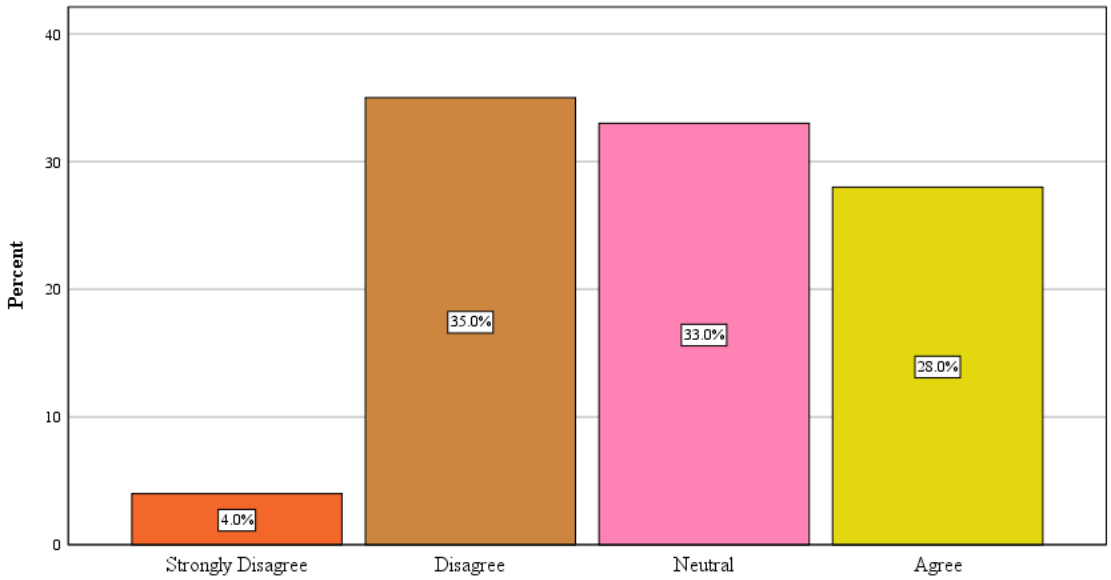
The study's dependent variable was project success, which was measured in terms of project completion within scope, improved service delivery, beneficiary and donor satisfaction, project completion on time and within budget. The results were presented by use of tables and charts.

4.2.1.1 Projects were completed within the Planned Scope.

To establish whether the initiated projects had been achieved as per the planned scope, the respondents' responses were presented on figure 5.

Figure 5

Projects were completed within the Scope



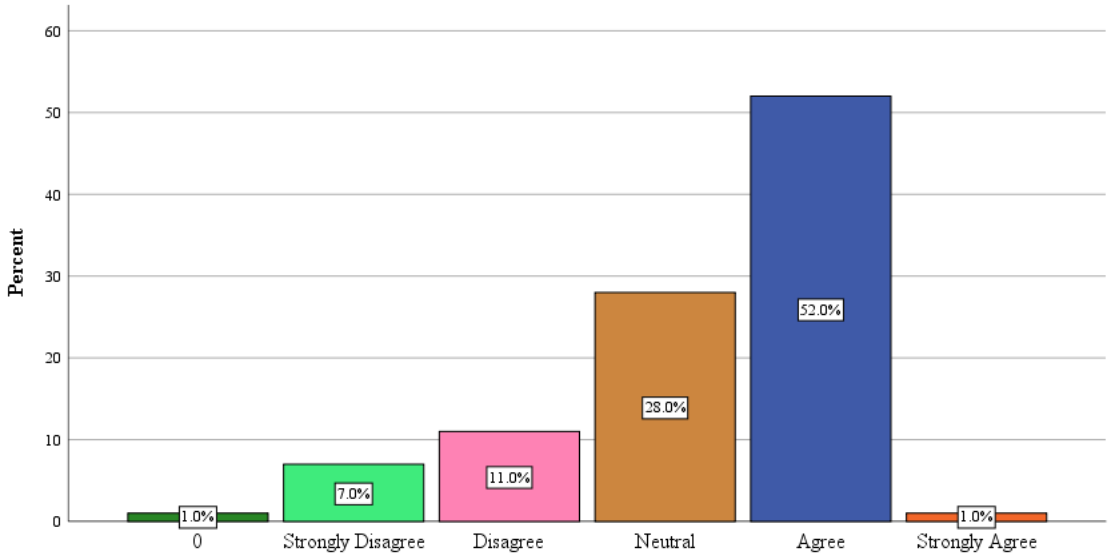
The research findings as presented on figure 5 indicated that, 35.0 % of respondents disagreed that the initiated projects had been completed within the planned scope. 28.0% agreed that the projects had been completed within the scope while 33.0% of respondents remained neutral to the question. Only 4.0% of respondents strongly disagreed that the projects were completed within the planned scope. The results implied that, whereas majority disagreed, there was significant number of respondents were not sure. This might have been caused by responses from respondents that would not have directly been involved in project planning and implementation of various projects.

4.2.1.2 Projects have led to Improved Services to the Beneficiaries.

The researcher in measuring how successful the initiated projects had been, respondents were asked to respond to the statement that the projects had led to the improved services to beneficiaries. Results were presented on figure 6.

Figure 6

Projects Led to Improved Services to the Beneficiaries.



The results from figure 6 indicated that, the greatest number of respondents agreed that the projects had led to improved service delivery to beneficiaries at 52.0 %. 11.0 % of respondents disagreed, 28.0 % were neutral, as 7.0 % of respondents strongly disagreed that service delivery to the beneficiaries had improved due to the projects. Only 1.0 % of respondents strongly agreed. The results implied that, the highest number of respondents acknowledged and appreciated the positive change in service delivery brought about by the initiated projects in Kiminini Sub County.

4.2.1.3 The Beneficiaries and Donors were satisfied by the Project's Outcome.

Respondents were asked to respond to the statement that beneficiaries and donors were satisfied by project's outcome. The results were presented on table 2.

Table 2

Donors and Beneficiaries Satisfaction with Projects' Outcome

	Frequency	Percent	Valid Percent	Cumulative Percent
Missing	1	1.0	1.0	1.0
Strongly Disagree	5	5.0	5.0	6.0
Disagree	18	18.0	18.0	24.0
Neutral	43	43.0	43.0	67.0
Agree	33	33.0	33.0	100.0
Total	100	100.0	100.0	

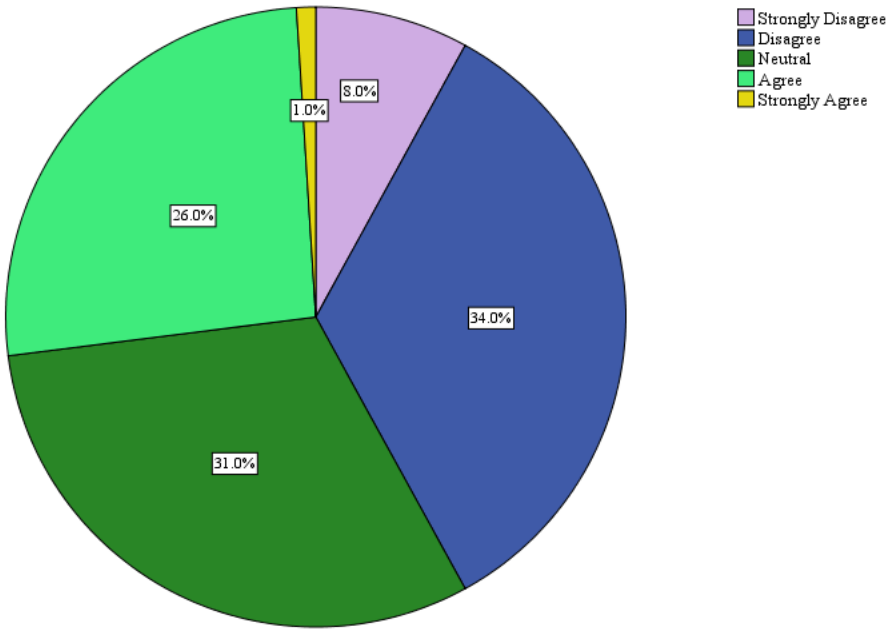
Results on Table 3 indicated that 33.0% of respondents agreed that donors and beneficiaries were satisfied with project's outcome. 18% of respondents disagreed. However, highest number of respondents at 43.0% held a neutral view. Only 5.0% of respondents strongly disagreed. These results implied that there was still significant number of respondents who were not sure about the project's outcome.

4.2.1.4 Projects were completed on Schedule/Time.

The respondents were asked to what extent they agreed or disagreed with the statement that projects were completed on schedule. The results were presented on figure 7.

Figure 7

Projects were completed on Schedule.



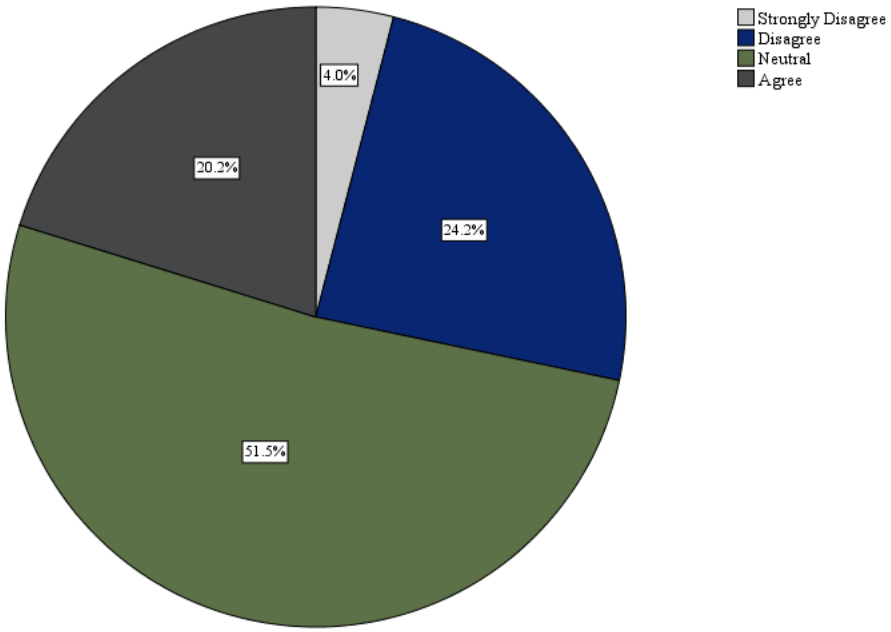
The other indicator on the success of healthcare infrastructure projects in Kiminini Sub County was that they were completed on schedule. From the findings as presented on figure 7. 34.0% of respondents disagreed with the statement, 31.0% were neutral, while 26.0% agreed that the projects made the timelines. 8% of respondents strongly disagreed as only 1.0% strongly agreed that the projects were completed within the set timelines. The implication of the results was that the difference between those who disagreed and neutral was because for some respondents, the projects had been completed and that was the main concern.

