



**STAKEHOLDER MANAGEMENT PRACTICES AND IMPLEMENTATION OF  
UNIVERSAL HEALTHCARE PROJECT IN METROPOLITAN COUNTIES IN KENYA**

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**ABSTRACT**

Even though universal health care stands out as a critical concept to the well-being of persons within the country, it is yet to be embraced to a good degree in Kenya with a number of aspects pointed out as barriers. The study sought to assess the influence of stakeholder management on the implementation of the universal health care projects in Metropolitan Counties in Kenya. The specific objectives of the study were to establish the influence of stakeholder communication on the implementation of universal healthcare project in Metropolitan Counties in Kenya and to assess the influence of monitoring and evaluation on the implementation of universal healthcare project in Metropolitan Counties in Kenya. Descriptive research design was used in this study. In this study the target population consisted of 347 beneficiary households, 78 universal healthcare workers and 87 local leaders in Metropolitan Counties in Kenya. Slovin's Formula was employed to determine the sample size. The research made use of simple random sampling to choose 225 respondents from the target population. The study used questionnaires to collect primary data. Quantitative as well as qualitative data was produced by the semi structured questionnaire, which were then analyzed differently and using distinct techniques. Inferential and descriptive statistics were employed so as to analyze data which is quantitative with the help of statistical software called Statistical Package for Social Sciences (SPSS version 22). The study results were presented through use of tables and figure. The study concludes that stakeholder identification influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. In addition, the study concludes that stakeholder communication influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. The study concludes that monitoring and evaluation influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. From the results, this study recommends that the management of universal healthcare projects in Metropolitan Counties in Kenya should ensure better practices of stakeholder identification. In addition, the management of universal healthcare projects in Metropolitan Counties in Kenya should formulate and implement effective monitoring and evaluation framework to facilitate project implementation.

**Key Words:** Stakeholder Management, Universal Health Care Projects, Metropolitan Counties, Stakeholder Communication, Monitoring and Evaluation

## Background of the Study

Healthcare is perceived as a fundamental right across the globe (sheikh, 2018). As a result, in the past century, universal health care has been turned from being an aspiration into a reality mostly in developed economies. This has however remained a theoretical concept in most developing economies (Kruk et al., 2016). According to Chan *et al.* (2017), in such countries healthcare was a preserve of lay persons with no formal training who undertook care inform of basic first aid or herbal remedies based on long standing experience. Sheikh (2018) therefore asserted that health and wellbeing perceived as human right further strengthens domestic accountability among governments for moving towards UHC. Implementing UHC assists in tackling endemic challenges for health and wellbeing among different people groups besides improving maternal and child health and being the key to the long-run socio economic potential of countries (Brian & Ebuenyi, 2017).

Baltussen, Jansen and Bijlmakers (2018) revealed that the efforts to deliver UHC are confronted by a number of health system challenges, in three dimensions. First, policy makers need to make important choices as to which interventions they fund. This may involve decisions on the public funding of, for example, expensive drugs for third-line antiretroviral therapy (ART). Such decisions should consider the interests of the relevant stakeholders, including HIV patients (wanting to get the best treatment), other patients (whose treatment may be displaced in case ART is funded), or tax payers (wanting to minimize public expenditure on health). The provision of third-line ART may also involve other policy choices, such as the mode and level of provider payment. With regard to these choices, individual specialists may find it reasonable to charge high prices in case third-line ART demands extra attention. At the same time, hospitals may want to restrict expensive therapies, especially if they have a large budget impact.

Health systems are complex, not only in the types of policy choices needed to achieve UHC, but also in the range of stakeholders that need to be involved in their design and implementation. Stakeholders refer to organisations or groups of individuals who have an interest in the policy choice in question, such as government ministries (in health, but also beyond e.g. in finance or agriculture), patient groups, providers, manufacturers, or citizens in general, (Gilson, 2017).

An assertion by a 2013 UNICEF report pointed out that globally, involvement by individuals, communities and special groups in universal healthcare ought to be followed as a foundation for positive programs to uphold and improve their health. Additionally, it is argued that people participation results to a higher degree of community fulfillment with health services and therefore improved health results (Tallon-Baudry, 2019). According to Maina (2020) stakeholders often have different interests by which they value and priorities policy choices. We argue that the fairness of a decision-making processes, i.e. how stakeholder interests are taken into account, is critical for both the legitimacy and the feasibility of strategies to achieve UHC. For these reasons, policy makers should take pro-active efforts to consider the different interests of stakeholders in their decision-making process.

