



[www.strategicjournals.com](http://www.strategicjournals.com)

Volume 6, Issue 4, Article 92

**DETERMINANTS OF COMPLETION OF NON GOVERNMENTAL HEALTH PROJECTS IN NAIROBI  
COUNTY**

Kirika, H. N., Juma, D.

## DETERMINANTS OF COMPLETION OF NON GOVERNMENTAL HEALTH PROJECTS IN NAIROBI COUNTY

Kirika, H. N.,<sup>\*1</sup> & Juma, D.<sup>2</sup>

<sup>1\*</sup> Master Candidate, Jomo Kenyatta University of Agriculture & Technology [JKUAT], Kenya

<sup>2</sup> Ph.D, Lecturer, Jomo Kenyatta University of Agriculture & Technology [JKUAT], Kenya

Accepted: November 8, 2019

### ABSTRACT

*This study sought to determine the determinants of completion of Non-governmental health projects. The specific objectives were to establish the extent to which the level of funding determines completion of non-governmental health projects in Nairobi county, to assess the extent to which stakeholder's participation determines completion of non-governmental health projects in Nairobi County and to explore the extent to which effective planning determines the completion of non- government health projects in Nairobi County. The study adopted the survey research design and the target population was all the 17 NGOs under DFID in Kenya. Data was collected by use of a questionnaire and the analysed with the aid of SPSS, whilst the model chosen was linear regression. The study found out that organization should consider the factors that affect the process like efficiency of procurement process of the project facilities, ensuring total stakeholders' participation, all the resource that are relevant to the project facilitation process should be readily available and by doing that the project team will be in a position to launch the project after the successful completion of the project. This applies to all development sectors and further, the study suggested that more study be done to exploit the influence of key determinants on the completion of the project on the public sector prone to the problem of launching of projects and later experiencing unnecessary delays in commencing these kind of the projects and how the project financing should be done to ensure that the economy is not affected immensely, due to incomplete projects with huge cost implications in terms of increasing the tax burden to the public, which has been experienced by various countries not only in Africa but globally as well. The study recommended that the planning team should consider resource planning to avoid abandoning projects midway. Project need to build in flexibility in implementation and have a warning system when things are not going as per plan so that corrective action is taken. Resource mobilization and fundraising ought to be diversified so that there is a committed and varied pool of funds to enable execution of health projects. Implementing organizations should also get institutional support from Government and donors so that they build local capacity to implement the projects and also build financial, social and organizational sustainability. Local NGOs should strengthen the management by ensuring that qualified and experienced personnel who have an experience of working in the NGO world are given management positions.*

**Key Words:** Project Funding, Stakeholder's Participation, Planning, Non- Government Health Projects

**CITATION:** Kirika, H. N., Juma, D. (2019). Determinants of completion of non-governmental health projects in Nairobi County. *The Strategic Journal of Business & Change Management*, 6 (4), 1248– 1261

## INTRODUCTION

Although there have been in-depth studies on health care services and facilities in rural areas of Kenya (Ibrahim, 2012), similar studies in urban slums are missing. Thus, it is not clear what influences the high demand for health care services among the slum households, and more so given the current health reform programs intended to improve urban health. It is important for planners and professionals to know among other things, the factors that patients believe wrongly or rightly to be the determinants of quality health services as this information can provide a guide as to which policies can be used to improve health services. The lack of clear evidence on the determinants of health care demand is deepened further when one studies the outcome of a baseline survey done by UN HABIT and Republic of Kenya (2017) in Kibera slum, under the slum upgrading project. Some casual observations show that over 70 percent of the respondents did not visit government health facilities although these facilities were nearer to them than alternative facilities, choosing instead to visit alternative health facilities in their localities.

According to Munyao, (2017), alternative health facilities visited were more expensive than the government facilities in terms of both time and money costs. What was even more puzzling is the fact that, those who visited government health facilities said they faced no problem there with the availability of drugs, which in the health care literature, is held as a key determinant of the quality of health facilities (Pradhan, Sahn, & Younger, 2003). It is this lack of evidence as to what really determines health care demand particularly in slums that this paper addresses. Thus the broad objective of this paper is to explain the underlying determinants of the demand for health care services in the largest Kenyan slum (Kibera) based on a household survey conducted in 2008. In this study, the working hypothesis is that information uncertainty about the quality of a health facility can reduce or increase health care demand or leave it unaffected, depending on the kind of information

that households have about health services. Using probit results, Murithi, Makokha and Otieno (2017) indicated that resource allocation, project leadership, project planning and project monitoring, when not done on time, delays must be experienced. Some studies found that prices are not important determinants of medical care (Christian, 2003), while other studies found that prices are indeed important determinants of demand for medical care (Masombo, 2015).