4.2.1.5 The Project was completed within the Budget.

The other statement to measure the success of the initiated projects in Kiminini Sub County was that the projects were completed within the planned budget. The respondents' responses were presented on figure 8.

Figure 8

Projects were completed within the Budget



The findings presented on figure 8 showed that 25.0% of respondents disagreed with the statement that projects were completed within the planned budget. 20.0% of respondents agreed that projects were completed within the budget. However, 51.0% of respondents remained neutral, with only 4.0% strongly disagreeing that projects were completed within budget. The results implicated that significant number of respondents were not aware of planned budget and estimates for the initiated projects and therefore, were not in position to ascertain whether projects were within the budget.

4.2.2 The Analysis of Independent Variables.

The study's independent variables were the project scope, cost, schedule, and stakeholder engagement. They were examined in light of the study's objectives. For each variable, a number of indicators were examined where the respondents were asked to respond to each statement with one of the five provided responses: strongly disagree, disagree, neutral, agree, or strongly disagree. Frequency tables and figures were used to present the results of each variable.

4.2.2 Exploring the Significance of Project Scope on Successful Implementation of Functional Level Two Healthcare Infrastructure Projects.

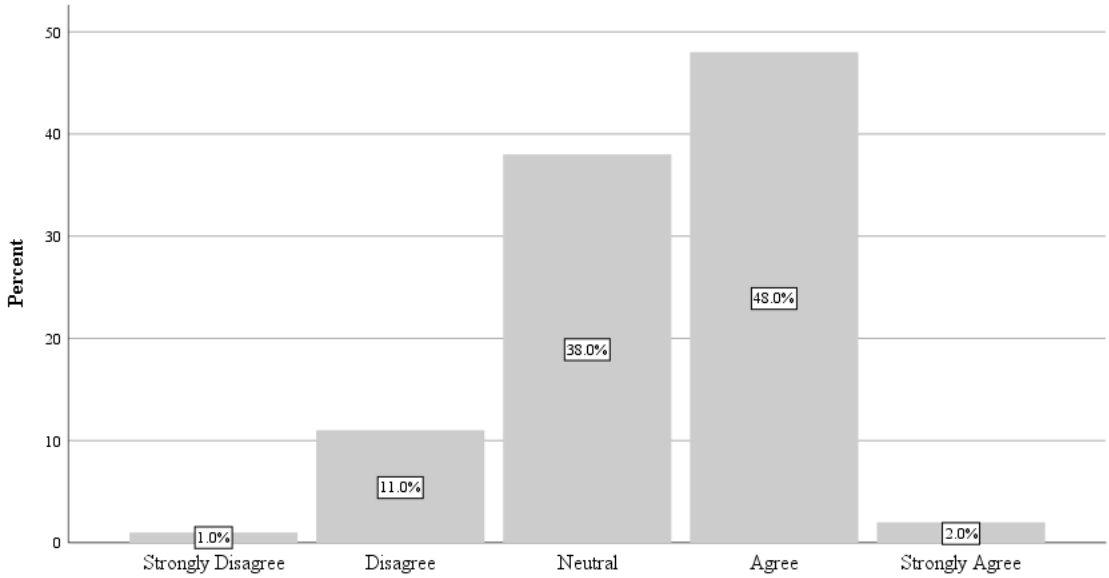
To establish the significance of project scope on success of healthcare projects, five statements were developed on definition of scope management plan, project' objectives, scope control, creation of Work Breakdown Structure, and commitment to the defined project scope.

4.2.2.1 Project Scope Management Plan was well defined.

The researcher wanted to know if the scope management plan was well defined for the projects initiated in Kiminini Sub County. The results from the respondents were presented on figure 9.

Figure 9

Project Scope Management Plan was well Defined.



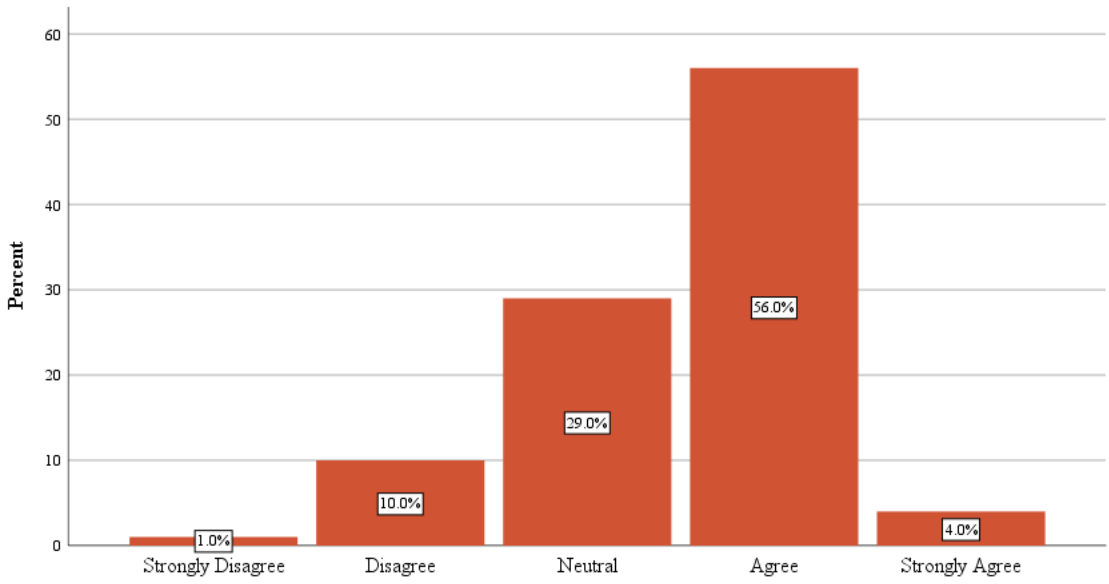
Results presented on figure 9 indicated that 48.0% of respondents agreed that scope management plan was well defined. 38.0% held a neutral view whereas 11.0% disagreed. 2.0% strongly agreed and only 1.0% of respondents strongly disagreed. The results implied that, while considerable number of respondents were aware of scope management plan of the projects, a sizeable number (38.0%) of the respondents did not have the details of the scope management plan of the projects.

4.2.2.2 The Objectives of the Project were defined.

The respondents were asked to what extent they agreed or disagreed with the statement that the objectives of the projects had been defined. The results were presented on figure 10.

Figure 10

Projects Objectives were Defined.



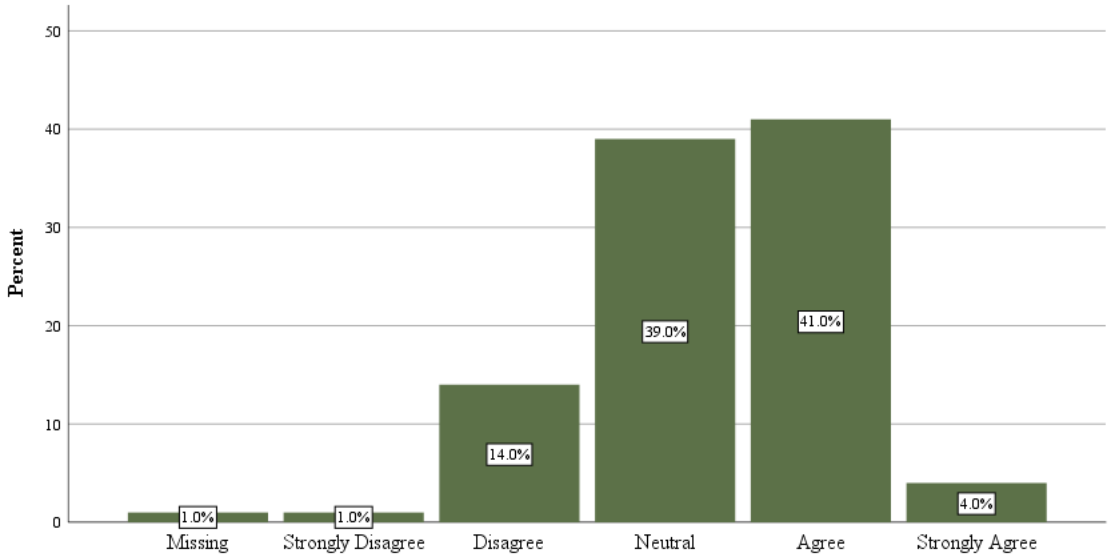
The results from figure 10 showed that 56.0% of respondents agreed that project's objectives were defined. 29.0% of respondents held a neutral view while 10.0% disagreed. 4.0% of respondents strongly agreed and 1.0% strongly disagreed that the objectives were defined. The implications of the results was that majority of respondents were aware of the objectives for which the projects were initiated and planned for.

4.2.2.3 The Project's Scope was controlled as planned.

The study also asked respondents to indicate their response in relation to the statement that the projects scope was controlled as initially planned. The results were presented on figure 11.

Figure 11

Project Scope Controlled as planned.