## Statement of the Problem

According to 2013 Kenya household health expenditure and utilization survey medical expenses account for over 40% of non-food bill in over half of the counties in Kenya. Access to universal health coverage is anchored on the constitution of Kenya 2010, millennium development goals (MDGs), vision 2030, president big 4 agenda as well as legislatively through session paper no 7 2012. In order to ensure the realization of the right to healthcare, the national and county governments have been assigned specific functions and mandates which must effectively and efficiently be executed with the limited resources in an effort to fulfill the constitutional requirement (MoH, 2019). While access to quality health care is a constitutional right, millions of

Kenyans are denied access to quality health care due to various reasons such as affordability, geographical barriers, shortage of health care providers among others (World Bank, 2019). Ali and Gitonga (2019) argue that Stakeholder Management influences the effectiveness of project implementation.

Besides, UHC being a fairly new concept in the country, few studies have been conducted in relation to various aspects relating to stakeholder engagement. For instance, Kruk *et al.* (2016) conducted a study on key factors influencing the transition towards universal health coverage. Wamai (2020) assessed the state of people participation in healthcare systems with reference to health insurance and established that cost of healthcare was linked to UHC. However, none of these studies were conducted in all the Metropolitan Counties in Kenya, further, the studies failed to show the influence of Stakeholder Management on the implementation of the universal health care projects in Metropolitan Counties in Kenya. To fill the highlighted gaps, the current study seeks to establish the influence of Stakeholder Management (stakeholder communication, and monitoring and evaluation) on the implementation of the universal health care project in in Metropolitan Counties in Kenya.

### **Research Objectives**

- i. To establish the influence of stakeholder communication on the implementation of universal healthcare projects in Metropolitan Counties in Kenya
- ii. To assess the influence of monitoring and evaluation on the implementation of universal healthcare projects in Metropolitan Counties in Kenya

## **LITERATURE REVIEW**

### **Theoretical Framework**

#### **Resource Based View Theory**

Resource Based View theory was first developed by Penrose (1959) who contended that a firm's superior performance is obtained when the resources are well-ordered by the firm. The manner in which a firm utilizes its core resources defined its performance Wernerfelt (1984).

Resource Based View proposes that firms are heterogeneous because they possess heterogeneous resources, meaning firms can have different strategies because they have different resource mixes Tembur (2017). According to Mwaura (2016) the RBV focuses managerial attention on the firm's internal resources in an effort to identify those assets, capabilities and competencies with the potential to deliver superior competitive advantages. De Jong (2017) argues that the Resource Based View draws upon the resources and capabilities that reside within the organization in order to develop sustainable competitive advantages. However, not all the resources of firm will be strategic and hence, sources of competitive advantage. Competitive advantage occurs only when there is a situation of resource heterogeneity and resource immobility. This theory was used to establish the influence of stakeholder communication on the implementation of universal healthcare project in Metropolitan Counties in Kenya.

#### **Social exchange theory**

The genesis of social exchange theory goes back to 1958, when American sociologist George Homans published an article entitled "Social Behavior as Exchange." Homans devised a framework built on a combination of behaviorism and basic economics. In the immediate years that followed, other studies expanded the parameters of Homans' fundamental concepts (Mambweet *al.*, 2020). Social exchange theory is a concept based on the notion that a relationship between two people is created through a process of cost-benefit analysis. In other words, it's a metric designed to determine the effort poured in by an individual in a person-to-person

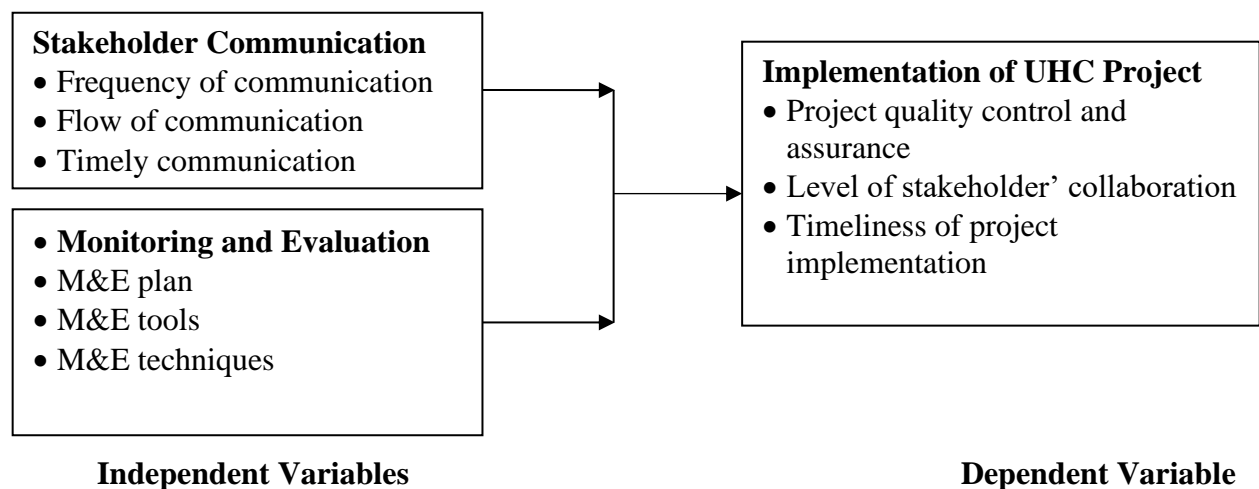
relationship. The measurement of the pluses and minuses of a relationship may produce data that can determine if someone is putting too much effort into a relationship (Magassouba, 2019).