Gender issues in the access to health services have been incorporated in a number of studies. Wanjau, Muiruri and Ayodo (2012) found that employee capability, technology, communication and financial resources are some of the determinants that organizations consider for completion of health projects. Oliver, Geniets, Winters, and Mbae (2015) found that individuals in households with women with higher levels of education were more likely to use curative care. Still, on education and gender, Jaurez (2002) found that for both rural and urban mothers, the likelihood of choosing public clinic as the most frequently used option increases as education level increases. Cisse (2006), in an analysis of health care utilization in Cote D'Ivoire found that household headship, education level, drug prices, and income and distance to be positively related to health care utilization. This concern is drawn from earlier baseline surveys that show the price and waiting time as having no weight in health seeking behavior of the resident of Kibera. This paper has attempted to address this surprising result from baseline survey conducted in Kibera slum (Republic of Kenya, 2017).

### Statement of the problem

Successful completion of health projects is undoubtedly a major prerequisite in the realization of our country's health provider's objectives and consequent realization of sustainable development goals (SDGs). Hospital and clinics undertake a number of projects such as: medicine provisions project, construction of hospital projects for instance, laboratory, wards, maternity wards, social hall, administration block, furniture, water facility,

ICT, and electricity infrastructure. These projects are aimed at helping to provide hospitals with conducive opportunity for health services goals. Mulwa, (2004) insists on the involvement of stakeholders in the development of projects right from the conception stage through the implementation stage up to evaluation stage.

The world over, financing and implementation of various interventions in health services has been an integral part of public planning and management. Kenya has not been an exception. Vision 2030, and lately the Big 4 agenda and other session papers before it recognized the health sector as a concrete pillar and whose success can be an enabler of overall economic growth. Given the importance of the health sector, procedures have evolved to help keep watch so that such projects are well managed to aid success. HIV/AIDS is among the most deliberated upon health issues in Africa. It has been at the centre of national and regional health policy agenda and different actors –both state and non-state have taken steps to resolve the pandemic (WHO, HIV/AIDS). 71% people suffering from the HIV/AIDS infection are found in Sub-saharan Africa. That amounts to 25 million people of which 1.6 million live in Kenya (WHO, 2013).

Although project failure in mainstream project management has received a lot more attention than project success, there are quite some significant studies on factors that impact project performance. Many researchers including (Naomi, 2014) have investigated indicators of NGO success and impact on NGO role in HIV Policy process in Kenya project performance and as a result have provided a number of factors believed to affect project performance.

Sansom (2011) and Bernal et al (2014), concluded that project performance for HIV/AIDS projects is impacted by the four variables especially in Africa though available is still not fully developed An attempt to establish critical success factors that impact performance of health sector projects.

However little has been specific on the determinants of completion of NGO health projects and this study sought to bridge the gap by studying the determinants of completion of non-governmental organisation health projects.

### **Objectives of the study**

The general objective of this study was to establish the determinants for completion of non - governmental health projects in Nairobi County, Kenya. The specific objectives were;

- To establish the extent to which the level of funding determines completion of non - governmental health projects in Nairobi county
- To assess the extent to which stakeholder's Participation determines completion of non - governmental health projects in Nairobi County.
- To explore the extent to which effective planning determines the completion of non-government health projects in Nairobi County.

### **LITERATURE REVIEW**

#### **Rational choice theory**

The theory was developed by Becker (1992). It is also known as choice theory or rational action theory, is a framework for understanding and often formally modeling social and economic behavior. The basic premise of rational choice theory is that aggregate social behavior results from the behavior of individual actors, each of whom is making their individual decisions. The theory also focuses on the determinants of the individual choices methodological individualism. Rational choice theory then assumes that an individual has preferences among the available choice alternatives that allow them to state which option they prefer. These preferences are assumed to be complete (the person can always say which of two alternatives they consider preferable or that neither is preferred to the other) and transitive (if option A is preferred over option B and option B is preferred over option C, then A is preferred over C). The rational agent is assumed to take account of available information, probabilities of events, and potential costs and benefits in determining preferences, and to act

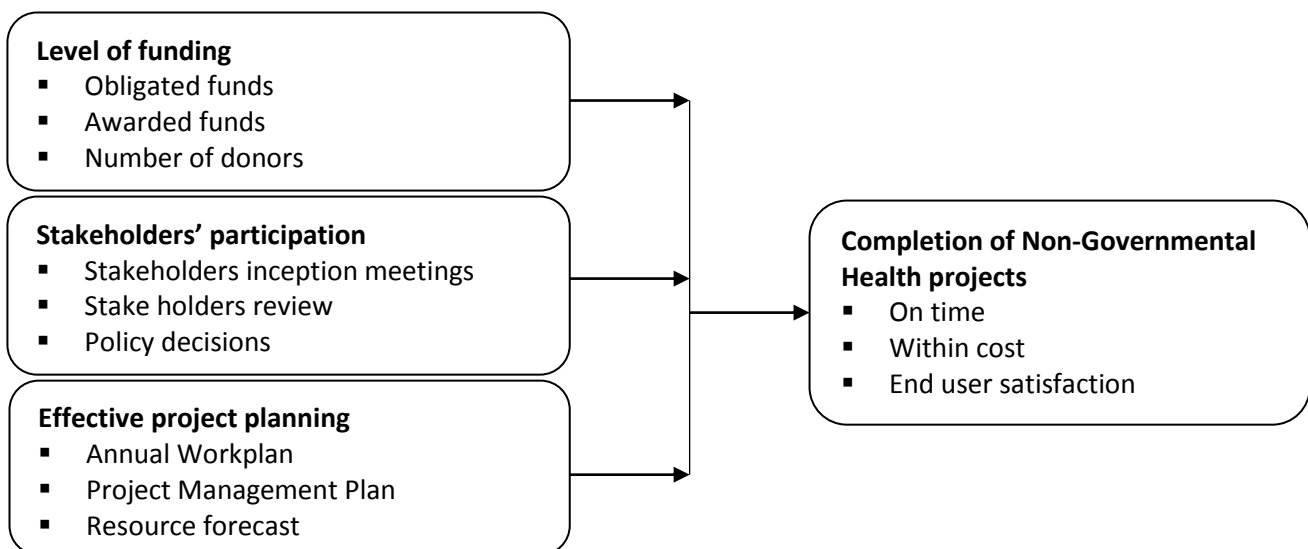
consistently in choosing the self-determined best choice of action. Rationality is widely used as an assumption of the behavior of individuals in microeconomic models and analyses and appears in almost all economics treatments of human decision-making. The theory is relevant to the study in that it provide the basis for the choice when it comes to the tendering of the resources.

