



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

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ABSTRACT

Project activities in private and public health sectors are on the increase and this calls for better project management to ensure successful completion of projects that the organizations are engaged in. This study sought to establish how project management implementation practices have led to the provision of reproductive health services in Hospitals in Nairobi County; that is Nairobi Women's Gender Based Violence Recovery Centre and Family health options Kenya. This study will benefit policy makers, practitioners, and scholars in the area of project management implementation. Research and publication on the contribution of project management implementation to health provision will highlight the value of project management implementation office and encourage managers to adopt project management implementation practices. The respondents were purposively selected from the levels of Executive Directors, Project Managers and Program Officers who are the main custodians of information of their organizations. Primary and secondary data was collected for the study. The researcher used a questionnaire to collect primary data from the population and secondary data was collected from the Government reports and other related studies. The study had a target population of 26 project staff. A pilot on the instrument was conducted at ROMACY reproductive health organization to determine instrument reliability. The questionnaire consisted of closed ended questions. The collected data was analyzed using descriptive statistics and some level of inferential statistics which helped interpret the correlation of the independent variable to the dependent variable. Data was presented using tables and figures. From multiple regressions, it was inferred that the use of information technology was significant in explaining the provision of health services at a 1% significance level, followed by monitoring and evaluation, donor partnership practices, and lastly stakeholder participation. The study concluded that monitoring and evaluation has greatly contributed to organizational learning and result orientation. Information technology has substantively contributed to knowledge management. Adequate stakeholder engagement and the donor partnership practices are a huge asset for the sustainability and success of reproductive health projects. The study recommends the adoption of project management implementation practices by Organizations implementing reproductive health projects and further research on other project management implementation practices contributing 64.8% of success for the projects.

Keywords: Performance, Project Management, Project Performance, Project Success.

1.0 INTRODUCTION

Project management is defined as a process that is established in an organization to organize and manage the resources that are in place for specific activities in the organization to avoid wastage (Muller, 2009). According to project management institute body of knowledge (PMBOK), projects which are temporary endeavors undertaken to meet unique goal and objectives within a defined scope budget and time frame, typically go through a life cycle (OMI, 2008). The project life cycle which is logical sequence of activities to accomplish the project goals is made up of five stages namely the project initiation stages, the project planning stage, the project execution stage, the monitoring and controlling stage and the project closure stage. Attention to detail, along with the involvement of key stakeholders and proper documentation at each stage ensures the success and quality of the project. The sequential phases are generally differentiated by the set of activities that are carried out within the phase, the key actors involved the expected deliverables and the control measures put in place (project management institute (PMI), 2004). For a period now project management was considered as a branch of engineering (Shi, 2010). However, now project management can be applied in different fields to achieve organizational transformation (Winter, Smith, Morris, & Cicmil, 2006).

In the Scandinavian region, healthcare services have largely been characterized by an increasing amount of work done in projects since early 2000s (Suhonen et al., 2011). A study carried out to analyze healthcare projects from the viewpoint of planning, implementation and evaluation of projects indicated that, healthcare projects are heavily funded in the Scandinavian countries just like other regions in the globe. The research indicated that over 1.1 million euros were spent by 58 hospitals in healthcare projects between the years 2008-2010. This study recommended the need for integration of projects in the hospital strategy as a primary key to successful development work (Rosacker et al., 2010). Project management implementation practices in developing African countries remain very critical due to the advancement of technology, the increasing complexity of projects and the scarcity of human capital (Crawford et al., 2006).

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

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

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

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

1.2 STATEMENT OF THE PROBLEM

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

1.3 OBJECTIVES OF THE STUDY

This study has both general and specific objectives

1.3.1 General Objective

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

1.3.2 Specific Objectives

To assess how the use of information technology practices influence provision of reproductive health services in selected hospitals, in Nairobi County.

To assess how the adoption of stakeholders involvement practices influence provision of reproductive health services in Hospitals in Nairobi County

1.4 Research Hypothesis

H01. Information and technology has no significant effect on provision of reproductive health services in selected hospitals?

H02. Stakeholder's involvement has no significant influence in the provision of reproductive health services in the Hospitals in Nairobi County?