The theory is unique in the sense that it doesn't necessarily measure relationships on emotional metrics. Rather, its systematic processes rely on mathematics and logic to determine balance within a relationship. While the theory can be used to measure romantic relationships, it can also be applied to determine the balance within a friendship (Njogu, 2019).

Social exchange theory is a sociological and psychological theory that studies the social behavior in the interaction of two parties that implement a cost-benefit analysis to determine risks and benefits. The theory also involves economic relationships the cost-benefit analysis occurs when each party has goods that the other parties value. Social exchange theory suggests that these calculations occur in romantic relationships, friendships, professional relationships, and ephemeral relationships as simple as exchanging words with a customer at the cash register. Social exchange theory says that if the costs of the relationship are higher than the rewards, such as if a lot of effort or money were put into a relationship and not reciprocated, then the relationship may be terminated or abandoned (Nturibi, 2016). This study used social exchange theory to assess the influence of monitoring and evaluation on the implementation of universal healthcare project in Metropolitan Counties in Kenya.

### Conceptual Framework

The conceptual framework as indicated in figure 3.1 presents the association between the research variables; independent variables (Stakeholder communication, and monitoring and evaluation) and dependent variables (Implementation of Universal Health Care).



**Figure 1: Conceptual Framework**

#### Stakeholder Communication

Stakeholder communication is an important task in stakeholder management. Stakeholders can promote or hinder a project, they can change their goals and attitudes and also help in communicating with other stakeholders. The more important a stakeholder is, the more important communication with them becomes. The regularity of stakeholder communication depends on the importance of the stakeholder, the required and appropriate frequency, manner and timing (Muthuveloo, Ping & Meng, 2020). The key to keeping stakeholders on-side is consultation. This involves the development of constructive and productive long-term relationships. Stakeholder consultation aims to build relationships based on mutual trust and benefits. Listening to and understanding the views and feedback from stakeholders can help shape and improve the overall operations of a business (Hassan, 2015).

The stakeholder consultation process is an opportunity for key groups to be kept informed, and for their views and feedback to be heard. It is important that any consultation is thoroughly planned with clear objectives set at the beginning. The “planning” stage is where the aims and objectives of the stakeholder consultation are discussed and agreed upon. After the aims and objectives have been determined, the “planning” stage is used to discuss how the process will be carried out. Process owners allocate resources and select an appropriate consultation method. Several questions need to be asked at this stage to ensure every facet of the process is considered (Ali & Gitonga, 2019).

### **Monitoring and Evaluation**

Monitoring and Evaluation is used to assess the performance of projects, institutions and programmes set up by governments, international organizations and NGOs. Its goal is to improve current and future management of outputs, outcomes and impact (Njeru & Luketero, 2018).

According to Takim (2019) monitoring and evaluation plays a very significant role in helping those involved with projects to assess if progress is being achieved in line with expectations. M & E functions of a project are carried out by the M&E department of a government agency responsible for M&E in several projects using national guidelines. This agency has much experience and can commence project M&E activities at an early stage. However, the agency doesn't not have direct access to the project's M&E resources and have limited funds. An efficacious project is an important role in achieving organization growth and development. Most project managers appreciate that monitoring and evaluation of projects is important if the project objectives and success is to be achieved. Project monitoring and evaluation exercise adds value to the overall efficiency of project planning, management and implementation by offering corrective action to the variances from the expected standard.

### **Empirical Review**

#### **Stakeholder Communication and Project Implementation**

Maosa and Muturi (2019) conducted a study on factors influencing performance of public-private partnerships in healthcare provision in Kenya. The descriptive research design was employed in the study. The population of the study was drawn from the 64 senior top managers of the partnering organizations in the area where the 32 health facilities are located. Questionnaires with five-point Likert scale supplemented with interviews were conducted to collect primary data. Multiple regression analysis with the aid of a computer programme, SPSS was used to establish the influence of stakeholder communication in healthcare provision in Nyamira County. The study findings established that stakeholder communication had positive influence on healthcare provision.