**Resource Dependence Theory**

In resource dependency theory nations that are developed actively keep developing nations in alert position, often through economic force by instituting sanctions in a subservient position, often through proscribing free trade policies attached to loans granted by World Bank or by International Monetary Fund this was viewed as the major factor to the origin of the Non-governmental organizations especially the ones operating in the third world countries. The theory of dependency goes way back in 1949 where it was observed that the terms of trade for underdeveloped countries relative to the developed countries had deteriorated over time, the underdeveloped countries were able to purchase fewer and less

manufactured goods from the developed countries in exchange for a given quantity of their raw materials. In dependency theory the degree of dependency increases as time goes on wealthy countries are able to use their wealth to further influence developing nations into adopting policies that increase the wealth of the wealthy nations, even at their own expense. And this was what the NGO projects are meant to provide to its beneficiaries upon completion of the projects.

Similarly they are able to protect themselves from being turned on by the developing nations, making their system more very secure as time goes on most so when it comes to the hospital facilities. In describing poverty, Alkire and Santos (2013) indicated that the level of poverty in Sub Sahara is an evidence of the developing needs that the NGOs tend to bridge. The evidence provided by Chen and Ravallion (2010) in the describing poverty puts the global number people living with below poverty line of \$ per day in sub-Sahara Africa at 298 million up from 168 million and these people cannot afford good medication when they are seek.



**Independent variable**

**Dependent variable**

**Figure 1: Conceptual framework**

**Source: Author 2019**

**Level of funding**

Important feedback on the performance of funded projects comes from the donor community. There

are varied development assistance donors to the developing and developed world. These include the

World Bank, United Nations bodies, the European Union and bilateral donors, non-governmental organizations and foundations (Bechange, 2010). Successful projects in HIV/AIDS sub-sector of health will ideally have secure funding for the whole project locked in multi-year contracts, the payment structure should always be staggered and disbursed as the previous tranche is accounted for such that cash flow difficulties do not arise (Ika, 2012). Brown (2013) noted that health projects such as HIV/AIDS ones require high assurance planning, leadership, funding and community input to serve as the basis that informs decisions on programming. PricewaterhouseCoopers (2014) identify establishing project costs, committed funding, and a deliberate project entered financial management framework that includes cost monitoring and reporting. Steinfort and Walker (2007) in their study note that 'sufficient financial and non-financial resources being specifically dedicated for the project based on details obtained from a well thought success factor.

Secure financing goes hand in hand with managing project costs and budget throughout the project's phases to ensure that expected resource constraints. Many project funders tend to prefer financing short term specific issue projects since they have higher impact; Effective aid, however usually requires core unrestricted funding over a longer period in order to empower local institutional strengthening. NGOs working in the health sector and implementing projects such as family planning and HIV/AIDS therefore, need to develop a mix of short term and longer term projects (Birdsall, 2004). Increase in health sector investment by partners in the sector has tended to focus on certain health conditions (notably HIV/AIDS, TB, Malaria, Ebola, Water and Sanitation and Yellow Fever).

The global health financing arena has undergone a revolution in the last decade with the emergence of billion-dollar global health collaborations such as the BMGF, GAVI Alliance and Global Fund. These have been instrumental in raising financing

committed for projects that to make available preventive and curative programmes for various ailments. Many successful health projects in Kenya have tapped into the above sources of funds (Oxford Policy Management, 2012). Certainty in financing, sufficient funding both locally and from other health partners increases the probability that a health project will be successful. The successful projects are those that are able to lock in long-term commitments of financing. Steady enough resources are requisite to enable sustainable programs that deliver the appropriate impact. Ideally, long term and consistent funding is more suitable when applied to HIV/AIDS interventions, both preventive, curative and treatment thus preventing the risk of disease relapses and manage infections.

