PROJECT STAKEHOLDER MANAGEMENT AND SUCCESSFUL IMPLEMENTATION OF NATIONAL HEALTH INSURANCE FUND PROJECTS IN KENYA

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Project Stakeholder Management and Successful Implementation of National Health Insurance Fund Projects in Kenya

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other university

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DEDICATION

This thesis is dedicated to my loving and supportive wife Doreen Nkatha for her physical, emotional and spiritual support and encouragement during the entire period that I have committed much time to it. I also owe much dedication to my children, Shanell Kananu and Arianna Kiende who were denied the dearest fatherly quality time during my pursuit for the PhD degree in Project management.

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ACRONYMS AND ABBREVIATIONS

AMO   Mandatory Health Insurance

CNOPS   National Fund of the Borrowers Social Security Organizations

CNNS   Comprehensive National Nutrition Survey

E.U   European Union

FBO   Faith Based Organization

GOK   Government of Kenya

HIV   Human Immunodeficiency Virus

HRH   Human Resources for Health

ICT   Information and Communications Technology

IFRC   International Federation of Red Cross and Red Crescent Society

KCCB   Kenya Conference of Catholic Bishops

KeNHA   Kenya National Highways authority

KNBS   Kenya National Bureau of Statistics

MOH   Ministry of Health

NACOSTI   National Commission for Science, Technology & Innovation

NEA   Netherlands Enterprise Agency

NGO   Non-Governmental Organization

NHIF	National Hospital Insurance Fund
O.B.A	Output Approach Based Aid
OOP	Out of Pocket
PDT	Project Development Team
PMBOK	Project Management Book of Knowledge
PMC	Project Management Committees
PMI	Project Management Institute
PPE	Project Performance Evaluation
RAMED	Regime for Medical Assistance to the Most Deprived
RBV	Resource-Based View
SDG	Sustainable Development Goals
SPSS	Statistical Package for the Social Sciences
U.S	United States
UHC	Universal Health Coverage
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
VRIO	Valuable, Rare, Inimitable Resources and Organization
WBS	Work Breakdown Structure

WHA   World Health Assembly

WHO   World Health Organization

DEFINITION OF OPERATIONAL TERMS

Project
 A non-routine one time effort limited by time, budget and performance specification undertaken to meet unique goals and objectives to bring about beneficial change or added value (Adrian, *et al*, 2017).

Stakeholder Communication Management
Refers to the processes required to ensure timely and appropriate generation, collection, dissemination, storage and ultimate disposition of project information. (Simiyu, 2017)

Project Management
Refers to the application of knowledge skills, tools and techniques to undertake a project successfully to add value (Greenwood, 2017).

Project Stakeholders
These are persons or associations that are fully or partially involved in the project whose intentions are either positively or negatively affected by the project results during execution (Chitere, 2018).

Stakeholder resource mobilization
The process of securing new and additional resources for an organization, making better use, and maximizing existing resources. (Cuthbert, 2018).

Stakeholder plan management
The process of developing appropriate management strategies to effectively engage stakeholders throughout the lifecycle of the project, based on the analysis of their needs, interests and potential impact (Olander, 2017).

Stakeholder communication management
The process of creating a stakeholder map to identify and record the specific interests of each stakeholder to allow the project manager to communicate most

Stakeholder quality

management	effectively, ((Eskerod & Huemann, 2017).
	The process for ensuring that all project activities necessary to design, plan and implementation are effective and efficient concerning the purpose of the objective and performance,((Billing, 2018).
Monitoring and Evaluation	The process of tracking the planned implementation against the actual implementation, to be able to report on how the project is progressing and if there is a need for corrective action (Finch, (2018).
Project Success	Is the realization of an application, or execution of a plan, idea, model, design, specification, standard, algorithm, or policy,(Kisengese, 2019).
	Completing a project by balancing constraints of time, scope, quality, cost and ensuring various stakeholders expectations are met (Jugdev & Muller, 2017).
Stakeholder management	It involves identification of stakeholders, analysis of their expectations and influences, development of appropriate strategies to work with the stakeholders and executing the process (Olander & Landin, 2017).

ABSTRACT

Kenya has in many years faced healthcare challenges for most of the citizens and has not achieved universal coverage in health care through NHIF due to a lack of stakeholder engagement. Health projects need financial and non-financial resources from stakeholders and stakeholders often establish the criteria for assessing the implementation of the project. Therefore, this study sought to determine the influence of stakeholder management on the implementation of NHIF projects in Kenya. The specific objectives were to determine the influence of stakeholder resource mobilization on implementation of NHIF projects in Kenya, to examine the influence of stakeholder plan management on implementation of NHIF projects in Kenya, to establish the influence of stakeholder communication management on implementation of NHIF projects in Kenya, to determine the influence of stakeholders quality management on implementation of NHIF projects in Kenya and to determine the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of NHIF projects in Kenya. The study was guided by Resource Based View Theory, Choice Theory of Planning, Stakeholders' Management Theory, Theory of Quality Management and Theory of Change. A descriptive research design was adopted with the target population of 110 NHIF management staff responsible for UHC projects implementation. Census sampling technique was adopted. Questionnaires were used for data collection. A pilot study was conducted on 10% (11 respondents) of the target population to determine the reliability and validity of the instrument. Therefore, the sample for the actual study was 99 respondents. Quantitative and qualitative data was obtained. Thematic analysis was used to analyze qualitative data and the presentation of results in prose form. Quantitative data was analyzed on SPSS. Inferential and descriptive statistics were used to analyze qualitative data. Frequency distribution, mean, standard deviation and percentages were included in descriptive statistics. Inferential data analysis was done using Pearson correlation coefficient, regression analysis and multiple regression analysis. Multiple linear regression analysis was used to establish the influence of project stakeholder management on the implementation of NHIF projects in Kenya. The results were presented using tables. The study found that stakeholder resource mobilization positively and significantly relates with project implementation. Also, stakeholder plan management positively and significantly relates with project implementation. In addition, stakeholder communication management positively and significantly relates with project implementation. Furthermore, stakeholder quality management positively and significantly relates with project implementation. It was also found that monitoring and evaluation significantly moderated the relationship between resource mobilization, plan management, communication management, and quality management with implementation of NHIF projects in Kenya. The study thus concludes that a unit increase in stakeholder resource mobilization, stakeholder plan management, stakeholder communication management and stakeholder quality management would lead to an increase in implementation of National health Insurance Fund projects in Kenya. The study thus recommends management of NHIF to improve its resource

mobilization, plan management, communication management, and quality management to improve project implementation. It is also important for them to introduce monitoring and evaluation to improve effectiveness of the strategies adopted.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Health project implementation is a vital element for any national growth and development. According to WHO (2016), everyone should have access to the health services they need without risk of financial ruin or impoverishment. That is the essence of universal health coverage. In 2005, all member states of the World Health Organization committed to achieve that goal. The commitment was reaffirmed in 2012 through a resolution of the United Nations General Assembly, Promoting universal health coverage, including comprehensive primary health care, social protection, and sustainable financing.

The 2012 resolution highlights the importance of universal health coverage in reaching the Millennium Development Goals, in alleviating poverty, and in achieving sustainable development (USAID, 2015). It recognizes that health depends not only on having access to medical services and a means of paying for these services but also on understanding the links between social factors, the environment, natural disasters, and health. Universal health coverage is central to the question of how health should be represented in the new development agenda that will succeed the Millennium Development Goals in 2015.

Despite the multinational commitment to achieving universal health coverage, it remains unclear exactly how the two principal components, access to high-quality health services and financial risk protection can be provided to all people in all settings. According to Sandercock, (2017), the importance of health to human life and flourishing means that concerns about its allotment are important to us all. Ayyub and Haldar (2019), reported that there existed the need for collaborative communities between governments and all

stakeholders to enhance the implementation process of health care projects that would enhance the provision of health care services.

Various government states are struggling to make UHC a reality among its citizens. They have employed various means and in Kenya the government has relied upon the NHIF as a parastatal to channel this through to its citizens. As explained by Ayyub and Haldar, (2019), stakeholder management can enhance provision of healthcare to citizens of any country. This study therefore sought to determine the influence of project stakeholder management on implementation of National Health Insurance Fund projects in Kenya.

1.1.1 Global Perspective of Project Stakeholder Management

At the global level, attention has turned to universal healthcare as a viable solution for improving accessibility and affordability of improving accessibility and affordability of HealthCare. The WHO defines Universal health coverage (UHC) as access to health care services for all, its major goals being maximizing health impact and reducing impoverishment and lack of finances due to healthcare costs. This, therefore, summarizes the meaning to the ability of the people to have access to the general health care services i.e. promotive, preventive and curative services at a cost affordable to them in a better resource planning and utilization (Ameer, 2018).

The importance of health is an inevitable necessity for any human. It is essential for any society setup and development. According to Bower, (2015), the importance of health to human life and flourishing means that concerns about its allotment are important to us all. This has been much emphasized throughout the entire world. The world summit leaders in their declaration of the millennium development goals 3 out of the 8 targets are directly linked to health matters. That is Goals no: 4 "Reduce Child Mortality," Goal 5: "Improve Maternal Health" Goal 6:" Combat HIV Aids, Malaria and Other Diseases." (WHO, 2015).

The Affordable Care Act, commonly known as Obama care, was introduced in the US in 2010 to provide better health insurance coverage for Americans and lower the overall cost of healthcare,(USAID, 2015).Additionally, the Obama care was intended to change the regulation of health insurance by establishing a "minimum coverage' which required all citizens and lawful residents of the US to obtain health insurance or pay a penalty with the exemption of very low-income people who could not afford this and those who do not believe in medical care for religious reasons.

The Obama care has successfully improved health Insurance coverage for approximately 20 million Americans. However, it was unable to reach the targeted 50 Million Americans. Polls consistently showed that Obama care was supported by <50% of Americans. Nevertheless, republican congressmen, governors, and Republican candidates consistently opposed the Obama care. These findings show how stakeholder engagement affected the implementation of the Obama care in the US. The Stakeholders responsble in effecting the Obama care included; federal and state government, health insurers and other commercial groups related to the policy, political parties and leaders, National Republican Congress Committee, the Supreme Court and the general public. (World Bank, 2015)

In Australia, the universal health system used is Medicare. Medicare was introduced in 1975 as Medibank by the Whitlam Labor government after a long political battle. Medicare was only operational for roughly a year before it was dismantled by the Fraser Coalition government which led to its abolishment in 1981.This led to a decrease in the number of citizens without health insurance. The scheme was later introduced in 1980s as Medicare. Up to date, Medicare is still Australia's universal health insurance scheme and its core mandate is to enable Australians to access a wide range of health services with little or no cost. However, maintaining universal health care in all developed countries and more specifically Australia is challenging as there is increased demand for healthcare.

The Australian government spends so much money every year on many health and aged care services and sports programs. For instance, in the 2017-2018 periods, the health department was forecast to spend $87.9 billion, which is a large amount of money. Promoting and protecting health is essential to human welfare and sustained economic and social development (WHO, 2015). UHC is defined as a human healthcare service framework that gives viable, high caliber and free of cost preventive, therapeutic, rehabilitative and palliative well- being administrations to all citizens, paying little mind to financial status, and without any nature of discrimination (EU, 2016).

In New Zealand, Ameer, (2018), reported that the involvement of other stakeholders in the form of collaborative governance integrated in community participation did positively influence the implementation of health care projects and consequent provision of health care services by regional governments in New Zealand. In the Solomon Islands, Abid and Mseddi, (2018), reported that the equitable distribution of human resources for health (HRH) as an important factor in the implementation of public goods among them health care projects that enhanced the provision of health care services by governments.

Munge and Briggs, (2019) indicated that fairness in financial contributions towards health care is a key component of modern day approaches to health system assessments. Various past studies have revealed that the channels and avenues for financing health care has been identified as a barrier to access to health care and increases the likelihood of impoverishment of households (WHO, 2016). This impact has been greatly felt by developing countries such as Kenya where direct payments (out-of pocket payments) form a greater proportion of the sources of health-care financing (WHO, 2015).

A healthy nation is a wealthy and strong nation; this is affected by many risk factors: ill-health, disability, disease or death. According to Munge and Briggs, (2018), the commonly used sources of health-care financing are taxation, private insurance, Out of pocket (OOP) payments (direct payments) and social insurance. Out of pocket payments are charged at the point of health-care delivery. Private and social insurance reduce the

barrier to access and spread the risk of ill health away from the household. As derived earlier as an egalitarian view, the notion to pay for health is that that equal access to health care should be provided for those with equal need (Alemayehu & Warner, 2016).

The rapid change in technology, knowledge explosion and the increased complex health care demands challenge the implementation of any medical policy. Thus, technical competence, interpersonal skills, commitment and cooperation is valuable to all stake holders, (Besner & Hobbs, 2016). All the stakeholders are constantly in contact with different people on daily basis. This generally brings the vital approach towards implementation of the Universal health coverage approach. Dealing with this dynamism and responsibility requires all stake holders to have knowledge and skills of management. It becomes apparent that the leadership needed to get work done through people is increasingly important for the stakeholders to dispose their professional implementation and timely cooperation.

1.1.2 Regional Perspective Of Project Stakeholder Management

In 2001, African heads of state committed themselves to taking all necessary measures to ensure that resources are made available to healthcare. In this agreement it will consented that there be allocation of 15% of national annual budgets to improving healthcare. Countries in Africa (and in most other parts of the world) face an array of health care financing problems that leave their health systems far from achieving the objectives of good health status, equity, efficiency, acceptability, and Success. The main problem is simply a shortage of government budgetary resources for health care relative to increasing demand and need for care (Karanja, 2018). In May 2015, the WHO adopted a resolution urging member states to ensure that health financing systems include methods of prepayment of financial contribution. These resolutions encouraged a transition to universal health coverage (WHO, 2014). It will hoped that social health insurance schemes would be useful strategy for mobilizing more resources for health, pooling risks, provide equitable access to healthcare for the poor and delivering better quality health (Campbell, 2016).

The National Health Insurance Scheme in Nigeria was established in 1999 as a programme for ensuring universal access to financial risk protection in the country. Overall, only 4% of Nigerians (mainly federal government employees and their households) are covered with health insurance and this is largely through the formal sector social health insurance programme (FSSHIP) of the NHIS. Implementation of the programme involves HMOs, NHIS regional officials and public and private health care providers. Following the mandatory inclusion of federal government employees working in all parts of the country into the FSSHIP, state governments were expected to adopt the same programme to cover their employees and their dependents, an action which would have greatly expanded the breath of coverage (Alemayehu & Warner, 2020).

However, only three states of Bauchi, Cross River and Enugu have adopted the programme in Nigeria. This policy brief reports how the roles played or not played by stakeholders who were involved in promoting and making the decision for adoption of the FSSHIP by states influenced the decision of states to adopt or not to adopt the programme,(WHO, 2015).In Ghana, most health care is provided by the government and is largely administered by the Ministry of Health and Ghana Health Services. The healthcare system has five levels of providers: health posts, health centers and clinics, district hospitals, regional hospitals and tertiary hospitals.

Health posts are the first level of primary care for rural areas. These programs are funded by the government of Ghana, financial credits, Internally Generated Fund (IGF), and Donors-pooled Health Fund. Hospitals and clinics run by Christian Health Association of Ghana also provide healthcare services. There are 200 hospitals in Ghana. Some for-profit clinics exist, but they provide less than 2% of health care services. Health care is very variable through Ghana. Urban centers are well served, and contain most hospitals, clinics, and pharmacies in the country. Rural areas often have no modern health care. Patients in these areas either rely on traditional African medicine, or travel great distances for health care. In 2005, Ghana spent 6.2% of GDP on health care, or US$30 per capita. Of that, approximately 34% was government expenditure.

In 2015, life expectancy at birth was 66.18 years with males at 63.76 years and females at 68.66 years,(World Bank, 2015). Infant mortality is at 37.37 per 1000 live births. The total fertility rate is 4.06 children per woman among the 15 million Ghanaian nationals. In 2010, there were about 15 physicians and 93 nurses per 100,000 persons. In 2010, 5.2% of Ghana's GDP was spent on health, and all Ghanaian citizens had access to primary health care. Ghanaian citizens make up to 97.5% of Ghana's population. Ghana's Universal health coverage system has been described as the most successful Healthcare system on the African continent by the renowned business magnate and tycoon Bill Gates.

The first health care policy in Morocco was devised in 1959, with majority of the free healthcare services and management focused on the general public. The State provides funding and administration. The Ministry of Health runs the National Institutes and Laboratories, Basic Care Health Network and the Hospital Network. The Defense Department owns and runs its own hospitals, and local governments run city health services. The healthcare system is made up of AMO (Mandatory Health Insurance).

AMO is split into two sections: La CNSS (private) and La CNOPS (public). There is also RAMED, a health insurance program designed to support the low socioeconomic population from financial tragedy due to health related issues. The Moroccan health care system has four layers, the first being "primary healthcare". This includes clinics, health centers and local hospitals for public healthcare, and infirmaries and medical offices for private healthcare. The second section includes provincial and prefectural hospitals for public health, and specialized clinics and offices for private health. The third area includes hospitals in all major cities, and the fourth includes university hospitals. These centers have the most advanced equipment, (USAID, 2015).

1.1.3 Local Perspective Of Project Stakeholder Management

Kenya is widely regarded as the business hub for East Africa. With a high economic growth rate the country's demand of quality health care is proportionate to its growth.

According to Karanja, (2016), the use of health-care services is inequitable, with a predominance of pro-rich use of hospital services. The Kenyan healthcare system can be split into three subsystems, being the Public Sector, Commercial Private Sector, and Faith Based Organizations (FBOs). The Public Sector is the largest in terms of the number of healthcare facilities, followed by the Commercial Private Sector and the FBOs.

Kenya has one public health insurance scheme, the National Health Insurance Fund (NHIF); a non-profit institution created by an Act of Parliament in 1966 as a department in the Ministry of Health. At inception, NHIF was intended to provide accessible health insurance for salaried public and private sector employees earning a monthly salary of Ksh 1,000 and more (USAID, 2015). The NHIF has undergone several changes over the years to include more benefits, targeting informal sector households, and currently the scheme is piloting an outpatient care package for its members (Wandia, 2015). In an attempt to achieve universal coverage, there are four counties where the universal health coverage has been implemented namely in Machakos, Kisumu, Isiolo and Nyeri County. Initially, Compulsory contribution to the scheme would have been pegged on one's income, irrespective of whether in informal or formal employment and every citizen would receive hospital care without paying user fees (Alemayehu & Warner, 2018). The NHIF was to cover both inpatient and outpatient hospital services (USAID, 2015). Even so, Kenya has not achieved universal coverage in health care through NHIF since membership remains low and lack of stakeholder engagement. (Karanja, 2015), health project needs financial and nonfinancial resources from stakeholders and stakeholders often establish the criteria for assessing the implementation of the project. In addition project may affect stakeholders in both negative and positive ways and project stakeholders' resistance may cause various risks and negatively affect the implementation of the project (Aarseth, Rolstadas, & Andersen, 2015).

The government spending on healthcare is approximately 6% of GDP which is low compared to other countries in the region. Approximately 25% of the Kenyans are covered by a public, private or community-based health insurance scheme (NEA, 2016).

The amount of Out Of Pocket (OOP) spending remains high, leading a lot of people into poverty and posing a barrier to access healthcare. In 2013, the public health services (primary and secondary level) moved from the national government and Ministry of Health (MOH) to the county governments.

Kenya has been inevitable in the resource allocation, planning, coordination and control menace. (Karanja, 2016), Despite of it making progress through introduction of various programs that address the health-related development goals such as the Beyond Zero Campaign, Output Approach Based Aid (O.B.A), Linda Mama Initiative,Eduafya among others. Increased medical professional staffing and devolution of the medical work to county levels among others. These challenges are not limited to even health professional strikes with increased demands on salary and allowances.

World Bank, (2015), every year, nearly 1 million Kenyans are pushed below the poverty line as a result of unaffordable health care expenses. For many Kenyan families, the cost of health care is as distressing as the onset of illness and access to treatment. A majority of the population at risk can hardly afford the costs associated with basic health care and when faced with life threatening conditions, it is a double tragedy-inability to access health care and lack of resources to pay for the services.

According to the WHO, (2015), a large percentage of poor households in Kenya cannot afford health care without serious financial constraints as most are dependent on out of pocket payments to pay for services. Nearly four out of every five Kenyans have no access to medical insurance, thus a large part of the population is excluded from quality health care services .Four out of every five Kenyans have no access to medical insurance and that among the poorest quintile only 3% have health insurance with disparities between rural and urban populations, where rates of coverage are an average of 12% and 27% respectively (USAID, 2015). This leads to the fact that 33.6% of Kenyans survive on less than two US dollars per day means that there are still millions who cannot access quality healthcare (WHO, 2015).

Kenya's health-care financing system is regressive mostly due to its reliance on regressive out of pockets payment. Payments for health care should not be linked to utilization and that those with different abilities to pay make different levels of payment to the health-care system, (Donaldson & Preston, 2015).Vertical Equity in healthcare financing involves those with dissimilar abilities to pay should make dissimilar contributions to financing health care, while horizontal equity involves those at the same level of ability to pay should make the same level of contribution to financing the health-care system (Ward & Chapman, 2018).

According to Munge and Briggs, (2016), progressive system of health-care financing means that rising income is matched with a rising fraction of income being paid to the health-care system. A regressive system implies that rising income is matched with a falling fraction of income being paid to the health-care system. A proportional system implies that a constant fraction of income is paid to the health-care system regardless of the level of income. A progressive system implies that the poor contribute a lower proportion towards health care than their share of society's income.

There are three major interrelated fundamentals that act as a barrier for countries (Kenya Inclusive) failure to achieve the universal health coverage system. According to the WHO, (2015) report they include availability of resources, overreliance on direct payments at the time people need care and finally the inefficient and inequitable use of resources. The lack of resources has seen the Kenya's innovation and approach towards creation of avenues to help harness the resources. The government has introduced health insurance in the formal and informal sectors; this represents Kenya's effort to reduce the reliance on direct payments by promoting prepayment and pooling, and to use funds more efficiently and equitably.

1.1.4 The Kenya National Health Insurance Fund

The Kenya National Hospital Insurance Fund is the oldest government insurance scheme in Africa. In the year 1966 the Act of parliament established non-profit making public

health insurance for its citizens called the NHIF. This will after the recommendation of sessional paper no. 10 of 1965: African Socialism and its application to planning in Kenya. It will then be transformed in to a state parastatal in1998 for autonomy of operation. This will placed under the ministry of health with the goal being to provide accessible health insurance for salaried public and private sector employees earning a monthly salary of ksh 1,000 and more (USAID, 2015). This has so far maintained to be the major public health insurance scheme in Kenya.

As the primary provider of health insurance in Kenya its mandate is to provide access to quality and affordable health care for all Kenyans (WHO, 2015). NHIF membership is compulsory for all salaried employees. Premium contributions are calculated on a graduated scale based on income, and deducted automatically through payroll. For self-employed and other informal sector workers, membership is contributory (voluntary) and available at a fixed premium rate of 500 Kenya Shillings (KES) per month, (USAID, 2015).

The Fund is managed by a board of Directors drawn from all stakeholder representative bodies (Trade Unions, Ministries of Health, Finance, public service, NGOs, Health, Professional Bodies & Private Insurance, Association among others). It is mandated to finance health Care, through formally accredited and contracted healthcare facilities, Revenue Collection from employers and members, Registration of members both in the Formal and Informal sectors. The NHIF consequently too Claims reimbursement to hospitals. The Fund covers up to 180 inpatient hospital days per member and his/her beneficiaries' per year. It has a countrywide membership of approximately 3.8 million people and caters for over 12 million people that approximately 25% of the population (Munge & Briggs, 2016).

There are over 1200 accredited facilities countrywide offering benefits to members and their dependents. The members are able to access in-patient insurance cover though the network of more than 400 NHIF accredited facilities distributed in all 47 counties in the country. Attempts to promote universal health coverage in Kenya through the proposed

National health insurance fund have faced challenges, including resistance from trade unions and other stakeholders in the health sector, but currently we have four counties on implementation of UHC in Machakos, Kisumu, Isiolo and Nyeri County. The NHIF has undergone several changes over the years to include more benefits, targeting informal sector households and currently the scheme is piloting an outpatient care package for its members (Munge & Briggs, 2018).

As a government entity in-charge of the social health implementation insurance it has three tiers: "Contract A" hospitals, which are primarily government health facilities, NHIF beneficiaries receive comprehensive cover with no overall limit on the amount of benefits received, the members walk in, are treated and walk out without additional payments. "Contract B" hospitals, which include non-state providers (this are non-profit private hospitals, mission hospital, and private hospitals in rural areas or areas not sufficiently served by the public sector), members are comprehensively covered, but with an annual limit of 432,000 ksh per member (including all dependents). Finally, "Contract C" hospitals, which include many higher cost private hospitals, the NHIF provides a rebate only depending on the hospital approved level (Between 1 – 5). NHIF works with more than 600 accredited Government, private and mission health providers (USAID, 2015).

1.1.5 Stakeholders' Management

Freeman, (2020), defines stakeholders as "those groups who are vital to the survival and success of the corporation". Legris and Collerette, (2019), attribute major project failure to lack of attention to stakeholders. This is because considerable project management effort is devoted to management of stakeholders that involves stakeholder's identification, stakeholder's interests and stakeholders role/position based upon their perception of the entire project. PMBOK, (2015), defines Stakeholders as people or associations that are effectively engaged with the venture, or whose interests might be emphatically or contrarily influenced because of undertaking execution or task culmination. Management is defined as the process of reaching organizational goals by

working with and through people and other organizational resources. It involves a process or series of continuing and related activities that concentrates on reaching organizational goals by working with and through people and other organizational resources.

Stakeholder Management is the process of forming, monitoring and maintaining constructive relationships with investors by influencing their expectations of gain resulting from their investment appropriately (PMBOK, 2015). Stakeholder management is critical to the success of every project in every organization. In a project environment, these stakeholders are usually numerous and can vary significantly in the degree of influence in both directions. Stakeholders' negative attitudes towards a project can cause cost overruns and schedule delays due to conflicts over project design and implementation (Olander & Landin, 2017). Hence Stakeholders become vital agents in entire project life cycle, contributing knowledge, insights, and support in shaping the project cycle as well as supporting its execution (Bourne & Walker, 2020).

Project Stakeholder Management includes the processes required to identify the people, groups, or organizations that could impact or be impacted by the project, to analyze stakeholder expectations and their impact on the project, and to develop appropriate management strategies for effectively engaging stakeholders in project decisions and execution (Olander & Landin, 2017). Stakeholder management also focuses on continuous communication with stakeholders to understand their needs and expectations, addressing issues as they occur, managing conflicting interests and fostering appropriate stakeholder engagement in project decisions and activities (Wanjiru, 2016). Stakeholder satisfaction should be managed as a key project objective.

Stakeholder management has gained considerable popularity and has become a key area of project management (Huemann & Zuchi, 2018). Nearly all projects happen in contexts where stakeholders play a major role in the accomplishment of tasks (Umumararungu & Mulyungi, 2018). Project stakeholders could influence or be influenced by the project (Eskerod, Huemann, & Ringhofer, 2017). As observed by

Nelson, (2017) ineffective stakeholder management is among the major cause of project failure and that one of the best practices in stakeholder management include the use of communication plans, creation of a project management office, and portfolio management.

Ackermann and Eden, (2017) in their study came up with the following three major branches in stakeholders' management. Initially, distinguishing who the partners in a project truly are in the particular circumstance (instead of depending on nonexclusive partner records).Through perceiving the uniqueness of an association's specific circumstance and its objectives enables supervisors to distinguish particular partners and be clear about their essentialness for the eventual fate of the association. Also, investigating the effect of partner elements, recognizing the different and related connections among partners and potential partners. Lastly creating partner administration procedures and deciding how and when it is suitable to intercede to adjust or build up the premise of an individual partner's hugeness, which itself is resolved through inside and out thought of partner's capacity to, and enthusiasm for, impact to the association's course.

According to Olander and Landin, (2017), Stakeholders are classified into three categories namely primary, secondary and key stakeholders. Primary stakeholders are the general population or gatherings that remain to be specifically influenced, either decidedly or adversely, by an exertion or the activities of an office, establishment, or association. Now and again, there are essential partners on the two sides of the condition: a direction that advantages one gathering may negatively affect another. Secondary partners allude to individuals or gatherings that are in a roundabout way influenced, either decidedly or contrarily, by an exertion or the activities of an office, establishment, or association. Key partners may have a place with either or neither of the initial two gatherings, are the individuals who can have a positive or negative impact on an exertion, or who are vital inside or to an association, office, or establishment occupied with an exertion.

Therefore, managing project stakeholders is critical during project implementation because one stakeholder's actions can generate a dynamic of responses across a range of other stakeholders (Ackermann & Eden, 2018). Also, according to D Chigona, Roode, Nazeer, and Pinnock (2019), missed opportunities, including engagement of important stakeholders such as communities and citizens, is attributed to lack of formal application of stakeholder management techniques. Owing to the important role of stakeholder management on project implementation, this study sought to establish the influence of stakeholder management on implementation of National Health Insurance Fund projects in Kenya.

1.2 Statement of the Problem

Less than two-thirds of all project's implementation fail to meet their original goal and business intent which puts US$135 million at risk for every US$1 billion spent on a project. (PMI, 2019).The key influencers of effective project implementation are implementation within the estimated time, budgeted cost and the originally set project quality standards to the satisfaction of the stakeholders, (Khomela, 2020). In the event that this is not realized, implementation is rendered to have failed (Akal, *et al*, 2017).With proper employment of stakeholder management actions, projects are implemented within the budgeted costs and time schedules and also realize excellent quality results (Kashiwagi & Byfield, 2018)

However, in a study carried out on Kenyan hospitals in the year 2013 by the value institute of health revealed that 43% of health projects implemented in Kenya were not sustainable. Legris and Collerette, (2018), attribute major project implementation failure to lack of attention to stakeholders. The NHIF mandate by the Government to implement the Universal Health Coverage took long, it began in 2006 but was implemented in 2014.This is because UHC generated controversies among stakeholders. Some of the stakeholders being Kenyan citizens, trade unions, and the officials in the ministry of health. The stakeholders raised concerns that maintaining UHC is a challenge because UHC is much more than just health; it involves making steps to attain equity in

allocation of resources to various counties and health facilities in the Country. The stakeholder related challenges in the implementation of UHC program include, resistance to continue implementing of the service by the FBO's, poor handling of the beneficiaries, inadequate financial resource provision and lose of intended project focus.

According to the WHO, (2015), a large percentage of poor households in Kenya cannot afford health care without serious financial constraints as most are dependent on out of pocket payments to pay for services. Nearly four out of every five Kenyans have no access to medical insurance, thus a large part of the population is excluded from quality health care services,(World Bank, 2015).The government spending on healthcare is approximately 6% of GDP which is low compared to other countries in the region (NEA, 2020). According to Schwartz, (2020), many projects are characterized by the fact that stakeholder management not being sufficiently considered or being addressed. As a result, dissimilar stakeholders may define project implementation differently (Eskerod & Huemann, 2018).