2.0 LITERATURE REVIEW

2.1 THEORETICAL REVIEW

The study was based on the theory of constraints and stakeholder theory

2.1.1 Theory of Constraints

The theory of constraints, introduced by Eliyahu Goldratt in 1984, aims to help organizations to constantly achieve their goals. Project management derives the concept of critical chain project management from this theory. The underlying assumption of the theory of constraints is that organizations can be measured and controlled by variations on three measures: throughput, operational expense, and inventory (Carrin & Chris, 2005). The theory further stipulates that, only by increasing flow through the constraint can overall throughput be increased. In order to increase flow, the organization needs to identify the system's constraints, decide on how to explore the constraints, pool resources towards the decisions, elevate the system's constraints and evaluate the outcome of the process. One significant strength of theory of constraints is that it borrows from more than 40 years of previous management science research and practice, particularly from program evaluation and review technique/ critical path method and (PERT/CPM) and the just in time strategy (Marnwick & Labneuschag, 2011).

2.2.2 Stakeholder theory

The stakeholder theory coined by Freeman forms a ground for many other developments on stakeholders' management. Freeman's stakeholders theory evolved through his "Strategic Management: A Stakeholder Approach" which became the theoretical ground for further developments. Stakeholder theory is a theory of organizational management and ethics (Phillips, Freeman, & Wicks, 2003). Stakeholder scholar Stout (2012) stated that this is a misinterpretation as law has not defined the purpose of a business to capitalize on shareholders; law simply says to do the lawful. The stakeholder view of strategy integrates both a resource-based view and a market-based view, and adds a socio-political level. The stakeholder's theory is relevant to this research as it is in line with the research question.

2.3 Conceptual Framework

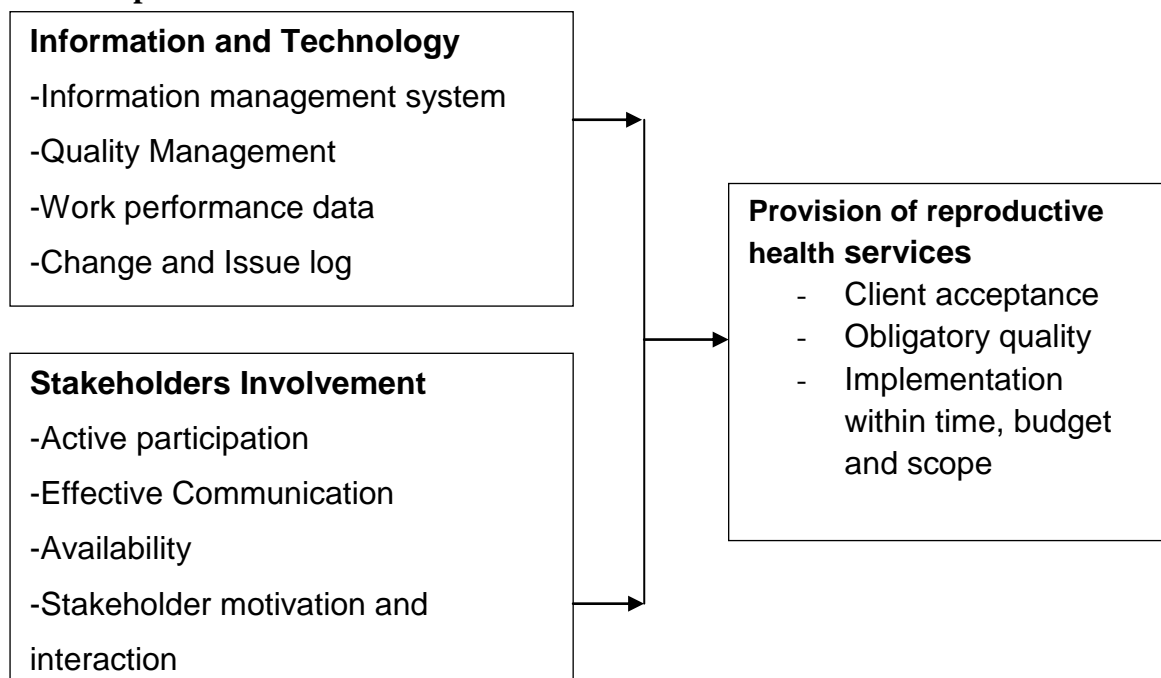


Figure 1: Conceptual Framework

2.4 Empirical Literature

2.4.1 Information technology practices and reproductive health projects

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

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

Information technology facilitates communication and allows timely and efficient passing on of relevant information for action by the project team (Dey, Kinch, & Ogunlana, 2007). This is very critical for project success. Communication efforts often lead to improved collaboration, establishing trust and making better decisions. Information technology facilitates interaction between organizational members, encourages discussion and promotes the flow and collection of knowledge. The difficulty facing organizations is how to connect information technology investments to business performance (Marchand et al., 2000).