The Successful NGOs in health also have their priority is to get funding from multiple sources. In this times of shifting donor priorities and donor apathy, it makes financial sense to try and raise money elsewhere such as corporate foundations when the main source becomes unavailable (Kraeger, 2011). Population Services International (PSI) which is involved in HIV/AIDS prevention has come up with a model that helps them manage fundraising risk by tapping into several federal and other partners each of whom has their own restrictive practices.

### **Effective project planning**

Planning when done effectively has been known to lead to success of projects using all the parameters of time, cost and quality (Hermano, et al 2012) Their review provided planning as plausible explanation for the success of development projects –that they are able to meet set targets due to effective planning. This project performance factor has been supported by other researchers among them (Agheneza, 2009) and (Khang, & Moe, 2008). They indicated that the process of project planning and implementation is able to resolve inherent challenges ranging from conceptual differences about the projects if there are well thought out and capture proper technical and

economic considerations. Further, they should have the necessary basic information obtained through sufficient investigation and surveys to adequate project monitoring throughout the project lifecycle and in-depth evaluation exercise. Where all the above factors are considered, development projects such as health projects tend to have strong links between sectoral planning and project identification, /feasibility and formulation, and between project preparation/project appraisal and project implementation (Golini & Landoni, 2013).

An important characteristic of effective planning is listening and considering the views and requirements of beneficiaries during the planning process. Where there is no input from local stakeholders and beneficiaries or their perspectives and experiences from other projects are not sought during the planning stage, they may tend to see the project as having been imposed on them and not meeting their immediate needs. The risk is that they may remain indifferent to the project whereas ownership is critical to optimal performance. Health sector projects such as family planning and HIV/AIDS may thus succeed where the community feels a sense of ownership as the community will feel responsible for ensuring that they succeed (Virgo, 2007).

Hershey (2013) concluded that poor planning, lack of experience among the executing teams, scope creep, change in project design, project complexity and fraudulent practices may results in budget overruns. HIV prevention interventions demand a thorough, results-driven, objective oriented framework that is alive to the actual situations of the groups afflicted by the scourge, and that are in tandem with the national HIV plan (UNAIDS, 2007). Planning when comprehensively done and clearly thought through sets up a project for success from the start. It is imperative that stakeholders are brought on board from the initial planning stages and always be in the know as to which direction the project is going. Planning helps teams achieve targets, deadlines and stay organized and focused on the goal. As part of planning health interventions

including HIV/AIDS projects, stakeholders should be kept aware of project progress (Mishra, 2012).

A suitable plan takes in to account all financial and non-financial resources and builds within a corrective mechanism so that remedial action is instituted when deviations are above normal (Goatham, 2013). Successful planning uses successful and optimal performing projects as benchmarks for other future projects. This enables institutionalization of learning. In this way unnecessary hurdles that come with building a project from scratch are circumvented. The more often a template is reused for project planning near accurate timelines and budget estimates will be achieved. Successful HIV prevention and control stories in Uganda have been replicated across Africa (UNAIDS, 2008).

Project Management Institute recommends between 10 and 15 percent provision for contingency in planning. It is prudent to be a little pessimistic and deliver early as opposed to being overly optimistic and delivering later than planned (Moir, 2015). Determining the scope of the project to be implemented may be difficult where a considerable amount of time is not spent upfront properly planning. The result is an increase in success ratios throughout projects being carried out by particular NGOs that take planning seriously (Harding, 2012).

Project planning enables efficient allocation and use of available resources. Developing the work breakdown structure and cost breakdown structure and making the necessary adjustments along the way requires detailed planning to ensure a project is moving towards achievement of pre-set objectives. Successful projects seek to employ limited resources while maximizing output and effectiveness (Zwikael et al, 2014). Planning may seem time consuming at the start but will yield minimum rework and rescheduling later (Ika, 2009). Project planning with clarity and correctness may turn out to be a repetitive process until we get it right, but it may save the project a lot of cost and time in future. The risks associated with poor

planning necessitate that the planning exercise be as meticulous as possible to enable the project achieve success (Kerzner, 2009).

### **Completion of Non-governmental Health Project**

Completion of projects means different things to different people, but many people agree that it includes the following activities: Launching the project, coordinating roles and responsibilities, directing and managing project implementation, managing communications, managing the project team, managing issues, and risk and finally managing organizational capacity most so when it comes to the hospital projects. On the other hand, successful completion of project is a statement that is so general and wide in nature that it is difficult to define and obtain mutual agreement when asked from a different individual. Judgev and Muller (2005) definition of a successful completion of project constitutes the gaining of consensus from a group of people on the definition of good art. Notably, Baccharini (1999) point out that project success is a topic that is frequently discussed but rarely agreed on. Generally, the views on project success have evolved over the years from simple definitions that were limited to the implementation phase of the project life cycle to definitions that reflect an appreciation of success over the entire project and product life cycle (Judgev & Muller, 2005).

