



STAKEHOLDER RESOURCE MOBILIZATION ON IMPLEMENTATION OF NATIONAL HEALTH INSURANCE FUND PROJECTS IN KENYA

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ABSTRACT

This study sought to determine the influence of stakeholder resource mobilization on implementation of NHIF projects in Kenya, and to determine the moderating influence of monitoring and evaluation on the relationship between stakeholder resource mobilization and implementation of NHIF projects in Kenya. 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% of the target population to determine the reliability and validity of the instrument. 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. Multiple linear regression analysis was used to establish the influence of stakeholder resource mobilization 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. It was also found that monitoring and evaluation significantly moderated the relationship between resource mobilization and implementation of NHIF projects in Kenya. The study thus concludes that a unit increase in stakeholder resource mobilization 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 to improve project implementation. It is also important for them to introduce monitoring and evaluation to improve effectiveness of the strategies adopted.

Key Words: stakeholder resource mobilization, implementation, NHIF projects, monitoring and evaluation

INTRODUCTION

Health project implementation is a vital element for any national growth and development. According to WHO (2014), 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 Halder (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 Halder, (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.

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 was 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, 2014). 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 was hoped that social health insurance schemes would be a useful strategy for mobilizing more resources for health, pooling risks, provide equitable access to healthcare for the poor and delivering better quality health (Campbell, 2006).

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, 2014). 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).

Kenya has been inevitable in the resource allocation, planning, coordination and control menace. (Karanja, 2014), 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.

Statement of the Problem

Less than two-thirds of all projects 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, 2013). 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, 2016). In the event that this is not realized, implementation is rendered to have failed (Akai, *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, 2002)

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, (2006), 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, (2014), 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, 2016). According to Schwartz, (2010), 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, 2014).

Various studies have been conducted on project stakeholder management in public sectors in Kenya, For instance, Adan, (2014), Conducted an investigation on Influence of stakeholder's engagement on completion of CDF projects in Isiolo North Constituency, Nyandika and Ngugi, (2014), 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.

Objectives of the study

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

LITERATURE REVIEW

Theoretical Review

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 (Barney, 2001), 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, 2015).

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, 2009). 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 (Barney, 2001)

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, 2008). 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, 2009)

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, 2000). 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

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, 2013).

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, 2006).

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.

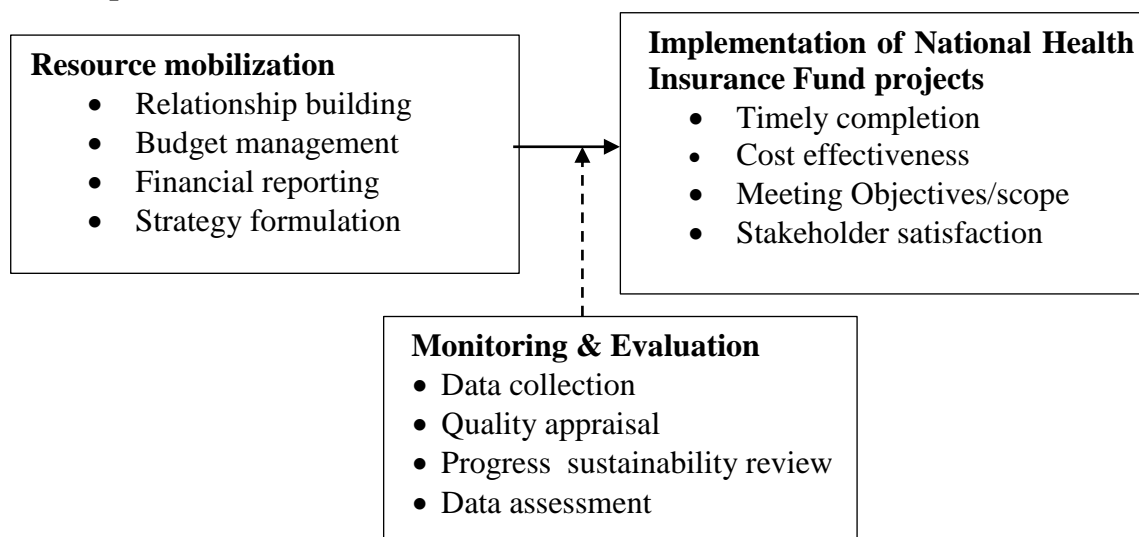
A theory of social change is one small contribution to a larger body of theorizing, it can be regarded as an observational map to help practitioners, whether field practitioners or donor or even beneficiaries to read and thus navigate processes of social change. There is need to recognize how change processes shape the situation and adjust practice appropriately (Salet & Faludi, 2000). 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, 2006).