Various studies have been conducted on project stakeholder management in public sectors in Kenya, For instance, Adan, (2019), Conducted an investigation on Influence of stakeholder's engagement on completion of CDF projects in Isiolo North Constituency, Nyandika and Ngugi, (2019), did a study on the influence of stakeholder participation on performance of road projects at Kenya National Highways Authority, However, these studies have been limited to construction sector and stakeholder engagement ignoring other stakeholder management aspects which are key to successful project implementation. It is against this background that this study sought to fill the existing research knowledge gap by investigating the influence of project stakeholder management on the implementation of N.H.I.F projects in Kenya.

1.3 Objectives of the Study

1.3.1 General Objectives

The general objective of the research was to determine the influence of project stakeholder management on successful implementation of National Health Insurance Fund projects in Kenya

1.3.2 Specific Objectives

The study sought to;

i. To determine the influence of stakeholder resource mobilization on successful implementation of National health Insurance Fund projects in Kenya.

ii. To examine the influence of stakeholder plan management on successful implementation of National health Insurance Fund projects in Kenya.

iii. To establish the influence of stakeholder communication management on successful implementation of National health Insurance Fund projects in Kenya.

iv. To determine the influence of stakeholder quality management on successful implementation of National health Insurance Fund projects in Kenya.

v. To determine the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and successful implementation of National health Insurance Fund projects in Kenya.

1.4 Research Hypotheses

This study will be guided by the following null hypotheses

i. **H_01** There is no significant relationship between stakeholder resource mobilization and successful implementation of National health Insurance Fund projects in Kenya.

ii.   **H$_0$2** There is no significant relationship between stakeholder plan management and successful implementation of National health Insurance Fund projects in Kenya.

iii. **H$_0$3** There is no significant relationship between stakeholder communication management and successful implementation of National health Insurance Fund projects in Kenya.

iv.   **H$_0$4** There is no significant relationship between Stakeholder quality management and successful implementation of National health Insurance Fund projects in Kenya.

v.   **H$_0$5** There is no moderating effect of monitoring and evaluation on the relationship between project stakeholder management and successful implementation of National health Insurance Fund projects in Kenya.

1.5 Significance of the Study

This study was of significance and interest to various stakeholders as follows;

1.5.1 Policy Makers

The study results assist in formulating stakeholder management policies for implementation of National health Insurance Fund projects. The findings help in the designing of policies to help in the improvement of stakeholder management where it is in practice. The findings are of great relevance to health officers in enhancing efficiency and effectiveness through adoption of stakeholder management that are most appropriate in the health sector and this further trickles down to the patients through the health officers. This study was designated at providing in-depth study findings, which forms a standard guideline in project stakeholder's management in implementation of National Health Insurance Fund projects. The results from this study benefits health project management by providing specific constructs that can be applied towards improving the current approaches to their professionalism, to other public and private

sectors. This study helps guide on how to improve implementation of health projects in their functions for maximum realization of project goals.

1.5.2 Government and Stakeholders

This study helps government institutions, administrations and stake holders in understanding the implication of stakeholder management on their implementation of projects; through a better understanding of stakeholder management and how to improve their management skills to meet expectations of their stakeholders, as well as to provide a framework for sound decision making as far as projects implementation within the required legal and ethical frameworks. The stakeholders can use the research findings to evaluate the managerial strategies, performance and sustainability and the accountability in terms of resources and the direction and whether projects are within track or not. The extent to which they affect the project implementation process as well as stakeholder management in provision of information to inform setting and adjustment of objectives

1.5.3 Scholars, Researchers and Academician

The existing gaps in stakeholder management are highlighted to help stakeholder management practitioners in implementation of National health Insurance fund projects. At the same time, this study provides reference for other researchers and contributes to existing body of knowledge in project management. A few studies have been done in the health care sector especially on the stakeholder management on implementation of NHIF projects. The study, therefore, provides insight into enhancement of proper stakeholders' management between health care provision sectors and the state-based insurer the NHIF.

Most project management methodologies define ways to identify project stakeholders as such; most projects fail because stakeholders do not continue to support the project's vision or objectives because they are not managed well (Bourne & Walker, 2016). Hence, there is knowledge gap within research studies as to how project stakeholders' management determines implementation of National health Insurance Fund projects in

Kenya. The study is also expected to contribute teaching content for stakeholder management.

1.6 Scope of the Study

The study was limited to investigating the influence of stakeholder management on successful implementation of National Health Insurance fund projects in Kenya. NHIF was chosen for this study because it is the main vehicle that the government uses to deliver health objectives to citizens and majority of citizens are enrolled on NHIF scheme. There is also adequate literature on project management in the public sector, manufacturing, and major multinational corporations, very few studies have been done in the health care sector especially on the latest introduced Universal Health Coverage. This study, therefore, provides insight into project stakeholders' management on implementation of NHIF projects. Most project management methodologies define ways to identify project stakeholders and, then base their entire communication strategy on this initial, and only, identification. As such, most projects implementation fail because stakeholders do not continue to support the project's vision or objectives (Bourne & Walker, 2016).

The study specifically examined the factors of stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholder quality management and the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya. The choice of the moderating variable of monitoring and evaluation was chosen because of the fact that monitoring and evaluation when done well positively affects the implementation of projects and incase monitoring and evaluation is not done well, negatively affects the outcome of implementation. The contextual scope encompasses the healthcare sector in Kenya, particularly projects related to the National Health Insurance Fund. The stakeholders involved include government bodies, healthcare professionals, insurance providers, beneficiaries, and other relevant parties contributing to or affected by the NHIF projects.

The specific focus of the study was intended on the Universal Health Coverage (UHC) program which comprises smaller projects namely, Linda Mama Project, Edu Afya project, beyond zero Project, Outpatient and Inpatient projects both implemented by National Hospital Insurance Fund and funded by the government of Kenya, currently implemented in four counties namely Machakos, Kisumu, Isiolo and Nyeri. The targeted UHC projects have an allocation of more than kes 90 billion (4% of the national budget) and an implementation schedule between 2017 and 2030, (MOH, 2022). The projects are ongoing and have a clear management structure from the NHIF which is responsible in implementation. This provides a management structure that provides a lead on who to target and extract the desired data and information.

1.7 Limitations of the Study

The NHIF management staff had tight schedule and therefore were not able to fill in the questionnaire at the time they were dropped. The researcher mitigated this issue by using drop and pick later technique where respondents were given five days to fill in the questionnaire. Also, the researcher used network in persuading respondents who hadn't filled to fill and return the questionnaire.

Since there have been many scandals at NHIF, the researcher faced a challenge in eliciting information from participants; respondents were unwilling to give information with the fear that the information might be used against them or the company. Some of the participants declined the request to fill in the questionnaire. To deal with this, the researcher carried a letter of introduction from the university and research permit from NACOSTI and assured them that the information was to be kept confidential and was to be used solely for academic reasons.

The researcher faced a challenge in eliciting information from participants since the information was concerned with feelings, emotions, attitude and perception which cannot be verified or quantified. The study dealt with the challenge by encouraging respondents to provide honest information they are comfortable with.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents similar work done by other researchers in the field with a view of highlighting research gaps that the study at hand hoped to fill. This chapter reviews literature which is related to the study based on the following sub-topics introduction, a theoretical review which comprised of theories and models, conceptual framework, empirical literature review, a critique of existing literature, research summary and research gaps on the influence of project stakeholder management on implementation of National Health Insurance Fund Projects in Kenya.

2.2 Theoretical Review

Tracing the roots of origin of project stakeholder management is not found in the project management field itself, rather they stem from theories of strategic management. To understand the various concepts of stakeholders' management and to assess its quality and impact over time, participation can be analyzed based on the nature and extent of participation in development projects or programs.

2.2.1 Resource Based View Theory

Resource Based View was established by Edith Penrose in 1959. Resource Based View theory refers to the firm's internal value creation through its resources and capabilities. Value can be created from communication/knowledge sharing management through learning mechanisms, routines and experience**.**

The concept, commonly referred to as the resource-based view of the firm (Buechler, 2019), seeks to understand inter firm performance differentials as a reflection of the different underlying resource endowments enjoyed by competing firms. By focusing on

firm-specific characteristics this perspective deviates from traditional neo-classical economic theory where competitors have been assumed to be essentially homogeneous (Bredillet, 2019).

The resource-based view (RBV) is a model that sees resources as key to superior firm performance. If a resource exhibits VRIO (valuable, rare, inimitable resources and Organization) attributes, the resource enables the firm to gain and sustain competitive advantage (Barney, 2001). Barney, (2001) introduced the VRIO framework as a tool to analyze a firm's internal resources and capabilities, as a source of sustained competitive advantage. The resource-based view (RBV) argues that valuable, rare, inimitable resources and organization (VRIO) lead to competitive advantage (Buechler, 2019). Thus, although the resource may be valuable, rare and difficult to imitate, if there are any strategically equivalent resources that are not rare or difficult to imitate, then the focal resource cannot be the source of competitive advantage (Okeyo, 2019)

This resource-based view of the firm essentially proposes that a firm is defined by the resources it controls. This definition makes intuitive sense insofar as a firm's defensible domain is bounded by those situations in which it is able to operate both efficiently and effectively (Ward & Chapman, 2018). This perspective implies that insofar as firms differ in their capabilities and skills, and therefore in the "situations" in which they are able to function, observable differences are to be expected in inter firm performance. While this concept has recently made a significant comeback, its origins trace back several decades. Recently, after a near quarter century of dormancy, the concept resurfaced in the work of several strategic management scholars. These included resources in terms of their "semi-permanent attachment to the firm," (Buechler, 2019)

Davis, (1974) a critics of this theory argues that the resource-based perspective has made significant inroads in the strategic management community, it is interesting to note a commensurate lack of attention dedicated to conceptualizing the resource-worthiness of a corporation's social and ethical response capabilities. The implication of this omission is clear; capacities to perceive, assess, and respond to the social and ethical

dimensions of daily corporate life apparently are not worthy of being considered resources in the fullest sense of the word (Salet & Faludi, 2016). This theory is applied in support the need of having stakeholder resource mobilization management skills in order to get competitive results in terms of people, time, and materials in achievement of targets. It is through the resource based view theory that the study aims at determining the level of interest on resource mobilization, what influences resource mobilization and mode of action among the various stakeholders in the NHIF project implementation. The NHIF which is the insurer relies on the medical service institutions that have the technical capacity and in the best fitted environment to handle their beneficiary members, Resources from the government and this in turn therefore leads to the interdependency between the various stakeholders and the NHIF. Hence different levels of power and influence leading to different stakeholder resource mobilization ability.

2.2.2 Choice Theory of Planning

This theory was developed by Paul Davidoff and Thomas Reiner in 1962.Planning is defined as the process for determining appropriate future action through a sequence of choices. The choices which thus constitute the planning process are made at three levels: first, the selection of ends and criteria; second, the identification of a set of alternatives consistent with these general prescriptive, and the selection of a desired alternative; and third, guidance of action toward determined ends (Akumu, 2019).

Values are inescapable elements of any rational decision-making process, or any exercise of choice. Since choice permeates the whole planning sequence, a clear notion of the ways in which choices are made, and of the ends pursued, must lie at the heart of the planner's task. Explication of all such determinations reduces arbitrariness, (Ricardo, 2020). The theory presented is a general one, applying to all fields, and is not restricted to planning in an urban context. The core of the theory is that the "exercise of choice is its (planning's) characteristic intellectual act. Olander, (2017) examines this theory of planning by stating some requirements any theory of planning must meet and testing the "choice" theory against them. He concludes that although the "choice" theory is

essential and should be developed, it cannot claim to be more than a part of a complete theory of planning.

This implies the need for a collaborative approach to planning which involves different partners, interests and professions coming together to debate possible futures for a locality. In such a process strategic discourses of different interests are ideally opened to include all interested parties, generating new planning discourses, allowing participants to gain knowledge of the positions and values of other participants, and creating capacity for collaborative action to change current conditions (Hotch, 2020). The need for planning and planners to develop a capacity to 'plan together' with others, and acquire competence at navigating and appreciating the positions and claims of different groups and discourse communities (including other professions), is therefore presented as being of fundamental importance if the renewed promise of, and confidence in, strategic spatial planning is to be fully realized (Imran & Kashif, 2020).

The proliferation of theories in planning might then be seen as problematic and negative. It might show that planning theory has failed to deliver proper answers, and that planning practitioners are expected to be in a state of intellectual perplexity. Planners were, according to Migwi, (2017), Friends of friends, Networks, manipulators and coalitions. Losing the capacity to understand who they are, what they should be doing, and were becoming 'comprehensive incompetents'. However, this proliferation of theories in planning might show something quite different. A dominant urban planning theory would be an undesirable situation because it would represent a 'research programme' that has managed to achieve monopoly in the discipline (Friend & Hickling, 2017).

In this line of reasoning we can say that planning theory is doing well, it is escaping from monolithic standpoints and from subservience to "self-maintaining circular belief systems" (Gellner, 2020). This supports the Hydra hypothesis. The Hydra is a mythical creature with many heads. The parallel is quite obvious then. This creature has more than one head that commands its actions. Urban planning also has several major

theoretical views that simultaneously exist and they all have a contribution to make. Naturally this generates passionate debate and exchange of ideas but that should be seen as a good thing. When the discipline experiences an important development, what normally occurs is the emergence of a new theoretical standpoint, not the suppression of the existing ones: the Hydra gets another head. As a consequence the debate gets even more lively, interesting, and relevant Weston, 2017).

The choice theory of planning is relevant to the stakeholder plan management on implementation of NHIF projects through determining appropriate future action by a sequence of choices. The choices which thus constitute the planning process are made by addressing stakeholders concerns, assessment of their commitment, influence and interest throughout the project life cycle on implementation of NHIF projects.

2.2.3 Stakeholders' Management Theory

Stakeholder Management theory originated from Freeman in 1984.This is a theory of organizational management and business ethics that addresses morals and values in managing an organization which. PMBOK, (2016) defines stakeholder as any individual(s), group(s) or organization(s) involved and affected by the project activity or its outcome. The stakeholder's in a project come together to maximize benefits to the clients thus, Stakeholder's benefits are the driver for the project, (Davidoff, 1965). For the project to succeed all the stakeholders must cooperate. (Freeman and Evan, 2014), defines cooperation as the formation of relationships that occur between the project's stakeholders. It is a complex network comprising all the stakeholders around the project. They form a common project environment, a sphere of influence and support on which projects depend for its very existence and success.

Stakeholder theory asserts that organizations should consider the concerns of individuals and groups that can affect or are affected by their activities whilst making decisions and achieving organizational goals (Greenwood, 2017). Stakeholder theory looks at the relationships between a business enterprise and others in its internal and external

environment and how these relationships affect how the organization conducts its activities (Berman, *et al*, 2018). Bourne and Walker, (2020), explains that stakeholders can come from inside or outside of the organization. For instance, stakeholders of a project consist of customers, employees, suppliers, government, and the local community. The core concept of stakeholder theory is that organizations that manage their stakeholder relationships efficiently would survive longer and perform better than those organizations that do not (Freeman & Evan, 2018).

Greenwood, (2019) state that stakeholder theory can be used to buy in the community trust in a project. The same view is supported by Ward and Chapman, (2018), established that stakeholder theory provide principles in which community interests as a stakeholder are identified, analyzed and can be fulfilled. Bourne and Walker, (2019), opined that depending on how the community interests are identified and analyzed, decisions can be made by a firm that help the community or at least prevent harm from coming to the community. These decisions may be to play by the rules of the game, adhere to legal contracts, or act on complaints or pressure brought to bear on the firm. Of more interest, trust is a fundamental aspect of the moral treatment of community within the organization-stakeholder relationship. Community trusts the organization to return benefit or protections from harm commensurate with their contributions or stakes (Monk & Hanson, 2017).

Before undertaking health projects, Projects must ensure the community members voluntarily and actively participate in the projects from the start. Organizations undertaking health initiatives need to ensure all stakeholders participate in the decision making, communication is well done and also their interests are considered despite the popularity of Stakeholder management theory, many scholars have had problems with it. Legris and Collerette, (2020), argue that stakeholder management theory is not specific and therefore it cannot be operated in a way that allows scientific inspection. Most critics like Teppo argue that stakeholder management theory views are unrealistic according to how organizations operate .Other scholars feel that stakeholder

management theory does not offer any decision-making criteria that would adequately guide the governance of an organization (Turner, 2017).

Each and every stakeholder must understand the directions of this sphere of influence and operate under the same sphere influence to attain success. This is practical through better informational conveyance and understanding between organizations dealing with the NHIF. The descriptive aspect of stakeholder theory reflects and explains past, present and future states of affairs of organizations and their stakeholders. The theory stipulates in deep understanding the relevance of stakeholders effective and efficient communication to ensure a coordinated and streamlined functioning within the project stakeholder management and implementation of NHIF projects. This theory therefore guides in the understanding of the extent to which stakeholders' communication management influence the implementation of health projects.

2.2.4 Theory of Quality Management

Theory of quality management originated in 1982 by Edward Deming, One of the strongest proponents of quality management theory and a member of the select few credited with contributing to the rapid revitalization of the Japanese economy after World War II .Deming, (1982), asserted that organizations are recognizing the strategic importance of quality and quality management. Many organizations have arrived at the conclusion that effective quality management can enhance their competitive abilities and provide strategic advantages in the marketplace, (Craig & Mary, 2018).

Quality management is a recent phenomenon but important for an organization. Civilizations that supported the arts and crafts allowed clients to choose goods meeting higher quality standards rather than normal goods. In societies where arts and crafts are the responsibility of master craftsmen or artists, these masters would lead their studios and train and supervise others, (Nederpelt & Peter, 2020) .The importance of craftsmen diminished as mass production and repetitive work practices were instituted. The aim was to produce large numbers of the same goods. The first proponent in the US for this

approach was Eli Whitney who proposed (interchangeable) parts manufacture for muskets, hence producing the identical components and creating a musket assembly line.

Quality leadership from a national perspective has changed over the past decades. Deming, (1982), formulated 14 points of attention for managers, which are a high level abstraction of many of his deep insights. They should be interpreted by learning and understanding the deeper insights. These 14 points include key concepts such as: Break down barriers between departments, Management should learn their responsibilities, and take on leadership, Supervision should be to help people and machines and gadgets to do a better job and Improve constantly and forever the system of production and service. Many of the methods not only provide techniques but also have associated quality culture.

Customers recognize that quality is an important attribute in products and services. Suppliers recognize that quality can be an important differentiator between their own offerings and those of competitors. In the past two decades this quality gap has been greatly reduced between competitive products and services. This is partly due to the contracting of manufacture to countries like China and India, as well internationalization of trade and competition. (Nederpelt & Peter, 2020) .These countries, among many others, have raised their own standards of quality in order to meet international standards and customer demands. Customer satisfaction is the backbone of Quality Management. Setting up a million dollar company without taking care of needs of customer will ultimately decrease its revenue.

The influence of quality thinking has spread to non-traditional applications outside of walls of manufacturing, extending into service sectors and into areas such as sales, marketing and customer service, (Craig & Mary, 2018). Despite the apparent effect that the Deming management method has had on the practice of management around the world, there is little empirical research support for its effectiveness beyond anecdotal evidence. This is in part because no theory describing, explaining, and predicting the impact of the Deming management method has been presented to guide the progress of

the empirical researcher; neither its theoretical contribution nor its theoretical base has yet to be articulated. Academic attention on the Deming management method has, in fact, been surprisingly sparse (Greenwood, 2017).

The role that this method has played in the formalization and advancement of management theory remains a relatively unexplored issue. Deming's energies related to implementation of the 14 points, likewise, have not been expended to espouse or to verify theories. The purpose of the Deming management method has been and continues to be the transformation and improvement of the practice of management, more specifically, the practice of quality management, (Simiyu, 2017). This purpose has served to propel practice ahead of formalized theory. The formalization of the theoretical context of the effectiveness of the Deming management method is essential for improved implementation of these 14 points and, more generally, to the advancement of the field of quality management. This theory is relevant to the quality management variable on implementation of NHIF projects and is used to show the need of having stakeholders who are capable of influencing quality implementation of health projects throughout the project life cycle on quality standards, assurance and continuous improvement to meet stakeholder expectations and satisfaction.

2.2.4 Theory of Change

Theory of Change emerged in the 1990s at the Aspen Institute Roundtable on Community Change as a means to model and evaluates comprehensive community initiatives. Notable methodologists, such as Huey Chen, Peter Rossi, Michael Quinn Patton, Helene Clark, and Carol Weiss, had been thinking about how to apply program theories to evaluation since 1980.The Roundtable's early work focused on working through the challenges of evaluating complex community initiatives (Goetsch & Davis, 2018).

A theory of change is a model that explains how an intervention is expected to lead to intended or observed impacts and utility. Monitoring is involved with assessing how

change takes place within the components of the organization and the surrounding environment as a result of the interventions from the project. Using the theory of change, the M&E practices can be viewed as inputs whose outcome will be visible in a more effective M&E system. The theories of change indicate which aspects of implementation need to be checked for quality, to assist distinguish between implementation failure and concept failure. It also provides a basis for identifying where along the impact pathway (or causal chain) an intervention may stop working. This type of information is essential to draw a causal link between any documented outcomes or impacts and the intervention. It is also essential to explain and interpret the meaning and implications of impact evaluation findings. Further, if a participatory approach is taken, the process can help develop ownership and a common understanding of the program's planning and coordination and what is needed for it to be effective (Kerzner, 2020).

Theory of Change is integrated into the cycle of stakeholder planning and monitoring or applied at different points. These include the pre-planning stages of scoping and strategic analysis, design and planning, and throughout implementation. It can be used to support different project cycle activities, such as implementation decision-making and adaptation; to clarify the drivers, internal and external, around an existing initiative; monitor progress and assess the impact projects.

A theory of social change is one small contribution to a larger body of theorizing, it can be regarded as an observational map to help practitioners, whether field practitioners or donor or even beneficiaries to read and thus navigate processes of social change. There is need to recognize how change processes shape the situation and adjust practice appropriately (Salet & Faludi, 2018).The theory of social change aims at addressing the issue of how development projects did not lead to sustainable changes and this is particularly relevant to health projects because of failure to meet targets a likely pointer to capacity inadequacy, poor planning and accountability and low incomes derived from the production units (Campbell, 2020).

Eskerod and Huemann, (2018), contended that M&E system should be seen as something that helps a project or organizations know when plans are not working and when circumstances have changed giving management the requisite information it needs to make decisions about the project, organization or about changes that are necessary to strategy or planning. Theory of change is helpful to not only measure outcomes but also to understand the role of your project and other factors in contributing to outcomes. The main objective of this theory will be to check if stakeholder control management contributes to the implementation of health projects.

Some critics to this theory are Allmendinger, (2018) and Bingham, (2019) .They stated that difficulties may arise due to the tension between being accountable to donors on the one hand and learning from our work. Some advocates of the theory of change approach focus on developing theory of change by use of a 'roadmap to get you from here to there' which can give misleading results of notion of linearity as in the use of log frames. The theory underpins the significance of monitoring and evaluation of the progress of projects continuously to keep track of the outcomes block by block following the performance indicators in each stage of the project implementation.

2.3 Conceptual Framework

A conceptual framework is a basic structure that consists of certain abstract blocks which represent the observational, the experiential and the analytical or synthetically aspects of a process or system being conceived (Alan, 2019).Mugenda and Mugenda, (2018),defines conceptual framework as a theorized display recognizing the model under investigation and the connections between the needy variable and the autonomous factors. The interconnection of these blocks completes the framework for certain expected outcomes.

A variable is a measurable characteristic that assumes different values among subjects (Kothari, 2017). The variables are the independent and dependent variable. The independent variables in this study will include stakeholder resource mobilization,

stakeholder plan management, stakeholder communication management, and stakeholder quality management. Moderating variable will be stakeholder monitoring and evaluation management. The dependent variable of this study is the successful implementation of National Health Insurance Fund projects. The relationship between these variables will show in Figure 2.1.

Resource mobilization
- Relationship building
- Budget management
- Financial reporting
- Strategy formulation

Stakeholder plan management
- Stakeholder's technical skills
- Level of commitment
- Degree of influence
- Engagement skills

Stakeholder communication management
- Methods used in project status update
- Mode of feedback
- Project meetings
- Communication frequency

Quality Management
- Quality Planning
- Quality Control
- Quality Assurance
- Quality Improvement

Successful Implementation of National Health Insurance Fund projects
- Timely completion
- Cost effectiveness
- Meeting Objectives/scope
- Stakeholder satisfaction

Dependent Variable

Monitoring & Evaluation
- Data collection
- Quality appraisal
- Progress sustainability review
- Data assessment

Independent Variables

Moderating Variable

Figure 2.1: Conceptual Framework

2.3.1 Resource Mobilization

Resources are the driving forces of organizations. Strategies for resource mobilization must be identified in order to achieve the intended results, (Lestler, 2017). Buechler, (2019) defined resource identification as the process of enumerating, enlisting and assessing the availability and utilization thereof. The strategies used fundamentally

depend on the organization's vision and mission statement; structure; governance; and policy (Cole, 2019)

According to Cuthbert, (2018), Stakeholder resource mobilization refers to all activities involved in securing new and additional resources for an organization. It also involves making better use of, and maximizing, existing resources. Stakeholder resource mobilization is often referred to as 'New Business Development'. Buechler, (2019), stated that resource mobilization is critical to any organization for the following reasons as ensures the continuation of the organization's service provision to clients, Supports organizational sustainability, Allows for improvement and scale- up of products and services to the organization both in the public and private sector. Resource mobilization goes beyond just dollars and cents. It includes building valuable contacts and networks, and garnering the interest, support and in kind contributions of people important to your organization.

According to Cuthbert, (2018), raising funds is the effort to building relationships and people don't give money to causes, they give to people with causes. So stakeholder resource mobilization goes beyond fund raising with three integrated concepts of organizational development and management organizational management and development involves establishing and strengthening organizations for the resource mobilization process which involves identifying the organization's vision, mission, and goals, and putting in place internal systems and processes that enable the resource mobilization efforts, such as identifying the roles of board and staff, effectively and efficiently managing human, material, and financial resources, creating and implementing a strategic plan that addresses the proper stewardship and use of existing funds on the one hand, and identifies and seeks out diversified sources of future funding on the other (Cole, 2019).

This concept covers the principles of resource mobilization, is just a means to the end whereas the end being the fulfillment of the organization's vision. Resource mobilization is a team effort, and involves the institution's commitment to resource

mobilization, acceptance for the need to raise resources and institutionalizing resource mobilization priorities. The responsibility for the resource mobilization effort is shared by the board, the president or the executive director, and the resource mobilization unit.

An organization needs money in order to raise money, there are no quick fixes in resource mobilization, communicating and prospecting once an organization has achieved a certain readiness for resource mobilization. It must then take on another challenge of ensuring it's a long-term sustainability by acquiring new donors and maintaining a sizeable constituency base (Lestler, 2017). The art of resource mobilization entails learning how to connect with prospective donors in a manner and language they understand, and finding common ground through shared values and interests. It also entails discerning the right prospect to approach, and matching the appropriate resource mobilization strategy to the prospect. This concept is governed by the principle that resource mobilization is really friend raising and financial support comes as a result of a relationship and not as the goal in and of itself.

According to Chitere, (2020), People don't give money to causes; they give to people with causes. People give to organizations to which they have personal affiliation, in some shape or forming relationship building and thus the courtship begins. Once you identify your donors, the objective then is to get closer to them, get to know them better, very much the same way as developing a casual acquaintance into a trusted friend and confidante. As the relationship deepens, this increases the chance of donors giving higher levels of support over time, intensifying commitment and enlarging investment. As cultivation techniques become more targeted and personal, a donor may become more involved in the organization.

Initiating new relationships, nurturing existing ones, and building an ever expanding network of committed partners is an ongoing activity, embedded as a core function of the organization. This requires the dedication of board members, staff and volunteers, and in order to build enduring relationships,(Chitere, 2018).

According to Simiyu, (2019), organizations should make adequate preparations for resource mobilization strategies to be effective and to ensure they are maximizing all opportunities. Salet and Faludi, (2019) noted that organization in Australia, developing resource mobilization plans and tightly integrating them with their organizational strategic and communication plan enhanced the performance of their organizations. Organizations that are well-managed and convey their key messages effectively to their target audiences, are more successful in raising resources, and this, in turn, contribute to the organization's continued growth.

2.3.2 Stakeholder Plan Management

Olander, (2017) states that balancing stakeholder interests is a process of assessing, weighing and addressing the competing claims of those who have a stake in the actions of the organization. Stakeholder's Interest in the entire project or process is defined by impact thus every project has consequences to be realized in a variety of ways and degrees (operational, financial and personal) and accountability (i.t Toolkit, 2017). The Projects can change the way work is performed, lessen responsibility, add responsibility, and the like.

The more serious and significant the impact, the more "interest" in the project (and/or management process).While much of the balancing process may be at the individual level or at the organization level, it ultimately includes behaviors that bring some kind of resolution to conflicting stakeholder needs or requests (Jugdev & Muller, 2019). Stakeholders' responses to the procedures are a vital factor when project administrators settle on choices about techniques to manage partners (Freeman, *et al*, 2017). In this case, a decision by the NHIF to have their clients first to select the institutions they will like to attend for their Out Patient services which will be limited to the specific institution

Accountability being a great motivator, stakeholders will be held responsible for their role in the project, whether for the tasks assigned, decisions made, support provided,

participation, attitude, and overall contributions (Olander, 2017). The more accountability the greater the interest. For a better Stakeholders plan management management, the stakeholders are classified in a project depending on the Power, Legitimacy and Urgency as defined in the saliance model.

Dynamics of interest among stakeholders is extremely fascinating and critical part of the partner idea (Ricardo, 2019).The vulnerability caused by partners incorporates "who the partners are," the impact of them, their requirements, and the ramifications of connections among partners,(Ward & Chapman, 2018). Successfully sustained stakeholder engagement is essential for maintaining the support and commitment of all Stakeholders. Viable, general, and arranged correspondence with all individuals from the undertaking network is essential for task achievement. Task supervisor ought to be exceedingly gifted mediators and communicators fit for overseeing singular partner's desires and making a positive culture change inside the general association.

Stakeholders' attributes and their position on the project do not remain steady-state during the project but have a dynamic nature (Aaltonen & Kujala, 2019). A dynamic nature that changes during the life cycle of the project. Stakeholders' influence strategies can be considered as important means for stakeholders to strategically shape their position and increase the likelihood that their claim will be taken into account in the project management's decision-making process (Aaltonen & Kujala, 2019). Stakeholder interest management strategies, in turn, are means enacted by project management to shape the attributes or positions of stakeholders and, hence, may contribute to the stakeholder dynamics during the project's early stage. Aaltonen and Sivonen, (2019) have identified and described five different types of response strategies, in other words, stakeholder management strategies that project management may enact as a response to stakeholder pressures. The recognized reaction procedures are adjustment methodology, bargaining system, evasion technique, rejection methodology, and impact system.

Olander, (2017) typology also suggests that managers should differentiate their stakeholder management strategies based on the positions of stakeholders. Strategies

used are collaboration, defending, monitoring, informing, and involving, Hence, stakeholder management strategies enacted by project management can be understood as activities that may contribute to the changes in the level of stakeholders' salience or may change the position of stakeholders toward the project.