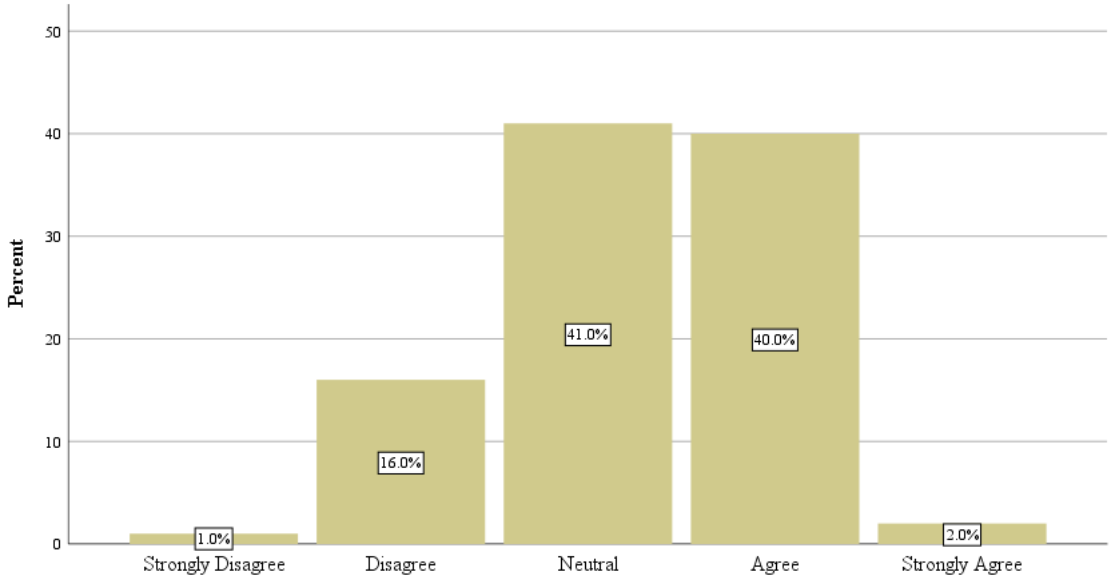
In responding to the statement on whether the project scope was controlled as planned, the results presented on figure 11 showed that, 41.0% of respondent agreed, 39.0% were neutral, 14.0% disagreed, while 4.0% strongly agreed. The difference margin on the results between those who agreed and those who were neutral was 2.0% which implied that there was no great awareness about the planned scope and its control during the project life cycle. This was the case with the results presented on figure 7.

4.2.2.4 The Work Breakdown (WBS) was created.

The respondents were asked whether the Work Breakdown (WBS) was created for the projects. The results were presented on figure 12.

Figure 12

Creation of Work Breakdown Structure.



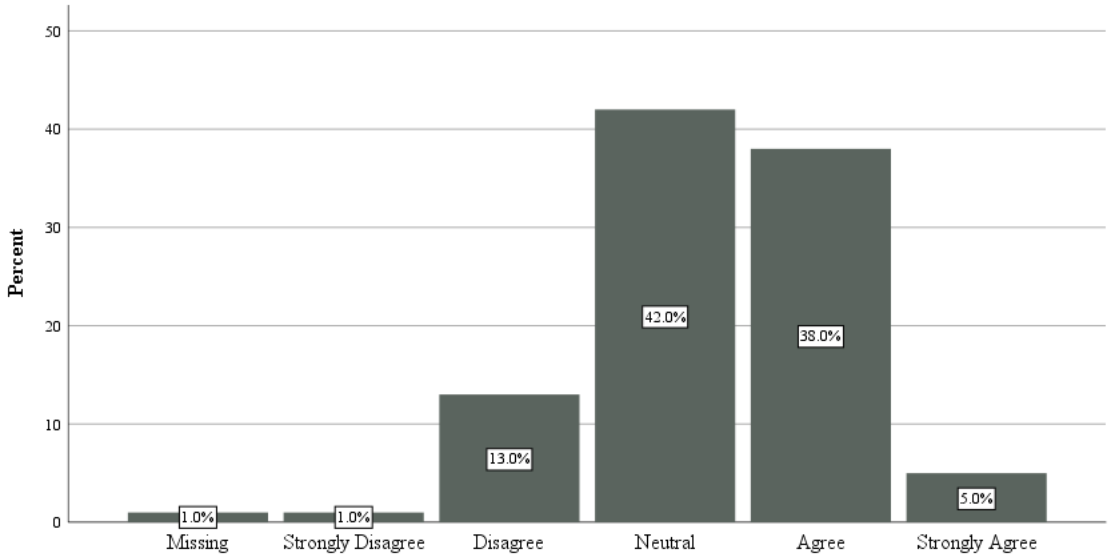
The study results on the question of whether the Work Breakdown (WBS) was created as indicated on figure 12 was that 41.0% of respondents had a neutral view while 40.0% agreed that there was WBS in place. 16.0% disagreed that there was a WBS in place, as 2.0% strongly agreed. Only 1.0% of respondents strongly disagreed. Results showed that while a significant percentage of respondents agreed there was WBS in place, highest number of respondents remained neutral which implied that they had no much details or knowledge about the Work Breakdown Structure in relation to the initiated projects in Kiminini Sub County.

4.2.2.5 There was Commitment to the defined Project Scope.

Respondents were asked on whether there was commitment to the defined scope in relation to the initiated projects within Kiminini Sub County. The results were presented on figure 13.

Figure 13

Commitment to the Defined Project Scope



The results presented on figure 13 indicated that, 38% of respondents agreed that there was commitment to the defined scope. 13% of respondents disagreed as 5% strongly agreed. However, 42% of respondents were neutral, as 1% did not respond, and 1% strongly disagreed with the statement. The results implicated that majority of respondents did not access much details in relation to the aspect of the project scope and related indicators as already indicated on figures 7, 12, and 13.

4.2.3 The Project Cost and Budget Plan.

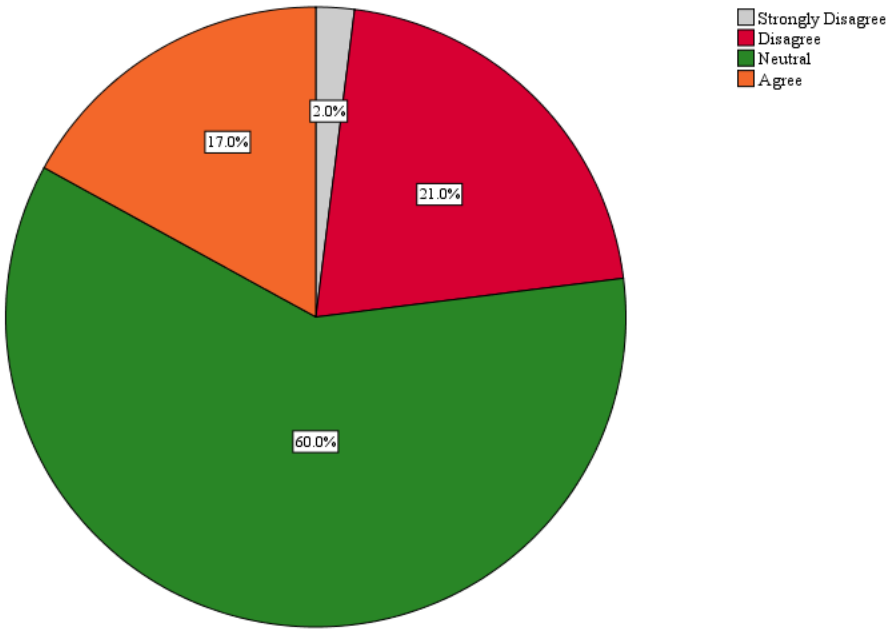
The second variable analysed in the study was the project cost and budget plan. Four statements were analysed: the budget estimates, the funding, budget control, and successful execution of the budget plan. The results were presented by use of pie charts and percentage.

4.2.3.1 The Budget Estimates were Accurate.

In finding out whether budget estimates for initiated projects were accurate, respondents were asked to respond by either agreeing or disagreeing with the statement. The results were summarized and presented on figure 14.

Figure 14

The Accuracy of the Budget Estimates.



The results finding on figure 14 indicated that, 60.0% of respondents were neutral on statement that budget estimates were accurate. 21.0% disagreed as 17.0% of respondents agreed that the estimates were accurate while 2.0% strongly disagreed.

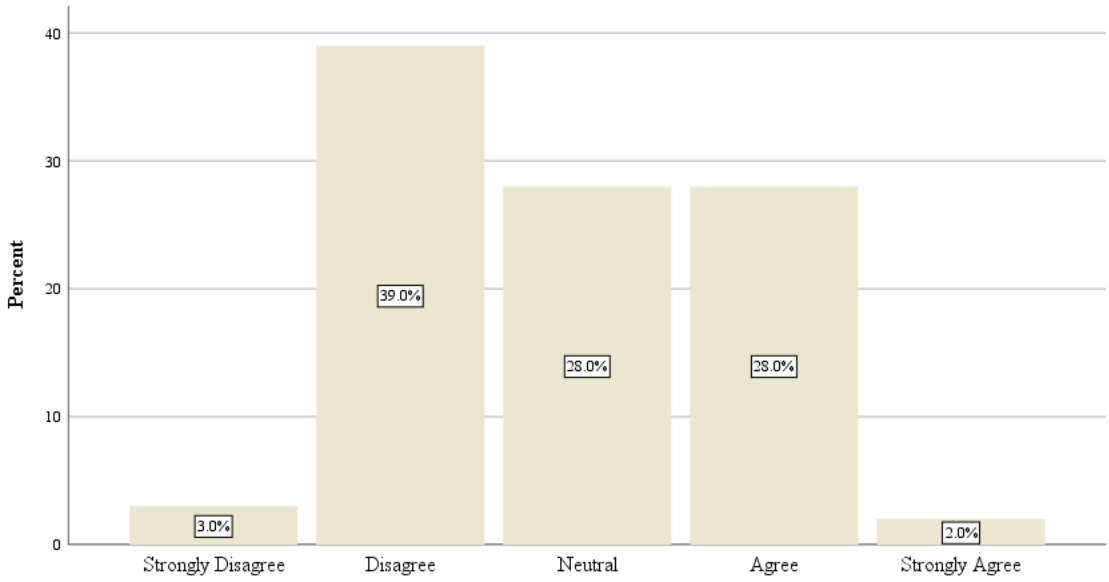
The results implicated that majority of respondents did not have awareness or details in relation to the accuracy of the planned budget.