Eskerod and Huemann, (2013), 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, (2002) and Bingham, (2015) .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.

Conceptual Framework



Resource Mobilization

Resources are the driving forces of organizations. Strategies for resource mobilization must be identified in order to achieve the intended results,(Lestler, 2007).Buechler, (2009) 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, 2009)

According to Cuthbert, (2011), 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, (2009), 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, (2011), 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, 2009).

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, 2007). 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, (2012), 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, 2012).

According to Simiyu, (2011), organizations should make adequate preparations for resource mobilization strategies to be effective and to ensure they are maximizing all opportunities. Salet and Faludi, (2000) 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.

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, 2014). It is also the 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 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 be implemented) efficiency, Success, effectiveness (Hendry, 2015). 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, 2006)

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, 2016). 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, 2014). 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, (2014), Stakeholder control management facilitates 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, 2009)

Turner, (2007) emphasizes the fact that evaluation compares the stakeholders impact with what will be 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, (2014) 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, 2007). 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, 2008).

The logical framework applies a systems approach where the success of an intervention is affected by other factors in the environment which should be identified and 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, 2016).

Project implementation

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, 2014).

According to Buechler, (2009), 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.

Empirical Review

According to Cuthbert, (2011), 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, (2009), 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, (2015) 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.

Chitere, (2012), 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.

An examination by Pernille and Huemann, (2013), 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, (2014), 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, (2007), 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 writing 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.

RESEARCH METHODOLOGY

This research used descriptive research design. Positivist orientation was adopted by assessing the level of influence of project stakeholder management on implementation of NHIF projects in Kenya. The target population for this investigation was 110, NHIF management staff, in charge of the implementation of the Universal Health coverage projects in the four counties of Machakos, Kisumu, Isiolo and Nyeri. Due to the small size of population, census sampling approach, the study carried out a census of all 110 management level employees at NHIF. The researcher formulated questionnaires as the main primary data collection instrument. The pilot study was 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.

Quantitative and qualitative techniques were used. Qualitative data was analyzed by use of thematic analysis, variable description and comparison and deductive approach. Qualitative 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. This study adopted a simple linear regression analysis that helped establish the nature of relationship the variables under

study and also help in the testing of hypothesis. Pearson correlation coefficient was used to determine the magnitude and the direction of the relationships between the dependent variable and independent variables. 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. The data was presented using summary statistics, tables and figures.

RESEARCH FINDINGS

The selected sample size for this study was 110 and all were issued with questionnaires however only 95 were returned dully filled. The response rate was 86.3%. 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 95 questionnaires were used for further analysis and reporting.

Descriptive Statistics

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 1. 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.