Prior research on international engineering projects has reported how the project's institutional context with its regulative, normative, and socio-cultural elements may generate unexpected stakeholder events and dynamics (Mitchell,*et al*, 2017). Research on institutional conditions and their implications on large projects' governance arrangements have also highlighted the differences that large engineering projects face regarding the regulatory frameworks, the local community opposition, and the procedures of multiple uncoordinated agencies (Floricel & Miller, 2017).

Project Partner association is how much one is intellectually engrossed with, occupied with, and worried about one's present task exercises (Zocher, 2018). The stakeholder engagement is said to be at a most extreme when a stakeholder is occupied with the two segments of task contribution. Task chiefs, subsequently, need to guarantee that the key partners are engaged with the exercises of the venture as this positively affects the execution of the undertaking. As per Cole, (2019) Stakeholders who are profoundly associated with the undertaking will advance generous exertion towards the accomplishment of project goals and will be less inclined to pull back from venture work, yet partners who are humble associated with the venture work will probably surrender the undertaking as well as pull back exertion from the undertaking work and either apply that vitality to assignments outside the extent of the task or participate in different unwanted at work exercises.

Partner association prompts expanded full of feeling responsibility where partners receive the venture's objectives as their own and in this way, want to stay with the association to enable it to accomplish its objectives. Hendry, (2015), states that, stakeholder contribution is one of the center delicate aptitudes territories that have been featured as being essential for building promise to the undertaking to accomplish wanted

results. Healey, (2016), additionally found a connection between partner comprehensiveness and task duty; he contended that inclusion of partners like colleagues and perseveres picks up their dedication towards the undertaking. This corresponds with (Winter, *et al*, 2016) think about where he built up an instrument as a component for surveying the relative impact of a venture's partners to the execution of the undertaking. He discovered that understanding partners' desire because of including them in the different phases of the task life cycle is fundamental in building their pledge to the undertaking exercises. Bourne, (2015),contention does not contrast from the contentions of prior scientists as he battles that one winning methodology for task responsibility is build up a culture of partner commitment by creating and sustaining a solid association with key partners.

2.3.3 Stakeholder Communication Management.

Stakeholder communication is a complex endeavor that achieves a higher complexity within a global context approach. Project Communication is defined as the sharing of project-specific information with the emphasis on creating mutual understanding between the sender and the receiver, (Chitere, 2018). Project correspondence incorporates general correspondence between colleagues however is additionally including. It utilizes the framework of a Work Breakdown Structure (WBS), it is customer focused- limited in time and product end focused in mind, involving all levels of the organization. Project Communication Management is characterized as the learning territory that utilizes the procedures required to guarantee auspicious and proper age, accumulation, circulation, stockpiling, recovery and extreme demeanor of undertaking data.(Besner & Hobbs, 2016).The operation of the NHIF out-patient medical scheme hence involves different stakeholders who do not act in a vacuum, but are part of their direct and indirect operational environment, which is an evidence that communication is inevitable within or outside the organization in the achievement of the overall intended project goal (Karanja, 2018).

Thus the pressing relevance of effective and substantial communication has a bigger portion towards project .Implementation. Depending on the institutionalized practices and the institutional environment, projects may face quite a different stakeholder mobilization patterns, legitimized processes for engaging stakeholders, as well as overall project governance arrangements that may contribute significantly to how project may perfom as a result.Bourne, (2019), asserts that duty to the undertaking is firmly affected by both the desires and impression of its partners, and the capacity and ability of project administrators to deal with these variables. This can be well assimilated if there will effective communication among the stakeholders.

Project task partners have data and correspondence needs. Recognizing the data needs of the partners and deciding reasonable methods for addressing those requirements are essential components for task achievement. Undertaking colleagues and partners utilize diverse specialized techniques at specific occasions amid the project lifecycle. Communication is a key factor in influencing stakeholders to demonstrate that the benefits of undertaking the change are greater than the associated risks. If people value the benefits of being associated with the project and perceive the risks to be acceptable, they will support it. Some of the perceptions of benefits include projects having value for the participating organizations, external groups, and project participants (Bourne, *et al*, 2016).

The project correspondence plan incorporates the data expected to effectively oversee project item expectations. This will include: introduction and background of the project, project sponsor list, project manager, Project Development Team members and other key stakeholders, the Methods of communications to be used, Project reporting, Stakeholders investigation to enable the PDT to examine inside and outside partner needs by social occasion the accompanying data from every partner, goals for the project. The Communication matrix that is used to track project implementation by project component and WBS element.

Effective communication during the project cycle contributes highly towards the influence of stakeholders during the entire process in the project. The following techniques can be used for effective communication: Sender-receiver models, choice of media, writing style, meeting management techniques, presentation techniques, facilitation techniques, listening techniques. The communication channels also form the different methods for engaging stakeholders. Methods such as use of newsletters, employee work councils, customer focus groups, community town meetings, and active public affairs officers, and companies vary considerably in the degree to which they try to engage stakeholders (Johnson-Cramer & Berman, 2019).

Stakeholders communication can be hampered with the following factors: Complexity of organizations, Individuals playing power games, withholding Information, or having hidden agendas, Differences in culture, motivation, expectations and environmental circumstances, Management levels and the levels of authority (USAID, 2015). These causes will lead to the negative influence of the project stakeholders leading to Reactive, emotional, or dysfunctional behavior, Spatial separation, intermittent involvement, loss of focus or interest, Different levels of communication skills, Indirect communication, Stereotyping and/or assumptions. Thus the project will receive an unbalanced approach to achieving its intended .Implementation.

When changes are done especially in the decision-making process without proper and effective communication it can end up creating fear and resistance, the individuals facing change have a perception of risk that is related to their risk profile (Muchelule, *et al*, 2017). This can widely influence the positive or negative influence towards the project by the stakeholders. With the effective communication to all the stakeholders, the policy objectives and implementation find a strong base to which the project will achieve its intention and purpose.

2.3.4 Quality Management

Quality management is the process for ensuring that all project activities necessary to design, plan and implementation are effective and efficient with respect to the purpose

of the objective and its performance. According to Bowler, (2019), Project quality management is not a separate, independent process that occurs at the end of stakeholder management to measure the level of quality of the output. It is not purchasing the most expensive material or services available on the market. Quality and grade are not the same, grade are characteristics of a material or service such as additional features.

A product may be of good quality (no defects) and be of low grade (few or no extra features). Bhindi, (2018), stated that quality management is a continuous process that starts and ends with the project. It is more about preventing and avoiding than measuring and fixing poor quality outputs. It is part of every project management processes from the moment the project initiates to the final steps in the project closure phase. Quality management focuses on improving stakeholder's satisfaction through continuous and incremental improvements to processes, including removing unnecessary activities; it achieves that by the continuous improvement of the quality of material and services provided to the beneficiaries. It is not about finding and fixing errors after the fact, quality management is the continuous monitoring and application of quality processes in all aspects of the project (Billing, 2018).

Quality has been defined as "the totality of characteristics of an entity that bear on its ability to satisfy stated or implied needs." The stated and implied quality needs are the inputs used in defining project requirements from the donor and the beneficiaries. It means that the product or services must meet the intended objectives of the project and have a value to the donor and beneficiaries and that the beneficiaries can use the material or service as it was originally intended. The central focus of quality management is meeting or exceeding stakeholder's expectations and conforming to the project design and specifications, in this case the NHIF projects. According to Ferris, (2018), the ultimate judge for quality is the beneficiary/stakeholder, and represents how close the project outputs and deliverables come to meeting the beneficiaries' requirements and expectations. How a beneficiary defines quality may be completely subjective, but there are many ways to make quality objective; by defining the individual characteristics and determine one or more metrics that can be collected to mirror the characteristic.

Bowler, (2019) noted that no quality management system could succeed without top management commitment; it is the management that invests in the processes, creates corporate culture and also selects suppliers and develops long-term relationships. Deming's Quality Improvement Theory provides business with a plan to eliminate poor quality control issues through effective managerial techniques. It's a fact that management's behavior shapes the corporate attitude and defines what is important for the success and survival of the firm. Quality involves tweaking processes using knowledge. The fourteen points of Deming's theory of total quality management are; Create constancy of purpose, Adopt the new philosophy, Stop dependencies on mass inspections, Don't award business based upon the price, Aim for production and service improvement, Bring in cutting-edge on the job training, Implement cutting-edge methods for leadership, Abolish fear from the company, Deconstruct departmental barriers, Get rid of quantity-based work goals, Get rid of quotas and standards, Support pride of craftsmanship, Ensure everyone is trained and educated and making sure the top management structure supports the previous thirteen points (Goetsch, *et al*, 2019).

Finch, (2018) stated that the main principle of stakeholder quality management is to ensure the implementation of project will meet or exceed stakeholder's needs and expectations. The project team must develop a good relationship with key stakeholders, especially the donor and the beneficiaries of the project, to understand what quality means to them. One of the causes for poor project evaluations is the project focuses only in meeting the written requirements for the main outputs and ignores other stakeholder needs and expectations for the project,(Lindsly, 2018) .Quality must be viewed on an equal level with scope, schedule and budget. If a project donor is not satisfied with the quality of how the project is delivering the outcomes, the project team will need to make adjustments to scope, schedule and budget to satisfy the donor's needs and expectations. To deliver the implemented project scope on time and on budget is not enough, to achieve stakeholder satisfaction the project must develop a good working relationship with all stakeholders and understand their stated or implied need.

2.3.5 Monitoring And Evaluation

Monitoring is defined as the routine continuous tracking of the key elements of project implementation that is: inputs (resources, equipment,etc.) activities and outputs, through recordkeeping and regular reporting (Eskerod & Huemann, 2017). It is also the tracking the planned implementation against the actual implementation,to able to report on how the project is progressing and if there is a need for corrective action and to facilitate decision making by the project manager during implementation.

Evaluation on the other hand is the episodic (not continuous as the case with monitoring usually midterm and at end of the project) assessment of an ongoing or completed project to determine its actual impact against the planned impact (strategic goal or objectives for which it will implemented) efficiency, Success, effectiveness (Hendry, 2019). Evaluations are systematic and independent, and they are an assessment of an ongoing or completed project including its design, implementation, and results. Evaluations also assess the relevance, efficiency of implementation, effectiveness, impact, and success of the project (Healey, 2016*)*

The purpose of control management is to ensure that implementation is moving according to plans and if not the project manager takes corrective action, it is the control function of project management (Ferris, 2017). Control enhances project management decision making during the implementation hence increasing the chances of successful project implementation .Control mechanism also aids early identification of problems before they get out of hand since it is continuous (Freeman & Evan, 2018). All the group(s) involved for example in this study will be able to address their challenges and have positive improvement plans after the evaluation and control results are presented.

According to Eskerod and Huemann, (2019), Stakeholder control management facilitate transparency and accountability of the resources to the stakeholders including donors, project beneficiaries and the wider community in which the project is implemented. Control , however, tracks and documents resource use throughout the implementation of

the project. This enhances accountability in that it facilitates the demonstration of the resource use throughout the implementation of the project. Control also facilitates evaluation of the project meaning that in a well-designed Stakeholder control management system, control contributes greatly towards evaluation. Information from control mechanism feeds into the evaluation process (Buechler, 2019)

Turner, (2017) emphasizes the fact that evaluation compares the stakeholders impact with what will set to be achieved in the project plan and further argues that evaluation examines project completion,i.e., how the project impacts will be achieved and what went wrong or right for the benefit of the organization all earning. Will the intended purpose of the introduction of the NHIF Cover to its members in line with UHC have been realized? Like in the normative theory approaches will the purpose of the group(s) participation in the entire process be achieved as intended or not, that is the NHIF, Members and the Health Facilities.

The PMI, (2018) also asserts that evaluations occur at the end of the project during the lifecycle, where it assesses how the project performed and capture any lessons from it. Monitoring information is very helpful in determining how the project progressed regarding schedule, cost and any hindering problems encountered during implementation. As highlighted earlier when assessing how the project progressed during evaluation, information from monitoring is very relevant and useful hence there should be safekeeping of monitoring data,(Turner, 2017).Other approaches employed in Stakeholder control management includes the theory-based framework and logical framework. Theory-based evaluation allows an in-depth understanding of the workings of a program or project. In particular, it need not assume simple linear cause-and-effect relationships (Davy, 2018).

The logical framework applies a systems approach where the success of an intervention is affected by other factors in the environment which should be identifiedand how they might interact, it can then be decided which steps should be monitored as the program develops, to see how well they are in fact borne out. This allows the critical success

factors to be identified. And where the data show these factors have not been achieved, a reasonable conclusion is that the program is less likely to be .in achieving its objectives (Ferris, 2020).

2.3.6 Implementation Of NHIF Projects

Implementation of the project is considered as a source of worry to both open and private segment customers, it remains a noticeable issue in extend conveyance everywhere throughout the world (Muchelule, *et al*, 2017). The failure of any project is primarily identified with the issues and disappointment of the project administration. Viable administration of undertakings is probably going to be effectively overseeing communications to meet customer, client and other partner necessities (PMI, 2018).

According to Buechler, (2019), the relationship between project managers and project clients within a project can be the main attributing factor to success or failure, thus the overall project implementation. Hence high-quality relationship between project stakeholders will greatly affect the implementation of the health projects.

2.4 Empirical Review

This section presents empirical review of literature on implementation of projects, followed by the influence of resource mobilization, stakeholder plan management, stakeholder communication management, quality management and monitoring and evaluation on project implementation.

2.4.1 Resource Mobilization

According to Cuthbert, (2019), Resource mobilization refers to all activities involved in securing new and additional resources for an organization. It also involves making better use of, and maximizing, existing resources. Stakeholder resource mobilization is often referred to as 'New Business Development'.Buechler, (2019),stated that resource mobilization is critical to any organization for the following reasons as ensures the

continuation of the organization's service provision to clients, Supports organizational sustainability, Allows for improvement and scale-up of products and services to the organization both in the public and private sector. Resource mobilization goes beyond just dollars and cents. It includes building valuable contacts and networks, and garnering the interest, support and in kind contributions of people important to your organization.

Okeyo, (2019) studied strategic stakeholder management and resource mobilization in the University of Nairobi. The study was carried out through a case study design; the target population for the study was senior university stakeholders and departmental heads. The researcher used purposive sampling to select 10 informants drawn from the top level management and included vice-chancellor, three deputy vice-chancellors and an Academic Registrar, as well as the principals of constituent colleges, deans of faculties and directors of centers. From the findings, the study established core milestones realized by the stakeholders mobilized towards resource mobilization strategic plan. This was attained through financial support from strong market shares, happy external stakeholders, among so many other inputs. The study found that senior managers and departmental heads were involved in strategic management process.

Akumu, (2019) studied the Role of the Local Communities Participation in Resource Mobilization in Busia District Western Kenya. The study was carried out by use of Simple Random Sampling. A total of 186 respondents participated in the study. From the findings the study concludes that for the successfulness of any CBOs should value the contribution of every part such as the sources of resource which may be derived from different areas like the people skills, loans from financial institutions and the member contribution and also the government. Also the research recommends that the effectiveness of communication on the CBOs contributes more to the performance of CBOs which should be practiced through regular meetings, project visits, scientific publications, through information communication materials, media and project updates. The study also found that the contribution of local communities which are more pronounced in prosperity of CBOs, either individual, donations, government funds, gifts,

private sector support or political contributions and friend involvement are very important.

2.4.2 Stakeholder Plan Management

Ricardo, (2020), asserted that a stakeholder planning provides a clear statement of the problem or opportunity and the solution, project outcome and able develop clear business justification to ensure project is consistent with direction, priorities in the Strategic Plan. It enables prepare budget and if applicable document deliverables and significant milestones, identify customers, users, and stakeholders. Logically, all stakeholders' project plans, estimation, schedule, quality and base lines are typically designed primarily based on the preliminary project scope. Thus, any change in the project scope during execution will imply that the entire initial project plan will have to be reviewed such that a reviewed budget, schedule and quality will have to be developed. With each scope change, valuable project resources are diverted to activities that were not identified in the original project scope, leading to stress on the project schedule and budget.

Project scope change should be as a result of incorrect initial scope definition, inherent risk and uncertainties, unexpected change of interest, project funding change, etc. this could lead to change request which in turn could lead to change in project deliverables, budget and/or even the whole project team (Olander, 2017).

Hotch, (2020), states that Poor scope change management could lead to dispute that might also require spending time and money on arbitration and litigation for what the contractor or the client believes he is entitled to. This will no doubt lead to delay and cost overrun of the project. Integrating a proper change management plan as a proactive strategy should be adopted involving the project stakeholders and incorporating their needs all through the project lifecycle. Requirements gathering are an essential part of any project. Understanding fully what a project will deliver is critical to its success.

Producing a statement of requirements document is a guide to the main requirements of the project (Imran & Kashif, 2020)

Migwi, (2017), studied the effect of community engagement at the planning phase on project success in public Universities with a focal point on Jomo Kenyatta University of Agriculture and Technology. The study centered on the Project Team and Community Members therefore giving a total of 148 respondents. The researcher applied case study design. From the findings, it was deduced that the community was not entirely involved in all the stages of projects development which includes in the stakeholder planning and design phase, project implementation and the evaluation and monitoring stage. The study advocated that there was need for community participants to identify their own needs, analyze the factors that lead to the satisfaction of these desires and draw up community action plans and schedules to address these needs as a deliberate step taken to entrench long-term project benefits.

Weston, (2017),conducted a study on Community Reaction to Health Programme in Zimbabwe. The study sought to analyze school capacity building Programme (SCP) being implemented by Delta Corporation in Macheke. Qualitative methodology was utilized with focus group discussions and interviews as data collection tools. The study established that there was limited community involvement at project identification stage by Delta Corporation and therefore the community felt that their needs were not properly handled. The study recommended that health projects should be designed with communities to enhance Success. Turner, (2017), further found out that poorly designed projects are hard to monitor or evaluate and that project plans defines the project's expected outcomes and goals and facilitates the evaluation to determine the extent to which the objectives were achieved. Therefore, monitoring and evaluation is dependent on the project plan and can only be as good as the project plan, meaning that if the project plan is flawed and unrealistic then monitoring and evaluation will not be of any significant value to the project stakeholders.

2.4.3 Stakeholder Communication Management

Simiyu, (2017), study showed that poor communication overruns the financial constraints were the main factors that affected road construction projects in Singapore. Effective communication to health program highlights the need for an approach capable of addressing these constraints to construct a portfolio of alternatives that collective best use is made of the limited total resource. It involves a technical solution capable of capturing diverse aspects of the problem with a social process of the individuals engaged. According to Lester, (2017), well planned projects that utilize available resources are more sustainable since there is consistency in communication between the stakeholders and mobilization of the resources.

Greenwood, (2017), conducted a study on the effects of resource allocation policies for reducing project durations using a descriptive research design and discovered that useful resource allocation policies for the duration of such projects determine the fractions of resources that are to be assigned to constituent tasks. The choice of allocation policy can strongly have an effect on project durations. But policies for reduced project duration are difficult to design and enforce due to the fact of closed loop flows of work that generate dynamic demand patterns and delays in shifting resources among activities. Resource demand estimates and resource adjustment instances are two policy facets that Employees can effectively alter to influence project durations. Kagumba, (2018), did a study on the effects of human resource factors on project performance in Nairobi County in Kenya. One HR manager and two line Employees from each organization formed the respondents' for this study, thus giving a total of 138 respondents.

The study established that management, staff welfare issues, technical expertise and planning have varying effects on performance to the extent of implementation of the practice. In a study on the influence of local community involvement in stakeholder planning on the success of projects in Embu County. Mukunga, (2017), observed that community contributors are in no way adequately involved in useful resource mobilization for the execution of the project. The few resources they contribute in small

portions are man power, raw materials and financial resources. This has led to negative outcomes on the success of projects within Embu County. The study, however, did not focus on frequency of funding, realistic project budget, adequate financial resources and adequate human resources and how they influence success of projects.

2.4.4 Quality Management

A study conducted by Chepkemoi, (2018), on Total Quality management strategies and performance of institutions of higher learning in Kenya, The target population of the study was 4017 respondents comprising of staff of the selected Public Institutions of higher learning and stratified random sampling formed the respondents for the study. The study concluded that top management commitment significantly affects performance and quality of ISO Certified Public Universities in Kenya. The top management of the selected university institutions is committed towards the principles laid out by the Standards. The Quality is everybody's business in the organization. The management support to service delivery is felt at levels of the organization.

Kagumba and Gongera, (2017), noted that quality is a complex phenomenon based on perception by individuals with different perspectives on products and services. These perceptions have been built up through the past experience of individuals and consumption in various contexts. Consequently, quality encapsulates time and other contextual dimensions that add to the complexity of what is essentially a subjective evaluation of the quality of goods and/or service by the consumer.

Yusufu, (2017), did a study on the impact of Quality Management on performance of manufacturing firms in Kenya. The target population composed of 165 management staff at Bamburi Cement using stratified random sampling technique. The study revealed that most Total Quality management practices were employed by Bamburi Cement Limited with employee involvement, top management commitment, continuous improvement and customer focus. TQM practices were meant to foster performance at Bamburi Cement Limited. The study established that the firm had the capacity to satisfy

customer needs, embraced continuous improvement process to meet customers' needs and values both internal and external customers.

2.4.5 Monitoring And Evaluation

Chitere, (2020), studied the factors that influence the success of CDF funded projects in public primary schools in Kwanza division. The researcher adopted a descriptive research design. The study established that stakeholders control via regular checking by the stakeholders on the expenditure ensured physical progress hence successor the long run. In a study on the influence of control practices on performance of Kenya State Corporations. Muchelule, (2017), observed that control techniques and stakeholders management and its adoption contributes to overall performance substantially as well as control and planning and tools contributes to organization performance. The study adopted descriptive research design method. The study concluded that in order to improve performance State Corporations should enhance stakeholder control mechanism through employment of competent specialists to manage the implementation increase efficiency, service delivery and increased returns on value of money.

In a study conducted by Mulwa, (2018), found out that; there should be a clear specification of how often control data is to be collected and from whom, there should be a specification of a schedule for stakeholders management reports to be written and that the control of stakeholders control must be carried out regularly in order to be in a position to track the performance and identify issues early enough before they go out of hand. The regularity of control mechanism could be a function of the size of the project, however a month-to-month frequency would be adequate, and monitoring each and every three months would nevertheless be acceptable (USAID, 2019). The monitoring would entail collecting data, analysis and witting a report at the specified frequency.

According to Munge and Briggs, (2017), not many programs in Kenya have a functional control management system in spite of being accredited for promoting transparency and accountability. Karanja, (2018), analyzed the influence of management practices on

success in Kangema District Murang'a County Kenya. The study revealed that, sound financial management, appropriate training, leadership and effective control management systems influence the success of the projects.

An examination by Pernille and Huemann, (2017), pointed that control and Feedback is one of the components prompting performance, additionally noticed that the likelihood of accomplishing performance appeared to improve among different elements, by continually controlling the progress of the project. Nyandika and Ngugi, (2018), in their study reported that identification of stakeholders control enables them to buy and support the effective control systems from the inception, which later contributes to the success and implementation of the task. The study however only laid emphasis on the adoption of control practices but did not show how regular checking of project expenditure, projects assessment and Measurements and data to track progress using control tools and techniques on projects influences project performance.

Olander, (2017), did an investigation called building up a coordinated stakeholders control stream for Sustainable Investment in Romania. The goal of the examination was to build up a general incorporated stream, including both checking framework and furthermore a control assessment framework for the speculation including monetary destinations, and in addition cross- cutting social and natural targets. The examination utilized basic investigation and found that both the evaluated favorable circumstances and the burdens of such an administrative instrument, opening new points of view for growing additionally enhanced models and frameworks where stakeholders control influence emphatically on the manageability of the tasks in Romania.

Turner, (2017), also established that adopting stakeholders control mechanism on budget performance, schedule performance, and quality performance could lead to performance. The stakeholders control should involve gathering information, examination and witting a report at the predetermined recurrence. Project control as a procedure tries to guarantee that project goals are met by stakeholders control and measuring progress frequently to

recognize differences from design With the Goal That Restorative Moves Might Be Made.

2.4.6 Successful Implementation Of NHIF Projects

Adan, (2018), conducted an investigation on Influence of stakeholder's role on completion of constituencies' development fund projects a case of Isiolo North Constituency, Using descriptive research design, a questionnaire as a source of primary data was administered to 96 respondents. The findings revealed that the majority of the CDF projects were not sustainable. This may be attributed to lack of establishing roles for community members in the projects as well as monitoring them. There was also lack of regular communication between implementers and the community.

The management of community resources, changes in membership was also not there. Lastly, the project implementers did not consider the community as a key partner in their projects. This could have been due to the community's inability to contribute (labour, material or money) towards the projects. Overall, there was no partnership between the implementers and the community. The resultant effects were lack of partnership with the community and mismanagement of the facilities by the community which resulted in the failure of projects. Hence, the study established that a well partnered stakeholder approach was appropriate for the success of the projects with suitable roles, communication and management of any changes. All in all, there was a challenge of lack of full partnership by other stakeholders which affected the success of the project.

Gila, (2018), conducted a study on the determinants of success of health projects by the mobile phone service providers. The researcher used descriptive research design with a target population of 588 completed health projects from which a sample of 59 completed health projects was selected through stratified sampling technique based on the various

organizations under study. The results indicated that health needs the joint participation of key stakeholders like the company, government and community for its success. The four variables studied of government policies; corporate profit, community involvement and management style have all indicated an effect on the success of health projects. It is advocated that authorities put in place suitable policies that guide health, communities get involved in the projects and management put in place sound risk management strategies and profit-sharing policies for the success of health projects.

Wanjohi, (2017), examined the factors influencing the success of health projects at east African breweries limited. The study used descriptive research design. The study concluded that health project stakeholders should be involved in making decisions. It also recommended that project financial resources should be sufficient to ensure effective funding of health projects and established that having the right leadership qualities, good relationships and right teams in place when undertaking health projects increases the possibility of projects succeeding hence resulting in sustainable projects.

2.5 Critique Of The Existing Literature

This section critically analysis studies done by other researchers regarding project stakeholder management. The main theme of this study is to establish whether the application project stakeholder management on NHIF projects has a bearing on the extent of their implementation success. Other studies done on project stakeholder management will be analyzed to establish their findings on the same subject.

In Pakistan, Tongkachok and Chaikeaw, (2017), conducted a study on success of health projects in listed companies in the stock exchange of Thailand and found that transformational leadership, corporate governance and stakeholder influence on corporate social responsibility. However, Tongkachok and Chaikeaw, (2017), study was limited to Thailand and further, the studies did not outline the factors influencing the implementation of health projects but was restricted to the success of health projects in Thailand.

Dokpesi and Abaye-Lameed, (2017), conducted a study on internal and external factors influencing implementation of AGIP projects in oil bearing communities of south Nigeria and found that Agip's health efforts are being impeded by both internal and external factors that include stakeholder engagement, job creation as well as divide and rule tactics. The study was restricted to Nigeria and had only three variables and did not include other components of stakeholder management like resource mobilization, stakeholder plan management, communication management and quality management.

Weston and Taruvinga, (2017),conducted a study on Community Reaction to Health Programme in Zimbabwe. The study, however, revealed that community participation in health projects was obscure and the community leadership only played a passive role at project execution stage. The study recommended that government should be active in spearheading health initiatives through legislation to ensure that health becomes an obligation for corporation instead of charity

In Kenya, Nyandika and Ngugi, (2014), did a study on the influence of stakeholder participation on performance of road projects at Kenya National Highways Authority and he identified level of stakeholder engagement as the indicator to stakeholder engagement but did not look at the Influence of stakeholder management on resource mobilization, plan management, stakeholder communication management and quality management. The study also focused on the end product of performance and ignored the implementation of the project.

Wanjohi, (2017), examined the factors influencing the success of health projects at East African Breweries Limited and indicated that project resources, stakeholder participation, good leadership and right teams as key success factors that result in sustainable Health projects. However, his findings did not consider stakeholder management practices as factors that would influence success of Health projects and the study was restricted to the success of project rather than the implementation of the project.

Wandia, (2015), in her study on strategic plan implementation and service delivery at NHIF concluded that organization structure affects the service delivery at NHIF and that resource allocation has very important implications on the ability and pace of strategic plan implementation and hence service delivery. Despite the study being conducted at NHIF, considered other factors on the implementation and service delivery other than stakeholder management.

Most of the literature that exist talks of project success. However it is important to differentiate the success of a delivered project and successful implementation of a project. Implementation looks at the process to deliver a project while successful project is the end product .Project success is more than project management success and needs to be measured against the overall objectives of the project and thus bringing a distinction between the success of a project's process and that of the product or service (Johnson & Berman, 2015). It is in line with the above that the researcher seeks to identify influence of project stakeholder management practices that are essential in ensuring implementation of NHIF projects in Kenya.

2.6 Research Gaps

Various studies have been conducted on project stakeholder management, but these studies have been limited to specific countries, sectors and institutions thus hindering the generalization of the findings. For instance Nyandika and Ngugi, (2014), did a study on the influence of stakeholder participation on performance of road projects at Kenya National Highways Authority.Migwi, (2017),studied the effect of community engagement at the planning phase on project success in public Universities with a focal point on Jomo Kenyatta University of Agriculture and Technology and Adan, (2018), conducted an investigation on Influence of stakeholder's role on completion of constituencies' development fund projects a case of Isiolo North Constituency. Nonetheless, the studies were limited to specific institutions and hence their findings cannot be generalized to the NHIF. In addition, these studies did not show how project stakeholder resource mobilization,stakeholder plan management,communication

management,and quality management influence implementation of projects either positively or negatively. The studies also primarily focussed on perfomance and completion of projects as opposed to implementation of projects.

Gila, (2018) ,conducted a study on the determinants of success of health projects by the mobile phone service providers,Wandia, (2015), did a study on strategic plan implementation and service delivery at NHIF. In view of this literature and from the analysis of the studies scrutinized regarding implementation of projects, very little and scanty details emerge as to what influence project stakeholder management would have on implementation of projects considering the parameters for measuring success in a project implementation which are implementation,cost effectiveness,meeting project objectives and scope. (Johnson & Berman, 2015). This study sought to establish the relationship in the influence of project stakeholder management on the implementation of NHIF projects in Kenya in the quest of Universal health coverage provision.

2.7 Summary Of Literature Reviewed

According to Portny, *et al*, (2017), the fundamental items of project stakeholder management to be planned, monitored, and controlled are time; cost, scope and quality so that the project stays on schedule, within budget and meets the stakeholder's expectation. In the endeavor to be successful, the project must be accomplished on time, within budget, and to the appropriate degree required to satisfy the objective.

This study adopted five theories, namely: resource based view theory, choice theory of planning, stakeholder management theory, theory of quality management and theory of change. The resource based view theory was used to explain the influence of project stakeholder resource mobilization on successful implementation of NHIF projects ,the choice theory of planning used to explain the influence of stakeholder plan management on successful implementation of NHIF projects, stakeholder management theory used to explain the influence of project stakeholder communication on successful implementation of NHIF projects, theory of quality management used in the study to

explain the influence of project stakeholder quality management on successful implementation of NHIF projects and the theory of change used in the study to explain the influence of project stakeholder monitoring and evaluation on successful implementation of NHIF projects.