4.2.3.2 The Funding of the Projects was Implemented as Planned.

The respondents were also invited to respond to the statement that the funding of the projects was implemented as planned. The summarized responses were presented on figure 15.

Figure 15

Implementation of the Funding as Planned.



The findings on figure 15 indicated that 39.0% of respondents disagreed that the funding of the projects was implemented as planned. Respondents that were neutral and those who agreed that the funding of the projects was implemented as plan were each represented by 28.0%. 2.0% of respondents strongly agreed as 3.0% strongly disagreed. The results implied that, perhaps majority of the respondents in responding to this statement were informed by the experienced delays in completion

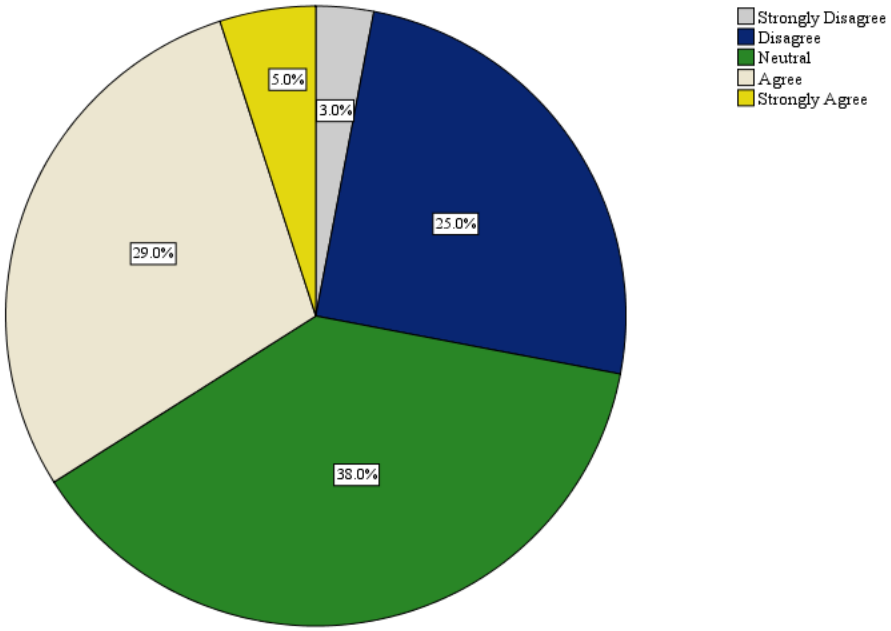
of some of initiated projects, as majority had indicated that most of the projects had not been completed within the schedule.

4.2.3.3 The Budget was well Planned and Managed.

The respondents were also asked in the study to respond to the statement that the budget was well planned and managed. The summarized results were presented on figure 16.

Figure 16

Management of Budget Control Plan.



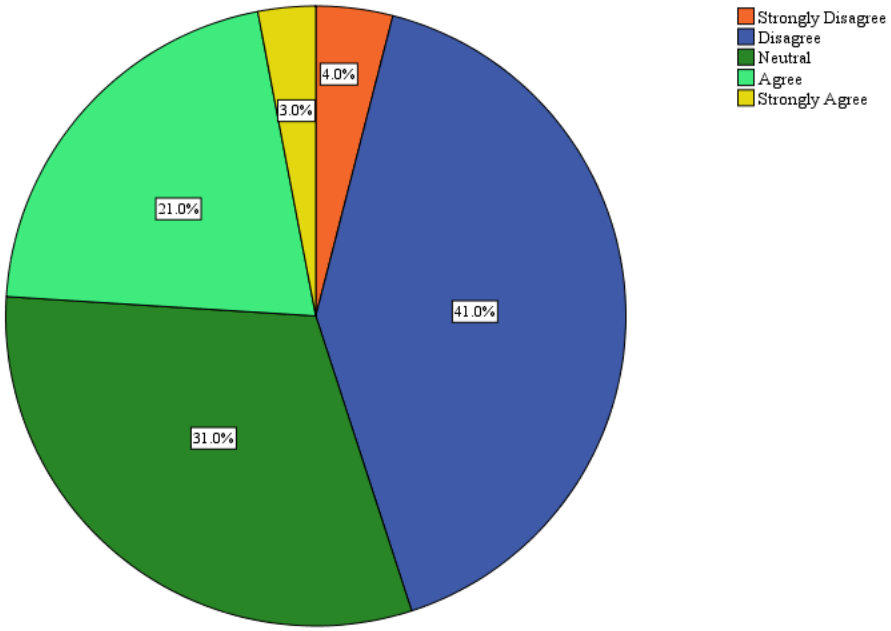
Results from figure 16 showed that 38.0% of respondents held neutral view to the statement. 29.0% agreed the budget was well planned and managed. 25.0 % disagreed, 5.0% strongly agreed, while 3.0% of respondents strongly disagreed. The results implicated that majority of respondents were not sure of the planned budget and its management in relation to healthcare infrastructure projects in Kiminini Sub County.

4.2.3.4 The Budget was executed Successfully as Planned.

The other aspect that was analysed under cost and budget planning was the execution of the planned budget. The respondents' responses were summarized and presented on figure 17.

Figure 17

Successful Execution of the Budget Plan.



The results on figure 17 indicated that majority of respondents at 41% disagreed that the budget was executed successfully. 31.0% responded were neutral while 21.0% agreed that the budget was successfully executed. 4.0% strongly disagreed while 3.0% strongly agreed that was successfully executed. The results implication was that majority of the respondents were not satisfied with how the budget had been executed either because of the delays witnessed in implementation of initiated projects, or lack of details on how it was executed.

4.2.4 The Project Schedule Plan.

To analyse the variable, the respondents were required to respond to four aspects namely, definition of project schedule, planning of resources, planning and definition of projects activities and tasks, as well as the commitment to the set timelines. The results were summarized and present by use of frequency tables.

4.2.4.1 The Projects Schedule was Clearly Defined and Implemented.

The study in analysing whether the schedule for projects were clearly defined and implemented, asked the respondents to indicate their response whose results were summarized on table 3.

Table 3

Definition and Implementation of Project Schedule.

		Frequency	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	7.0	7.0
	Disagree	27	27.0	34.0
	Neutral	36	36.0	70.0
	Agree	29	29.0	99.0
	Strongly Agree	1	1.0	100.0
	Total	100	100.0	

The findings indicated that the highest percentage of respondents at 36.0% respondent held a neutral answer while 29.0% agreed that the project schedule was clearly defined and implemented. 27.0% of respondents disagreed that the schedule was clearly defined and implemented while 7.0% of respondents strongly disagreed while only 1.0% strongly agreed that project schedule was clearly defined and

implemented. This implied that details about the schedule and their implementations were not familiar or clear among the respondents who took part in the study.

4.2.4.2 The Projects' Resources were Planned.

The study also sought to analyse the statement that the project's resources were planned in relation to the healthcare projects initiated and planned in Kiminini Sub County. The results were presented on table 4.

Table 4

Planning of Project Resources.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	4	4.0	4.0	4.0
	Disagree	15	15.0	15.0	19.0
	Neutral	45	45.0	45.0	64.0
	Agree	32	32.0	32.0	96.0
	Strongly Agree	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

The results from table 4 showed that majority of respondents at 45.0% had a neutral response. 32.0% of respondent agreed that project resources were planned while 15.0% disagreed. The respondents who strongly disagreed and those who strongly agreed that the project resources were planned had 4.0% each. The results implied that most of respondents in the study did not have sufficient details relating to planning of the projects' resources relating to the healthcare infrastructure projects in Kiminini Sub County.

4.2.4.3 The Projects' Activities and Tasks were Planned and Defined.

The respondents in the study were asked their view on the statement whether the projects' activities and tasks were planned and defined. The results were presented on table 5.

Table 5

Planning and Definition of Projects' Activities and Tasks.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3.0	3.1	3.1
	Disagree	17	17.0	17.3	20.4
	Neutral	36	36.0	36.7	57.1
	Agree	38	38.0	38.8	95.9
	Strongly Agree	4	4.0	4.1	100.0
	Total	98	98.0	100.0	
Missing	System	2	2.0		
Total		100	100.0		

The results indicated that highest percentage of respondents at 38.0% agreed that projects activities and tasks were planned and defined. 36.0% were neutral as 17.0% of respondent disagreed that the projects' activities were planned and defined. 4.0% and 3.0% respondents strongly disagreed and strongly agreed respectively. 2.0% of the respondents did not respond to the statement. The implication of the results was that most of respondents in the study were aware of the activities and tasks plan for the initiated projects. While there was a significant percentage of respondents who

held a neutral view, which may have been influenced by the responses in the previous responses as highlighted on tables 5 and 6.

4.2.4.4 The Commitment to the Timelines was Achieved.

The study set out to find out if there was commitment to the timelines in relation to the implementation and completion of the projects in Kiminini Sub County. The respondents' results were presented in table 6.

Table 6

Commitment to the Schedule Plan.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	5	5.0	5.0	5.0
Disagree	35	35.0	35.0	40.0
Neutral	28	28.0	28.0	68.0
Agree	25	25.0	25.0	93.0
Strongly Agree	7	7.0	7.0	100.0
Total	100	100.0	100.0	

The study outcome as summarized on table 6 indicated that 35.0% of respondents disagreed that there was commitment to timelines. 28.0% of respondents held a neutral view while 25.0% agreed that there was commitment to the set timelines. 7.0% strongly agreed as 5.0% strongly disagreed that there was commitment to the timelines in the completion of the projects. The implication of the results was that, bearing in mind the level of success in relation to the completion of the initiated healthcare projects within the set timelines (Figure 9), most of

respondents were convinced that most of the projects were not completed within the set timelines.