Kenya's development has become driven by donor-funded interventions. The dictates of the stakeholders who were actively funding the development and restructuring of all sectors of the Kenyan economy, propelled the prominence of project management in the 1980s as a better alternative for delivering development interventions. The not-for-profit private and public sector, who were the active agents in the transformation of the various sectors of the economy most so the health sector, enhanced their capacity to embrace project development agenda for better and successful management. The increase of the non-profit making organizations often referred to as non-governmental

organizations (NGOs) has culminated into the use a Project Management approach in implementing their interventions. Mainly, this is because of the restrictive nature of the scope of the projects, the time frame for delivering development interventions, as well as the budget or resources allocated, all of which are determined by donors and funders (Bigsten, 2006).

Kenya, like most developing countries, has been able to develop the hospitality industry with the support of donor partners and using projects and project management. These development projects range from the refurbishment of basic clinics and hospitals in various districts, the provision of medicine and medication services, support for agriculture and agribusiness, the construction of roads, transportation, and the rural electrification project to name a few (Millennium Development Authority, (2011).

### **METHODOLOGY**

To achieve the objectives of the study, a descriptive survey approach was employed by the researcher to carry out in-depth investigations leading to the understanding of the determinants of the completion of health projects by non-profit making organizations. The target population of this study included all 47 departmental heads from the 17 Non-profit making organization working under the umbrella of DFID Kenya known for facilitating health programs. A sample frame was drawn to present the elements of the entire population of this study. The study used both questionnaires and interviews. Data was analysed using both qualitative and quantitative techniques. Qualitative data was analysed by content analysis method and quantitative data through questionnaires, was analysed through Statistical Package for Social Sciences (SPSS version 21.0) computer software for analysis. Inferential analysis involving correlation analysis and regressions was also used. Regression analysis was done to establish the relationship between the variables in the study.



## FINDINGS AND DISCUSSION

A total of 47 questionnaires were administered for the in-depth investigation of the determinants of the completion of Nongovernmental Health projects of which 42 questionnaires were duly filled and return translating to 89.36% response rate. This

response was good enough and representative of the population and conforms to Mugenda and Mugenda (1999) stipulation that a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and above is excellent.

### Level of Funding

**Table 1: Statements relating to the level of funding**

Statement	5	4	3	2	1
Level of funds allocated to projects determines the completion of non-governmental health projects.	25%	34%	0%	22%	09%
Level of committed funds determines the completion of non-governmental health projects	28%	37%	2%	19%	14%
The number of donors determines the completion of non-governmental health projects	29%	38%	1%	18%	14%

The study sought to find out the level of agreement of the respondents to the statements relating to level of funding of project facilities, where various reactions were noted from the statements. On the statements that through funding procuring clinical facilities to be used in the project is made possible and faster, 69% majority of the respondents were in agreement with the statement indicating that with funds projects are fastened and made very possible while 31% of the respondents were in disagreement with the statements alluding that there are other factors to consider besides funds. 65% of the respondents were in agreement with the statement that level of committed funds determines the speed within which projects are completed. However, 2% of the respondents had no idea while 33% were in disagreement. Majority of the respondents summing to 67% were in agreement with the

statement that number of donors determine the completion of projects, on the other hand 32% of the respondents were in disagreement with the statement that level of funds becomes very efficient when the project to be undertaken has enough and available money, as 1% were neither in agreement nor disagreement. These findings were in agreement with Keeyes, (2012), where the study found out that projects become very efficient when there is enough and available funds.

The study sought to find out extent to which funding determines project completion, 23% of the respondents indicated very great extent, 24% indicated great extent, 34% indicated moderate extent and 19% indicated less extent. From this finding it's clear that funding affects project progress.

### Project planning

**Table 2: Statements relating to effective project planning**

Statement	5	4	3	2	1
Annual workplan determines the completion of non-governmental health projects	24%	32%	3%	22%	19%
Annual project plan determines the completion of non-governmental health projects	24%	33%	2%	23%	18%
Resource allocation determines the completion of non-governmental health projects	19%	28%	19%	18%	16%
Project to be undertaken undergoes development structure stage to ensure in time completion	25%	31%	1%	22%	21%

The study sought to find out how project planning enhance completion of non-governmental organization projects, where the researcher drew statements relating to project planning to seek opinion of the respondents. In this regard, 56% of the respondents were in agreement with the statement that work breakdown determines the completion of health. 41% of the respondents were in disagreement with the statement work breakdown determines the completion of health, while 3% of the respondents remained neutral. On the statement that strengths are determined to eliminate any form of weakness that would hinder the project completion, 57% of the respondents were in agreement with the statement, 41% of the

respondents were in disagreement as 2% of the respondents were neither in agreement nor in disagreement. Majority of the respondents summing to 47% were in agreement with the statement that the organizational structure has no duplication, 34% on the other hand were in disagreement with the statement as 19% of the respondents remained neutral, and indicating that organizational structure slightly has no duplication. On the statement that project to be undertaken undergoes development structure stage to ensure in time completion, majority of the respondents summing to 56% were in agreement with the statement while 43% of the respondents were in disagreement, as 1% remained neutral.