The literature review showed that stakeholder resource mobilization, stakeholders plan management, stakeholder communication management, stakeholder Quality management and stakeholder monitoring and evaluation influenced implementation of NHIF projects. Dealing with individuals or groups who may influence, affect or be affected by the project processes, contents, or outcomes has been acknowledged as a core task within project management for a long time.

Even where the influence of stakeholder management on implementation of NHIF projects in Kenya has taken place still concerns will emerge due to their resource mobilization management, plan management, communication management and quality management in the overall implementation of NHIF projects, while monitoring and evaluation will either affect the outcome of implementation positively or negatively. This makes it necessary to determine the reasons for the perceived implementation. Few studies have been done in this area and specifically in Kenya health Sector through NHIF for the achievement of UHC. This study aimed at filling this knowledge gap

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter dealt with the methodological perspective of the study, how the study was carried out. It focuses on research paradigm & design, the target population, sampling technique and frame, data collection procedures, pilot test, validity and reliability of data collection instruments, data processing, techniques of analysis and presentation, operationalization and measurement of variables.

3.2 Research Design

According to Bryman and Cramer, (2016), research design provides a framework for the collection and analysis of data and guides on the collection, measurement, and analysis of data. This research study therefore, used descriptive research design. Descriptive design deals with what, where and how of a phenomenon, which was guided by hypothesis and focused on the frequency with which something occurs and the relationship between the variables (Bernard, 2016). Miller (2016) explains that descriptive research design allows the use of quantitative or qualitative method within the same study.

This research design has been used by other researchers in management such as Karanja, (2018), studied the influence of management practices on project success in Kangema District Murang'a County Kenya. Nyandika and Ngugi, (2018), did a study on the influence of stakeholder participation on performance of road projects at Kenya National Highways Authority.

Descriptive research is typically guided by hypothesis and focuses on the frequency with which something occurs or the relationship between variables (Bryman & Cramer, 2016). The descriptive research helped to probe specific aspects of study variables by

gathering information of a set of parameters known beforehand that are desirable to collect data about. In this case, the current status being the Project Stakeholder Management with respect to specified variables. Descriptive research design is flexible enough to provide opportunity for considering different aspects of a problem under study (Chitoor, 2012).

According to Mugenda, (2018), descriptive studies tend to be exploratory and provide the foundation upon which comparisons can be made while allowing for correlations to emerge. Descriptive research design describes a population characteristic by selection of unbiased sample. The design was appropriate in collecting significant data that was quantified and reported as a representation of the characteristic in the study population. This design was selected because it facilitates the collection of original data necessary to realize the research objectives.

Descriptive design involves the administering of questionnaires to the selected sample size in order to obtain detailed information (Mugenda, 2017).In this research, the independent variables were project stakeholder management, which are stakeholder resource mobilization, stakeholder plan management, stakeholder communication Management, and stakeholder quality management while monitoring and evaluation was the moderating variable. The dependent variable is implementation of NHIF projects.

3.2.1 Research Philosophy

A research philosophy is a belief about the way in which data about a phenomenon should be gathered, analyzed and used. The term epistemology (what is known to be true) as opposed to ontology (what is believed to be true) encompasses the various philosophies of research approach.(Kothari, 2016).Research methods are influenced by philosophical orientation chosen by the study which could either be positivist or phenomenology orientation. Bryman and Cramer, (2017), observe that the key idea of positivist orientation is that the world exists externally, and that its properties should be measured through objective methods. On the other hand, phenomenology orientation

assumes that experience of the world is subjective and best understood in terms of individual subjective meanings rather than the study's objective definitions.

According to Adrian, Lewis and Saunders, (2018), link the philosophy of positivism with different methods and approaches, in this case quantitative methods, and similarly phenomenology with qualitative approaches. Kothari, (2018),observes that decision of whether one's research should use a quantitative and deductive approach, in which one develops a theory and hypothesis (or hypotheses) and design a research strategy to test the hypotheses; or the qualitative and inductive approach, in which one collects data and develop theory as a result of one's data analysis is paramount. In this study, positivist orientation was adopted by assessing the level of influence of project stakeholder management on implementation of NHIF projects in Kenya. This approach was adopted because quantitative data was collected, analyzed and used to test pre-set hypotheses and the research findings are used to arrive at generalizable status on performance of the projects under investigation. The variables were measured and data analyzed using the appropriate statistical techniques to test the formulated hypotheses.

3.3 Target Population

Kothari, (2017), defines population as the research universe. Nachmias defines population as the exact enumeration of elements targeted for a study. It is a group of individual objects or other items from which samples are taken for measurement. A target population is the totality of cases conforming to the designated specifications as required by the study and could be people, events or things of interest. It is a group of individuals, items or objects from which a sample of study was obtained and to which the results was inferred. According to Russell, (2017), a population is a well-defined set of people, services, elements, and events, group of things or households that are being investigated.

This study focused on the implementation of Universal health coverage (UHC) project in Kenya. According to MOH (2022), the national hospital insurance fund's (NHIF) is

mandated to implement the Universal health coverage (UHC) project. Among the projects are the Linda Mama Project, Edu Afya project, beyond zero Project, Outpatient and Inpatient projects, (NHIF, 2023). The target population for this investigation was 110, NHIF management staff, from the following departments: quality assurance, finance/accounting, human resource, and strategy department which are all centralized and they are the ones who are in charge of the implementation of the Universal Health coverage projects in the four counties of Machakos, Kisumu, Isiolo and Nyeri. This project is funded by the national government; the project is on course starting from 2020 to 2030. Target population in statistics is the specific population about which information is desired. The units of the target population must also be specified (Cooper & Schindler, 2016).

Table 3.1: Target Population

Department	Population	Proportion (%)
Quality Assurance	35	31.8
Finance/Accounting	50	45.5
Human Resource	15	13.6
Strategy Department	10	9.1
Total	**110**	**100.0**

Source: NHIF Human Resource (2023)

3.4 Sample Size And Sampling Technique

Sampling is the process by which a relatively small number of individuals, objects or events are selected and analyzed to find out a feature of the entire population (Woods, 2015). The sampling plan describes the sampling unit, sampling frame, sampling procedures and the sample size for the study. Due to the small size of population, census sampling approach was used. Therefore the study carried out a census of all 110 management level employees at NHIF. Mugenda and Mugenda (2017) recommends for census study for the entire population in circumstances where the population is small. Census studies are the most trusted and reliable route as all the population elements are

part of the study (Creswell, 2017). Since the study selected all the management employees from quality assurance, finance/accounting, human resource, and strategy departments, the sample size for this study was 110 respondents from which 11 participated in pilot test and 99 in the actual study.

3.5 Data Collection Method

This is the process of gathering and measurement of information on targeted variables in an established and systematic fashion to enable a researcher to answer relevant study questions and evaluate the outcome (Greener, 2008). In this study, both primary and secondary data were used. The data collection instruments used were; questionnaires. The researcher formulated questionnaires as the main primary data collection instrument which was used to extract information from various members of staff.

Questionnaires are a well-established tool within social science research used for acquiring information on respondent's social characteristics, present and past behavior, standards of attitudes or behavior and their beliefs and reasons for action with respect to topic under study (Hertzog, 2018). This tool of data collection was preferred because of its appropriateness especially the use of structured and semi structured questionnaires due to easy ability in their administration, implementation and analysis. The questionnaires were carefully prepared, appropriate editing done and with assessment by the researcher's supervisors to ensure its validity and reliability (Singpurwalla, 2018).

The researcher issued questionnaires directly to the respondents at the headquarters and explained what is expected of them and the field ones were posted, then a follow up done. Secondary data refers to data collected by somebody else other than the user. This kind of data collection and analysis saves time and funds likely to have been spent during its collection. It is asserted by Kothari, (2017), that it provides larger and high quality data base unfeasible for any individual researcher to collect the data on his own. Secondary data contains a pre-established degree of validity and reliability hence, the researcher need not re- examine it in the event of using the data.

According to Russell, (2018), secondary data is helpful in research design of subsequent primary research as well as providing a baseline with which collected primary data can be compared to. Secondary data was sought through data mining and content analysis from directorates, human resource section, journal and texts on influence of stakeholder management on implementation of NHIF projects. Finally, Secondary data was sought to complement the findings, clarify issues for comparison purposes in the study.

3.6 Data Collection Procedures

The process of primary data collection started by acquiring an introduction letter from the university to the National Health Insurance Funds, application for research license from National Commission for Science and Technology, (NACOSTI), research permit was procured from NHIF. This permit backed by the University's letter, was attached to the structured questionnaires and circulated to the respondents in the targeted areas (Greener, 2018) .The respondents were thoroughly briefed concerning the purpose and confidentiality of the study.

There was booking of appointments with the respondents and consequent dropping of the questionnaire at convenient time. In cases where the researcher himself was not able to administer the questionnaires, a trained research assistant (trained on the expectation of the questionnaire) was used to collect data from respondents and close supervision and follow up was done to ensure there is consistency in the interpretation of the questions (Russell, 2018). The above steps were done to ensure proper revelation of the situation on the ground in line with the study objectives. Proper channels of communication were employed in the follow up such as email, personal visits and mobile calls to ensure the highest response rate as possible.

3.7 Pilot Testing

According to Cooper and Schindler (2016), a pilot study should be done to measure the research instruments reliability and validity. Hence in the quest to minimize the possible

instrumentation error and increase the reliability and validity of the data collected, a pilot study was conducted. This helped detect weaknesses in design and instrumentation to provide proxy data for selection of a probability sample (Cooper & Schindler, 2018). The pilot study was done on 23rd March 2021 and undertaken on 11 NHIF management staff, namely project health officers, finance managers, procurement managers and human resource managers from quality assurance, finance/accounting, human resource, and strategy department selected randomly from the headquarters of NHIF in Nairobi. The pilot group represented 10% of the sample and was not included in the final sample. According to Mugenda and Mugenda (2017) it is adequate to use between 1% and 10% of the sample size for pilot study.

The findings from the pilot group were used to test for validity and reliability of data collection tool (questionnaire). To improve validity and reliability of study, data triangulation was done. According to Russell, (2017), it was expected that data triangulation harmonizes responses from the registration directorates and data mined from the directorate's records and therefore establish internal validity and reliability from the various different sources which the researcher expects to draw similar conclusions.

3.7.1 Validity of Research Instrument

Validity is the meaningfulness and accuracy of inference which is based on the research results according to Mugenda, (2018). It is the degree to which results obtained from analysis of the data actually represents the phenomenon under study. There are two types of validity: content validity and face validity. Face validity refers to probability that a question is misinterpreted or misunderstood. According to Cooper and Schindler, (2016),pre-testing is a proper way to increase the possibility of face validity. On the other hand, content validity, also referred to as logical validity, refers to the degree to which a measure depicts all facets of a given social construct.

In this study, the content validity was improved by seeking the opinions of experts in the field of study, particularly the supervisors. Also, the face validity of the research instrument was improved by carrying out a pilot test and changing any unclear and ambiguous question. Therefore validity is concerned with how accurately the data obtained in the study represents the variables of the study. Hence, if data is true reflection of the variables then the inference done on such data is accurate and meaningful. It is an important component in any scientific study as explained by Singpurwalla, (2018), that the best research design is that which can assume high levels of internal and external validity. Such designs guards against spurious correlations, greater faith inspirations in the hypotheses testing and ensure that the results drawn from a small sample are generalizable to the population at large.

Validity in research has to be considered to ensure whether the research measures what it claims to measure according to Sahu, (2018), before the actual data collection, the questionnaire was pretested to ensure validity and reliability. Questionnaires must be reliable enough to measure the variables in the study as asserts by Creswell, (2014). Questionnaires have greater validity if they consider the ease of use, in terms of completing the questionnaire easily and ease analysis as explained by Greener, (2018). In a study, it is assumed that the, questionnaire has to achieve the same results before and after the test. There are two categories of testing the validity of a data collection instruments, these are; self-evident measures and pragmatic measures.

3.7.2 Reliability Of Research Instrument

Reliability is an assessment of the degree of consistency between multiple measurements of a variable (Cooper & Schindler, 2010). Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. Reliability relates to the consistency of the data collected and degree of accuracy in the measurements made using the research instrument. The greater the ability of the instrument to produce consistent results, in a number of trials, or rather the repeatability of the measure, the greater is its reliability (Sahu, 2018).

An item analysis was done to establish internal consistency and reliability of each individual item as well as each sub-scale of the data collection instrument. This is in accordance with Kumar, (2015), Cronbach's Alpha reliability coefficient, α, was used for the internal reliability test where the coefficient normally ranges between 0 and 1 though no lower limits exist. The closer α is to 1.0 the greater the internal consistency of the items in the scale. The size of α are determined by both the number of items in the scale and the mean inter-item correlations based upon the formula. This formular has been used by othe reseachers such as Muchelule, (2018), in his study the effect of monitoring practices on performance of projects in state corporations.

$$= rk/[1 + (k-1)/r]$$

where;

k = is the number of items considered and r = is the mean of inter-item correlations.George & Mallery (2003) provide the following commonly accepted rules of thumb: α ≥ 0.9 – Excellent; 0.9 > α ≥ 0.8 – Good; 0.8 > α ≥ 0.7 – Acceptable; 0.7 > α ≥ 0.6 – Questionable; 0.6 > α ≥ 0.5 – Poor and 0.5 > α – Unacceptable. Therefore, ideally the Cronbach Alpha coefficient of a scale above 0.7 should be acceptable. All scores tested for this study are expected to be above 0.7 which is the generally recommended score according to Creswell (2014).

3.8 Data Analysis And Presentation

The questionnaires were administered and collected. Then they were checked for completeness, accuracy and consistency then presented for editing, classification, cleaning, transformation tabulation and coding. Quantitative and qualitative techniques were used. Qualitative analysis was done on the data collected from open ended questions. (Mugenda & Mugenda, 2017). This data was analyzed by use of thematic analysis, variable description and comparison and deductive approach. Qualitative analysis was based on analytical methods which take account of the themes, complexity,

detail and context of the phenomena. Variable description and comparison were used as opined by Creswell, (2018).

This type of analysis helps in answering questions like how? And what? This kind of analysis used information sampling and qualification and helps in understanding what participants really think, feel or do in some situations or at point in time. These established relationships describing the data and determine the degree of agreement with the various statements studied under each factor. In this study, the researcher was interested in the analysis of information in a systematic manner to be able to come up with a meaningful, useful conclusions and recommendations. (Greener, 2018).

Information about the phenomena was obtained by use of qualitative research design and the researcher was able to establish trends, patterns and relationships from the gathered information. The non-parametric data was analyzed by use of the measure of central tendency (use arithmetic mean) and measures of dispersion (use of standard deviation). Deductive approach in data analysis was used because there are limited resources and the qualitative research is a smaller component of a larger quantitative study (Singpurwalla, 2018). The collected data was carefully edited, coded and analyzed by use of Statistical Package for Social Sciences (SPSS). Then frequency distribution tables, charts and graphs were used to present the analyzed data by the characteristics of the study population.

Quantitative analysis gives basic information; it was used because it goes further to test the theories in the theoretical framework for the purpose of approving or disapproving them. Further statistical analysis and tests including, the chi-square was done to establish the association of the variables and regression analysis to establish the influence of project stakeholder management on implementation of NHIF projects. This was in line with the research questions, hypothesis, research design and nature of data being collected (Kultar, 2017).

This study adopted a simple linear and multiple regression analysis that helped establish the nature of relationship the variables under study and also help in the testing of hypothesis. Other analyses done were Pearson's correlation analysis to establish the relationship and strength between these variables. A co-coefficient r and a magnitude indicated the strength and direction of the relationships. r values of between $+0.10<$ **r**<0.29 was a weak correlation,$0.30<$ **r**<0.49 was moderate correlation and $+0.5<$ **r**<1 was a strong relationship according to Sahu, (2018).

Further analysis was done to test the significance of the model by use of Analysis of variance (ANOVA) and R^2 was used to measure the extend of the goodness of fit of the regression model. It showed the degree or amount of variation in the dependent variable(s) attributed to the predictor variables(s). The Beta values showed the amount of change in the dependent variable attributable to the amount of change in the predictor variable. The F ratio was used to measure the fit of the model for it measures how well an equation line develops fit with the observed data (Mugenda & Mugenda, 2017). Finally, the statistical significance of each hypothesized relationship was interpreted on the basis of F and t test values at 95% confidence level.

3.8.1 Sampling Adequacy Test

Kaiser-Meyer-Olkin (KMO) test is a measure of how suited the study data is for Factor Analysis. It measures sampling adequacy for each variable in the model and for the complete model. The statistic indicates the proportion of variance in the study variables that might be caused by underlying factors. The lower the proportion, the more suited the data is for factor analysis. KMO returns values between 0 and 1. A rule of thumb for interpreting the statistic is that KMO values between 0.8 and 1 indicate the sampling is adequate. KMO values less than 0.6 indicate the sampling is not adequate and that remedial action should be taken. KMO Values close to zero means that there are large partial correlations compared to the sum of correlations. In other words, there are widespread correlations which are a large problem for factor analysis. (Hertzog, 2018).

3.8.2 Testing for Autocorrelation

The Durbin-Watson (d) statistic was used to test if the error terms are serially related. As a rough rule of thumb, if Durbin–Watson is less than 1.0, there may be cause for alarm. Small values of indicate successive error terms are, on average, close in value to one another, or positively correlated. To test for significant non-autocorrelation, the Durbin-Watson statistic is computed and compared to the values from the Durbin-Watson tables at 0.05 level of significance. Violation of the auto-correlation is attributed to a Durbin-Watson statistic less than the lower tabulated limit. The assumption is however not violated if the calculated Durbin-Watson statistic is greater than the upper tabulated limit. (Kultar, 2017).

3.8.3 Factor Analysis

According to Cooper and Schindler, (2016), not all variable factors are statistically important in a research. Factor analysis acts as a gauge of the substantive importance of a given variable to the factor and it was used to identify and remove hidden constructs or variable items that do not meet the objectives of the study and which may not be apparent from direct analysis. A loading value of 0.7 is the rule of thumb and is believed to be satisfactory but due to the seemingly difficulties of meeting the 0.7 criterion, a loading of up to 0.4 level is acceptable.

3.8.4 Correlation Analysis

Pearson correlation coefficient was used to determine the magnitude and the direction of the relationships between the dependent variable and independent variables. The values of the correlation coefficient are between -1 and +1. A value of 0 implies no relationship, +1 correlation coefficient indicates that the two variables are perfectly correlated in a positive linear sense, that is, both variables increase together while a values of -1 correlation coefficient indicates that two variables are perfectly correlated in a negative linear sense, that is, one variable increases as the other decreases (Kothari,

2018).The purpose for the Pearson's correlation coefficient was to establish the magnitude and direction of the relationship between each independent variable with the individual parameters measuring project implementation that is, stakeholder resource mobilization, Stakeholder plan management, stakeholder communication management and stakeholder quality management.

Correlation coefficient was first determined for each independent variable and the dependent variable without the moderating variable and all the independent variables and dependent variable with the moderating variable (monitoring and evaluation). The result of the coefficient of correlation with and without the moderating variable was compared in order to test for the effects of the moderating variable. The correlation strengths was interpreted using Cohen and Cleveland decision rules where 0.1 to 0.3 indicate weak correlation, 0.3 to 0.5 indicate moderate correlation strength and greater than 0.5 indicate a strong correlation between the variables. The decision rule has been used by Muchelule, (2018), in his study influence of monitoring practices on project performance of Kenya state corporations

3.8.5 Model Specification

The researcher used multiple regression models to express the final relationship between the influence of stakeholder management and implementation of NHIF projects as the dependent variable. Regression analysis is a tool that can identify how different variables in a process are related (Greener, 2018). In this case, the researcher is asking, is there a significant relationship between dependent variable and one or more of the independent variables? Regression analysis allows a researcher to examine how multiple independent variables are related to a dependent variable. The researcher was able to make predictions about how things are the way they are about (implementation) when he takes information about all the independent variables; Stakeholder plan management, Stakeholder communication management, Stakeholder Resource Mobilization and stakeholder Quality management.

In this study, there was a need to test the hypothesis by use of multiple regression analysis which explored the relationship between the independent variables and the dependent variable. (Mugenda & Mugenda, 2017) A single summary number was calculated that tells the researcher how strong the relationship between all the independent and the dependent variable is. The interest is how much of the variability in the dependent variable is related to all of the independent variables. The value R^2 was calculated to get an understanding of how much variation in the dependent variable is accounted by the independent variables. Regression model which guided the inferential analysis of this study was; implementation of NHIF projects (Projects $_{imp}$) is a function of Stakeholder resource mobilization management, Stakeholder Plan management, Stakeholder communication management and stakeholder quality management. In an equation form;

Successful Projects Implementation $_{imp}$ = f (Stakeholder resource mobilization, Stakeholder plan management, Stakeholder communication management and stakeholder quality management). The regression models for testing the hypothesis were as following;

Regression model for objective one

1. Ho1 Stakeholder resource mobilization has no significant influence on successful implementation of NHIF projects.

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

Y= Dependent Variable (Successful Project implementation)
β_0 = Constant
β_1 = coefficient of determination
X_1 = Independent variable 1 (stakeholder Resource Mobilization)
ε =   Random or Stochastic Term
Regression model for objective two

2. Ho$_2$ Stakeholder plan management has no significant influence on successful implementation of NHIF projects

$$Y=\beta_{0} + \beta_{2} X_{2} + \varepsilon$$

Y= Dependent Variable (successful Project implementation)

β_0 = Constant

$\beta_{1=}$ coefficient of determination

$X_{2=}$ Independent variable 2 (stakeholder plan management)

$\varepsilon_{=}$Random or Stochastic Term

Regression model for objective three

3. Ho$_3$ Stakeholder communication management has no significant influence on successful implementation of NHIF projects

$$Y=\beta_{0} + \beta_{3} X_{3} + \varepsilon$$

Y= Dependent Variable (Successful Project implementation)

β_0 = Constant

$\beta_{1=}$ coefficient of determination

$X_{3=}$ Independent variable 3 (stakeholder communication management)

$\varepsilon_{=}$ Random or Stochastic Term

Regression model for objective four

4. Ho$_4$ Stakeholder quality management has no significant influence on successful implementation of NHIF projects

$$Y=\beta_{0} + \beta_{4} X_{4} + \varepsilon$$

Y= Dependent Variable (Successful Project implementation)

β_0 = Constant

$\beta_{1=}$ coefficient of determination

$X_{4=}$ Independent variable 4 (stakeholder quality management)

$\varepsilon_{=}$Random or Stochastic Term

Multiple regression model analysis was used to establish the relations between the combined influences of project stakeholder management on implementation of NHIF projects. Multiple regression attempts to determine whether a group of variables together predict a given dependent variable (Singpurwalla, 2017)

Since there are four independent variables in this study the multiple regression model was as follows:

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

Where

Y	=	Dependent Variable (Successful Project implementation)
β_0	=	Constant Term
X_1	=	Independent variable 1 (stakeholder resource mobilization)
X_2	=	Independent variable 2(stakeholder plan management)
X_3	=	Independent variable 3 (stakeholder communication management)
X_4	=	Independent variable 4 (stakeholder quality management)
$B_1 - \beta_4$ =		Regression Coefficient for each independent Term
ε	=	Random error term, or Stochastic Term

A moderator is a variable that affects the direction and the strength of the relationship between an independent or predictor variable and a dependent criterion variable. This variable may reduce or enhance the direction of the relationship between a predictor variable and a dependent variable, or it may change the direction of the relationship between the two variables from positive to negative. A moderator is supported if the interaction of predictor and moderator on the outcome of the dependent variable is significant. The study used multiple regressions analysis (stepwise method) to establish the moderating effect of monitoring and evaluation (z) on relationship between independent variable and dependent variable.

H₀5: The relationship between project stakeholder management and successful implementation of NHIF projects in Kenya does not depend on monitoring and evaluation.

The statistical model used for analysis was as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_z X + \beta_{1z} X_1 Z + \beta_{2z} X_2 Z + \beta_{3z} X_3 Z + \beta_{4z} X_4 Z + \varepsilon$$

Where:-

Y is the dependent variable, Successful implementation of NHIF projects

β_0 is the constant

β_i is the coefficient of X_i for i=1,2,3,4

X_1 = Resource mobilization

X_2 = Stakeholder plan management

X_3 =Stakeholder communication management

X_4 = Quality management

Z is the hypothesized moderator (monitoring and evaluation)

β_z is the coefficient of X_i *Z the interaction term between monitoring and evaluation and each of the dependent variables for i=1,2,3,4

ε is the error term

3.8.6 Diagnostic Tests

Diagnostic test were carried out to test the five key assumptions, which include linear relationship, multivariate normality, no or little multicollinearity, no auto-correlation and homoscedasticity

3.8.7 Multi Collinearity Test.

Multicollinearity refers to high correlations between explanatory variables. Bryman and Cramer, (2016), hold that multicollinearity is not a significant problem in econometric estimation in the sense that it does not violate any assumptions. However, it can cause standard errors to be very large and hence the need to investigate whether some explanatory variables may be insignificant due to the presence of high multicollinearity. This study employed variance inflation factor (VIF) to test for multicollinearity, a test that was used to assess the component of an explanatory variable's standard error caused by its correlation with other explanatory variables. Values of correlation coefficient greater than 0.8 were used as indicator of the presence of multicollinearity problem in this study.

3.8.8 Normality Test

Many of the parametric tests including correlation, regression, t tests, and analysis of variance are based on the assumption that the data follows a normal distribution. That is to mean that it is assumed that the populations from which the samples are taken are normally distributed. The assumption of normality is especially critical when constructing reference intervals for variables. Normality assumptions are important, for when the assumptions do not hold, it is impossible to draw accurate and reliable conclusions about reality. It is important to ascertain whether data show a serious deviation from normality using the normality tests which are supplementary to the graphical assessment of normality (Cooper & Schindler, 2016).

The main tests for the assessment of normality that was considered in this study are Kolmogorov-Smirnov (K-S) test, Shapiro-Wilk test Anderson-Darling test and Jarque-Bera test. The study used Shapiro-Wilk tests to test normality since the data was analyzed using SPSS. For normal distribution, the significance value of the Shapiro-Wilk Test should be greater than 0.05. If it is below 0.05, the data significantly deviate from a normal distribution (Sahu, 2016).

3.8.9 Test of Linearity

The study undertook a test of linearity, using Correlation analysis, to establish whether further analysis would yield desired relationships. Kothari, (2016) notes that correlation analysis is useful as it could indicate a predictive relationship between variables that can further be explored using other statistical tools. The study relied on the most common measure of correlation; the Pearson Product Moment Correlation Coefficient, r. According to Cooper and Schindler, (2016), a correlation coefficient, r=0, indicates that variables are independent; while a correlation coefficient, r=1, indicates a strong relationship between the variables. This relationship could; be positive (+), indicating a direct linear relationship or negative (-), indicating an inverse relationship, between variables (Kothari, 2016).

3.8.10 Hypotheses Testing

A hypothesis is a statement or assumption concerning a population. Hypothesis testing is the procedure which, on the basis of sample results, enables us to decide whether a hypothesis is to be accepted or rejected. A hypothesis has to be verified then accepted or rejected for decision making. The hypothesis to be tested is called the Null Hypothesis and is denoted by Ho.(Greener, 2018).The research hypothesis which denotes the possible states of nature are also called alternative hypothesis and are denoted by (H_1). In hypothesis testing we make some inference about population parameters like the mean and the proportion. The study assumed that the sample data came from a normal population.

The research hypotheses were tested using Analysis of variance (ANOVA). Using SPSS version 24, the study took parameters given in the regression tables like the R^2, F statistic, t-statistics and significance levels. The study also got the coefficients of the independent variables from the regression tables that were used to come up with the regression model. The F statistic was used to determine if there was a significant influence of the stakeholder variables on the implementation of projects, the p-values of

the regression analysis were used to decide whether to reject or accept the null hypothesis, (Russell, 2018).

Table 3.2: Test of Hypothesis

Hypothesis	Type of Analysis	Interpretation of Results
$H_0 1$: Resource mobilization has no significant influence on successful implementation of NHIF projects in Kenya.	Correlation analysis Univariate regression analysis	For $p < 0.05$, H_0 will be rejected; and H_A accepted
$H_0 2$: Stakeholder plan management has no significant influence on successful implementation of NHIF projects in Kenya.	Correlation analysis Univariate regression analysis	For $p < 0.05$, H_0 will be rejected; and H_A accepted
$H_0 3$: Stakeholder communication management has no significant influence on successful implementation of NHIF projects in Kenya.	Correlation analysis Univariate regression analysis	For $p < 0.05$, H_0 will be rejected; and H_A accepted
$H_0 4$: Quality management has no significant influence on successful implementation of NHIF projects in Kenya	Correlation analysis Univariate regression analysis	For $p < 0.05$, H_0 will be rejected; and H_A accepted
$H_0 5$: The relationship between project stakeholder management and successful implementation of NHIF projects in Kenya does not depend on monitoring and evaluation.	Correlation analysis Multivariate regression analysis (stepwise method)	For $p < 0.05$, H_0 will be rejected; and H_A accepted

3.8.11 Data Presentation

The data was presented using summary statistics, tables and figures. Summary statistics gave percentages, averages and the dispersion like variance or standard deviations. (Cooper & Schindler, 2016). Regression analysis using SPSS version 24 gave output in tables like the coefficient of determination, ANOVA, residual statistics and other inferential statistics. Statistical results were presented in a pictorial form using charts which gave a clear, truthful and easily understandable picture of the facts contained in the data. The objectives of constructing charts gets a quick view of the data for

understanding and remembering the nature and trend of the data; to compare with other data and charts; to analyze data for further study; to check the accuracy of certain computational results to make it easier to notice incompatibility from the trend in the chart and just to present the data in an alternative form.

3.9 Operationalization of Variables

According to Bryman and Bell (2015) and Saunders et al. (2009) measurement of study variables is important since it allows facts to be measured. Hair et al. (2010) proposed that due to the identification issue each construct should be measured by at least three indicators. In this study both independent and dependent variables were operationalized with at least three indicators. Table 3.3 presents the measurement of variables.

Table 3.3: Operationalization of Variables

Variable	Nature	Indicator	Measure
Successful Project Implementation	Dependent	• Timely completion • Cost effectiveness • Meeting Objectives/scope • Stakeholder satisfaction •	Interval scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
Stakeholder Resource Mobilization		• Relationship building • Budget management • Financial reporting • Strategy formulation	Ordinal scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
Stakeholder Plan Management	Independent	• Stakeholder's technical skills • Level of commitment • Degree of influence • Engagement skills	Ordinal scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Variable	Nature	Indicator	Measure
Stakeholder Communication Management	Independent	• Methods used in project status update • Mode of feedback • Project meetings • Communication frequency	Ordinal scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
Stakeholders Quality Management	Independent	• Quality Planning • Quality Control • Quality Assurance • Quality Improvement	Ordinal scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
Monitoring And Evaluation	Moderating	• Data collection • Quality appraisal • Progress sustainability review • Data assessment •	Ordinal scale 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The chapter entails analysis of data, presentation and interpretation of the findings and discussion as regards the objective of this study. The purpose of the study was to assess how project stakeholder management namely stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholder quality management impact implementation of National health Insurance Fund projects in Kenya, and how monitoring and evaluation moderates the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya. The first section in this chapter is the questionnaire's response rate. This is followed by the presentation of the results of reliability and validity test and background information of the respondents. The fourth section presents the descriptive results of the dependent variable, independent variables and the moderating variable. The fifth section details results on the inferential statistics covering diagnostic tests, correlation analysis, and univariate regression analysis as well as moderating effect analysis. The results are presented in tables and figures.