4.2.5 The Stakeholders Engagement Plan.

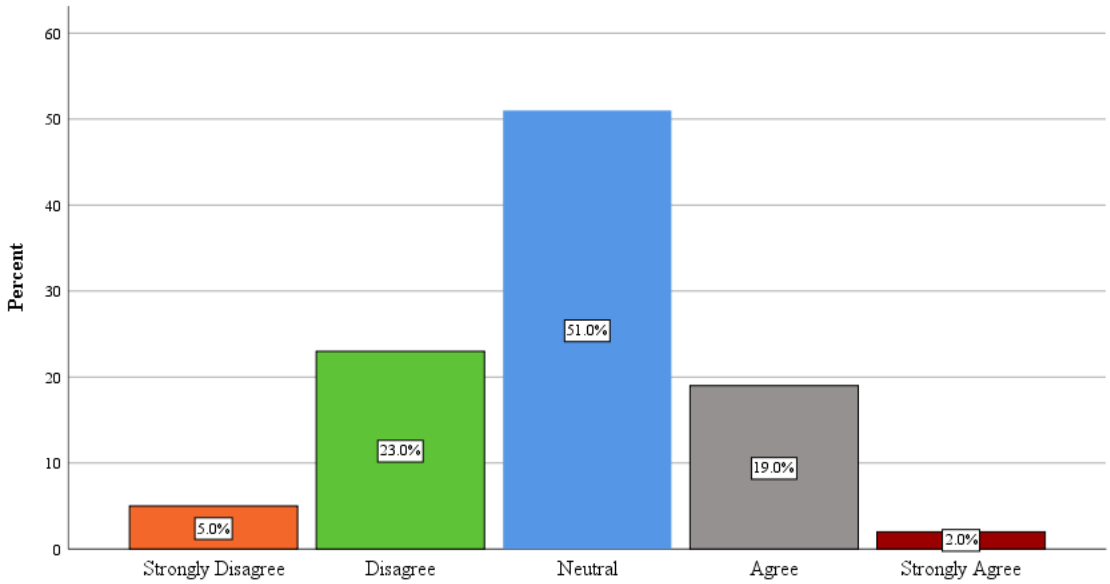
The last analysed variable was the stakeholders' engagement plan. Four statements were used to gather views on whether all key stakeholders were engaged in the project and if there was constant communication with the stakeholders. Thirdly, if the stakeholders were constantly consulted and finally, if there was good collaboration among the key stakeholders in implementation of projects. The results were summarized and presented by use of charts.

4.2.5.1 All Key Stakeholders were Engaged in the Project.

The results from the respondents on the statement that all key stakeholders were engaged in the project were presented on figure 18.

Figure 18

Engagement of all Stakeholders in the Project.



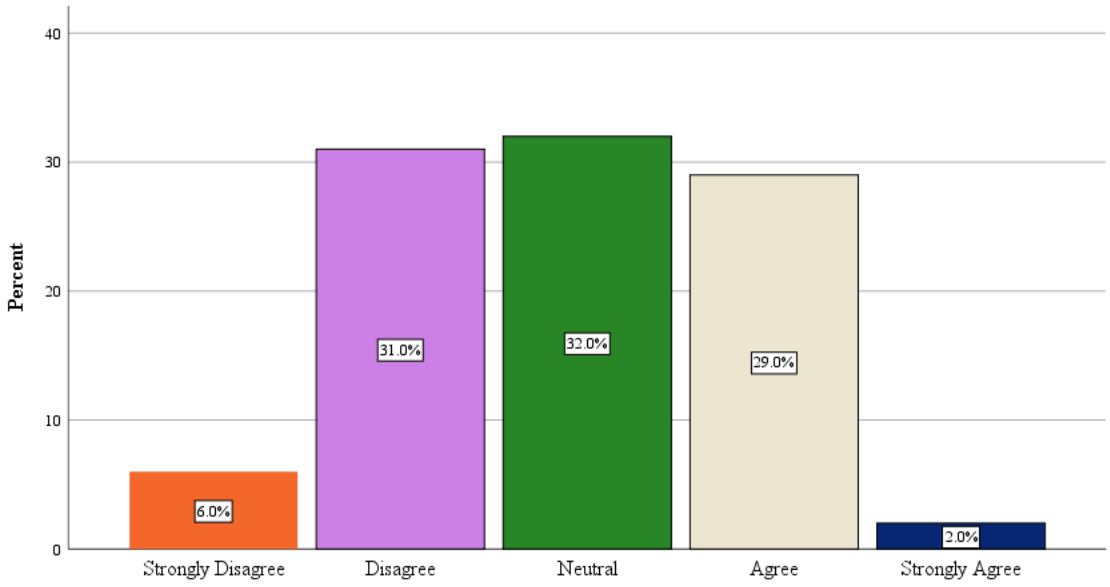
The results indicated that 51.0% of respondents were neutral as to whether all the key stakeholders were engaged in the project. 23.0% disagreed while 19.0% of stakeholders agreed that all the stakeholders were engaged in the project. 5.0% of respondents strongly disagreed as only 2.0 % of respondents strongly agreed that all key stakeholders were engaged in the projects. The results implied that majority of respondents in the study were not sure if all the stakeholders were engaged in the projects. Either themselves, or other key stakeholders.

4.2.5.2 There was Constant Communication with Stakeholders.

The study also analysed the statement that there was constant communication with the key stakeholders. The respondents' results were presented on figure 19.

Figure 19

Constant Communication with Stakeholders.



The results on figure 19 showed that 32.0% of the respondents had a neutral view, whereas 31.0% of the respondents disagreed that there was constant communication with the stakeholders. 29.0% of respondents disagreed while 6.0%

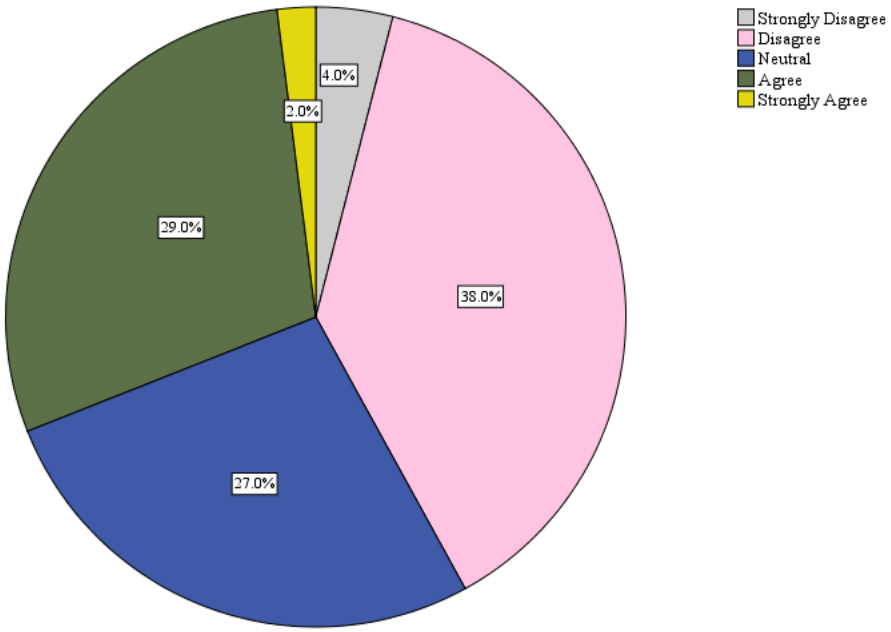
strongly disagreed that there was constant communication among the stakeholders. Only 2.0% of respondents strongly agreed that there was constant communication with stakeholders. The results implied that for the respondents who took part in the study, there was no clear communication channels to all the key stakeholders on the status.

4.2.5.3 The Stakeholders were Constantly Consulted.

The respondents were asked on whether the stakeholders were constantly consulted during the project life cycle. The results were summarized and presented on figure 20.

Figure 20

Constant Consultation with Stakeholders.



The result presented on figure 20 indicated that the highest percentage of respondents at 38.0% disagreed that there was constant consultation with the stakeholders. 29.0% agreed that there was constant consultation among stakeholders and 27.0% of respondents held a neutral view. 4.0% of respondents strongly disagreed

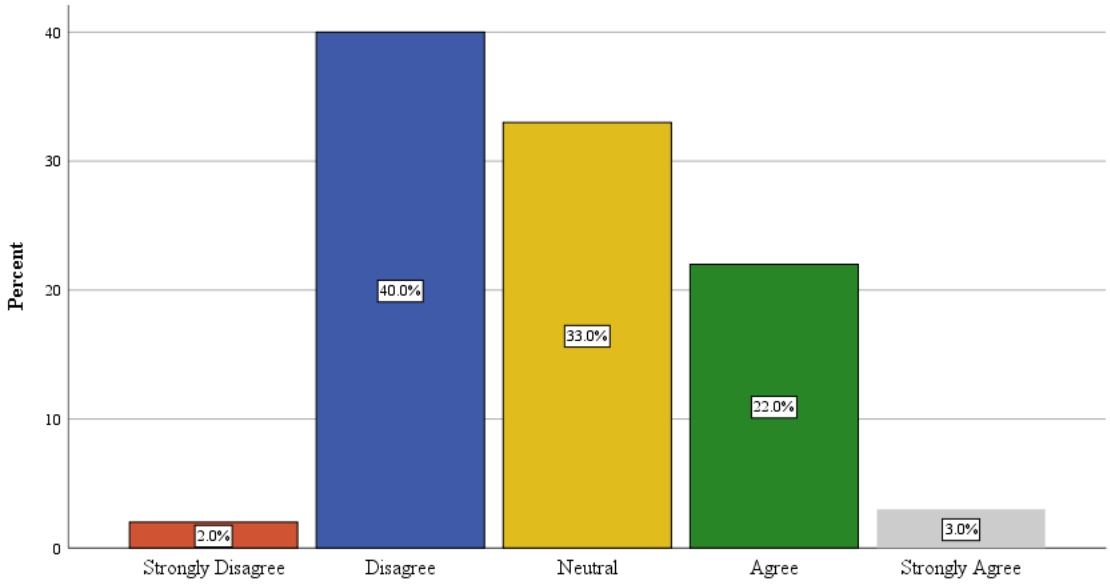
as 2.0% strongly agreed that there was constant consultation of the stakeholders. The results implied that majority of respondents felt they were either not consulted constantly or were not consulted at all.