### Completion of non-Governmental Health projects

**Table 3: statements relating to completion of non-governmental health projects**

Statement	5	4	3	2	1
Upon completion of the projects the implementing organization consolidate and assess whether it is within stipulated time.	22%	36%	3%	20%	19%
Directing and managing project effectively ensures implementation and completion of non-Government health projects within budgeted costs.	20%	34%	2%	23%	19%
Completed projects serve the intended purpose and have end user satisfaction.	26%	35%	3%	20%	16%
Project Capacity being one of the factors leading to completion of health projects, whereby the more complex the capacity the lower the completion rate, similarly, the lower the complexity, the faster the completion rate of the project	23%	28%	10%	23%	16%

On the statement of upon completion of the projects the implementing organization consolidate for project launching as indication of accomplishment majority of the respondents adding up 58% were in agreement and stressing that the launching process is done so that the beneficiary can use the project on time, 3% of the respondents were not aware of the project implementation and launching hence did not respond to the statement and the remaining 39% were in disagreement claiming that there is no way implementing organization can consolidate for the project launching since the project is guided by the time schedule and when it comes to the launching process it must be launched with or without organization consolidation.

On the statement of directing and managing project effectively ensures implementation and completion of non-Government health projects majority of the respondents adding up to 54% were in agreement asserting that directing and managing a project will always leads to completion and for the project management team should ensure that they are available for their management role on the project to be effective, 2% of the respondents neither agreed nor disagreed since they were new in the office and had no idea about the project management process in an organization and the remaining 44% were in contrary opinion stressing that despite the fact that the directing and managing projects are vital, for the project to come to the completion and implementation it require

proper funding and clear guidelines policies as the only way to achieve the completion of the project in an organization.

On the statement that coordinating project helps in completion of non-governmental health projects majority of the respondents summing up to 61% stressing that it is for the work of project controller that will yield to the quick completion and implementation of the project in an organization and only those project that are being controlled in a proper manner are the ones launched on time. Few of the respondents adding up to 3% neither agreed nor disagreed with the statement and remaining 36% were in disagreement claiming that though coordination is one of the better way of ensuring the completion on time, willingness to work on the project by the project management team should be considered as the major factor leading to faster completion and launching of the project.

Last but not least on the statement of Project Capacity being one of the factors leading to

completion of health projects, whereby the more complex the capacity the lower the completion rate, similarly, the lower the complexity, the faster the completion rate of the project different reactions were observed where 51% were in agreement claiming that the bigger the project in terms of size the longer the period it will take before its launch, 10% of the respondents neither agreed nor disagreed with the statement and the remaining 39% were in contrary opinion asserting that when the resources in terms of fund and personnel are available, it will not matter whether the project is big for the completion and launching to take into effect.

### Inferential Statistics

#### Correlation Analysis

Pearson's correlations thus performed 95% analysis confidence interval was and 5% confidence level 2-tailed. The Results from data relating to the factor are analyzed in Table 4.

**Table 4: Correlation Matrix**

	Project completion time Funding	Stakeholders involvement	Effective Planning
Project completion (r)	1.000		
(p) Sig. (2 tailed) Level of			
funding (r)	0.894	1.000	
(p) (2 tailed)	0.018		
Stakeholder Involvement (r)	0.493	0.316	1.000
(p) Sig. (2 tailed)	0.031	0.047	
Effective planning (r)	0.661	0.163	0.216
(p) Sig. (2 tailed)	0.024	0.019	0.047

Table 4 showed the correlation matrix between the dependent and independent variables (funding, stakeholder's Participation and effective planning) and completion of non-governmental health projects in Nairobi County. Analyzing the Table, there is inferred the relationship existent between performance of health projects and funding, stakeholder's Participation and effective planning was positive to the magnitude of 0.894, 0.493 and

0.661 respectively. The positive relationship signified a correlation between the factors and the completion of non-governmental health projects with project funding having the highest value and stakeholders' involvement having the lowest correlation value.

Nevertheless, all the factors had a significant p-value ( $p < 0.05$ ) at 95% confidence level. The

significance values for relationship between project completion and level of funding, stakeholder's Participation and effective planning 0.018, 0.031 and 0.024 respectively. This implied that funding was the most significant factor, followed by effective planning then stakeholder's Participation while effective planning was the least significant.

### Regression Analysis

A multiple regression analysis was conducted to test the relationship among variables (independent) on the project completion. SPSS Version 21.0 was used to code, enter and model the relationship between the four independent variables and the dependent variable.

Coefficient of determination explains how

**Table 5: Model Summary**

Model	R	R Square	Adjusted R Square	STDV. Error of the Estimate
1	.810	0.656	0.632	0.84564

Coefficient of determination was applied to appraise the model fit. The adjusted  $R^2$  referred to as the coefficient of multiple determinations, represents a percentage of variance in the dependent variable explained differently or together by the independent variables. From the model fit, we got an average adjusted coefficient of determination ( $R^2$ ) of 0.632 suggesting that 63.2% of the variations in completion of non-governmental health projects could be explainable

**Table 6: Summary of One-Way ANOVA Results**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.528	4.000	4.882	8.219	.000 <sup>b</sup>
	Residual	88.506	149.000	0.594		
	Total	108.034	153.000			

Critical value =2.50

The ANOVA statistics resulting from the data have helped the study establish that the regression model had a significance level of 0.00% which indicates the data was suitable in reaching a conclusion on the population parameters as the

magnitude of changes in the dependent variable can be explained or attributed by a change in the independent variables or the percentage of variation in the dependent variable (in this case completion of non-governmental health projects) that is explained by all the three independent variables (level of funding, stakeholder 's Participation and effective planning).