4.2 Response Rate

The selected sample size for this study was 99 project health officers, finance managers, procurement managers and human resource managers from the following departments: quality assurance, finance/accounting, human resource, and strategy department which are all centralized and they are the ones who are in charge of the implementation of the Universal Health coverage projects in the four counties of Machakos, Kisumu, Isiolo and Nyeri. All selected respondents were issued with questionnaire for data collection. However, the researcher was able to collect back only 95 questionnaires having been dully filled. As presented in Table 4.1, the response rate was 96%. According to

Mugenda and Mugenda (2013), a response rate of 50% and above is adequate for analysis and reporting, a response rate of 60% and above is good while that of 70% and above is excellent. Based on this assertion, the response rate was considered excellent and therefore, the 99 questionnaires were used for further analysis and reporting.

Table 4.1: Response Rate

Questionnaire	Frequency	Percent
Returned	95	96.0
Unreturned	4	4.0
Total	**99**	**100.0**

4.3 Pilot Study Results

The pilot study was undertaken on 10% of the sample that was not included in the final sample. According to Mugenda and Mugenda (2003) it is adequate to use between 1% and 10% of the sample size for the pilot study. The questionnaire was designed in line with the objectives of the study. Creswell, (2006), asserted that, the accuracy of data to be collected largely depends on the data collection instruments in terms of validity and reliability. The data collected was used to test for the validity and reliability of the questionnaire. The general objective of the research was to determine the influence of project stakeholder management on the implementation of National Health Insurance Fund projects in Kenya.

4.3.1 Reliability of the Research Instrument

A reliability analysis is usually carried out on Likert questions. The study used Cronbach's alpha which is based on internal consistency to determine the reliability of the data collection tool. The methodology provides the measure of the average measurable item and its correlation. Field, (2019), explained that Cronbach's alpha value greater than 0.7 is considered reliable. Therefore this study selected 0.70 as the acceptable threshold value for reliability. The correlation coefficient results helped determine the reliability of the questionnaire.

Table 4.2 above shows that 7 items were considered for resource mobilization. The value of Cronbach's Alpha obtained was 0.861. Since the value met the threshold value of 0.70 and above, the variable Resource mobilization was considered reliable and no editing was required. Considering all 7 items in the research instrument, the Cronbach's Alpha for Stakeholder plan management was found to be 0.778 which is above the 0.7 thresholds. This means the instrument was fit to collect the intended information without any editing.

Stakeholder communication management had 6 items and the Cronbach's Alpha value was 0.821 which is above the threshold value of 0.70. This variable was therefore considered to be reliable and no editing was required. From the reliability results obtained for Quality Management, the Cronbach's alpha was found to be 0.801 and the number of items was 6. This coefficient was above the 0.7 thresholds. This indicates that there is no needed editing on the research instrument on this variable since it is reliable. Considering all 6 items in the research instrument, the Cronbach's Alpha for Project implementation was found to be 0.834 which is above the 0.7 thresholds. This means the instrument was fit to collect the intended information without any editing.

Table 4.2: Reliability Analysis

	Cronbach's Alpha	Number of items	Comment
Resource mobilization	0.861	7	Accept
Stakeholder plan management	0.778	7	Accept
Stakeholder communication management	0.821	6	Accept
Quality Management	0.801	6	Accept
Monitoring and evaluation	0.789	7	Accept
Project implementation	0.834	6	Accept

4.3.2 Validity of the Research Instrument

The study tested the face validity of the questionnaire using supervisors and lecturers opinion. Their opinion was sought before the questionnaire was distributed for a pilot test. From their input, it was found that the face validity of the questionnaire was met.

4.3.2.1 Construct Validity

A commonly used method to investigate construct validity is confirmatory factor analysis (CFA). Like EFA, CFA is a tool that a researcher can use to attempt to reduce the overall number of observed variables into latent factors based on commonalities within the data. In this study, project stakeholder management was measured using resource mobilization, stakeholder plan management, stakeholder communication management and quality management. To confirm whether these measurements are appropriate for this study, a confirmatory factor analysis (CFA) was conducted. The value of correlation between the factors indicates the discriminant validity. Through model trimming, the model is revised by deleting parameters with low factor loading (<0.5) and low reliability (R^2 <0.5). The loadings in the path model provide a measure for the convergent validity; the value of R^2 provides a measure with which to assess the reliability of the variables; the value of correlation between the factors indicates the discriminant validity.

Project stakeholder management was measured using four variables i.e. stakeholder resource mobilization (RM), stakeholder plan management (SPM), stakeholder communication management (SCM), and quality management (QM). The dependent variable was Implementation Projects (TIP). From the path model, all the paths had a factor loading of above 0.5. Only three measures of the variables had loadings below 0.5. All the remaining 32 measures for each of the variables had loadings above 0.5 and were all displayed. Therefore, all the 32 measures of Project Stakeholder Management and Implementation Projects met the construct validity threshold and were therefore included in the final study.
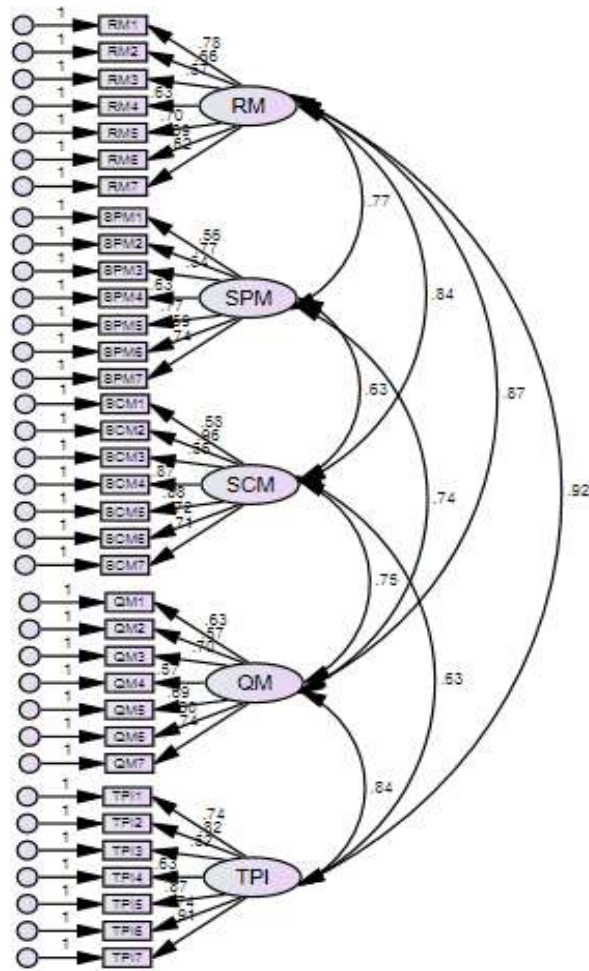
Figure 4.1: Path Analysis for Project Stakeholder Management and Implementation Projects

4.3.2.2 Content Validity

With factor analysis, the content validity of a questionnaire can be tested. To test this validity, the study computed factor analysis that helped extract those items with an Eigen-value greater than 1. Any item that had less than 1 Eigen value was excluded.

In the above table, the researcher used the Kaiser Normalization Criterion, which allows for the extraction of components that have an Eigen-value greater than 1. The principal

component analysis was used and 8 factors were extracted. As table 2 shows, these 8 factors explain 72.034% of the total variation. Factor 1 contributed the highest variation of 16.201%. The contributions decrease as one moves from factor one to the other up to factor 8.

Table 4.3: Total Variance Explained

Component	Initial Eigen-values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.740	24.071	24.071	6.740	24.071	24.071	4.536	16.201	16.201
2	4.805	17.159	41.231	4.805	17.159	41.231	4.485	16.019	32.220
3	2.135	7.625	48.856	2.135	7.625	48.856	3.445	12.303	44.522
4	1.700	6.071	54.927	1.700	6.071	54.927	2.833	10.117	54.639
5	1.365	4.876	59.803	1.365	4.876	59.803	1.263	4.512	59.151
6	1.196	4.270	64.073	1.196	4.270	64.073	1.224	4.372	63.522
7	1.144	4.086	68.159	1.144	4.086	68.159	1.204	4.301	67.823
8	1.085	3.875	72.034	1.085	3.875	72.034	1.179	4.211	72.034
9	.901	3.218	75.252						
31	.120	.427	99.720						
32	.078	.280	100.000						

Extraction Method: Principal Component Analysis.

Rotated Component Matrix

The initial component matrix was rotated using Varimax (Variance Maximization) with Kaiser Normalization. The results below (Table 3) allowed the researcher to identify what item fall under each of the 8 extracted factors. An item was excluded if its factor loading was below 0.4. In our case, all the items had factor loadings of above 0.4 and therefore all of them were retained and were considered to be valid. Out of the 35 items, three had factor loadings less than 0.4 and were deleted. Each of the remaining 32 items were looked at and placed to one of the 8 factors depending on the percentage of variability it explained. A variable is said to belong to a factor to which it explains more variation than any other factor. From the table below, the individual variables constituting the 8 factors extracted are summarized and identified in Appendix III.

Only three items had had factor loadings below 0.4 and were therefore excluded from the final data collection tool. One item for the variable stakeholder quality management

was excluded; one item for the variable project implementation was excluded and one item for the variable stakeholders' communication management was excluded. The remaining 25 items were considered to be reliable. It was therefore concluded that 25 items were valid and were used for further analysis and reporting.

4.3.2.3 Sampling Adequacy

To determine the sampling adequacy, Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity were conducted. This test shows that proportion of variance in the variables that can be attributed to underlying factors. KMO measure varies between 0 and 1, and values closer to 1 are better with a threshold of 0.5. The Bartlett's test of sphericity test is used in testing the hypothesis that the correlation matrix is an identity matrix. This simply indicates that there are sufficient relationships among variables (Wilson, 2017). These results are presented in Table 4.4.

The sampling adequacy was assessed using the Bartlett's Test of sphericity which analyses if the samples are from populations with equal variances produced p-values less than 0.05 (p < .001). Since the Bartlett's test significance was less than 0.05, it indicates an acceptable degree of sampling adequacy (sample is factorable).

Also the KMO statistics for all the variables were greater than 0.5 (0.806). This implies that the data was suitable for regression analysis.

Table 4.4: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.806
	Approx. Chi-Square	2158.087
Bartlett's Test of Sphericity	df	95
	Sig.	.000

4.3.2.4 Face Validity

The study tested the face validity of the questionnaire qualitatively. The study used the opinion of experts in researcher's field of study. In this case, the researcher approached

his supervisors and sought their opinion on whether the designed instrument measured what it was intended to measure. From the feedback obtained from supervisors, the questionnaire questions measure what they are intended to measure. Therefore, the questionnaire was considered to meet the face validity requirement.

4.4 Demographic Information

In this section, the study seeks to establish the general information of study respondents. The study specifically seeks to establish the age, gender and level of education of selected respondents.

4.4.1 Age of Respondents

Respondents indicated their age bracket. The findings obtained were as presented in Table 4.5. Based on the findings, the respondents were age diverse. 37.8% were aged 41 to 50 years, 28.9% were aged 31 to 40 years, 26.7% were aged above 50 years, and 6.7% were aged below 30 years. Therefore, project health officers, finance managers, procurement managers and human resource managers in charge of the implementation of the Universal Health coverage projects in the four counties of Machakos, Kisumu, Isiolo and Nyeri are of varied ages. Most of them are aged 41-50 years. These findings show that selected sample was age diverse. There has always been mixed results on the relationship between age and job performance. For example, Feldman (2018) suggested that older workers may have lower levels of job performance due to declines in cognitive and physical abilities while Börsch-Supan et al., (2017) found that older workers may have higher levels of job performance due to their experience and expertise

Table 4.5: Respondents Age Distribution

Age Bracket	Frequency	Percent
Below 30 Years	6	6.7
31 and 40	27	28.9
41 and 50	36	37.8
Above 50	25	26.7
Total	**95**	**100.0**

4.4.2 Respondents Gender

The study sought to determine the gender distribution of selected respondents. Table 4.6 presents the findings obtained. The findings show that majority (58.3%) of the respondents were male with 41.7% being female. These findings show that the study was gender inclusive since respondents of both genders were included in the study. The study was therefore free from gender bias. It also suggests that there was gender inclusion in selecting NHIF management staff. It also shows that the organizations are in compliance with Article 27(8) of the Constitution of Kenya 2010 provides that not more than two-thirds of members of all elective and appointive positions should be of the same gender.

Table 4.6: Gender Distribution of Respondents

Gender	Frequency	Percent
Male	55	58.3
Female	40	41.7
Total	**95**	**100**

4.4.3 Respondents Highest Level of Education

The study sought to determine the highest education qualification attained by the selected study respondents. As shown in Table 4.7, 40.8% of the respondents indicated that they had under graduate degree as their highest level of education, 25% had post graduate degree, 22.4% had post graduate diploma, and 11.8% had diploma. These findings imply that a vast majority (75.8%) of the project health officers, finance

managers, procurement managers and human resource managers in charge of the implementation of the Universal Health coverage projects had at least undergraduate degrees. The findings imply that NHIF management staff had the required academic background to perform their respective duties and also to understand and answer appropriately questions related to the study objectives. Previous research by Ng and Feldman (2018) found that higher levels of education are positively related to job performance, as individuals with higher levels of education typically have greater knowledge, skills, and abilities relevant to their work. Additionally, Börsch-Supan et al., (2017) found that individuals with higher levels of education may be more likely to engage in continuous learning and development, which can contribute to their job performance

Table 4.7: Respondents Highest Level of Education

Level of Education	Frequency	Percent
Diploma	11	11.8
Post Graduate Diploma	21	22.4
Under Graduate Degree	39	40.8
Post Graduate Degree	24	25.0
Total	**95**	**100.0**

4.5 Descriptive Statistics

In this section, the study presents the finding on the specific objectives of the study. On the likert scale questions, the scale was 5 with 1 Strongly Disagree, 2 Disagree, 3 Moderate, 4 Agree   and 5 Strongly agree. Means and standard deviations were used to interpret the results with a mean of 0-1.4 implied that the respondents strongly disagreed, a mean of 1.4-2.4 implied they disagreed, 2.5-3.4 suggest that they were neutral, a mean of 3.5-4.4 suggest they agreed, and a mean of 4.5-5 implies the respondents strongly agreed.

4.5.1 Stakeholders' Resource Mobilization

The study sought to determine whether there was any stakeholder resource mobilization practiced at NHIF that the selected respondents were aware of. The findings were as presented in Figure 4.2. Based on the findings, 87.3% of the respondents agreed that their organization had stakeholder resource mobilization while only 12.7% disagreed. This is an indication that majority of the leaders were aware of stakeholder resource mobilization practiced in their organization. However, not all the management level employees were aware of this kind of stakeholder involvement. This could explain the low performance rate in project implementation as, Lestler (2007) observed that resources are the driving forces of organizations and therefore, strategies for resource mobilization must be identified in order to achieve the intended results.
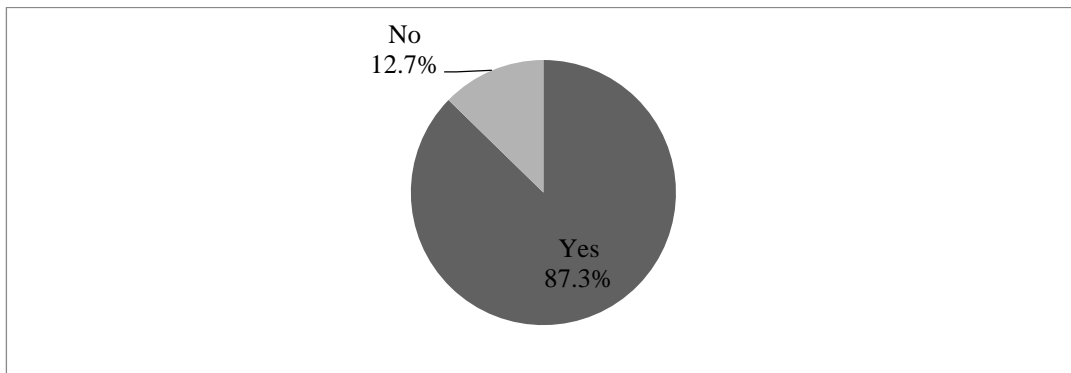
Figure 4.2: Whether Stakeholder Resource Mobilization is Practiced

Since the study found that stakeholder resource mobilization was practiced at NHIF, the study sought to determine how efficient this strategy is implemented. Figure 4.3 presents the finding obtained. From the findings, 44.6% of the respondents indicated that stakeholder resource mobilization was implemented to an average extent, 36.3% considered implementation good, 13.4% considered it excelent while 5.7% considered it poor. These findings therefore show that despite there being implementation of stakeholder resource mobilization strategy at NHIF, the level is still low and therefore there is need for improvement so that projects implemented by NHIF can be successful.

This is in agreement with Buechler, (2009) who stated that resource mobilization is critical to any organization as it ensures the continuation of the organization's service provision to clients, supports organizational sustainability, allows for improvement and scale- up of products and services to the organization both in the public and private sectors.

Figure 4.3: Extent of Stakeholder Resource Mobilization Implementation

Respondents indicated their level of agreement with various statements that related with stakeholder resource mobilization aspects. The findings obtained were as presented in Table 4.8. The aggregate mean of 3.928 and standard deviation of 1.366 suggest that the respondents agreed on average with the statements about stakeholder resource mobilization. The findings show that the respondents specifically agreed that financial reports are made available on timely basis to the key stakeholders (M= 4.007, SD= 1.251); that stakeholders participate in project budget making (M= 3.994, SD= 1.343); and that there are systems, strategies and process to support resource mobilization in NHIF (M= 3.988, SD= 1.475). Respondents further agreed that there is relationship deepening measures in place with the sponsors of the project (M= 3.961, SD= 1.674); the sponsor or project organization make decisions, determine strategies, and set priorities in a manner that promotes transparency and trust (M= 3.902, SD= 1.235); that funding for the project is obtained from a single source or sponsor (M= 3.83, SD=

1.441); and that there is proper utilization of the NHIF internal and external resources (M= 3.817, SD= 1.142).

The findings of the study concur with those of Buechler, (2009) that resource mobilization is critical to any organization for the following reasons as ensures the continuation of the organization's service provision to clients, Supports organizational sustainability, Allows for improvement and scale-up of products and services to the organization both in the public and private sector. It also agrees with Akumu, (2011) that successfulness of any CBOs should value the contribution of every part such as the sources of resource which may be derived from different areas like the people skills, loans from financial institutions and the member contribution and also the government.

Table 4.8: Descriptive Statistics on Stakeholders' Resource Mobilization

Statement Description	Mean	Std. Dev.
Financial reports are made available on timely basis to the key stakeholders.	4.007	1.251
Stakeholders participate in project budget making	3.994	1.343
There are systems, strategies and process to support resource mobilization in NHIF	3.988	1.475
There is relationship deepening measures in place with the sponsors of the project.	3.961	1.674
The sponsor or project organization make decisions, determine strategies, and set priorities in a manner that promotes transparency and trust	3.902	1.235
Funding for the project is obtained from a single source or sponsor	3.83	1.441
There is proper utilization of the NHIF internal and external resources.	3.817	1.142
Aggregate Score	**3.928**	**1.366**

Respondents were further requested to indicate the challenges faced with reference to resource mobilization at NHIF. They explained that there is strong political will, backed by the unwillingness of regulators to provide an enabling policy and regulatory environment. They also explained that provision of universal health care is affected by the shortage of government budgetary resources and misuse of resource. Despite improvements in financial protection, levels of catastrophic expenditure and

impoverishment remain unacceptably high. This agrees with Buechler, (2009), that resource mobilization goes beyond just dollars and cents. It includes building valuable contacts and networks, and garnering the interest, support and in kind contributions of people important to your organization. Also, Cole (2009) explained that an organization needs money in order to raise money; there are no quick fixes in resource mobilization, communicating and prospecting once an organization has achieved a certain readiness for resource mobilization. The findings also concurs with Lestler, (2007) ,that it must then take on another challenge of ensuring it's a long-term sustainability by acquiring new donors and maintaining a sizeable constituency base.

Respondents further suggested ways of improving resource mobilization at NHIF. Health financing mechanisms must be equitable in the sense that payments or contributions for health must be according to ability to pay with the rich spending more as a proportion of their income and vice versa for the poor. To achieve UHC, the country needs to adopt more progressive forms of health financing. There is need to pay attention to the nature of financing sources that are being used to finance efforts to achieving UHC so as to ensure that they are equitable and sustainable. This concurs with According to Simiyu, (2011) that organizations should make adequate preparations for resource mobilization strategies to be effective and to ensure they are maximizing all opportunities. Also, developing resource mobilization plans and tightly integrating them with their organizational strategic and communication plan enhanced the performance of their organizations. According to Salet and Faludi, (2000), organizations that are well-managed and convey their key messages effectively to their target audiences, are more successful in raising resources, and this, in turn, contribute to the organization's continued growth.

4.5.2 Stakeholders Plan Management

The study sought to establish whether the selected respondents were aware of the use of stakeholder plan management during the process of projects management. The findings obtained were as shown in Figure 4.4. Based on the findings, 79.2% of the respondents

agreed that there was stakeholder plan management practiced in their organization. The remaining 20.8% disagreed. As indicated by majority of the respondents, it can be concluded that NHIF practiced stakeholder pam management but not all the employees were aware of this practice despite being management staff. This creates a major concern regarding the level of involvement of stakeholders in planning stage. This could explain the poor performance of projects experienced at NHIF. The findings agrees with findings of Hotch, (2006) that Poor scope change management could lead to dispute that might also require spending time and money on arbitration and litigation for what the contractor or the client believes he is entitled to. This will no doubt lead to delay and cost overrun of the project.
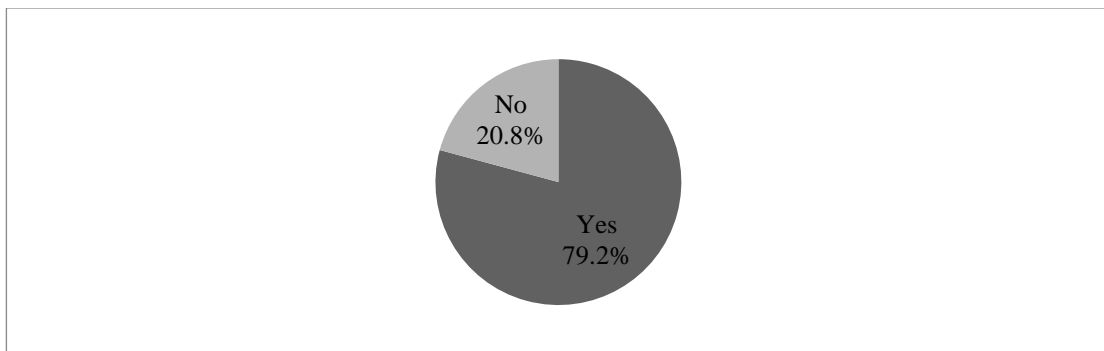
Figure 4.4: Whether Stakeholders Plan Management is Implemented at NHIF

Since the study found that stakeholder plan management was implemented, the study sought to establish the extent of its implementation. Figure 4.5 presents the findings obtained. Based on the findings, 59.3% of the respondents indicated that stakeholder plan management had been implemented to an average extent, 26.3% considered its implementation good, 12% considered it excellent while 2.4% considered its implementation to be poor. These findings show that stakeholder plan management has to be improved to an excellent state. The poor implementation of application of stakeholder plan could explain the poor performance of projects by NHIF. This is in line with the sentiments of Ricardo, (2016) that a stakeholder planning provides a clear statement of the problem or opportunity and the solution, project outcome and able

develop clear business justification to ensure project is consistent with direction, priorities in the Strategic Plan
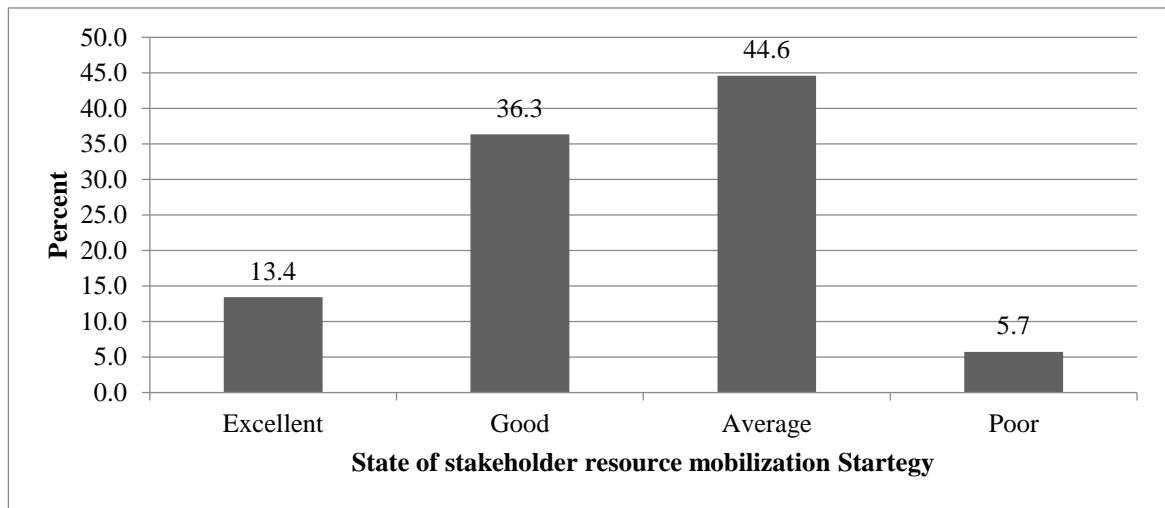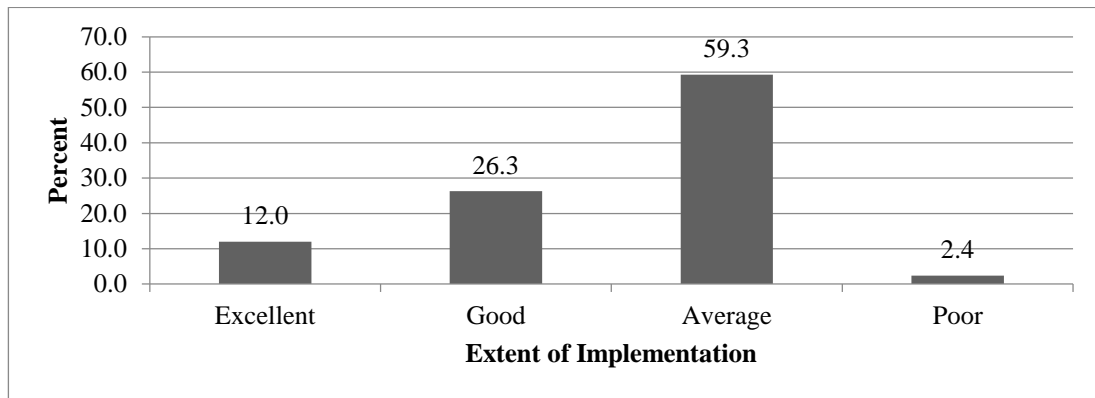

Figure 4.5: Extent of Stakeholders Plan Management Implementation

Respondents indicated their level of agreement with various statements that related with stakeholder plan management aspects. Table 4.9 presents the findings obtained. Based on the findings the aggregate mean score was 3.842 and standard deviation was 1.324. This suggests that the respondents agreed on average with the statements on stakeholder plan management. The respondents specifically agreed that stakeholders are well engaged and involved in strategy planning process (M= 3.982, SD= 1.37); that stakeholders expectations is well managed throughout the project implementation (M= 3.948, SD= 1.263) and that the project has a clearly documented stakeholder engagement plan that is used to manage stakeholders (M= 3.889, SD= 1.381). Respondents also agreed that stakeholders concerns, interests and issues on project implementation are well managed (M= 3.863, SD= 1.326); the stakeholders are identified, analyzed and project documents include a stakeholder register that is constantly updated (M= 3.777, SD= 1.275); that stakeholder's commitment and resistance to the project implementation is well managed (M= 3.738, SD= 1.32) and that stakeholders participate in making decisions on issues affecting the project (M= 3.698, SD= 1.331).

The study findings agree with Ricardo,(2016) that a stakeholder planning provides a clear statement of the problem or opportunity and the solution, project outcome and develop clear business justification to ensure project is consistent with direction, priorities in the Strategic Plan. It enables prepare budget and if applicable document deliverables and significant milestones, identify customers, users, and stakeholders. It also concurs with Hotch, (2006) that poor scope change management could lead to dispute that might also require spending time and money on arbitration and litigation for what the contractor or the client believes he is entitled to.

Table 4.9: Descriptive Statistics on Stakeholders Plan Management

Statement Description	Mean	Std. Dev.
Stakeholders are well engaged and involved in strategy planning process	3.982	1.37
Stakeholders expectations is well managed throughout the project implementation	3.948	1.263
The project has a clearly documented stakeholder engagement plan that is used to manage stakeholders	3.889	1.381
Stakeholders concerns, interests and issues on project implementation are well managed.	3.863	1.326
The stakeholders are identified, analyzed and project documents include a stakeholder register that is constantly updated	3.777	1.275
Stakeholder's commitment and resistance to the project implementation is well managed.	3.738	1.32
Stakeholders participate in making decisions on issues affecting the project.	3.698	1.331
Aggregate Score	**3.842**	**1.324**

Respondents were also asked to indicate the challenges faced in stakeholder plan management at NHIF. The study established that the respondents identified four major challenges they experience. The process of decision making is difficult because the view of each stakeholder has to be considered and therefore meeting all their needs becomes a challenge. Also, some of the stakeholders are not forthcoming in providing information. It takes a huge amount of effort to get any information from them and in other cases, they commit to meeting after several attempts which causes delays. There is also the challenge of competing priorities; what's important to one group may not even be on the

radar of another. There is also the challenge of resource constraint; being a public organization, it is under intense pressure to satisfy stakeholders' needs despite limited funds, and equipment. They also admitted that sometimes they aren't doing a great job of enabling stakeholders to provide input efficiently. This is because, open public forums are chaotic; focus groups are not sufficiently representative; and, without data standardization, it's difficult to fairly compare the merits of different ideas.

The findings are in line with those of Turner, (2007), that poorly designed projects are hard to monitor or evaluate and that project plans defines the project's expected outcomes and goals and facilitates the evaluation to determine the extent to which the objectives were achieved. Therefore, monitoring and evaluation is dependent on the project plan and can only be as good as the project plan, meaning that if the project plan is flawed and unrealistic then monitoring and evaluation will not be of any significant value to the project stakeholders.