4.2.5.4 There was Good Collaboration among Key Stakeholders in Implementing the Project.

Finally, the study asked the respondents view on the statement that there was collaboration among the key stakeholders in implementation of healthcare projects in Kiminini Sub County. The results were presented on figure 21.

Figure 21

Collaboration among Key Stakeholders in Project Implementation.



According to figure 21, the highest percentage of respondents at 40.0% disagreed that there was good collaboration among the key stakeholders. 33.0% remained neutral as 22.0% agreed that there was good collaboration among the key stakeholders. 3.0% strongly agreed and only 2.0% strongly disagreed. The results implied that majority of respondents felt that there was no good collaboration among the key stakeholders.

4.3 Correlations

Table 7 shows a summary of correlations between the dependent and independent variables. Correlations were found to be significant at 0.01.

Table 7.

Correlations.

		Success	Scope	Budget	Schedule	Engagement
Success	Pearson Correlation	1	.619**	.486**	.508**	.463**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	100	100	100	98	100
Scope	Pearson Correlation	.619**	1	.546**	.551**	.507**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	100	100	100	98	100
Budget	Pearson Correlation	.486**	.546**	1	.412**	.425**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	100	100	100	98	100
Schedule	Pearson Correlation	.508**	.551**	.412**	1	.577**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	98	98	98	98	98
Engagement	Pearson Correlation	.463**	.507**	.425**	.577**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	100	100	100	98	100

**. Correlation is significant at the 0.01 level (2-tailed).

4.4 Cronbach Alpha

Alpha was developed by Lee Cronbach in 1951 to provide a measure of internal consistency of a test whereby values ranging between 0.70 to 0.95 were considered acceptable (Mohsen, T. et al. 2011). Therefore, to measure the reliability, the results from the pilot study were measured by use of Cronbach Alpha. The five key areas that were measured comprised of 22 questions. The results were presented on table 9.

Table 8

Cronbach's Alpha

Cronbach's Alpha	N of Items
.839	22

From the twenty two items that were measured, Cronbach's alpha of 0.839 was recorded which ascertained the internal consistency, as reliability coefficient of 0.7 or higher is considered acceptable in describing the extent to which all the items in a test measure a concept in the social sciences (Mohsen, T. et al. 2011).

4.5 Findings and Discussions of the Study.

Consistent with earlier studies and research, the study confirmed the correlation between project parameters such as scope, schedule, and cost. From the findings of the study, successful implementation of functional level two healthcare infrastructure projects in Kiminini Sub-County were largely influenced by inadequate funds and timely disbursement of project funding.

Project scope is one of the key aspects in any project planning. From the study findings, 48.0% of the respondents agreed that there was a clearly defined scope management plan, well defined objectives (56.0%) while 41.0% agreed that the scope was controlled as planned. One of the informants in the interview noted that, “There were clear objectives and scope spelled out for the project and which was made available to the stakeholders. This was meant to make it easier in the implementation and monitoring of the different planned works.” (Respondent 12, 08/09/2022).

However, a significant percentage at 42.0% had a neutral view in relation to the commitment to the defined scope while 38.0% agreed. In relation to the creation of the Work Breakdown Structure for the initiated healthcare projects in Kiminini Sub County, 40.0% agreed while 42.0% were neutral. The narrow margin from the data could be as a result of the fact that the important concern for the beneficiaries was to have the project completed and deliver the services as planned. This was echoed by one of the respondents who held that, "whereas the work Breakdown was in place, for majority of the people, the interest was to have the project completed and deliver on the set objectives." (Respondent 4, 07/09/2022).

The study findings in relation to the cost and budget estimates, funding, budget management and execution was that 60.0% of respondents had a neutral view on the estimates as 39.0% disagreed that the funding of the projects was implemented as planned. This was echoed by respondent 08 who argued that:

> "The witnessed delays in the completion of some of the initiated projects is a clear indication that there was a problem in terms of funding of the projects. Either they were not available on time, or the budget was not enough." (Respondent 08, 08/09/2022).

Furthermore, respondent 13 noted that:

> "There was a budget in place for every initiated project. It was part of the County Integrated Development Plan (CIDP) which was captured in the County Annual Plan (ADP). However, varied factors affected the implementation of the budget as planned. There was lack of political good will between different political sites that let to delay in budget approval in the County assembly. Secondly, there were delays in the remittance of funds to the County from the National Government. These eventually resulted in the delay in the disbursement of funds meant for the implementation of the projects." (Respondent 13, 09/092022).

The above responses offered the clarity on the quantitative responses collected on whether the budget was successfully executed as planned whereby 41 (41.0%) of respondents disagreed.

These findings conquered in part with those of Selina, W. & Willy, M. (2017) who in their analysis of the factors impacting the completion of the County funded projects in Trans Nzoia County found that delays in the disbursement of funding had caused the projects to be delayed or scrapped altogether. To a similar extent, Masaba et al. (2020) analysis of health structural development through devolution in Kenya found that insufficient funds and resources, primarily from the National Government, posed a significant barrier to service delivery, including healthcare infrastructure projects in the counties. Only one informant attributed the delays to contractors saying that, "the contractors was slow in their work which resulted to delays." (Respondent 07, 06/09/2022).

Everyone involved in the project from its inception to its conclusion is considered a stakeholder. Constant interaction and communication with them improve both their comprehension of the ideas and their willingness to back them. All these factors necessitate coordination to ensure that all parties involved are on the same page and can carry out their roles in bringing projects completion on time, within scope, and under budget.

Whereas 51 (51.0%) of respondents were neutral on whether all the stakeholders were engaged in the project, 29 (29.0%) agreed that there existed constant communication with stakeholders. However, 38 (38.0%) disagreed that there was constant consultation as majority of respondents (40.0%) held that there was no good collaboration among key stakeholders. These views were supported by respondent 14 who held that, "the collaboration between the County government and National Government was not good. The National government always delayed sending money to the County which made it difficult for the County to meet its plans." (Respondent 14, 09/09/2022).

In addition, respondent 09 pointed out that;

> "There were constant differences among the political leaders in the County Assembly. This hindered its effective working and as a result, there were delays in the approval of the budget meant for the projects and the running of the County activities. This automatically impacted on the projects that had been planned." (Respondent 09, 06/09/2022).

Consequently, the research revealed that projects were being held up due to inadequate communication, and ineffective cooperation between County and National Governments, as well as the County Executive and the County Assembly. One informant pointed out that, "supremacy battle among leaders infiltrated the assembly which undermined its effective working." (Respondent 16, 09/09/20220. The study concluded that the delay by the County Assembly to accept and approve the budget caused delays in implementation of the healthcare infrastructure projects in Kiminini Sub-County, contrary to the findings of a previous study by Selina W. and Willy, M. (2017) who in their study concluded that the County Assembly had played a big role in successful implementation of projects.

According to the findings, the healthcare infrastructure projects launched in Kiminini Sub-County had a good laid out plans for their timeframes, resources, activities, and duties. When asked to comment on the initiated healthcare projects, respondent 02 said; "the projects had been planned for. There was a scope for each, tasks had been assigned, budget allocated, and timeframes set. However, some projects worked within the plan, but others did not." (06/09/2022).

However, the study revealed that not all projects were finished within their designated time frames. What caused this was a lag in getting the funds in time as was also echoed by respondent 04:

> "The projects were being funded by the County which other than the internal revenue, depended on funds from the National Government and other stakeholders in the health sector. However, in some cases, there was no timely disbursement of funds which resulted to delays in the implementation of some projects. Others were lacky to be completed in time." (Respondent 04, 06/06/2022).

These findings agreed with the research by Muchiri, et al. (2021) who in analysing the effects of financing activities on the completion of selected County projects in Trans Nzoia County concluded that, projects in Kitale town were delayed because of lack of reliable funding. The same results were held by the study carried out in Nairobi, Isiolo, Kilifi, and Trans Nzoia Counties whereby delays in starting and finishing projects were a major cause of concern due to the availability and delay in the disbursement of funds (Owili, et al. 2021, p. 65; Wario, 2018 & Mwadzidzye; 2018 & ADP 2020-2021, p. 29, 106).

Nonetheless, from the study, inadequate consultation and cooperation between the Trans Nzoia County Assembly, and the County Executive and the National Government was a major cause of the delays and failures of some of the initiated healthcare infrastructure projects. 40 (40.0%) of respondents disagreed that there was collaboration among key stakeholders in implementation of projects. In explaining the kind of collaboration that existed among the stakeholders, respondent 18 said "there were always conflicts between the Governor and the County Assembly. The differences resulted to delay in service deliveries in sectors that included the implementation of projects." (Interviewed on 09/09/2023). Conclusively, this informed why high percentage of respondents (51.0%) held a neutral response on whether all stakeholders were involved in planning and implementation of the initiated projects within Kiminini Sub-County.

Furthermore, while majority of the respondents at 43.0% were neutral and only 33.0% agreeing in relation to whether the beneficiaries and the donors were satisfied with the project's outcome, the study acknowledged that 52.0% of the respondents agreed the projects had let to improved services to the targeted beneficiaries. This was mostly where despite the delay, the projects had been completed. In response to the timely completion of the initiated projects respondent 15 said, "while there were many challenges in relation to the funding of the projects, the County endeavoured to ensure they complete the projects to improve the quality of services to the people." (Respondent 15, 09/09/2022).