### Model Summary

In this study, a multiple regression analysis was conducted to test the influence among predictor variables. The research used SPSS V 21.0 to code, enter and compute the measurements of the multiple regressions. The model summary is presented in the Table 5.

by the independent variables under the study research (level of funding, stakeholder 's Participation and effective planning). The difference of 36.8% is attributable to other factors that are not the subject of this study.

### ANOVA

This research study also tested the significance of the model using the ANOVA technique. Resulting findings were presented in Table 6.

value of significance (p-value) were less than 5%. The value calculated was more than the critical value ( $8.219 > 2.50$ ) indicating that adequate funding, stakeholder's Participation, effective planning and project leadership all have a

significant effect on health project performance. Given that we have a significance value which was lower than 0.05 we can conclude that the model was significant.

### Coefficients of Determination

The study applied the coefficient Table to determine the study model. The resulting findings were presented in the Table 7.

**Table 7: Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	STDV. Error	Beta		
1 (Constant)	1.176	0.317		0.555	0.002
Adequate funding	0.596	0.143	0.670	4.168	0.001
Effective planning	0.569	0.118	0.394	4.822	0.000
Stakeholder 's Participation	0.492	0.122	0.413	4.033	0.003

The SPSS generated output as presented in Table above, the equation ( $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon$ ) becomes:

$$Y = 1.176 + 0.596X_1 + 0.569X_2 + 0.492X_3$$

From the regression equation, taking all factors into account; (adequate funding, stakeholder's Participation and effective planning) held constant at zero, timely non-governmental health project will be 1.176. On the other hand, holding other factors constant, a unit change in funding would lead to an improved project performance by a factor of 0.596; a unit change in stakeholder's Participation when holding the other factors constant would lead to a 0.492 improvement in project completion; a unit change in planning when holding all the other factors constant would lead to a positive change in the project completion by a factor of 0.569. The findings further agree with Ayodele (2011) that funding was key to achieving and realizing optimal project performance.

The test found that all the constructs in the study were reliable. The overall reliability test results of the questionnaire indicated that the research instrument was reliable and hence was used for the main study giving reliable results that was used to show possible implication of data results. The overall test therefore concluded that the questionnaire tool was reliable and results were valid informing the research need.

### SUMMARY

The study sought to find out the level of agreement of the respondents to the statements relating to the level of funding of health facilities. There were various reactions noted from the statements, and most notable was that the level of funding for procurement of clinical facilities to be used in the project, was realised and facilitated, when the obligated and awarded funds were made available in a timely manner. Majority of the respondents were in agreement with the statement indicating that with funds being obligated and awarded in a timely manner, projects are fast-tracked and realised in a timely manner as per the indicated work plan. A few of the respondents were in disagreement, alluding that there are other factors to consider besides the level of funding, and later asserted that inadequate funding normally slowed down the speed within which projects are implemented due to delays in the procurement process. Respondents stated that procurement of project facilities becomes efficient when the project to be undertaken has adequate level of funding, for the achievement of the overall project objectives and intended outputs.

The research revealed that effective planning influenced the completion of non- governmental health projects in Nairobi County, that resource allocation determines the completion of projects. Work breakdown structure determines completion

of non- governmental health projects in Nairobi county and that the annual plan/strategic plan determines the completion of non- governmental health projects. That effective planning determines the completion of non- governmental health projects to a great extent. The findings agree with a research by UNAIDS, (2007) that planning /AIDS prevention programs requires meticulous, results-driven, objective oriented procedures and process that addresses the real situation of the individuals and groups most affected by the epidemic. These should then be well captured in national health projects strategy. The above findings support the research by Kimani, (2009) that planning helps teams achieve targets, deadlines and stay organized and focused on the goal.

The study also revealed that deliberate planning for the project helps the team to anticipate and address implementation challenges, thereby mitigating negative impacts on milestones, effective planning results in a smoother project life cycle hence minimizing overall failure, planning helps each member to be better prepared to execute their role and understand their contribution. With proper planning, project management can make an informed prediction of time and resource needs that will adequately complete the project. The foregoing findings agree with research by Hermano, *et al* (2012) that inadequate planning, inadequate experience among the executing teams, scope creep, and change in project design, project complexity and fraudulent practices may results in budget overruns.

The completion of non- governmental health project depends on a number of factors that were suggested by the respondents and includes upon completion of the projects the implementing organization consolidate for project launching as indication of accomplishment where majority of the respondents stressing that the launching process is done so that the beneficiary can use the project on time, directing and managing project effectively ensures implementation and completion of non- Government health where management team ensures that they are available for their

management role on the project to be effective, it also require proper funding and clear guidelines policies as the major ways to achieve the completion of the project in an organization.