Respondents also suggested ways of improving stakeholder plan management at NHIF. To deal with stakeholders' resistance to sharing information, they can conduct stakeholder analysis and communicate a clear plan, outlining the purpose, desired outcomes and the value behind what's being done. A good technique to use is the 'POWER' start technique (Purpose, Outcomes, What's in it for them, Engagement, Responsibilities). Since poorly designed projects are hard to monitor or evaluate, there is need to ensure that project plans are realistic and free from flaws to ensure its significant value to the project stakeholders. It is also important for the organization to develop and quantify priorities, accommodate change in their plan, allocate funds based on value and streamline data integration. This will reduce conflict and boost stakeholder participation in strategic decisions, ensure that public decisions are transparent and justifiable and create a structured, repeatable framework for budget investment planning.

This agrees with Olander, (2017) who suggests that managers should differentiate their stakeholder management strategies based on the positions of stakeholders. Strategies used are collaboration, defending, monitoring, informing, and involving, Hence,

stakeholder management strategies enacted by project management can be understood. Also, Ward and Chapman (2008) explained that task supervisor ought to be exceedingly gifted mediators and communicators fit for overseeing singular partner's desires and making a positive culture change inside the general association.

4.5.3 Stakeholders' Communication Management

The study sought to determine whether the selected respondents were aware of stakeholders communication management practiced in their organization. Figure 4.6 presents the findings obtained. Based on the findings, 89.7% of the respondents agreed that their organization practiced stakeholder communication management. Only 10.3% disagreed. Therefore, it can be concluded that NHIF implemented stakeholder communication management but its implementation wasn't perfect because some of the respondents were not aware of it despite being management staff. The poor performance of projects by NHIF can be attributed to the fact that there is poor stakeholder communication management. This agrees with the findings of Simiyu, (2011) that poor communication overruns the financial constraints of any project.
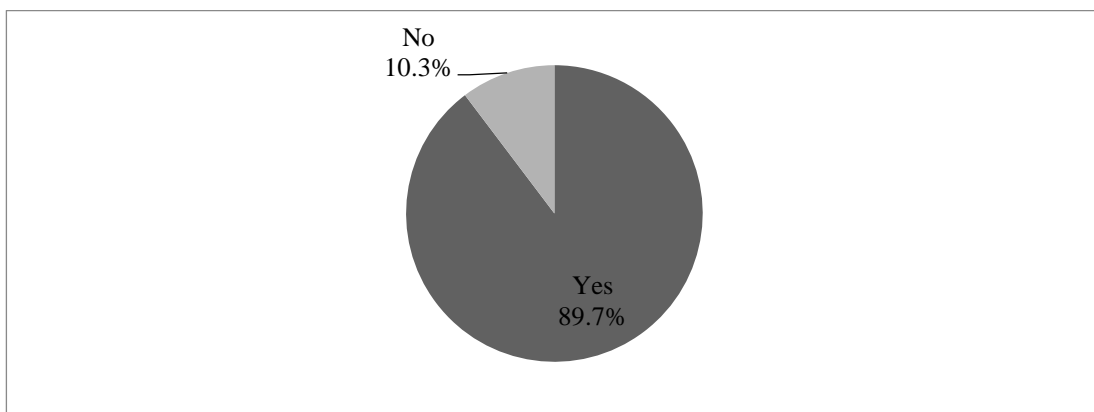
Figure 4.6: Whether Stakeholders' Communication Management is Implemented at NHIF

Since the study found that stakeholder communication management is practiced, it further sought to establish the extent in which it is implemented. Figure 4.7 presents the

findings obtained. Based on the findings, 47.3% of the respondents considered implementation of stakeholder communication to be average, 24.2% considered it excellent, 20.4% considered it good, while 8% considered it poor. This is an indication that there is a huge room for improvement on stakeholder communication in NHIF. This can help the institution improve the implementation of their projects as indicated by Bourne, *et al*, (2016) that communication is a key factor in influencing stakeholders to demonstrate that the benefits of undertaking the change are greater than the associated risks.

Figure 4.7: Extent of Communication Management Implementation

Respondents indicated their level of agreement with various statements that related with stakeholder communication aspects. Table 4.10 presents the findings obtained. Based on the findings, the aggregate mean was 3.920 with standard deviation of 1.431 suggesting that on average, the respondents agreed with the statements explaining stakeholder communication. The findings specifically show that the respondents agreed that there is evidence of conflict management, communication strategy which influence the implementation of the project (M= 3.994, SD= 1.476); that stakeholders are regularly consulted and informed effectively from time to time on project implementation (M= 3.961, SD= 1.476); and that stakeholder Communication is a formal role on the Project implementation (M= 3.955, SD= 1.546). Respondents further agreed that stakeholders

are involved in developing inward communication plan/engagement when there is change in operation (M= 3.915, SD= 1.343); that there is open communication, collaboration and trust among the stakeholders and project team (M= 3.856, SD= 1.525); and that there is a communication plan on stakeholders for the project implementation (M= 3.836, SD= 1.22).

The findings of the study agree with Simiyu, (2011) that poor communication overruns were the main factors that affected construction projects. Effective communication to health program highlights the need for an approach capable of addressing these constraints to construct a portfolio of alternatives that collective best use is made of the limited total resource. Lester, (2007) explains that it involves a technical solution capable of capturing diverse aspects of the problem with a social process of the individuals engaged and that a well-planned project utilizes available resources are more sustainable since there is consistency in communication between the stakeholders and mobilization of the resources which concurs with present study findings.

Table 4.10: Descriptive Statistics on Stakeholders' Communication Management

Statement Description	Mean	Std. Dev.
There is evidence of conflict management, communication strategy which influence the implementation of the project.	3.994	1.476
Stakeholders are regularly consulted and informed effectively from time to time on project implementation	3.961	1.476
Stakeholder Communication is a formal role on the Project implementation	3.955	1.546
Stakeholders are involved in developing inward communication plan/engagement when there is change in operation.	3.915	1.343
There is open communication, collaboration and trust among the stakeholders and project team	3.856	1.525
There is a communication plan on stakeholders for the project implementation	3.836	1.22
Aggregate Score	**3.920**	**1.431**

Respondents were also requested to indicate the challenges faced with reference to stakeholder communication management at NHIF. There are a number of challenges that

respondents indicated they experienced. They explained that when team members are located far away from the office (or from each other), it can be a massive communication barrier. This poses a challenge handling teams which results in misunderstanding and stalled projects. Poor communication is another challenge; poorly written communication lead to downright confusion. There is also the challenge of inability to listen and /or focus due to advancements in technology; people are losing focus and inability to listen. There is also the challenge of fear of hierarchy or authority where employees find it hard and even hesitate to talk to their immediate supervisor; no one has the "guts" to tell it to authorized bodies which poses a big issue especially when the problem directly impacts the project at hand.

The findings above concurs with those of Chitere (2012) that stakeholder communication is a complex endeavor that achieves a higher complexity within a global context approach. The operation of the NHIF out-patient medical scheme hence involves different stakeholders who do not act in a vacuum, but are part of their direct and indirect operational environment, which is an evidence that communication is inevitable within or outside the organization in the achievement of the overall intended project goal. It also agrees with USAID (2015) that stakeholders communication can be hampered with the following factors: Complexity of organizations, Individuals playing power games, withholding Information, or having hidden agendas, Differences in culture, motivation, expectations and environmental circumstances, Management levels and the levels of authority

Respondents were also asked to suggest ways of improving stakeholder communication at NHIF. They explained that mitigating the challenges they experienced when communicating with stakeholders can help improve the process. To deal with distance barrier, it is best to implement regularly-scheduled meetings to solicit feedback from all members of the team once the meeting is in place. Also, emphasize the importance on live interactions as opposed to communicating through memos or emails alone. Since communication is key to effective project implementation, project managers should

receive training n effective communication skills. When efficient talking and deliberate listening is coupled, it can lead to a huge impact on project success.

Also, Johnson-Cramer and Berman (2015) explained that the following techniques can be used for effective communication: Sender-receiver models, choice of media, writing style, meeting management techniques, presentation techniques, facilitation techniques, listening techniques. The communication channels also form the different methods for engaging stakeholders. Methods such as use of newsletters, employee work councils, customer focus groups, community town meetings, and active public affairs officers, and companies vary considerably in the degree to which they try to engage stakeholders

4.5.4 Stakeholder Quality Management

The study sought to determine whether the selected respondents were familiar with stakeholder quality management in their organization. The findings were as presented in Figure 4.8. Based on the findings, 87.2% of the respondents agreed that their organization had stakeholder quality management in place. However, 12.8% of the respondents were not aware of this practice. This is a point of concern since the management should be aware of all stakeholder management practice in their organization. Therefore, poor project performance by NHIF could be attributed to the poor stakeholder quality management. This agrees with Bhindi (2002) that quality management focuses on improving stakeholder's satisfaction through continuous and incremental improvements to processes, including removing unnecessary activities.
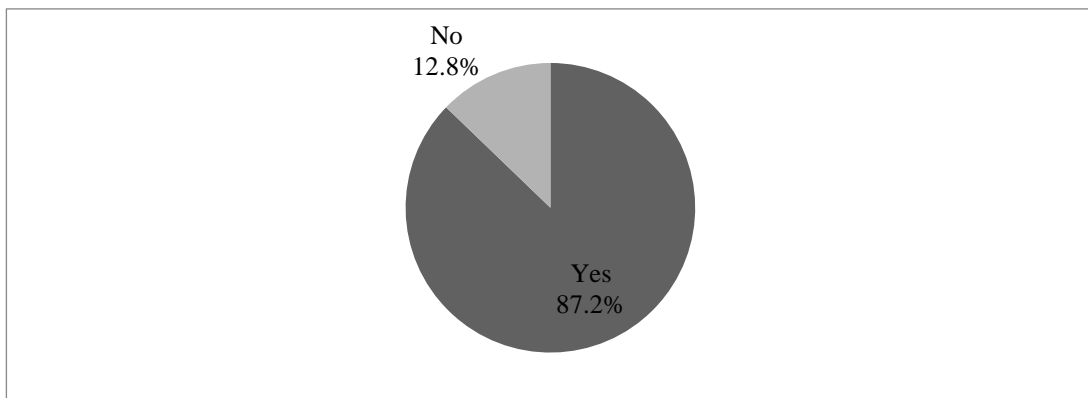
Figure 4.8: Whether Stakeholders Quality Management is Implemented at NHIF

Since there is stakeholder quality management practiced at NHIF, the study sought to determine the extent in which this strategy is implemented. Figure 4.9 presents the findings obtained. Based on the findings, majority (56.6%) of the respondents were of the opinion that stakeholder quality management was implemented to an average extent, 23.6% were of the opinion that it was good, 14.8% considered it excellent while 5% considered it poor. These findings show that NHIF still has a room to improve its stakeholder quality management which will help enhance successful project implementation. This is an agreement with Lindsly (2004) that one of the causes for poor project evaluations is the project focuses only in meeting the written requirements for the main outputs and ignores other stakeholder needs and expectations for the project.
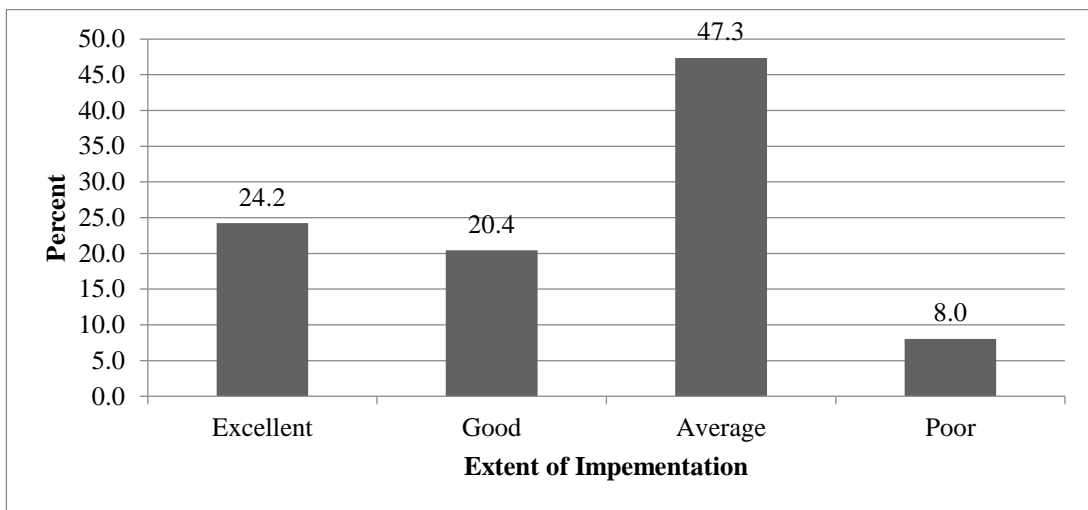

Figure 4.9: Extent of Stakeholders Quality Management Implementation

Respondents indicated their level of agreement with various statements that related with stakeholder quality management aspects. The aggregate mean of 3.868 and standard deviation of 1.237 suggest that on average, the respondents agreed with the statements on stakeholder quality management. They specifically agreed that the organization has set quality standard in place and are followed (M= 3.975, SD= 1.169); that the organization regularly reviews quality control and continuous improvement of the process (M= 3.902, SD= 1.235); and that the quality requirements in the implementation

of the project conform to the standards and do not contradict each other (M= 3.902, SD= 1.345). They also agreed that the organization has put in place quality plan and regular update to the key stakeholders (M= 3.836, SD= 1.207); the organization has put in place quality assurance measures which are working (M= 3.83, SD= 1.3); and that stakeholder quality management has met and exceeded stakeholder expectations (M= 3.764, SD= 1.168).

The findings agreed with Kagumba and Gongera, (2013) that quality encapsulates time and other contextual dimensions that add to the complexity of what is essentially a subjective evaluation of the quality of goods and/or service by the consumer. It also concurs with Chepkemoi, (2018) that top management commitment significantly affects performance and quality of ISO Certified in Kenya and that the Quality is everybody's business in the organization. The management support to service delivery is felt at levels of the organization.

Table 4.11: Descriptive Statistics on Stakeholder Quality Management

Statement Description	Mean	Std. Dev.
The organization has set quality standard in place and are followed	3.975	1.169
The organization regularly reviews quality control and continuous improvement of the process	3.902	1.235
The quality requirements in the implementation of the project conform to the standards and do not contradict each other.	3.902	1.345
The organization has put in place quality plan and regular update to the key stakeholders.	3.836	1.207
The organization has put in place quality assurance measures which are working	3.83	1.3
Stakeholder quality management has met and exceeded stakeholder expectations	3.764	1.168
Aggregate Score	**3.868**	**1.237**

Respondents further indicated the challenges faced with reference to quality management at NHIF. They explained that ineffective leadership; lack of funding and resources; lack of management commitment; poor and ineffective planning; political

interference; and poor teachers' status and morale were the main challenges they faced when implementing quality management. Also insubordination of workforce is a big challenge they experienced. The virus of political interference badly infects the outcomes of organization's effort to implement quality management.

The challenges mainly arises as explained by Bowler, (2005) that Project quality management is not a separate, independent process that occurs at the end of stakeholder management to measure the level of quality of the output. It is not purchasing the most expensive material or services available on the market. Quality and grade are not the same, grade are characteristics of a material or service such as additional features. Therefore, as Billing (2008) explained, it is a continuous monitoring and application of quality processes in all aspects of the project.

Respondents further suggested ways of improving quality management at NHIF. There is need to have a special supervisory staff appointed to check institutions after every year to ensure TQM implementation. A special professional in-service training programme regarding TQM implementation should be introduced to ensure managers are equipped with the modern techniques of successful TQM implementation. Proper funding should be provided to ensure effective implementation of total quality management. Well qualified management staff should be appointed through competitive examination on merit to ensure successful implementation of TQM. Furthermore, a proper service structure should be approved and notified so that employees may feel satisfied. The virus of political interference should be eradicated to ensure effective implementation of total quality management and merit policy. The institutions should be provided all necessary infrastructural facilities on priority basis.

This agrees with Finch, (2004) that the main principle of stakeholder quality management is to ensure the implementation of project will meet or exceed stakeholder's needs and expectations. The project team must develop a good relationship with key stakeholders, especially the donor and the beneficiaries of the project, to understand what quality means to them. It also concurs with Lindsly (2004) that to

achieve stakeholder satisfaction the project must develop a good working relationship with all stakeholders and understand their stated or implied need.

4.5.4 Monitoring And Evaluation

The study sought to establish whether there was monitoring and evaluation practiced at NHIF. Figure 4.9 presents the findings obtained. The findings show that 80.3% of the respondents agreed that their organization practiced monitoring and evaluation of projects. The findings also show that 19.7% of the respondents disagreed on existence of monitoring and evaluation practices in the organization. Therefore, if NHIF wants to improve project success, they should improve on monitoring and evaluation. This is in line with Ferris (2016) that the purpose of control management is to ensure that implementation is moving according to plans and if not the project manager takes corrective action, it is the control function of project management.
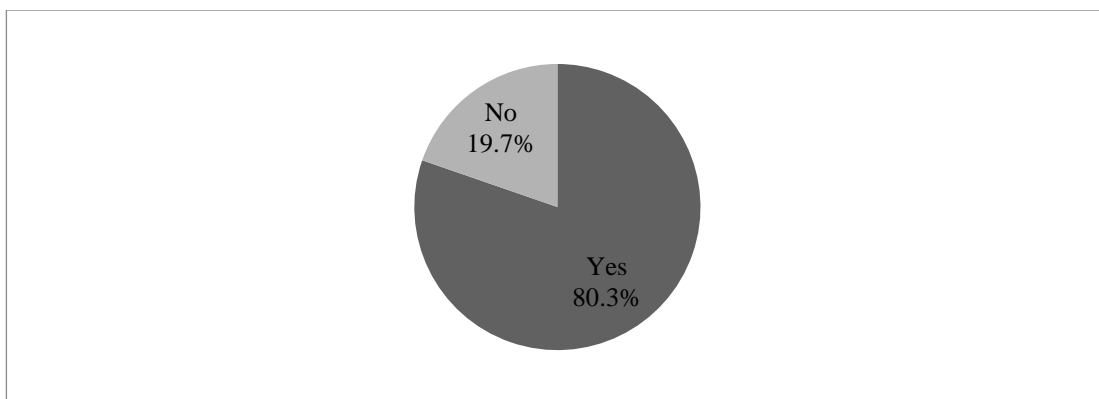
Figure 4.1: Whether Monitoring and Evaluation is Implemented at NHIF

Since there is some level of monitoring and evaluation of projects at NHIF, the study sought to further establish the extent of its implementation. Figure 4.11 presents the findings obtained. The findings show that 60.7% of the respondents agreed that monitoring and evaluation was implemented to an average extent in their organization, 20.6% considered implementation to be good, 15.25 considered it excellent and 3.55 considered it poor. These findings show that there is room to improve monitoring and

evaluation in order to enhance project implementation. This is in line with Freeman and Evan (2014) that control enhances project management decision making during the implementation hence increasing the chances of successful project implementation.
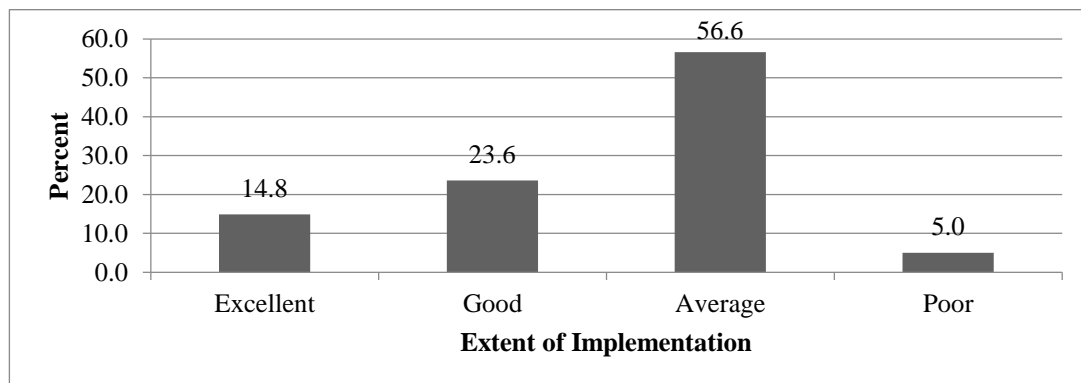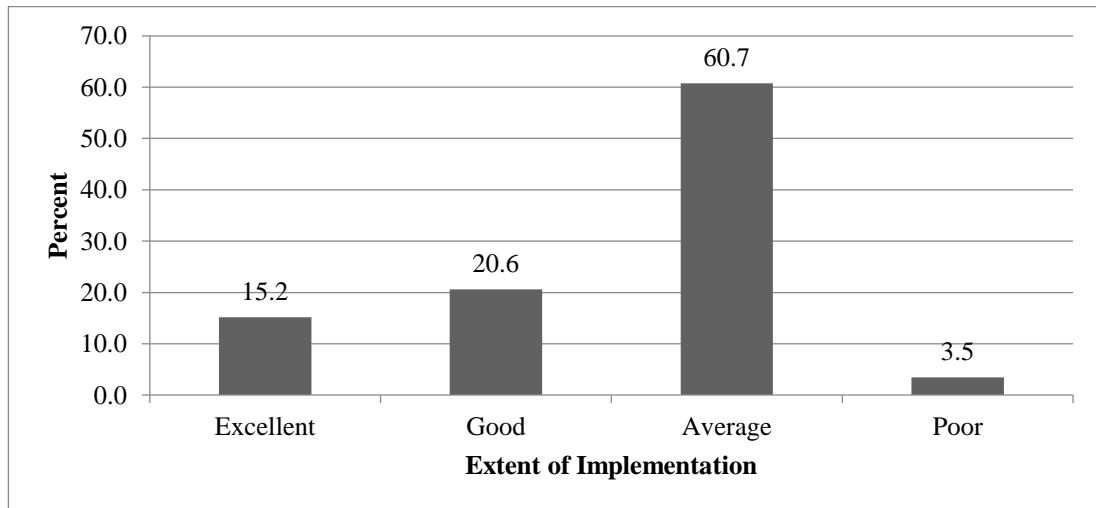

Figure 4.11: Extent of Monitoring and Evaluation Implementation

Respondents indicated their level of agreement with various statements that related with moderating effect of monitoring and evaluation. The aggregate mean of 3.866 and standard deviation of 1.242 suggest that on average, the respondents agreed with the statements on moderating effect of monitoring and evaluation. The findings specifically show that the respondents agreed that the monitoring and evaluation reviews key performance indicators of the project (M= 3.988, SD= 1.182); the monitoring and evaluation improves project quality (M= 3.909, SD= 1.359); and that project monitoring helps to provide constructive suggestions like resource and staff reallocation (M= 3.902, SD= 1.235). The respondents further agreed that project evaluation helps in measuring accomplishment in order to avoid weaknesses and future mistakes (M= 3.85, SD= 1.22); that continuous project monitoring ensures the NHIF gets value for the invested money (M= 3.836, SD= 1.22). The respondents further agreed that project evaluation ensures accountability by the project stakeholders involved in the implementation process (M= 3.836, SD= 1.313); and that they do participative monitoring and evaluation to monitor whether resource management objectives are achieved (M= 3.738, SD= 1.168).

The findings concurs with Ferris (2016) who found that control management is to ensure that implementation is moving according to plans and if not the project manager takes corrective action, it is the control function of project management. It also concurs with Freeman and Evan (2014) that control enhances project management decision making during the implementation hence increasing the chances of successful project implementation

Table 4.12: Descriptive Statistics on Monitoring and Evaluation

Statement Description	Mean	Std. Dev.
The Monitoring and evaluation reviews key performance indicators of the project	3.988	1.182
The Monitoring and evaluation improves project quality	3.909	1.359
Project monitoring helps to provide constructive suggestions like resource and staff reallocation	3.902	1.235
Project evaluation helps in measuring accomplishment in order to avoid weaknesses and future mistakes	3.85	1.22
Continuous project monitoring ensures the NHIF gets value for the invested money	3.836	1.22
Project evaluation ensures accountability by the project stakeholders involved in the implementation process	3.836	1.313
We do participative monitoring and evaluation to monitor whether resource management objectives are achieved	3.738	1.168
Aggregate Score	**3.866**	**1.242**

4.5.5 Project Implementation

Respondents indicated rating for project implementation considering various statements where rating of 1 was most effective and 5 least effective. Table 4.13 presents the findings obtained. Based on the findings, the aggregate mean was 3.892 and standard deviation was 1.237 suggesting that on average, the respondents ranked project implementation as being ineffective. They ranked the statement that project is conducted over a relatively short period of time with a manageable number of stakeholder changes as being ineffective (M= 4.021, SD= 1.265); that the project is ineffective in meeting intended objectives/scope with other health stakeholders satisfactorily balancing their interests (M= 3.961, SD= 1.149); and that the project requirements, scope and objectives are ineffectively developed and understood by the stakeholders (M= 3.896, SD= 1.21). Respondents were also of the opinion that the project is ineffectively implemented to the budgeted cost and it's cost ineffective (M= 3.836, SD= 1.234); that the project is ineffectively implemented to the committed deadline (M= 3.836, SD= 1.313); and that the success criteria for the project implementation is ineffectively defined, documented and agreed upon by the stakeholders (M= 3.803, SD=1.248).

This agrees with Adan (2014) that most government projects were not sustainable. This may be attributed to lack of establishing roles for community members in the projects as well as monitoring them. There was also lack of regular communication between implementers and the community. The management of community resources, changes in membership was also not there. Lastly, the project implementers did not consider the community as a key partner in their projects. This could have been due to the community's inability to contribute (labour, material or money) towards the projects. It also concurs with Gila, (2014) that health needs the joint participation of key stakeholders like the company, government and community for its success. It is advocated that authorities put in place suitable policies that guide health, communities get involved in the projects and management put in place sound risk management strategies and profit-sharing policies for the success of health projects.

Table 4.13: Descriptive Statistics on Successful Project Implementation

Statement Description	Mean	Std. Dev.
The project is conducted over a relatively short period of time with a manageable number of stakeholder changes	4.021	1.265
The project meet intended objectives/scope with other health stakeholders satisfactorily balancing their interests.	3.961	1.149
The project requirements, scope and objectives are clearly developed and understood by the stakeholders	3.896	1.21
The project is implemented to the budgeted cost and it's cost effective.	3.836	1.234
The project is implemented to the committed deadline.	3.836	1.313
The success criteria for the project implementation is defined, documented and agreed upon by the stakeholders	3.803	1.248
Aggregate Score	**3.892**	**1.237**

4.6 Diagnostic Tests

The underlying assumptions in linear regression include: normality, no autocorrelation, little or no multicollinearity, homoscedasticity and linear relationship. In case of violation of the regression assumptions, the confidence intervals as well as other scientific insights derived from the regression model may be regarded as misleading,

biased or inefficient and therefore the inferences derived incapable of being generalizable on other data.

4.6.1 Multicollinearity

In this study, tolerance was applied in testing multicollinearity. The tolerance provides measures of the effect caused by a single independent variable on other independent variables. Tolerance is; $T = 1 - R^2$. If the value of T is less than 0.01 then it is certain that multicollinearity is present. From the findings presented in Table 4.14, the VIF values for all the variables were less than 5, a clear indication that multicollinearity doesn't exist between the study variables. The variables were found to lack high correlations among themselves; therefore, multiple regression analysis can be conducted.

Table 4.14: Multicollinearity Test Statistics

Model	Collinearity Statistics	
	Tolerance	VIF
Stakeholder Resource mobilization	.726	1.378
Stakeholder plan management	.653	1.531
Stakeholder communication management	.471	2.124
Stakeholder Quality Management	.452	2.212
Monitoring & Evaluation	.634	1.578

4.6.2 Autocorrelation Test

Autocorrelation was checked using Durbin-Watson test. The null hypothesis for the Durbin-Watson's d tests is that the residuals aren't linearly auto correlated. The d value ranges from 0 to 4, if the value is found to be less or equal to 2 then it implies absence of autocorrelation. If the d values are $1.5 < d < 2.5$ it implies absence of autocorrelation in the data. Durbin-Watson test was used to analyze linear autocorrelation for only direct neighbors being the effects of first order. Findings presented in Table 4.15 show that the d-value was 1.990; since the value lies within the range $1.5 < d < 2.5$, then we conclude that there is no autocorrelation in the data and therefore regression analysis can be computed.

Table 4.15: Durbin-Watson Autocorrelation Test

Model	Std. Error of the Estimate	Durbin-Watson
1	1.29748	1.990

4.6.3 Heteroscedasticity

This study used VIF to ascertain heteroscedasticity. Skewness and kurtosis was used to examine the normality of the variables. Breuch-pagan / cook-weisberg test was used to test for Heteroscedasticity. The null hypothesis for this test is that the variances of error terms are equal (Vinod, 2008). If "Prob > Chi-squared" is greater than 0.05 it suggests existence of homoscedasticity (Park, 2018). The findings presented in Table 4.16 shows Chi2 = 1.3457 has p-value P (0. 3241) greater than 0.05. This therefore suggests insignificance and therefore there is no heteroscedasticity.

Table 4.16: Breusch-Pagan / Cook-Weisberg Test for Heteroscedasticity

Ho: Constant variance			
Statistics	Df	Stat value	p-value
Chi-squared	4	1.3457	0.3241

4.6.4 Normality Assumption

This study used Shapiro Wilk test to determine if the variables follow a normal distribution (Cooper & Schindler, 2016). The null-hypothesis for Shapiro Wilk test is that the population follows a normal distribution therefore, if the alpha level is 0.05 and the p-value is less than 0.05, then the null hypothesis that the data are normally distributed is rejected. If the p-value is greater than 0.05, then the null hypothesis is not rejected since there is enough evidence that the data is not normally distributed. From the findings in Table 4.17, the results of the analysis shows that resource mobilization had p-value=0.127>0.05; stakeholder plan management had p-value=0.607>0.05; stakeholder communication management had p-value=0.988>0.05; quality management had p-value=0.565>0.05; and project implementation had p-value=0.665>0.05;

Implementation of NHIF Projects had p-value=0.385>0.05. This shows that all the variables were normally distributed and hence the data meets the regression analysis assumption of normality of data.

Table 4.17: Tests of Normality

	Shapiro-Wilk		
	Statistic	**df**	**Sig.**
Stakeholder Resource mobilization	.579	95	.127
Stakeholder plan management	.968	95	.607
Stakeholder communication management	.988	95	.988
Stakeholder Quality Management	.966	95	.565
Project implementation	.970	95	.665

4.6.5 Model Fitness

The fitness of the regression model developed from the data collected was assessed using ANOVA. Table 4.18 presents the findings obtained. From the findings, the value of adjusted R^2 was 0.408 which suggests that 40.8% variation in project implementation can be explained by the four independent variables in the study (i.e. resource mobilization, stakeholder plan management, stakeholder communication management, quality management).

The results indicate that the model was significant since the p-value (0.000) was less than 0.05 thus the model is statistically significance in determining the influence of project stakeholder management on implementation of National Health Insurance Fund projects in Kenya. This suggests that the model was fit in establishing the influence of the four independent variables on the dependent variable.