CHAPTER FIVE.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.

5.1 The Summary of the Findings.

The findings were presented based on the study's research questions.

5.1.1 The Extent the project scope influences the successful implementation of functional level two healthcare infrastructure projects.

The study determined that all Kiminini Sub-County healthcare infrastructure projects had clearly stated scope management plan (48.0%), defined objectives (56.0%), as 41.0% agreed that the scope was controlled as planned. The project's objectives had been defined, and a WBS had been developed to aid in their realization. Whereas some of the projects had been completed and others delayed or stalled, the study results showed that, it was mostly due to lack of funding, and a holdup in the disbursement of funds that led to the delayed completion of the intended projects within the planned scope. The findings demonstrated that projects could be completed within their original scope when financing is made available on time, resulting in enhanced services delivery for the targeted population.

5.1.2 The extent the budget plan contributes to the successful implementation of functional level two healthcare infrastructure Projects.

The research results showed that cost and budget planning, and estimation were clearly defined. However, the control and the actual execution of the budget plan was influenced by factors that resulted in the delays. The interview data showed that there was a lag between when the County approved the budgeted allocation and when the funds were distributed. The delay in the disbursement of funds to the County by the National Government was also the cause as to why the budget was not controlled

and implemented as earlier planned. Because of this, the project's funding control and schedule plan were unable to be met. However, despite the delays, some projects were completed while others delayed or were found to have stalled.

5.1.3 The extent the engagement of stakeholders influences the successful implementation of functional level two healthcare infrastructure projects.

Planning and managing a project successfully require input from all relevant stakeholders, and their involvement in project planning, consultation, communication, and collaboration is essential in achieving the project's goals. The research indicated that health care infrastructure projects in Kiminini Sub-County, Trans Nzoia County were more likely to be completed successfully when collaboration among key stakeholders was prioritized throughout the planning stage.

Some projects went behind schedule because of the need for coordination between the Trans Nzoia County executive and the County Legislative Assembly to approve the county's budget. As a result, the initial budgets of various healthcare infrastructure projects were affected since they were unable to be completed within their projected time frames. However, some health infrastructure initiatives in Kiminini Sub-County benefited from stakeholder participation as a result.

5.1.4 The extent the schedule influences the successful implementation of level two health infrastructure development projects.

The research discovered that several projects were finished on schedule. Majority of respondents believed that the project's activities and tasks had been defined, and that adequate planning had been done for the project's resources. Nonetheless, timelines were largely determined by availability and actual disbursement of funds in relation to projects. Where funds and resources were available as planned, projects had been successfully implemented and completed.

However, schedules had to be readjusted for projects where distribution of funds was delayed, and it was found that most projects were not completed on times or had stalled. It was also established that some projects though had fallen behind schedule, they were successful in that they adhered to the originally outlined scope and accomplished their original goals.

5.2 Theoretical Implications of the Study.

Planning, monitoring, evaluation, and effect assessment are all intertwined within the theory of change, with roles for all stakeholders involved being fleshed out and defined so that the process from beginning to completion can be followed (BetterEvaluation, 2021). Therefore, the study was consistent with the goals of the theory of change, which aim to improve project outcomes via methodical preparation, management, and assessment.

While good planning may not ensure success without good implementation, monitoring, and evaluation inputs, and learning that should guide the planning process, the theory also highlighted the link between the various levels of a project's life cycle to implement successful projects. The stakeholder theory in view of the study points to the significant role of stakeholders and their needs in the planning and implementation of the projects. Proper handling and engagement of each stakeholder based on their individual and specific needs may influence on the implementation of projects.

5.3 The Implication of the Study Findings to the Programme.

To achieve any goal, proper planning is required as failure to plan is planning to fail. It is a must-have for projects to go off without a hitch. The results show that good planning can backfire if it is not followed up with equally good execution. According to the research findings, issues with funds and poor collaboration between

the project's key stakeholders can influence the project's overall scope, timeline, and budget. Consequently, same emphasis on planning should be extended to all areas of project life cycle.

5.4 Conclusions.

While some of the begun projects failed to fulfil their initial scope, budget, and timelines, the study found that others were successfully completed and achieved their goals as intended. The study established that the implementation of healthcare infrastructure projects in Kiminini Sub-County was influenced both by the availability of funds and their timely disbursement. The project timeframes and the completion of the projects within the anticipated scope were also impeded by the delays in budget approval.

The success of the projects also dependent on the level of engagement of the stakeholders. This was especially true when it came to communication and cooperation between key stakeholders like the National and County Governments and the County Assembly. All healthcare infrastructure projects started in Kiminini Sub-County would have been completed on time if there had been the needed collaboration, timely budget approval and disbursement of funds from the national and County governments. This would have contributed to SDG 3, the Big Four Agenda on Universal Healthcare, and the Kenya Vision 2030, as envisioned in the Kenyan Constitution 2010, and Kenya Health Policy 2014-2030

Lastly, the study concluded that, while good planning is crucial, success can only be attained by good execution of the plan. The study found that collaboration among key stakeholders would have been key for successful implementation of projects. Budget approval and timely distribution of funds would have been improved

and facilitated by better collaboration. Consequently, all the initiated projects would have been completed within the planned scope, schedule, and budget.

5.5 Recommendations.

A successful plan requires cooperation from all key stakeholders. The study recommends better cooperation and coordination between County and National Governments, the County Assembly, and other financing parties. There needs to be a solid and functioning process put in place to speed up the distribution of funds to remedy this situation. Political good will enhance the development and implementation of healthcare infrastructure projects.

More healthcare infrastructure projects need to be planned and implemented to facilitate the realization of SDG3 goals and Kenya Health Policy 2014-2030, Kenya Vision 2030, and the Big Four Agenda on Universal Health Care. This will ensure people of all socioeconomic backgrounds have better access to quality healthcare.

To ensure public awareness, ownership, trust, and support of all planned healthcare infrastructure initiatives in the community and the County, the study recommends continuous public sensitization, engagement, and mobilization. Seminars and workshops can be beneficial for spreading knowledge, fostering community involvement, and capacity building.

5.6 Areas of Further Study.

In Kiminini Sub-County, Trans Nzoia, Kenya, the researcher aimed to find out how well-planned initiatives affected the success of building level two healthcare facilities. The County is divided into five Sub-Counties. For a more comprehensive approach to planning and implementing healthcare infrastructure improvements throughout the County, more study that considers the whole County will be of great importance.

There is a lot of ground to cover while planning a project. However, the study had restrictions on scope, budget, schedule, and stakeholders' engagement. Developing a more comprehensive and definite conclusion on how project planning influences the successful implementation of healthcare infrastructure projects not only in Kiminini Sub-County, but throughout Trans Nzoia County, further research based on other areas of planning would be necessary.

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APPENDICES

Appendix 1.

Research Questionnaire.

Dear Respondent,

I am a student at the Catholic University of Eastern Africa doing research on Project Planning and Successful Implementation of Development Projects: A case of level two health infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya**.** This research is in a partial fulfilment for the degree of Master of Arts in Project Planning and Management. You have been chosen to be part of this great course as a respondent. I humbly request that you answer the provided questions which have been formulated to gather the information in relation to this study. All the information and data collected is strictly for academic purposes. The final copy of this study can be availed to you upon request.

Thanks in advance for your participation and support.

Yours Faithfully,

Vitalis Barasa Oroni.

SECTION A: PERSONAL INFORMATION.

a) Gender

Male	Female

b) Age

Age Bracket	18-24 yrs.	25-30 yrs.	31-36 yrs.	37-44 yrs.	Above 45 yrs.

c) Profession

SECTION B.

In this section, the respondent is requested to respond to the provided questions by ticking on one of the options provided. Five measuring scales have been provided in relation to health infrastructure development projects that have been undertaken in Kiminini Sub-County under the following sub-headings?

A. Success rate for healthcare infrastructure projects.

To what extent do you agree with the following statements in relation to the healthcare infrastructure projects in Kiminini sub-County?

	Strongly disagree	Disagree	Neutral	Agree	Strongly disagree
The projects were successfully completed within the planned scope.					
The projects have led to improved services to the beneficiaries/ clients.					
The beneficiaries and donors were satisfied by the project's outcome.					
The project was completed on schedule/time.					

The project was completed within the budget.					

B. Project Scope

To what extent do you agree with the following statements in relation to the health infrastructure development projects in Kiminini Sub-County?

	Strongly disagree	Disagree	Neutral	Agree	Strongly disagree
The projects scope management plan was well defined.					
The objectives of the project were defined.					
The project's scope was controlled as planned.					
The Work Breakdown Structure (WBS) was created.					
There was commitment to the defined project scope.					

C. Cost and Budget Plan.

To what extent do you agree with the following statement in regard to the healthcare infrastructure projects in Kiminini Sub-County?

	Strongly disagree	Disagree	Neutral	Agree	Strongly disagree
The budget estimates were accurate.					
The funding of the projects was implemented as planned.					
The budget control was well planned and managed.					
The budget was executed successfully as planned.					

D. Project Scheduling.

To what extent do you agree with the following statements in regard to the healthcare infrastructure projects in Kiminini Sub-County?

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Projects schedule was clearly defined and well implemented.					
The project resources were planned.					

The projects activities and tasks were planned and defined.					
The commitment to the timelines was achieved.					

E. Stakeholders' engagement Plan.

To what extent do you agree with the following statements in relation to the healthcare infrastructure projects in Kiminini Sub-County.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
All key stakeholders were engaged in the project.					
There was constant communication with stakeholders throughout the project.					
The stakeholders were constantly consulted throughout the project.					
There was good collaboration among key stakeholders in implementing the projects.					

Appendix 2

Interview Guide.