## **CONCLUSION**

In conclusion to assess of the determinants of the completion of Non-Governmental Health projects, the organization should consider the factors that affect the process, such as level of funding, efficiency of procurement process, ensuring total stakeholders' participation, and effective planning to enable the project team be in a position to achieve the objective of the project.

## **RECOMMENDATION**

It was recommended that funding procuring clinical facilities to be used in the project should be made possible and on time since delays in Funding normally slowed down the speed within which projects are implemented leading to delays in the project implementation process. Procurement becomes very efficient when the project to be undertaken has enough and available money for the facilitation of the project.

The study recommended that effective project planning should be looked into this will enhance completion of non-governmental organization projects, where work break down and allocation of resources to be done on a balanced manner to ensure completion of projects. The team should ensures organizational structure that plays vital role in the project completion since the project must undergo development structure stage to ensure completion

## **Suggestions for further Research**

The study suggested that further study be done to exploit the influence of key determinants on the completion of the project on the public sector where the launching of projects are done today and further take unnecessary time to commence the project and how the project funding be done to ensure that the economy is not affected immensely has been experience by various countries not only in Africa but in the whole world.

## REFERENCES

- Becker, G. S., & Murphy, K. M. (1992). The division of labor, coordination costs, and knowledge. *The Quarterly Journal of Economics*, 107(4), 1137-1160.
- Bigsten, A. (2006). Donor coordination and the uses of aid. *rapport nr.: Working Papers in Economics*, (196).
- Chen, S., & Ravallion, M. (2010). The developing world is poorer than we thought, but no less successful in the fight against poverty. *The Quarterly Journal of Economics*, 125(4), 1577-1625.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *psychometrika*, 16(3), 297-334.
- Donaldson, L., & Davis, J. H. (1991). Stewardship theory or agency theory: CEO governance and shareholder returns. *Australian Journal of management*, 16(1), 49-64.
- Dow, G., Browne, A., & Sibbald, R. G. (1999). Infection in chronic wounds: controversies in diagnosis and treatment. *Ostomy/wound management*, 45(8), 23-7.
- Gratton, C., & Jones, I. (2010). *Research methods for sports studies*. Routledge.
- Ibrahim, A. A. (2012). *Factors influencing sustainable funding of non-governmental organizations in Kenya: a case study of Sisters Maternity Home (Simaho) in Garissa (Doctoral dissertation, University of Nairobi, Kenya)* (Doctoral dissertation, University of Nairobi, Kenya).
- Keeyes, L. A. (2012). Emerging Sustainable Development Strategy in Projects: A Theoretical Framework. *PM World Journal*, 1(2), 1-12.
- Kenkel, D. (1990). Consumer health information and the demand for medical care. *The review of economics and statistics*, 587-595.
- Kothari, A., Birch, S., & Charles, C. (2005). "Interaction" and research utilisation in health policies and programs: does it work?. *Health Policy*, 71(1), 117-125.
- Livesey, H., & Challender, S. (2002). Supporting organizational learning: a comparative approach to evaluation in action research. *Journal of nursing management*, 10(3), 167-176.
- McGillivray, M., Feeny, S., Hermes, N., & Lensink, R. (2006). Controversies over the impact of development aid: it works; it doesn't; it can, but that depends.... *Journal of International Development: The Journal of the Development Studies Association*, 18(7), 1031-1050.
- Mugenda, A. (2003). *Research methods Quantitative and qualitative approaches by Mugenda. Nairobi, Kenya*.
- Munyao, M. S. (2017). *The Role of program of works in completion of Construction Projects in Kenya* (Doctoral dissertation, UNIVERSITY OF NAIROBI).
- Mwabu, G. M. (1986). Health care decisions at the household level: results of a rural health survey in Kenya. *Social Science & Medicine*, 22(3), 315-319.
- Nastasi, B. K., & Hitchcock, J. H. (2015). *Mixed methods research and culture-specific interventions: Program design and evaluation* (Vol. 2). SAGE Publications.
- Nikkhah, H. A., & Redzuan, M. R. B. (2010). The role of NGOs in promoting empowerment for sustainable community development. *Journal of Human Ecology*, 30(2), 85-92.
- Oliver, M., Geniets, A., Winters, N., Rega, I., & Mbae, S. M. (2015). What do community health workers have to say about their work, and how can this inform improved programme design? A case study with CHWs within Kenya. *Global health action*, 8(1), 27168.
- Saunders, M., Lewis, P., & Thornhill, A. (2007). *Research methods for business studies. Second Impression, Dorling Kindersley (India) Pvt Ltd*.
- Singleton, S. Straits (1993) Singleton, R., Straits, B., & Straits, M. (1993). Approaches to social research.
- Wanjau, K. N., Muiruri, B. W., & Ayodo, E. (2012). Factors affecting provision of service quality in the public health sector: A case of Kenyatta national hospital.
- World Bank Group. (2014). *World development indicators 2014*. World Bank Publications.