Table 4.18: Analysis of Model Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.639[a]	.408	.401	.22582		

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	12.644	4	3.161	61.98	.000[b]
1	Residual	4.59	90	0.051		
	Total	17.234	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Resource mobilization, Stakeholder plan management, Stakeholder communication management, Quality Management

4.7 Correlation Analysis

Correlation analysis was used to establish the link between dependent and the independent variables. Correlation analysis allowed the researcher to establish aspects of relation between the variables. If the variables are not related, then that would mean that the correlation coefficient is zero. The closer the correlation coefficient is to 1, the greater the relationship, whereas the closer the correlation coefficient is to 0, the weaker the relationship (Hair et al., 2010). The correlation strengths was interpreted using Cohen and Cleveland decision rules where 0.1 to 0.3 indicate weak correlation, 0.3 to 0.5 indicate moderate correlation strength and greater than 0.5 indicate a strong correlation between the variables.

Based on the findings in Table 4.19, resource mobilization had a strong positive and significant relationship with project implementation (r=0.844, p=0.000). Since the p-value was less than 0.05 it was considered significant. Also the correlation coefficient was greater than 0.5 suggesting strong relationship. This agrees with Buechler (2019) that resource mobilization is critical to any organization for the following reasons as ensures the continuation of the organization's service provision to clients, Supports organizational sustainability, Allows for improvement and scale- up of products and services to the organization both in the public and private sector.

The findings also show that there is a strong relationship between stakeholders plan management and project implementation as indicated by correlation coefficient (r=0.860) greater than 0.5. The relationship between the two variables was significant since the p-value (0.000) was less than the selected level of significance (0.05). The findings concurs with Ward and Chapman (2018) that successfully sustained stakeholder engagement is essential for maintaining the support and commitment of all Stakeholders and that viable, general, and arranged correspondence with all individuals from the undertaking network is essential for task achievement. Also, Hendry (2017) states that stakeholder contribution is one of the center delicate aptitudes territories that have been featured as being essential for building promise to the undertaking to accomplish wanted results which concurs with study findings.

The study also established that stakeholder communication management has a positive significant relationship with project implementation (r=0.784, p=0.000). Since the correlation coefficient was greater than 0.5, the relationship was considered strong and significant since the p-value was less than selected level of significance (0.05). The findings agree with Bourne, *et al*, (2016) that communication is a key factor in influencing stakeholders to demonstrate that the benefits of undertaking the change are greater than the associated risks. If people value the benefits of being associated with the project and perceive the risks to be acceptable, they will support it.

Furthermore, quality management is seen to have a strong relationship with project implementation as indicated by correlation coefficient (r=0.727) greater than 0.5. The relationship between the two variables was significant since the p-value (0.000) was less than the selected level of significance (0.05). The findings concurs with Bhindi, (2002) that quality management focuses on improving stakeholder's satisfaction through continuous and incremental improvements to processes, including removing unnecessary activities; it achieves that by the continuous improvement of the quality of material and services provided to the beneficiaries. Also, Finch, (2018) stated that the main principle of stakeholder quality management is to ensure the implementation of project will meet or exceed stakeholder's needs and expectations which agrees with study findings.

Table 4.19: Correlation Analysis

		Project implementation	Resource mobilization	Plan management	Communication management	Quality Management
Project implementation	Pearson Correlation	1				
	Sig. (2-Tailed)					
	N	95				
Resource mobilization	Pearson Correlation	.844**	1			
	Sig. (2-Tailed)	.000				.
	N	95	95			
Stakeholder plan management	Pearson Correlation	.869**	.261	1		
	Sig. (2-Tailed)	.000	.147			
	N	95	95	95		
Stakeholder communication management	Pearson Correlation	.784**	.325	.264	1	
	Sig. (2-Tailed)	.000	.168	.078		
	N	95	95	95	95	
Quality Management	Pearson Correlation	.727**	.317	.336	.266	1
	Sig. (2-Tailed)	.000	.123	.574	.278	
	N	95	95	95	95	95

**. Correlation Is Significant At The 0.05 Level (2-Tailed).

4.8 Simple Regression Analysis

To test the research hypothesis 1-4, study computed simple regression analysis which explored the relationship between the individual independent variables and the dependent variable.

4.8.1 Stakeholder Resource Mobilization On Implementation

A univariate analysis was conducted to determine the influence of stakeholder resource mobilization on implementation of National health Insurance Fund projects in Kenya. The null hypothesis stated:

H$_0$1: There is no significant relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya

The R-Squared tends to depict the variation in the dependent variable that can be explained by the independent variables: the greater the value of R-squared the greater the effect of independent variable. The R Squared can range from 0.000 to 1.000, with 1.000 showing a perfect fit that indicates that each point is on the line. As indicated in Table 4.20, the r-squared for the relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya was 0.448; this is an indication that at 95% confidence interval, 44.8% variation in implementation of National health Insurance Fund projects in Kenya can be attributed to changes in stakeholder resource mobilization. Therefore stakeholder resource mobilization can be used to explain some changes in implementation of National health Insurance Fund projects in Kenya.

Table 4.20: Model Summary for the Resource Mobilization on Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.669[a]	.448	.443	.26099
a. Predictors: (Constant), Resource Mobilization				

The analysis of variance is used to determine whether the regression model is a good fit for the data. It also gives the F-test statistic; the linear regression's F-test has the null hypothesis that there is no linear relationship between the two variables. From the analysis of variance (ANOVA), the study found out that the regression model was significant at 0.000 which is less than the selected level of significance (0.05). Therefore, the data was ideal for making a conclusion on the population parameters. The F calculated value was greater than the F critical value (9.362>3.943), an indication that stakeholder resource mobilization significantly influences implementation of National health Insurance Fund projects in Kenya. The significance value was less than 0.05 indicating that the model was significant in predicting implementation of National health Insurance Fund projects.

Table 4.21: Analysis of Variance on Resource Mobilization on Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	0.637	1	0.637	9.367	.000[b]
1	Residual	6.324	93	0.068		
	Total	**6.961**	**94**			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Stakeholder Resource Mobilization

The coefficients or beta weights for each variable allows the researcher to compare the relative importance of each independent variable. In this study the unstandardized coefficients and standardized coefficients are given for the multiple regression equations. However, discussions are based on the unstandardized coefficients.

From the results the regression model was.

$$Y = 1.988 + 0.486 X_1 + \varepsilon$$

The above regression equation revealed that holding stakeholder resource mobilization to a constant zero, implementation of National health Insurance Fund projects in Kenya will be at a constant value of 1.988. The findings also show that stakeholder resource mobilization is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya ($\beta = 0.486$, $P = 0.000$). This indicates that stakeholder resource mobilization positively and significantly relates with project implementation. The findings also suggest that a unit increase in stakeholder resource mobilization would lead to an increase in implementation of National health Insurance Fund projects in Kenya by 0.486 units. The findings agree with Buechler, (2009) that resource mobilization is critical to any organization as it ensures the continuation of the organization's service provision to clients and allows for improvement and scale-up of products and services to the organization

Table 4.22: Beta Coefficients for Resource Mobilization on Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	**Std. Error**	**Beta**		
(Constant)	1.988	.219		9.078	.000
1 Resource Mobilization	.486	.058	.451	8.379	.000

a. Dependent Variable: Project implementation

4.8.2 Stakeholder Plan Management On Implementation

A univariate analysis was conducted to examine the influence of stakeholder plan management on implementation of National health Insurance Fund projects in Kenya. The null hypothesis stated:

H$_{02}$: There is no significant relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya

As indicated in Table 4.23, the r-squared for the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya was 0.526; this is an indication that at 95% confidence interval, 52.6% variation in implementation of National health Insurance Fund projects in Kenya can be attributed to changes in stakeholder plan management. Therefore stakeholder plan management can be used to explain some changes in implementation of National health Insurance Fund projects in Kenya.

Table 4.23: Model Summary for the Plan Management on Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.725[a]	.526	.520	.24844

a. Predictors: (Constant), stakeholder plan management

From the analysis of variance findings in Table 4.24, the study found out that the regression model was significant at 0.00129 which is less than the selected level of significance (0.05). Therefore, the data was ideal for making a conclusion on the

population parameters. The F calculated value was greater than the F critical value (10.694>3.943), an indication that stakeholder plan management significantly influences implementation of National health Insurance Fund projects in Kenya. The significance value was less than 0.05 indicating that the variable Plan Management was significant in predicting implementation of National health Insurance Fund projects.

Table 4.24: Analysis of Variance on Plan Management on Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	0.663	1	0.663	10.694	.00129
1	Residual	5.766	93	0.062		
	Total	6.429	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Plan Management,

The coefficients or beta weights for each variable allows the researcher to compare the relative importance of each independent variable. In this study the unstandardized coefficients and standardized coefficients are given for the multiple regression equations. However, discussions are based on the unstandardized coefficients.

From the results the regression model was;

$Y = 1.820 + 0.525 \, X_2 + \varepsilon$

The above regression equation revealed that holding stakeholder plan management to a constant zero, implementation of National health Insurance Fund projects in Kenya will be at a constant value of 1.820. The findings also show that stakeholder plan management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya ($\beta = 0.525$, P = 0.000). This indicates that stakeholder plan management positively and significantly relates with project implementation. The findings also suggest that a unit increase in stakeholder plan management would lead to an increase in implementation of National health Insurance Fund projects in Kenya by 0.525 units. The findings concurs with Hotch, (2006) that poor planning leads to delay and cost overrun of the project and therefore, integrating a proper change management

plan as a proactive strategy should be adopted involving the project stakeholders and incorporating their needs all through the project lifecycle to improve project implementation.

Table 4.25: Beta Coefficients for Plan Management on Project Implementation

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.820	.195		9.333	.000
	Plan Management	.525	.051	.527	10.294	.000

a. Dependent Variable: Project implementation

4.8.3 Stakeholder Communication Management on Project Implementation

A univariate analysis was conducted to establish the influence of stakeholder communication management on implementation of National health Insurance Fund projects in Kenya. The null hypothesis stated:

H_{03}: There is no significant relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

As indicated in Table 4.26, the r-squared for the relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya was 0.553; this is an indication that at 95% confidence interval, 55.3% variation in implementation of National health Insurance Fund projects in Kenya can be attributed to changes in stakeholder communication management. Therefore stakeholder communication management can be used to explain some changes in implementation of National health Insurance Fund projects in Kenya.

Table 4.26: Model Summary for the Communication Management on Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.744[a]	.553	.541	.24599

a. Predictors: (Constant), stakeholder communication management

From the analysis of variance findings in Table 4.27, the study found out that the regression model was significant at 0.000 which is less than the selected level of significance (0.05). Therefore, the data was ideal for making a conclusion on the population parameters. The F calculated value was greater than the F critical value (12.262>3.943), an indication that stakeholder communication management significantly influences implementation of National health Insurance Fund projects in Kenya. The significance value was less than 0.05 indicating that the variable communication management was significant in predicting implementation of National health Insurance Fund projects.

Table 4.27: ANOVA on Communication Management on Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	0.748	1	0.748	12.262	.000[b]
1	Residual	5.673	93	0.061		
	Total	6.421	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Communication Management,

From the results the regression model was;

$$Y = 1.779 + 0.531\ X_3 + \varepsilon$$

The above regression equation revealed that holding stakeholder communication management to a constant zero, implementation of National health Insurance Fund projects in Kenya will be at a constant value of 1.779. The findings also show that stakeholder communication management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya ($\beta = 0.531$, P =

0.000). This indicates that stakeholder communication management positively and significantly relates with project implementation. The findings also suggest that a unit increase in stakeholder communication management would lead to an increase in implementation of National health Insurance Fund projects in Kenya by 0.531 units. This agrees with Simiyu, (2011) that poor communication overruns the financial constraints and is the main factors that affect construction projects. Therefore, effective communication to health program highlights the need for an approach capable of addressing these constraints to construct a portfolio of alternatives that collective best use is made of the limited total resource.

Table 4.28: Beta Coefficients for Communication Management and Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.779	.192		9.266	.000
Communication Management	.531	.050	.541	10.620	.000

a. Dependent Variable: Project implementation

4.8.4 Stakeholders Quality Management On Project Implementation

A univariate analysis was conducted to determine the influence of stakeholders' quality management on implementation of National health Insurance Fund projects in Kenya. The null hypothesis stated:

H_{04}: There is no significant relationship between Stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

As indicated in Table 4.29, the r-squared for the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya was 0.584; this is an indication that at 95% confidence interval, 58.4% variation in implementation of National health Insurance Fund projects in Kenya can be attributed to changes in stakeholder quality management. Therefore stakeholder quality

management can be used to explain some changes in implementation of National health Insurance Fund projects in Kenya.

Table 4.29: Model Summary for the Stakeholder Quality management on Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.764[a]	.584	.753	.07179

a. Predictors: (Constant), Stakeholder quality management

From the analysis of variance findings in Table 4.30, the study found out that the regression model was significant at 0.000 which is less than the selected level of significance (0.05). Therefore, the data was ideal for making a conclusion on the population parameters. The F calculated value was greater than the F critical value (10.934>3.943), an indication that stakeholder quality management significantly influences implementation of National health Insurance Fund projects in Kenya. The significance value was less than 0.05 indicating that the variable Quality Management was significant in predicting implementation of National health Insurance Fund projects.

Table 4.30: ANOVA on Quality Management on Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	0.569	1	0.569	10.942	.000[b]
1	Residual	4.836	93	0.052		
	Total	5.405	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Quality Management,

From the results the regression model was;

$$Y = 1.945 + 0.421 \, X_4 + \varepsilon$$

The above regression equation revealed that holding stakeholder quality management to a constant zero, implementation of National health Insurance Fund projects in Kenya will be at a constant value of 1.945. The findings also show that stakeholder quality

management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya (β = 0.421, P = 0.000). This indicates that stakeholder quality management positively and significantly relates with project implementation. The findings also suggest that a unit increase in stakeholder quality management would lead to an increase in implementation of National health Insurance Fund projects in Kenya by 0.421 units. This agrees with Yusufu, (2013), Total Quality management practices employed with employee involvement, top management commitment, continuous improvement and customer focus are meant to foster performance of an organization. And that through quality management, the firm had the capacity to satisfy customer needs, embraced continuous improvement process to meet customers' needs and values both internal and external customers.

Table 4.31: Beta Coefficients for Quality Management and Project implementation

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	**Std. Error**	**Beta**		
1	(Constant)	1.945	0.171		11.374	0.000
	Quality Management	0.421	0.046	0.391	9.152	0.000

a. Dependent Variable: Project implementation

4.9 Multiple Regression Analysis

A multivariate analysis was conducted to investigate the influence of project stakeholder management on implementation of National Health Insurance Fund projects in Kenya.

4.9.1 Overall Model Summary

Model summary was used to establish amount of variation in implementation of National Health Insurance Fund projects in Kenya that can be explained by changes in stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, and stakeholders' quality management. From the findings in the above Table 4.32, the value of adjusted R square was 0.762 which suggests that 76.2% variation in implementation of National Health Insurance Fund projects in Kenya

can be explained by changes in stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, and stakeholders' quality management. The remaining 23.8% suggests that there are other factors that can be attributed to variation in implementation of National Health Insurance Fund projects in Kenya that were not discussed in this study. Correlation coefficient (R) shows the relationship strength between the study variables. From the findings the variables were strongly and positively related as indicated r= 0.876.

Table 4.32: Overall Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.876^a	.767	.762	.08495

a. Predictors: (Constant), stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholders quality management

4.9.2 Analysis of Variance

Analysis of variance is used to determine whether the model is significant; whether the model was a good fit for the data. The significance of the model was tested at 5% level of significance. The results in Table 4.33 indicate that the model was significant since the p-value (0.000) was less than 0.05 thus the model is statistically significance in establishing the combined effects of stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholders quality management on implementation of National Health Insurance Fund projects in Kenya. Further, the F-calculated (15.571) was greater than the F-critical (2.474) suggesting that project stakeholder management practices (stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholders quality management) can be used to predict implementation of National Health Insurance Fund projects in Kenya.

Table 4.33: Overall Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	0.436	4	0.109	15.571	.000[b]
1	Residual	0.623	89	0.007		
	Total	1.059	93			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholders quality management

4.9.3 Beta Coefficients of the Study Variables

From the results of the Table 4.34 above, the regression equation model was fitted as follows:

$Y = 1.534 + 0.264 X_1 + 0.258 X_2 + 0.271 X_3 + 0.574 X_4 + \varepsilon$

The model equation above reveals that holding the variables stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholder's quality management to a constant zero, implementation of National Health Insurance Fund projects in Kenya will be at a constant value of 1.534.

The findings show that stakeholder resource mobilization has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.264 (p-value=0.006). It is also seen that stakeholder plan management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.258 (p-value=0.003). In addition, stakeholder communication management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.271 (p-value=0.004). Finally, the findings show that stakeholders quality management has statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.574 (p-value=0.001).

Table 4.34: Beta Coefficients of Study Variables

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	1.534	.154		9.961	.000
1	Resource mobilization	.264	.050	.237	5.280	.000
	Plan management	.258	.041	.175	6.293	.000
	Communication management	.271	.044	.195	6.159	.001
	Quality management	.574	.064	.479	8.969	.000

a. Dependent Variable: Project implementation

4.10 Moderating Effect Regression Analysis

Moderation happens when the relationship between the dependent variable and the independent variables is dependent on a third variable (moderating variable). The effect that this variable has is termed as interaction as it affects the direction or strength of the relationship between the dependent and independent variable. To answer the fifth research objective (to determine the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya) the stud computed moderating effect regression analysis. Monitoring and evaluation was introduced as the moderating variable

4.10.1 Resource Mobilization

A stepwise regression analysis was conducted to examine the moderating effect of monitoring and evaluation on the relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya.

The null hypothesis stated:

H₀5a: Monitoring and evaluation has no significant moderating influence on the relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya.

The first model (Table 4.35) shows the relationship between Monitoring and evaluation, stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya.

The R squared for the relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya was 0.448, which implied that 44.8% of the implementation of National health Insurance Fund projects in Kenya can be explained by stakeholder resource mobilization. However, in the second model, in Table 4.35, which constituted stakeholder resource mobilization, monitoring and evaluation, stakeholder resource mobilization*monitoring and evaluation, the r-squared was 0.482. This implies that the introduction of monitoring and evaluation in the second model led to an increase in r-squared, showing that monitoring and evaluation positively moderates the relationship between stakeholder resource mobilization and implementation of National health Insurance Fund projects in Kenya.

Table 4.35: Model Summary for Monitoring and Evaluation, Stakeholder Resource Mobilization and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.669[a]	.448	.443	.26099
2	.694[b]	.482	.231	.35247

a. Predictors: (Constant), Stakeholder Resource Mobilization
b. Predictors: (Constant), Stakeholder Resource Mobilization, Monitoring and Evaluation, Stakeholder Resource Mobilization*Monitoring and Evaluation

From the findings, the F-calculated for the first model, as shown in Table 4.47, was 9.368 and for the second model was 18.581. Since the F-calculated for the two models were more than the F-critical, 3.943 (first model) and 2.705 (second model), the two models were good fit for the data and hence they could be used in predicting the moderating effect of Monitoring and Evaluation on the relationship between stakeholder

resource mobilization and implementation of National health Insurance Fund projects in Kenya.

Table 4.36: ANOVA for Monitoring and Evaluation, Stakeholder Resource Mobilization and Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.637	1	0.637	9.368	.000[b]
	Residual	6.324	93	0.068		
	Total	6.961	94			
2	Regression	6.912	3	2.304	18.581	.000[c]
	Residual	11.284	91	0.124		
	Total	18.196	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Stakeholder Resource Mobilization
c. Predictors: (Constant), Stakeholder Resource Mobilization, Monitoring and Evaluation, Stakeholder Resource Mobilization*Monitoring and Evaluation

In the first model, as shown by Table 4.37, by substituting the beta values as well as the constant term, model 1 emanating from the first step in regression modeling would be as follows:

$Y = 1.988 + 0.486 X_1 + \varepsilon$

The findings show that stakeholder resource mobilization has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.486 (p-value=0.000).

In the second regression model, by substituting the beta values as well as the constant term, model 2 emanating from the second step in regression modeling was as follows:

$Y = -2.466 + .514X_1 + .462M + 0.345X_1*M$

The model indicated that stakeholder resource mobilization had a positive and statistically significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .514 (p-value=0.000).

Monitoring and Evaluation had a positive and significant effect on implementation of National health Insurance Fund projects as shown by a regression coefficient .462. On the other hand, resource mobilization*monitoring and evaluation also had a positive and significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.345(p-value=0.000).

Table 4.37: Coefficients for the Relationship between Monitoring and Evaluation, Stakeholder Resource Mobilization and Project Implementation

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.988	.219		9.078	.000
	Resource Mobilization	.486	.058	.451	8.379	.000
2	(Constant)	2.466	0.269		9.167	.000
	Resource Mobilization	0.514	0.149	0.578	3.450	.001
	Monitoring and Evaluation	0.462	0.136	0.452	3.397	.001
	Resource Mobilization * Monitoring and Evaluation	0.345	0.09	0.794	3.833	.001

a. Dependent Variable: Project implementation

4.10.2 Plan Management

A stepwise regression analysis was conducted to examine the moderating effect of monitoring and evaluation on the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya.

The null hypothesis stated:

H$_0$5$_b$: Monitoring and evaluation has no significant moderating influence on the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya.

The first model (Table 4.38) shows the relationship between Monitoring and evaluation, stakeholder plan management and implementation of National health Insurance Fund

projects in Kenya.

The R squared for the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya was 0.526, which implied that 52.6% of the implementation of National health Insurance Fund projects in Kenya can be explained by stakeholder plan management. However, in the second model, in Table 4.38, which constituted stakeholder plan management, monitoring and evaluation, stakeholder plan management*monitoring and evaluation, the r-squared was 0.630. This implies that the introduction of monitoring and evaluation in the second model led to an increase in r-squared, showing that monitoring and evaluation positively moderates the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya.

Table 4.38: Model Summary for Monitoring and Evaluation, Stakeholder Plan Mobilization and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.725[a]	.526	.520	.24844
2	.794[b]	.630	.423	.34972

a. Predictors: (Constant), Stakeholder Plan Management
b. Predictors: (Constant), Stakeholder Plan Management, Monitoring and Evaluation, Stakeholder Plan Management *Monitoring and Evaluation

From the findings, the F-calculated for the first model, as shown in Table 4.39, was 10.701 and for the second model was 10.324. Since the F-calculated for the two models were more than the F-critical, 3.943 (first model) and 2.705 (second model), the two models were good fit for the data and hence they could be used in predicting the moderating effect of Monitoring and Evaluation on the relationship between stakeholder plan management and implementation of National health Insurance Fund projects in Kenya.

Table 4.39: ANOVA for Monitoring and Evaluation, Stakeholder Plan Management and Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.663	1	0.663	10.694	.000[b]
	Residual	5.766	93	0.062		
	Total	6.429	94			
2	Regression	3.84	3	1.280	10.323	.000[c]
	Residual	11.284	91	0.124		
	Total	15.124	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Stakeholder Plan Management
c. Predictors: (Constant), Stakeholder Plan Management, Monitoring and Evaluation, Stakeholder Plan Management *Monitoring and Evaluation

In the first model, as shown by Table 4.40, by substituting the beta values as well as the constant term, model 1 emanating from the first step in regression modeling would be as follows:

$Y = 1.820 + 0.521 X_2 + \varepsilon$

The findings show that stakeholder plan management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.525 (p-value=0.000).

In the second regression model, by substituting the beta values as well as the constant term, model 2 emanating from the second step in regression modeling was as follows:

$Y = 0.749 + .554X_2 + 431M + 0.201X_2*M$

The model indicated that stakeholder plan management had a positive and statistically significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .554 (p-value=0.001). Monitoring and Evaluation had a positive and significant effect on implementation of National health Insurance Fund projects as shown by a regression coefficient .431 (p-value=0.007). In addition, stakeholders plan management*monitoring and evaluation also had a positive

and significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.201(p-value=0.002).

Table 4.40: Coefficients for the Relationship between Monitoring and Evaluation, Stakeholder Plan Management and Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.820	.195		9.333	.000
Plan Management	.525	.051	.527	10.294	.000
2 (Constant)	0.749	0.068		11.015	.000
Plan Management	0.554	0.106	0.444	5.226	.000
Monitoring and Evaluation	0.431	0.104	0.278	4.144	.001
Plan Management * Monitoring and Evaluation	0.201	0.044	0.181	4.568	.000

a. Dependent Variable: Project implementation

4.10.3 Communication Management

A stepwise regression analysis was conducted to examine the moderating effect of monitoring and evaluation on the relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

The null hypothesis stated:

H05c: Monitoring and evaluation has no significant moderating influence on the relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

The first model (Table 4.41) shows the relationship between Monitoring and evaluation, stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

The R squared for the relationship between stakeholder communication management

and implementation of National health Insurance Fund projects in Kenya was 0.553, which implied that 55.3% of the implementation of National health Insurance Fund projects in Kenya can be explained by stakeholder communication management. However, in the second model, in Table 4.41, which constituted stakeholder communication management, monitoring and evaluation, stakeholder communication management*monitoring and evaluation, the r-squared was 0.635. This implies that the introduction of monitoring and evaluation in the second model led to an increase in r-squared, showing that monitoring and evaluation positively moderates the relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

Table 4.41: Model Summary for Monitoring and Evaluation, Stakeholder Communication Mobilization and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.744[a]	.553	.541	.24599
2	.797[b]	.635	.577	.78913

a. Predictors: (Constant), Stakeholder Communication Management
b. Predictors: (Constant), Stakeholder Communication Management, Monitoring and Evaluation, Stakeholder Communication Management *Monitoring and Evaluation

From the findings, the F-calculated for the first model, as shown in Table 4.42, was 12.262 and for the second model was 17.896. Since the F-calculated for the two models were more than the F-critical, 3.943 (first model) and 2.705 (second model), the two models were good fit for the data and hence they could be used in predicting the moderating effect of Monitoring and Evaluation on the relationship between stakeholder communication management and implementation of National health Insurance Fund projects in Kenya.

Table 4.42: ANOVA for Monitoring and Evaluation, Stakeholder Communication Management and Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.748	1	0.748	12.262	.001
	Residual	5.673	93	0.061		
	Total	**6.421**	**94**			
2	Regression	12.618	3	4.206	17.898	.000
	Residual	21.385	91	0.235		
	Total	**34.003**	**94**			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Stakeholder Communication Management
c. Predictors: (Constant), Stakeholder Communication Management, Monitoring and Evaluation, Stakeholder Communication Management *Monitoring and Evaluation

In the first model, as shown by Table 4.43, by substituting the beta values as well as the constant term, model 1 emanating from the first step in regression modeling would be as follows:

$$Y = 1.779 + 0.531 X_3 + \varepsilon$$

The findings show that stakeholder communication management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.531 (p-value=0.000).

In the second regression model, by substituting the beta values as well as the constant term, model 2 emanating from the second step in regression modeling was as follows:

$$Y= 0.533 + .480 X_3 + .386 M + 0.408 X_3{*}M$$

The model indicated that stakeholder communication management had a positive and statistically significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .480 (p-value=0.009). Monitoring and Evaluation had a positive and significant effect on implementation of National health Insurance Fund projects as shown by a regression coefficient .386 (p-value=0.012). In addition, stakeholders communication management*monitoring and

evaluation also had a positive and significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.408 (p-value=0.009).

Table 4.43: Coefficients for the Relationship between Monitoring and Evaluation, Stakeholder Communication Management and Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	**Std. Error**	**Beta**		
1 (Constant)	1.779	.192		9.266	.000
Communication Management	.531	.050	.541	10.620	.000
2 (Constant)	0.533	0.041		13.000	.000
Communication Management	0.480	0.115	0.387	4.174	.001
Monitoring and Evaluation	0.386	0.119	0.361	3.244	.001
Communication Management * Monitoring and Evaluation	0.408	0.126	0.382	3.238	.001

a. Dependent Variable: Project implementation

4.10.4 Quality Management

A stepwise regression analysis was conducted to examine the moderating effect of monitoring and evaluation on the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

The null hypothesis stated:

H_05_d: Monitoring and evaluation has no significant moderating influence on the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

The first model (Table 4.44) shows the relationship between Monitoring and evaluation, stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

The R squared for the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya was 0.584, which

implied that 58.4% of the implementation of National health Insurance Fund projects in Kenya can be explained by stakeholder quality management. However, in the second model, in Table 4.44, which constituted stakeholder quality management, monitoring and evaluation, stakeholder quality management*monitoring and evaluation, the r-squared was 0.651. This implies that the introduction of monitoring and evaluation in the second model led to an increase in r-squared, showing that monitoring and evaluation positively moderates the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

Table 4.44: Model Summary for Monitoring and Evaluation, Stakeholder Quality Mobilization and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.764[a]	.584	.753	.07179
2	.807[b]	.651	.551	.84368

a. Predictors: (Constant), Stakeholder Quality Management
b. Predictors: (Constant), Stakeholder Quality Management, Monitoring and Evaluation, Stakeholder Quality Management *Monitoring and Evaluation

From the findings, the F-calculated for the first model, as shown in Table 4.45, was 10.934 and for the second model was 13.587. Since the F-calculated for the two models were more than the F-critical, 3.943 (first model) and 2.705 (second model), the two models were good fit for the data and hence they could be used in predicting the moderating effect of Monitoring and Evaluation on the relationship between stakeholder quality management and implementation of National health Insurance Fund projects in Kenya.

Table 4.45: ANOVA for Monitoring and Evaluation, Stakeholder Quality Management and Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.569	1	0.569	10.942	.000[b]
	Residual	4.836	93	0.052		
	Total	**5.405**	**94**			
2	Regression	12.798	3	4.266	13.586	.000[c]
	Residual	29.202	91	0.314		
	Total	**42**	**94**			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), Stakeholder Quality Management
c. Predictors: (Constant), Stakeholder Quality Management, Monitoring and Evaluation, Stakeholder Quality Management *Monitoring and Evaluation

In the first model, as shown by Table 4.46, by substituting the beta values as well as the constant term, model 1 emanating from the first step in regression modeling would be as follows:

$$Y = 1.945 + 0.421 \, X_4 + \varepsilon$$

The findings show that stakeholder quality management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.421 (p-value=0.000).

In the second regression model, by substituting the beta values as well as the constant term, model 2 emanating from the second step in regression modeling was as follows:

$$Y = 0.614 + .430 \, X_4 + .392 \, M + 0.324 \, X_4 * M$$

The model indicated that stakeholder quality management had a positive and statistically significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .430 (p-value=0.003). Monitoring and Evaluation had a positive and significant effect on implementation of National health Insurance Fund projects as shown by a regression coefficient .392 (p-value=0.005). In addition, stakeholders quality management*monitoring and evaluation also had a

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positive and significant effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.324 (p-value=0.003).