Dear Respondent,

I am a student at the Catholic University of Eastern Africa doing research on; ***Project Planning and Successful Implementation of Development Projects: A case of level two health infrastructure projects in Kiminini Sub-County, Trans Nzoia County, Kenya.*** This research is in a partial fulfilment for the degree of Master of Arts in Project Planning and Management. You have been chosen to be part of this interview as a respondent. I humbly request that you answer the provided questions which have been formulated to gather the information in relation to this study. All the information and data collected is strictly for academic purposes. The final copy of this study can be availed to you upon request.

Thanks in advance for your time, participation, and support.

Yours faithfully,

Vitalis Barasa Oroni.

SECTION A: PERSONAL INFORMATION.

a) Gender

Male	Female

b) Age

Age Bracket	18-24 yrs.	25-30 yrs.	31-36 yrs.	37-44 yrs.	Above 45 yrs.

c) Profession

d) Department

Health	Finance	Public Works	Private	NGO	other

SECTION B.

A. SUCCESS RATE FOR HEALTHCARE INFRASTRUCTURE DEVELOPMENT PROJECTS.

i. How will you rate the success rate of the health infrastructure projects undertaken by the county Government in Kiminini Sub-County by the County Government of Trans Nzoia? On a scale of 1-5, how will you rate the success in relation to the completion of the projects within the set timelines, budget, scope, and the engagement of stakeholders?

_____

ii. What factors influenced the successful implementation of health infrastructure development projects in Kiminini Sub-County by the County government of Trans Nzoia? (Timely disbursement of funds, competent contractors, collaboration between different stakeholders-county assembly/County Executive, and any other).

_____

_____

_____

B. PROJECT SCOPE

i. Were all projects completed within the planned scope? How did the following influence the successful implementation of health infrastructure Development projects in Kiminini Sub-County, Trans Nzoia County? (The Scope management Plan, the work breakdown Structure-WBS, and scope control).

_____

_____

_____

C. COST AND BUDGET PLAN.

i. Were all projects completed within the planned and allocated budget? _____

ii. What factors influenced the delay or successful implementation of the projects within the budget plan? (Availability and disbursement of funds by relevant stakeholders, Budget approval, inflation, legal issues, donor factors-was the donor prompt or delayed, the political factors-County assembly/County executive, county/National governments, and any other factors).

_____

_____

_____

D. PROJECT SCHEDULING.

i. Did all the projects meet the set timelines? _____

ii. What factors influenced the success or delay in completing the projects within timelines? (Legal, political, delayed disbursement of funds, Delays caused by contractors or suppliers of materials, or conflicts).

_____

_____

_____

E. STAKEHOLDERS' ENGAGEMENT PLAN.

i. How did the stakeholders' engagement influence the successful implementation of the projects? (Engagement plan, ongoing communication, and consultation with stakeholders).

_____

_____

_____

ii. Did the collaboration between County and National Governments influence the successful implementation of health infrastructure development projects? In which ways?

_____

_____

_____

Appendix 3.

Research Budget and Work Plan.

Table 9

Research Budget.

	Item	No	Amount (@)	Total (Ksh)
1	NACOSTI Application and Permit Fee.	1	1,000	1,000
2	Printing of Questionnaire and Interview Guides.	400	10	4000
3	Scanning of filled questionnaire and written Interview notes.	400	20	8,000
4	Research Assistant.	2	23,500	47,000
5	Lunch	-	-	3,000
6	Transport	-	-	5,000
7	Communication/airtime	1	1,000	1,000
8	Miscellaneous	1	5,000	5,000
	Grand Total			74, 000

Table 10

Work Plan.

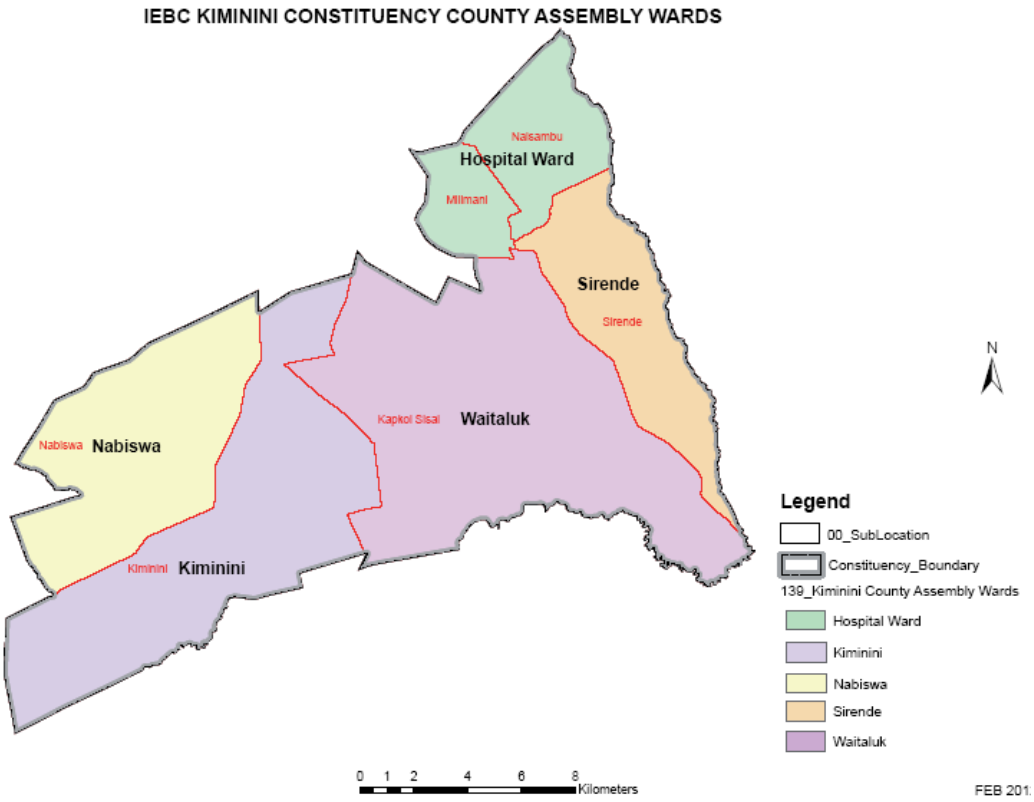
	Jul 2022	Aug 2022	Sept 2022	Oct-Nov 2022.
Activity 1	Clearance with University and NACOSTI			
Activity 2		Field Work- Data Collection		
Activity 3		Receiving of the filled questionnaires		
Activity 4			Sorting and Analysis of Data	

Appendix 4.

Geographical Map of Kiminini Sub County

Figure 22

Geographical Map of Kiminini Sub-County.



Source : https://kenyacradle.com/wp-content/uploads/2011/06/Kiminini-Constituency-Map.png

Appendix 5

Institution Letter

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Social Sciences and Development Studies

15th July 2022

The Director
National Commission for Science, Technology and Innovation
Box 30623 - 00100
NAIROBI - KENYA

RE: VITALIS BARASA ORONI **REG. NO. 1042542**

I am writing to introduce to you **Vitalis Barasa Oroni** who is a finalist student pursuing Masters of Arts in Project Planning and Management Degree at The Catholic University of Eastern Africa, Nairobi – Kenya, and to request you to assist him to accomplish his academic research requirements.

Barasa has completed all course work requirements for this programme. However, every student in the programme is required to conduct research and write a report/thesis submitted during the final years of studies.

Accordingly, Barasa's research topic has been approved. He will conduct research on the following topic:

"Project Planning and Successful Implementation of Development Projects: A Case of Level Two Health Infrastructure Projects in Kiminini Sub-County, Trans Nzoia County, Kenya"

Thanking you in advance for any assistance given to Barasa.

Sincerely yours,

Catholic University of Eastern Africa
Head of Department
Social Sciences
P.O. Box 62157 - NAIROBI

Rev. Dr. Paul Norvy VC
Head, Department of Social Sciences and Development Studies

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi – KENYA
Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

Appendix 6

NACOSTI Research Permit

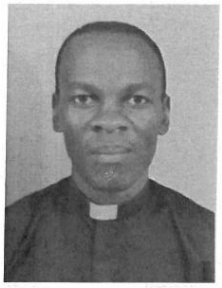
REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **840003**

Date of Issue: **25/July/2022**

RESEARCH LICENSE



This is to Certify that Fr.. Vitalis Barasa Oroni of Catholic University of Eastern Africa, has been licensed to conduct research in Transnzoia on the topic: Project Planning and Successful Implementation of Development Projects: A Case of Level Two Health Infrastructure Projects in Kiminini Sub-County, Trans Nzoia County, Kenya. for the period ending : 25/July/2023.

License No: **NACOSTI/P/22/19275**

840003

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY &
INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix 7

Authorization Letter

REPUBLIC OF KENYA
MINISTRY OF HEALTH
KITALE COUNTY HOSPITAL

Tel: +254 734-328-545
+254 718-027-045
Email: medsuptkitale@gmail.com

Medical Superintendent,
Kitale County Hospital,
P.O. Box 98-30200
KITALE

When replying please quote:
REF: KTL/KCH/08/2022/DEPARTMENT

02/08/2022

To
VITALIS BARASA ORONI
REG NO: 1042542

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on the topics "***faculty of Arts and social sciences in Partial fulfilment of the requirement for master of Arts in project Planning and management (MPM) at the Catholic university of Eastern Africa -Kenya***", I am pleased to inform you that the authority is hereby granted.

Please note that the authority granted is only administrative and is subjected to the validity of the following:

1. **Approval from a competent institution ethics review committee.**

Please ensure that your research is conducted within the time stipulated in your application. Any extension shall require fresh endorsement.

Sincerely

HEALTH RESEARCH UNIT
05 AUG 2022
TRANS - NZOIA COUNTY
P. O. Box 4211 - 30200, KITALE

Dr. Wamalwa Anthony
For: Medical Superintendent
KITALE COUNTY HOSPITAL

Appendix 8

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