2.4.2 Stakeholders involvement practices and reproductive health projects

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

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

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

2.4.3 Provision of Reproductive Health services

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

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

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

2.4 Summary of Reviewed Literature

According to (Parfitt & Sanvido, 1993) performance of a project based on quality could be defined as having all the features in place for a services or product before being delivered to the end user. Another important aspect of quality is the stage at which it is assessed in the life cycle of a project. According to Toakley and Marosszeczy (2003), project quality is normally evaluated at the completion stage, though assessments may be undertaken during the various stages of the project. Although the most significant quality decisions are made during the planning and design stages, most of the quality management efforts occur during the implementation phase of the project. The onus for ensuring project quality lies primarily on the project manager and the project team who should endeavor to undertake best practices to ensure successful project.

2.5 Critique of Reviewed Literature

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

Pinto and Slevin (1988) came out with a set of best practices for project management which were believed to contribute to project success. These include: Project Mission, the initial clarity of goals and general direction; Top Management Support the willingness of top

management to provide the necessary resources and authority for project success; Project Schedule Plans a detailed specification of individual action steps required for project implementation; Client Consultation communication, consultation, and active listening to all impacted parties;

2.6 Research Gaps

According to Shitakwa (2010), in an attempt to determine the human resource audit among sugar manufacturing companies in Kenya he found out that the sugar companies had not fully embraced the human resource audit. The study employed a descriptive a descriptive research design specifically a case study of sugarcane farms. The target population was 2750 employees and used cluster sampling due to the geographical coverage of the sugarcane farms to have a representative sample of 96 employees. He recommended that employees and top management should be involved in the formulation, implementation and evaluation of human resource audit practices.

3.0 RESEARCH METHODOLOGY

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

3.1 Target Population

The population for this study was twenty six (26) respondents of two organizations drawn from organizations that implement reproductive health projects within Nairobi County. The organizations include Family Health Options Kenya and Nairobi Women's GBVRC.

Table 1: Target Population

Type of Organization	Population
Family Health Options Kenya	10
Nairobi Women's GBVRC	16
Total	26

3.2 Sample Size Selection and Sampling Technique

This study adopted census method due to the small target population. Table 3.3 shows the strata that were used to guide the researcher in data collection.

Table 3.2: Population Strata

Organization (Frequency)	Job Category	No. of Respondents
Nairobi Women's GBVRC	CEO/Project Director	1
	Project Managers	2
	Technical/ Project officers	6
	Health service providers	4
	Others	3
Family Health Options Kenya	CEO/Project Director	1

Project Managers	2
Technical/ Project officers	4
Health Service Providers	3

Total

26

A census is a survey conducted on the full set of observation objects belonging to a given population (UNECE, 2000). It is the preferred sampling procedure when dealing with small populations (Statistics Canada, 2010). The respondents were purposively selected from the levels of Executive Directors, Project Managers and Program Officers who are the main custodians of information of their organizations.

3.3 Data Collection Instruments and Procedure

A structured Likert scale type questionnaire was used as a data collection instrument and review of existing literature related to the study topic. Pilot testing was carried out by administering the questionnaire to 5 project staff working for ROMACY reproductive health organization implementing reproductive health in the context of HIV management. The researcher ensured validity of the instrument through consultation with the academic research supervisor. In checking validity, the researcher ensured that the questions answered the research questions exhaustively or to a satisfactory level. The study collected both primary and secondary data in order to achieve the objectives of the study. The secondary data contributed to the formation of the background information necessary to guide the collection of primary data. Primary data was collected using questionnaires to identify the opinions and ideas of the project employees in the reproductive health projects' office.