Table 4.46: Coefficients for the Relationship between Monitoring and Evaluation, Stakeholder Quality Management and Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	**Std. Error**	**Beta**		
1 (Constant)	1.945	0.171		11.374	.000
Quality Management	0.421	0.046	0.391	9.152	.000
2 (Constant)	0.614	0.08		7.675	.000
Quality Management	0.43	0.121	0.522	3.554	.001
Monitoring and Evaluation	0.392	0.103	0.468	3.806	.001
Quality Management * Monitoring and Evaluation	0.324	0.074	0.305	4.378	.001

a. Dependent Variable: Project implementation

4.10.5 Project Stakeholder Management

To test the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya, the researcher used step wise regression model. The null hypothesis stated:

H$_0$5: There is no moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya.

The first model (Table 4.47) included: stakeholder resource mobilization, stakeholder plan management, stakeholder communication management, stakeholders quality management. The R squared between these four independent variables and implementation of National health Insurance Fund projects in Kenya was 0.767, which implied that 76.7% of the implementation of National health Insurance Fund projects in Kenya can be explained by resource mobilization, plan management, communication management, and quality management. However, in the second model, which

constituted of resource mobilization, plan management, communication management, quality management, monitoring and evaluation, resource mobilization*monitoring and evaluation, plan management*monitoring and evaluation, communication management*monitoring and evaluation, and quality management*monitoring and evaluation, the r-squared was 0.821. This implies that the introduction of monitoring and evaluation in the second model led to an increase in r-squared, showing that monitoring and evaluation positively moderates the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya.

Table 4.47: Model Summary for Monitoring and Evaluation, Project Stakeholder Management and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.876[a]	.767	.762	.08495
2	.906[b]	.821	.296	.33734

1. Predictors: (Constant), resource mobilization, plan management, communication management, quality management
2. Predictors: (Constant), resource mobilization, plan management, communication management, quality management, monitoring and evaluation, resource mobilization*monitoring and evaluation, plan management*monitoring and evaluation, communication management*monitoring and evaluation, quality management*monitoring and evaluation

From the findings, the F-calculated for the first model, as shown in Table 4.48, was 15.585 and for the second model was 9.170. Since the F-calculated for the two models were more than the F-critical, 2.242 (first model) and 1.992 (second model), the two models were good fit for the data and hence they could be used in predicting the moderating effect of monitoring and evaluation on the influence of resource mobilization, plan management, communication management, and quality management on implementation of National health Insurance Fund projects in Kenya.

Table 4.48: ANOVA for Monitoring and Evaluation, Project Stakeholder Management and Project Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.436	4	0.109	15.571	.000[b]
	Residual	0.623	89	0.007		
	Total	1.059	93			
2	Regression	9.387	9	1.043	9.149	.000[c]
	Residual	9.69	85	0.114		
	Total	19.077	94			

a. Dependent Variable: Project implementation
b. Predictors: (Constant), resource mobilization, plan management, communication management, quality management
c. Predictors: (Constant), resource mobilization, plan management, communication management, quality management, monitoring and evaluation, resource mobilization*monitoring and evaluation, plan management*monitoring and evaluation, communication management*monitoring and evaluation, quality management*monitoring and evaluation

In the first model, as shown by Table 4.50, by substituting the beta values as well as the constant term, model 1 emanating from the first step in regression modeling would be as follows:

$$Y = 1.534 + 0.264 X_1 + 0.258 X_2 + 0.271 X_3 + 0.574 X_4 + \varepsilon$$

The findings show that stakeholder resource mobilization has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.264 (p-value=0.019). It is also seen that stakeholder plan management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.258 (p-value=0.000). In addition, stakeholder communication management has a statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.271 (p-value=0.004). Finally, the findings show that stakeholders quality management has statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.574 (p-value=0.000).

In the second regression model, by substituting the beta values as well as the constant term, model 2 emanating from the second step in regression modeling was as follows:

$Y = 0.492 + 0.264 X_1 + 0.243 X_2 + 0.343 X_3 + 0.212 X_4 + .373 M + 0.286 X_1*M + 0.307 X_2*M + 0.314 X_3*M + 0.305 X_4*M$

The model indicated that Resource mobilization had a positive and statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .264 (p-value=0.005). In addition, plan management had statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.243 (p-value=0.025). Further, communication management had statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .343 (p-value=0.001). The results also show that quality management had statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.212 (p-value=0.000).

The results further show that monitoring and evaluation had a positive and statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of .373 (p-value=0.014). Moreover, the results indicated that the interaction between resource mobilization and monitoring and evaluation has a direct effect on the implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.286 (p-value=0.005). The interaction between plan management and monitoring and evaluation has statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.307 (p-value=0.017). Communication management and monitoring and evaluation had statistically significant effect on implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.314 (p-value=0.004). The interaction between quality management and monitoring and evaluation had statistically significant effect on

implementation of National health Insurance Fund projects in Kenya as shown by a regression coefficient of 0.305 (p-value=0.002).

Table 4.49: Regression Coefficients for Monitoring and Evaluation, Project Stakeholder Management and Project Implementation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.534	.154		9.961	.000
Resource mobilization	.264	.050	.237	5.280	.000
Plan management	.258	.041	.175	6.293	.000
Communication management	.271	.044	.195	6.159	.000
Quality management	.574	.064	.479	8.969	.000
2 (Constant)	0.492	0.112		4.393	.001
Resource mobilization	0.264	0.074	0.258	3.568	.001
Plan management	0.243	0.076	0.197	3.197	.001
Communication management	0.343	0.081	0.266	4.235	.001
Quality management	0.212	0.027	0.191	7.852	.000
Monitoring and Evaluation	0.373	0.106	0.327	3.519	.001
Resource mobilization*monitoring and evaluation	0.286	0.079	0.218	3.620	.001
Plan management*monitoring and evaluation	0.307	0.089	0.291	3.449	.001
Communication management*monitoring and evaluation	0.314	0.081	0.302	3.877	.000
Quality management*monitoring and evaluation	0.305	0.076	0.256	4.013	.000

a. Dependent Variable: Project implementation

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter presents the summary, conclusion and recommendations of the study as per the study hypothesis. Specifically, the chapter presents descriptive and inferential findings summary, followed by conclusions, recommendations for policy, and recommendations for practice and suggestions for further studies.

5.2 Summary of Findings

The general objective of this study was to determine the influence of project stakeholder management on implementation of National Health Insurance Fund projects in Kenya. The study specifically sought to; determine the influence of stakeholder resource mobilization on implementation of National health Insurance Fund projects in Kenya; examine the influence of stakeholder plan management on implementation of National health Insurance Fund projects in Kenya; establish the influence of stakeholder communication management on implementation of National health Insurance Fund projects in Kenya; determine the influence of stakeholders quality management on implementation of National health Insurance Fund projects in Kenya; and to determine the moderating influence of monitoring and evaluation on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya.

5.2.1 Stakeholders' Resource Mobilization

The study found that financial reports are made available on timely basis to the key stakeholders; that stakeholders participate in project budget making; and that there are systems, strategies and process to support resource mobilization in NHIF. The study further established that there is relationship deepening measures in place with the

sponsors of the project; the sponsor or project organization make decisions, determine strategies, and set priorities in a manner that promotes transparency and trust; that funding for the project is obtained from a single source or sponsor; and that there is proper utilization of the NHIF internal and external resources.

Resource mobilization is critical to any organization for the following reasons as ensures the continuation of the organization's service provision to clients, Supports organizational sustainability, Allows for improvement and scale-up of products and services to the organization both in the public and private sector. In addition, successfulness of any CBOs should value the contribution of every part such as the sources of resource which may be derived from different areas like the people skills, loans from financial institutions and the member contribution and also the government.

The study also identified the challenges faced with reference to resource mobilization at NHIF. It was explained that there is strong political will, backed by the unwillingness of regulators to provide an enabling policy and regulatory environment. They also explained that provision of universal health care is affected by the shortage of government budgetary resources and misuse of resource. Despite improvements in financial protection, levels of catastrophic expenditure and impoverishment remain unacceptably high.

5.2.2 Stakeholders Plan Management

The study found that stakeholders are well engaged and involved in strategy planning process; that stakeholders expectations is well managed throughout the project implementation and that the project has a clearly documented stakeholder engagement plan that is used to manage stakeholders. The study also found that stakeholders concerns, interests and issues on project implementation are well managed; the stakeholders are identified, analyzed and project documents include a stakeholder register that is constantly updated; that stakeholder's commitment and resistance to the

project implementation is well managed and that stakeholders participate in making decisions on issues affecting the project.

It was also established that stakeholder planning provides a clear statement of the problem or opportunity and the solution, project outcome and able develop clear business justification to ensure project is consistent with direction, priorities in the Strategic Plan. It enables prepare budget and if applicable document deliverables and significant milestones, identify customers, users, and stakeholders. Also poor scope change management could lead to dispute that might also require spending time and money on arbitration and litigation for what the contractor or the client believes he is entitled to.

The study also identified challenges faced in stakeholder plan management at NHIF. The study established that the respondents identified four major challenges they experience. The process of decision making is difficult because the view of each stakeholder has to be considered and therefore meeting all their needs becomes a challenge. Also, some of the stakeholders are not forthcoming in providing information. It takes a huge amount of effort to get any information from them and in other cases, they commit to meeting after several attempts which causes delays. There is also the challenge of competing priorities; what's important to one group may not even be on the radar of another. There is also the challenge of resource constraint; being a public organization, it is under intense pressure to satisfy stakeholders' needs despite limited funds, and equipment. They also admitted that sometimes they aren't doing a great job of enabling stakeholders to provide input efficiently. This is because, open public forums are chaotic; focus groups are not sufficiently representative; and, without data standardization, it's difficult to fairly compare the merits of different ideas.

5.2.3 Stakeholders' Communication Management

The study established that there is evidence of conflict management, communication strategy which influence the implementation of the project; that stakeholders are

regularly consulted and informed effectively from time to time on project implementation; and that stakeholder Communication is a formal role on the Project implementation. The study further established that stakeholders are involved in developing inward communication plan/engagement when there is change in operation; that there is open communication, collaboration and trust among the stakeholders and project team; and that there is a communication plan on stakeholders for the project implementation.

Effective communication to health program highlights the need for an approach capable of addressing these constraints to construct a portfolio of alternatives that collective best use is made of the limited total resource. It involves a technical solution capable of capturing diverse aspects of the problem with a social process of the individuals engaged and that a well-planned project utilizes available resources are more sustainable since there is consistency in communication between the stakeholders and mobilization of the resources which concurs with present study findings.

The study further identified challenges faced with reference to stakeholder communication management at NHIF. They explained that when team members are located far away from the office (or from each other), it can be a massive communication barrier. This poses a challenge handling teams which results in misunderstanding and stalled projects. Poor communication is another challenge; poorly written communication lead to downright confusion. There is also the challenge of inability to listen and /or focus due to advancements in technology, people are losing focus and inability to listen. There is also the challenge of fear of hierarchy or authority where employees find it hard and even hesitate to talk to their immediate supervisor; no one has the "guts" to tell it to authorized bodies which poses a big issue especially when the problem directly impacts the project at hand.

5.2.4 Stakeholder Quality Management

The study established that the organization has set quality standard in place and are followed; that the organization regularly reviews quality control and continuous improvement of the process; and that the quality requirements in the implementation of the project conform to the standards and do not contradict each other. They study also found that the organization has put in place quality plan and regular update to the key stakeholders; the organization has put in place quality assurance measures which are working; and that stakeholder quality management has met and exceeded stakeholder expectations.

Quality encapsulates time and other contextual dimensions that add to the complexity of what is essentially a subjective evaluation of the quality of goods and/or service by the consumer. Also, top management commitment significantly affects performance and quality of ISO Certified in Kenya and that the Quality is everybody's business in the organization. The management support to service delivery is felt at levels of the organization.

The study also identified challenges faced with reference to quality management at NHIF. They explained that ineffective leadership; lack of funding and resources; lack of management commitment; poor and ineffective planning; political interference; and poor teachers' status and morale were the main challenges they faced when implementing quality management. Also insubordination of workforce is a big challenge they experienced. The virus of political interference badly infects the outcomes of organization's effort to impement quality management.

5.3 Conclusions

5.3.1 Stakeholder Resource Mobilization

The study found that stakeholder resource mobilization is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya. This

indicates that stakeholder resource mobilization positively and significantly relates with project implementation. Based on the findings, the study concludes that a unit increase in stakeholder resource mobilization would lead to an increase in implementation of National health Insurance Fund projects in Kenya.

5.3.2 Stakeholder Plan Management

The study established that stakeholder plan management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya. This indicates that stakeholder plan management positively and significantly relates with project implementation. Based on the findings, the study concludes that a unit increase in stakeholder plan management would lead to an increase in implementation of National health Insurance Fund projects in Kenya.

5.3.3 Stakeholder Communication Management

The findings established that stakeholder communication management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya. This indicates that stakeholder communication management positively and significantly relates with project implementation. Based on the findings, the study concludes that a unit increase in stakeholder communication management would lead to an increase in implementation of National health Insurance Fund projects in Kenya.

5.3.4 Stakeholder Quality Management

The study also established that stakeholder quality management is statistically significant in explaining implementation of National health Insurance Fund projects in Kenya. This indicates that stakeholder quality management positively and significantly relates with project implementation. Based on the findings, the study concludes that a unit increase in stakeholder quality management would lead to an increase in implementation of National health Insurance Fund projects in Kenya.

5.3.5 Monitoring and Evaluation

The study further established that the interaction between stakeholder resource mobilization and monitoring and evaluation has a direct effect on the implementation of National health Insurance Fund projects in Kenya. The interaction between stakeholder plan management and monitoring and evaluation has statistically significant effect on implementation of National health Insurance Fund projects in Kenya. Stakeholder Communication management and monitoring and evaluation had statistically significant effect on implementation of National health Insurance Fund projects in Kenya. The interaction between stakeholder quality management and monitoring and evaluation had statistically significant effect on implementation of National health Insurance Fund projects in Kenya. Based on the findings, the study concludes that monitoring and evaluation had a positive significant moderating effect on the relationship between project stakeholder management and implementation of National health Insurance Fund projects in Kenya.

5.4 Knowledge Contribution

This study makes substantial contributions to the understanding of how project stakeholder management influences the implementation of National Health Insurance Fund (NHIF) projects in Kenya. The research provides nuanced insights into the multifaceted dimensions of stakeholder management, shedding light on key aspects that significantly impact project outcomes. Firstly, the study reveals that stakeholder resource mobilization emerges as a pivotal factor in explaining the successful implementation of NHIF projects. This finding underscores the importance of securing resources from stakeholders, emphasizing its positive correlation with project execution. The knowledge generated from this insight extends our understanding of the intricate relationship between financial support from stakeholders and the overall success of healthcare initiatives.

Moreover, the research establishes the critical role of effective stakeholder plan management in driving NHIF project implementation. This contribution emphasizes the strategic planning required in stakeholder engagement, showcasing how a well-managed plan positively correlates with successful project outcomes. Such insights offer valuable guidance to healthcare institutions and project managers in formulating robust plans that enhance stakeholder participation and project success.

Additionally, the study highlights the significance of stakeholder communication management in the context of NHIF projects. The statistically significant relationship between effective communication and project implementation unveils the importance of clear and transparent communication channels. This insight contributes to the broader literature by emphasizing the role of communication in navigating the complexities of healthcare project execution.

Furthermore, the research validates the impact of stakeholder quality management on NHIF project implementation. The statistically significant findings underscore the importance of maintaining high-quality standards in stakeholder engagement for the successful execution of healthcare initiatives. This knowledge provides a foundation for ensuring that projects align with quality benchmarks, contributing to the overall effectiveness of healthcare services.

The study goes beyond examining individual aspects of stakeholder management and delves into the moderating role of monitoring and evaluation. By identifying that monitoring and evaluation positively moderate the relationship between project stakeholder management and NHIF project implementation, the research introduces a dynamic element. This finding enhances our understanding of how ongoing assessment processes can amplify the positive effects of stakeholder management on project outcomes.

Lastly, the study's practical relevance is evident in its policy and practice recommendations. By offering actionable insights for improving stakeholder resource

mobilization, plan management, communication management, and quality management, the research provides tangible guidance for stakeholders and policymakers. These recommendations contribute not only to academic discourse but also serve as valuable tools for enhancing project implementation strategies within the healthcare sector.

5.5 Recommendations

5.5.1 Recommendations for Policy And Practice

5.5.1.1 Stakeholders' Resource Mobilization

The study recommends improving resource mobilization at NHIF. Health financing mechanisms must be equitable in the sense that payments or contributions for health must be according to ability to pay with the rich spending more as a proportion of their income and vice versa for the poor. To achieve UHC, the country needs to adopt more progressive forms of health financing. There is need to pay attention to the nature of financing sources that are being used to finance efforts to achieving UHC so as to ensure that they are equitable and sustainable.

5.5.1.2 Stakeholders Plan Management

The study recommends improving stakeholder plan management at NHIF. To deal with stakeholders' resistance to sharing information, they can conduct stakeholder analysis and communicate a clear plan, outlining the purpose, desired outcomes and the value behind what's being done. A good technique to use is the 'POWER' start technique (Purpose, Outcomes, What's in it for them, Engagement, Responsibilities). Since poorly designed projects are hard to monitor or evaluate, there is need to ensure that project plans are realistic and free from flaws to ensure its significant value to the project stakeholders. It is also important for the organization to develop and quantify priorities, accommodate change in their plan, allocate funds based on value and streamline data integration. This will reduce conflict and boost stakeholder participation in strategic

decisions, ensure that public decisions are transparent and justifiable and create a structured, repeatable framework for budget investment planning.

5.5.1.3 Stakeholders' Communication Management

There is need to improve stakeholder communication at NHIF. To deal with distance barrier, it is best to implement regularly-scheduled meetings to solicit feedback from all members of the team once the meeting is in place. Also, emphasize the importance on live interactions as opposed to communicating through memos or emails alone. Since communication is key to effective project implementation, project managers should receive training n effective communication skills. When efficient talking and deliberate listening is coupled, it can lead to a huge impact on project success.

5.5.1.4 Stakeholder Quality Management

The study recommends management of NHIF to have a special supervisory staff appointed to check institutions after every year to ensure TQM implementation. A special professional in-service training programme regarding TQM implementation should be introduced to ensure managers are equipped with the modern techniques of successful TQM implementation. Proper funding should be provided to ensure effective implementation of total quality management. Well qualified management staff should be appointed through competitive examination on merit to ensure successful implementation of TQM. Furthermore, a proper service structure should be approved and notified so that employees may feel satisfied. The virus of political interference should be eradicated to ensure effective implementation of total quality management and merit policy. The institutions should be provided all necessary infrastructural facilities on priority basis.

5.5.2 Managerial Recommendations

In light of the study's findings, several distinct managerial recommendations are proposed to enhance project stakeholder management and optimize the implementation of National Health Insurance Fund (NHIF) projects in Kenya.

Strategic Stakeholder Resource Mobilization: NHIF management should formulate and implement comprehensive strategies to mobilize resources from diverse stakeholders. Establishing strategic partnerships, seeking philanthropic support, and engaging with government agencies can contribute to a sustainable and diversified funding base.

Structured Stakeholder Plan Management: Emphasize the development and execution of well-structured stakeholder plans. NHIF should ensure that these plans align with project objectives, incorporate clear timelines, and employ effective communication strategies. This approach will foster active stakeholder engagement throughout the project lifecycle.

Effective Stakeholder Communication Channels: Strengthen communication channels between NHIF and stakeholders. Regular, transparent communication through various mediums, including meetings, reports, and digital platforms, is crucial for managing expectations, addressing concerns, and building collaborative relationships.

Quality Management in Stakeholder Engagement: Place a strong emphasis on quality management in stakeholder engagement. NHIF should set clear benchmarks for quality interactions with stakeholders, ensuring that engagement processes are efficient, ethical, and in line with organizational values. Ongoing training programs can enhance staff competency in stakeholder quality management.

Robust Monitoring and Evaluation Mechanisms: Establish robust monitoring and evaluation mechanisms to continually assess the effectiveness of stakeholder management strategies. Regular reviews and feedback loops will provide valuable

insights, enabling NHIF to make timely adjustments and improvements in its stakeholder engagement practices.

Capacity Building for Monitoring and Evaluation Teams: Strengthen the capacity of NHIF teams responsible for monitoring and evaluation. This involves providing training on modern evaluation techniques, data analysis, and reporting. A well-equipped team will enhance the organization's ability to derive meaningful insights and recommendations from monitoring and evaluation processes.

5.5.3 Recommendations for Further Studies

The main focus of this study was to determine the influence of project stakeholder management on successful implementation of National Health Insurance Fund projects in Kenya. The study was limited to NHIF; there in need for more studies to be conducted in other government projects to facilitate comparison and generalization of findings on effect of stakeholder management practice on successful project implementation. The study was also limited to implementation; there is need for studies to be conducted on other project aspects such as sustainability and performance. The variables considered in the study explained only 76.2% variation in implementation of National Health Insurance Fund projects in Kenya; there is need for a study to be conducted on other factors that influences completion of projects that were not discussed in this paper.

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APPENDICES

Appendix I: Questionnaire

Dear Respondent,

The researcher is a PHD student at JKUAT and is carrying out a study on: **Project Stakeholders Management on Successful implementation of NHIF projects in Kenya**. The sampled stakeholders are: NHIF project Health officers, Finance Managers, Procurement managers and Human Resource managers. Please fill the questionnaire below as objectively as possible. The data will be used in confidence and for the sole purpose of the research study.

Thank you.

(Please tick (√) where appropriate)

PART A

RESPONDENTS GENERAL INFORMATION

1. Kindly indicate the age bracket you fall in.
   - I.   Below 30 Years   {   }
   - II.   Between 31 and 40 {   }
   - III.   Between 41 and 50 {   }
   - IV.   Above 50 {   }

2. Kindly indicate your gender.
   - I.   Male {   }
   - II.   Female {   }

3. Kindly indicate the highest level of education you have attained.
   - I.   Diploma {   }
   - II.   Post Graduate Diploma {   }

III.   Under Graduate Degree { }

IV.   Post Graduate Degree { }

PART I: STAKEHOLDERS PLAN MANAGEMENT

How is stakeholder plan management practiced in your organization?

Excellent   [ ]   Good   [ ]

Average   [ ]   Poor   [ ]

On a scale of 1-5 rank stakeholder Plan management aspects

Strongly Agree (SA) -5, Agree (A) -4,   Neutral (N) – 3, Disagree (D) – 2, Strongly Disagree (SD) - 1

Statement Description	SD	D	N	A	SA
1.Stakeholders are well engaged and involved in strategy planning process					
2.The stakeholders are identified, analyzed and project documents include a stakeholder register that is constantly updated					
3.The project has a clearly documented stakeholder engagement plan that is used to manage stakeholders					
4. Stakeholder's commitment and resistance to the project implementation is well managed.					
5. Stakeholders participate in making decisions on issues affecting the project.					
6.Stakeholders expectations is well managed throughout the project implementation					
7. Stakeholders concerns, interests and issues on project implementation are well managed.					

8. Kindly indicate the challenges faced in stakeholder plan management at NHIF.

   i.   …………………………………………………………………………

9. Suggest ways of improving stakeholder plan management at NHIF.

   i.   ………………………………………………………………………………………

   ii.   ………………………………………………………………………………………

PART II: STAKEHOLDERS' COMMUNICATION MANAGEMENT

How is stakeholder communication management practiced in your organization?

Excellent   [ ]   Good   [ ]

Average   [ ]   Poor   [ ]

On a scale of 1 -5 rank stakeholder communication aspects Strongly Agree (SA) -5, Agree (A) -4,   Neutral (N) – 3, Disagree (D) – 2, Strongly Disagree (SD) - 1

Statement Description	5	4	3	2	1
1.There is a communication plan on stakeholders for the project implementation					
2. Stakeholders are involved in developing inward communication plan/engagement when there is change in operation.					
4.Stakeholders are regularly consulted and informed effectively from time to time on project implementation					
5.There is open communication, collaboration and trust among the stakeholders and project team					
6. There is evidence of conflict management, communication strategy which influence the implementation of the project.					
7.Stakeholder Communication is a formal role on the Project implementation					

8. Kindly indicate the challenges faced with reference to stakeholder communication management at NHIF.

   i.   ………………………………………………………………………………………

9. Suggest ways of improving stakeholder communication at NHIF.

   i.   ………………………………………………………………………………………

PART III: STAKEHOLDERS' RESOURCE MOBILIZATION

How is stakeholder resource management practiced in your organization?

Excellent   [ ]   Good   [ ]

Average   [ ]   Poor   [ ]

On a scale of 1 -5 rank stakeholder resource mobilization aspects

Strongly Agree (SA) -5, Agree (A) -4,   Neutral (N) – 3, Disagree (D) – 2, Strongly Disagree (SD) - 1

Statement Description	5	4	3	2	1
1.Stakeholders participate in project budget making					
2.Funding for the project is obtained from a single source or sponsor					
3.There are systems, strategies and process to support resource mobilization in NHIF					
4. There is relationship deepening measures in place with the sponsors of the project.					
5. Financial reports are made available on timely basis to the key stakeholders.					
6. There is proper utilization of the NHIF internal and external resources.					
7.The sponsor or project organization make decisions, determine strategies, and set priorities in a manner that promotes transparency and trust					

8. Kindly indicate the challenges faced with reference to resource mobilization at NHIF.

   i.   …………………………………………………………………………………
   ii.   …………………………………………………………………………………
   iii. …………………………………………………………………………………

9. Suggest ways of improving resource mobilization at NHIF.

   i.   …………………………………………………………………………………
   ii.   …………………………………………………………………………………
   iii. …………………………………………………………………………………

PART IV: STAKEHOLDER QUALITY MANAGEMENT

How is stakeholder quality management practiced in your organization?

Excellent   [ ]   Good   [ ]

Average   [ ]   Poor   [ ]

On a scale of 1-5 rank Stakeholder Quality management aspects 1- strongly disagree (**SD**), 2-disagree (**D**), 3-Neutral (**N**), 4-agree (**A**), 5-strongly agree (**SA**)

Statement Description	5	4	3	2	1
2.Stakeholder quality management has met and exceeded stakeholder expectations					
3.The organization has set quality standard in place and are followed					
4.The organization regularly reviews quality control and continuous improvement of the process					
5.The organization has put in place quality assurance measures which are working					
6. The organization has put in place quality plan and regular update to the key stakeholders.					
7. The quality requirements in the implementation of the project conform to the standards and do not contradict each other.					

8. Kindly indicate the challenges faced with reference to quality management at NHIF.

   i.   ………………………………………………………………………………

  ii.   ………………………………………………………………………………

 iii.   ………………………………………………………………………………

9. Suggest ways of improving quality management at NHIF.

   i.   ………………………………………………………………………………

  ii.   ………………………………………………………………………………

 iii.   ………………………………………………………………………………

PART V: MONITORING AND EVALUATION

How is monitoring and evaluation practiced in your organization?

Excellent   [ ]   Good   [ ]

Average   [ ]   Poor   [ ]

On a scale of 1-5 rank monitoring and evaluation aspects; Strongly Agree (SA) -5, Agree (A) -4, Neutral (N) – 3, Disagree (D) – 2, Strongly Disagree (SD) - 1

Statement Description	SD	D	N	A	SA
The Monitoring and evaluation reviews key performance indicators of the project					
The Monitoring and evaluation improves project quality					
Project monitoring helps to provide constructive suggestions like resource and staff reallocation					
Project evaluation helps in measuring accomplishment in order to avoid weaknesses and future mistakes					
Continuous project monitoring ensures the NHIF gets value for the invested money					
Project evaluation ensures accountability by the project stakeholders involved in the implementation process					
We do participative monitoring and evaluation to monitor whether resource management objectives are achieved					

PART V: SUCCESSFUL PROJECT IMPLEMENTATION

On a scale of 1-5 (1 being the most effective/.and 5 least), what will the rating for project implementation in the following?

Statement Description	5	4	3	2	1
1. The project meet intended objectives/scope with other health stakeholders satisfactorily balancing their interests.					
2. The project is implemented to the budgeted cost and it's cost effective.					
3.The success criteria for the project implementation is defined, documented and agreed upon by the stakeholders					
5. The project is implemented to the committed deadline.					

6.The project requirements, scope and objectives are clearly developed and understood by the stakeholders				
7.The project is conducted over a relatively short period of time with a manageable number of stakeholder changes				

8. What is the budgeted cost and actual cost of the project implementation? Briefly provide an opinion on the difference if the budgeted and actual cost is different.

    i.   ………………………………………………………………………………

   ii.   ………………………………………………………………………………

  iii.   ………………………………………………………………………………

9. What is the scheduled/planned and actual duration of the project implementation? If the scheduled/planned duration is different from actual duration, please provide a brief explanation as to what in your opinion led to the difference

    i.   ………………………………………………………………………………

   ii.   ………………………………………………………………………………

  iii.   ………………………………………………………………………………....

Appendix II: List of NHIF Projects

   i.   Beyond Zero Campaign

  ii.   Linda Mama Initiative

 iii.   Outpatient medical program

 iv.   In patient medical program.

  v.   Eduafya project

Source: NHIF Human Resource (2023)

Appendix III: Rotated Component Matrix

	Component							
	1	2	3	4	5	6	7	8
2.Stakeholder quality management has met and exceeded stakeholder expectations	.900							
7. The quality requirements in the implementation of the project conform to the standards and do not contradict each other.	.843							
3.The organization has set quality standard in place and are followed	.806							
4.The organization regularly reviews quality control and continuous improvement of the process	.790							
5.The organization has put in place quality assurance measures which are working	.763							
6. The organization has put in place quality plan and regular update to the key stakeholders.	.540							
7.The sponsor or project organization make decisions, determine strategies, and set priorities in a manner that promotes transparency and trust		.895						
6. There is proper utilization of the NHIF internal and external resources.		.851						
5. Financial reports are made available on a timely basis to the key stakeholders.		.839						
4. There are relationships deepening measures in place with the sponsors of the project.		.768						
3.There are systems, strategies and process to support resource mobilization in NHIF		.691						
1. Stakeholders participate in project budget –making process.		.610						
2.Funding for the project is obtained from a single source or sponsor		.555						
4.Stakeholders are regularly consulted and informed effectively from time to time on project implementation			.748					
5.There is open communication, collaboration and trust among the stakeholders and project team			.731					
2. Stakeholders are involved in developing an inward communication plan/engagement when there is change in operation.			.731					
6. There is evidence of conflict management, communication strategy which influence the implementation of the project.			.705					
1.There is a communication plan on stakeholders for the project implementation			.485					
3.The success criteria for the project implementation is defined, documented and agreed upon by the stakeholders				.869				
2. The project is implemented to the budgeted cost and it's cost effective.				.820				

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	Component							
	1	2	3	4	5	6	7	8
6.The project requirements, scope and objectives are clearly developed and understood by the stakeholders					.731			
7.The project is conducted over a relatively short period of time with a manageable number of stakeholder changes					.708			
7.Stakeholder Communication is a formal role on the Project implementation						.818		
5. The project is implemented to the committed deadline.							.899	
1. The project meet intended objectives/scope with other health stakeholders satisfactorily balancing their interests.								.750
Extraction Method: Principal Component Analysis.								
Rotation Method: Varimax with Kaiser Normalization.								
a. Rotation converged in 10 iterations.								