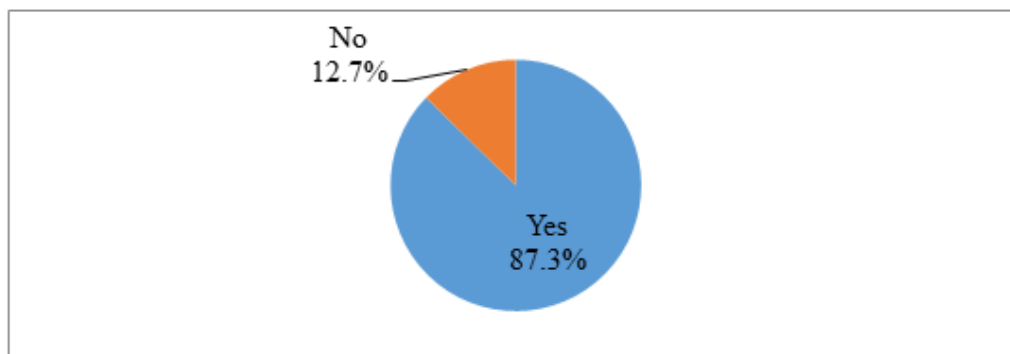


Figure 1: Whether Stakeholder Resource Mobilization is practiced

Since the study found that stakeholder resource mobilization was practiced at NHIF, the study sought to determine how efficient this strategy is implemented. Figure 2 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 good 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.

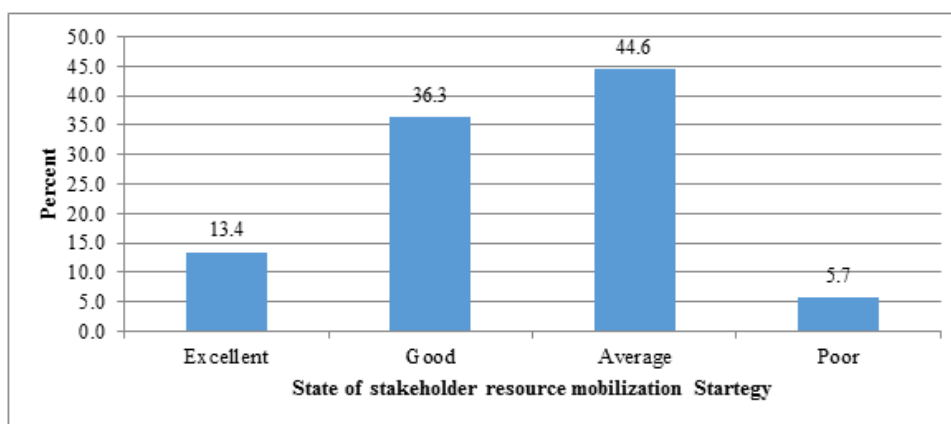


Figure 2: Extent of Stakeholder Resource Mobilization Implementation

Respondents indicated their level of agreement with various statements that related with stakeholder resource mobilization aspects. The findings obtained were as presented in Table 1. 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 concurs 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 1: 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.

Monitoring and Evaluation

The study sought to establish whether there was monitoring and evaluation practiced at NHIF. Figure 3 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.

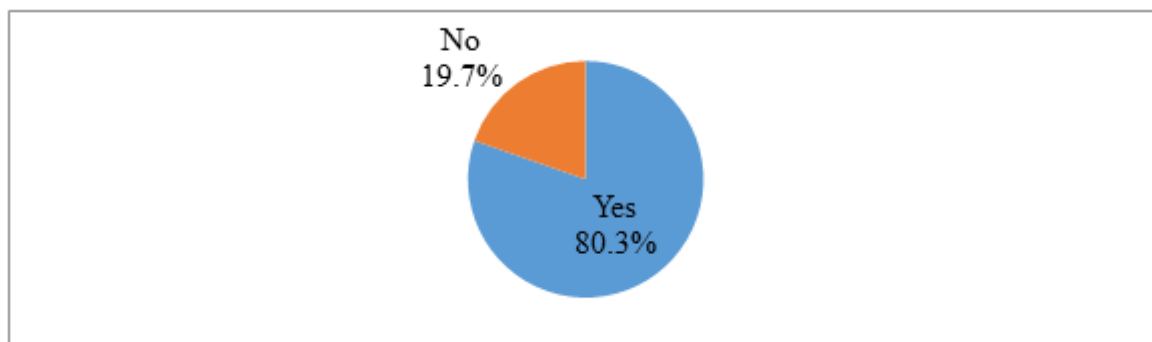


Figure 3: Whether Monitoring and Evaluation is implemented at NHIF

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 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.