3.4 Data Analysis and Presentation

Content analysis was used to analyze the qualitative data while descriptive statistics was used to analyze quantitative data. Measures of dependency which are correlation and covariance were used. The data gathered was presented in tables form to enable the researcher to easily interpret the results. The regression model used is as shown below.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon_i$$

4.0 FINDINGS AND DISCUSSIONS

4.1 Response Rate

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

4.2 Demographic Information

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

4.2.1 Distribution of respondents by level of education**4.1 Distribution of respondents by level of education****State the highest level of education attained**

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

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

4.2.2 Distribution of respondents by Gender**Table 4.2: Distribution of respondents by Gender****Please indicate your gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	17	70.8	70.8	70.8
	Female	7	29.2	29.2	100.0
	Total	24	100.0	100.0	

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

4.2.3 Distribution of respondents by Age**Table 4.3: Distribution of respondents by Age**

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

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

4.2.4 Distribution of respondents by position in the organization

Table 4.3: Distribution of respondents by position in the organization

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

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

4.2.5 Distribution of respondents by number of years worked in the organization

Table 4.3: Distribution of respondents by number of years worked in the organization

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

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

4.3 Descriptive Findings and Discussions

4.3.1 Information Technology Practices in the Provision of RH Services

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

Table 4.4: Information and Technology Practices in Provision of RH Services

Statement	n	SA	A	U	D	SD	Min	Max	Mean	Std
The project has enough information technology facilities	24	5	19	0	0	0	4	5	4.21	0.414
The project utilizes ICT as the ideal vehicle for the dissemination of informational content.	24	7	17	0	0	0	4	5	4.29	0.464
I&T has allowed the organization to manage organizational knowledge of past projects	24	2	13	9	0	0	3	5	3.71	0.624

Organizational knowledge of past projects facilitated by information technology has led to identification of best project management implementation practices adopted	24	1	14	9	0	0	3	5	3.67	0.564
Communication within and without the organization heavily depends on information technology	24	12	12	0	0	0	4	5	4.50	0.510
Information technology has enabled the organization to integrate various reproductive health projects	24	4	17	3	0	0	3	5	4.04	0.550
Information technology has to a larger extent contributed to the provision of reproductive health services	24	9	15	0	0	0	4	5	4.37	0.494

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

4.3.2 Stakeholder Involvement practices in Provision of RH Services

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

Table 4.5: Respondents' opinion on the Stakeholder involvement practices in Provision of RH services

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

has contributed to the success of the reproductive health project 24 3 20 0 0 0 3 5 4.08 0.408

The findings in table 4.14 indicate that the respondents agreed that; the project has formal communication channel to stakeholders (mean=4.08), and that the project stakeholders have contributed to the success of the project (mean=4.08). The respondents also agreed that; the organization has invested time and resources to identify stakeholders (mean=3.91). In addition to this, respondents agreed that the organizations have regular discussions with stakeholders regarding the projects (mean=3.75). Finally, respondents agree that the organizations engage the stakeholders in monitoring and evaluating progress (mean=3.79) as well as instituting measures to motivate stakeholders (3.70).

4.3.3 Respondents' opinion on success of the reproductive health projects in their organization

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

Table 4.6: Provision of reproductive health services

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

The responses were placed on a five Likert scale; where 1= strongly disagree, 2= disagree, 3= uncertain, 4= agree and 5= strongly agree. The summary of findings in table 4.26 indicate that the respondents strongly agree that their organizations have clear objectives set for reproductive health projects (mean= 4.67) and that the reproductive health services provided by the organization meet the needs of the community (mean= 4.71). The respondents agree that the reproductive health projects conform to the standard operating procedures for the industry (mean=4.37), that the RH projects are completed within the period set for completion (mean= 4.01), that there is use of technology in the procurement and design of the reproductive health services (mean= 4.13) and finally, they agree that there is no variance between the actual cost incurred in completing a project and the initial budget (mean= 4.00). This implies that the reproductive health projects meet the basic success criteria of completion within time, quality, cost and meets the needs of the beneficiaries.

4.4 Correlation of the Independent and dependent variables

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

Table 4.1: Pearson's correlation

		Provision of The RH services company has been successful	IT	The company involves stakeholders effectively
	Provision of RH services has been successful	1.000	.434***	.051
Pearson Correlation	The company has involved IT	.434***	1.000	.155
	The company involves stakeholders effectively	.051	.155	1.000

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

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

Coefficient of determination

The regression coefficients are represented in the table below.

**Table 4.2: Coefficient of determination
Coefficients^a**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	.601	1.261	0.321	.0476	.636	-1.943	3.144
1 Use of information technology	.469	.155	.386	3.020	.004	.156	.782
Adoption of stakeholders involvement practices	-.133	.246	-.075	-.542	.591	-.630	.363

a. Dependent Variable: Provision of health services

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

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

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusions

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

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

5.2 Recommendations

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

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

5.3 Suggestions for Further Research

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

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