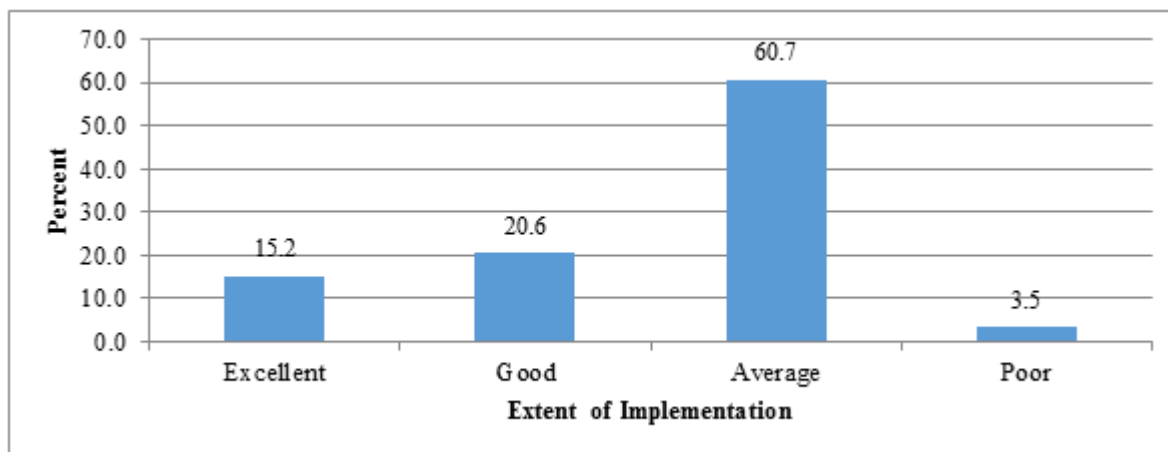


Figure 4: Extent of Monitoring and Evaluation Implementation

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 2: 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

Project Implementation

Respondents indicated rating for project implementation considering various statements where rating of 1 was most effective and 5 least effective. Table 3 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 3: Descriptive Statistics on 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

Diagnostic Tests

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, 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: Multicollinearity Test Statistics

Model	Collinearity Statistics	
	Tolerance	VIF
Resource mobilization	.726	1.378
Monitoring & Evaluation	.634	1.578

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 5 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 5: Durbin-Watson Autocorrelation Test

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

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 6 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 6: Breusch-Pagan / Cook-Weisberg test for heteroscedasticity

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

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 7, the results of the analysis shows that resource mobilization had p-value=0.127>0.05; and project implementation had p-value=0.665>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 7: Tests of Normality

	Shapiro-Wilk		
	Statistic	df	Sig.
Resource mobilization	.579	95	.127
Project implementation	.970	95	.665

Model Fitness

The fitness of the regression model developed from the data collected was assessed using ANOVA. Table 8 presents the findings obtained. From the findings, the value of adjusted R² was 0.408 which suggests that 40.8% variation in project implementation can be explained by the four independent variables in the study.

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 8: 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.
1 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

Correlation Analysis

Based on the findings in Table 9, 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.

Table 9: Correlation Analysis

		Project implementation	Resource mobilization
Project implementation	Pearson Correlation	1	
	Sig. (2-Tailed)		
	N	95	
Resource mobilization	Pearson Correlation	.844**	1
	Sig. (2-Tailed)	.000	
	N	95	95

Regression Analysis

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:

H₀1: 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 5, 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 10: 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 11: 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), 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 12: Beta Coefficients for Resource Mobilization on Project implementation

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

a. Dependent Variable: Project implementation

Moderating Effect Regression Analysis

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:

H_{05a}: 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 13) 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 13, 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 13: 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 14, 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 14: 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 15, 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:

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

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 15: 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

Conclusions

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.

The study further established 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.

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.

Recommendations

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.

Recommendations for Further Studies

The main focus of this study was to determine the influence of project stakeholder management on 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 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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