Mwonjoria (2017) conducted a study on the factors influencing utilization of health services of private health facilities in Thika sub-county. The study adopted a descriptive research design. The population comprised 311,035 people that made up Thika Sub-County. A stratified sampling technique was used. Stratification was based on the first three of the four tiered health system described in Kenya Health Policy (2012-2030). These were: community care, primary care and primary referral. Data was collected from a total sample of 96 respondents using a structured questionnaire. The study findings revealed that stakeholder communication influences project implementation.

Bouphana, Apipalukul and Ngangb (2015) researched on the factors affecting public health performance evaluation of sub district health promoting hospital directors. This cross sectional descriptive design was employed and conducted for duration of time from year 2011 to 2012. A total of 220 samples drawn from a population of 350 sub-district health promoting hospital directors by using systematic sampling technique. Research instrument is a self-administered

questionnaire which developed by researchers. The questionnaire contained of four session including seven items on general information, 36 items and 30 items five-rating Likert scale on administrative resources and public health performance evaluation respectively. In addition, respondents are required to give problems and suggestions at the last session of the instrument as three open ended questions. The study found that stakeholder communication influence project implementation.

Njeru, Muraguri and Abayo (2019) conducted a study on the influence of stakeholder communication on implementation of universal health coverage among counties in Kenya. This study adopted the descriptive research design targeting 291 respondents made up of 7 specialist doctors, 22 medical officers, 201 nurses and 61 clinical officers in county and sub county hospitals in the county. The study conducted a census of the entire target population responding to the data collection instrument which was questionnaires. The study carried out a descriptive analysis to measure the effects of the independent variables on the dependent variables. The study found that stakeholder communication influences project implementation.

Gitonga and Keiyoro (2017) conducted a study on the factors influencing the implementation of healthcare projects. The study employed descriptive survey research design. Target population was 703 respondents. The study established that collaboration of communities, distribution of human resources, financing, learning and adoption all influenced the implementation of health care projects under devolved system of governance in Meru County, Kenya. Many of the respondents as shown by a mean of 3.74 agreed that collaboration of communities significantly influenced the implementation of county funded health care projects' sustainability. The study found that collaboration of communities influence project implementation.

### **Monitoring and Evaluation and Project Implementation**

Njeru and Luketero (2018) conducted a study on the influence of monitoring and evaluation strategies on performance of medical camp projects in hospitals in Kenya. The study targeted a total population of 1,225 participants, the participants are categorized into two that's is population 1,005 patient and 220 Key stake holders whom they include project directors, coordinators, project field officer's sponsors, patients and partners who are involved in sponsoring and partnering with hospitals and medical centre in providing free medical checkup in Embu County. From the findings, it was observed that training of monitoring and evaluation in equipping them with the right skills should be properly formulated and adhered. It was preferred that stakeholders should fully participate in decision making and planning and designing medical camp projects to ensure effective performance. It was also observed to consider the interest of; the community and relevant institution.

Donaldson (2016) reports that management of stakeholders in discussion on how, why and what project activities empowers them to effectively understand the needs of the various stakeholders as well as promote inclusion and meaningful participation. Partner contribution must be incorporated into the beginning periods/arranging phases of the assessment procedure. This incorporates support of prominent people and political operators who might be occupied with learning and utilizing instruments to exhibit viability (Jones, 2008). Produlock (2009) additionally discovered that the procedure of effect assessment specifically investigation and translation of results can be enhanced through the support of expected recipients who are the essential partners and the best judges of their own circumstance.

Njogu (2019) conducted a study on the influence of monitoring and evaluation on project performance. This study adopted descriptive survey research design as it enabled collection of data to answer to research questions. The target population to be used for the study was Automobile vehicle companies, petroleum refining companies, and environmental management organizations, the Ministry of energy and NEMA. The study population was 181 respondents who were

managers, project managers, operation managers, supervisor and quality control officers. Stratified samplings were adopted to select a sample size of 125 respondents. The results led to conclusion that monitoring and evaluation in project identification influence performance of Automobile emission control project. This study concluded that monitoring and evaluation in Automobile emission control project implementation influence project performance.

Menoka, (2015) carried out a study on monitoring and evaluation and sustainability-related project performance in construction. The study focused on monitoring and evaluation with the aim to improve the construction project performance through achieving construction sustainability. A framework was developed which integrated stakeholders with sustainability driven project performance. This research performed an empirical investigation through mixed-method research as the appropriate research technique. The study findings established that monitoring and evaluation influences project performance.

Machuka and Atambo (2019) conducted a study on the influence of monitoring and evaluation practices on organizational performance in Kenya. This study adopted a case study research design. The target population was 120 persons. The study found out that project programs helped in providing improvements and provided efficient work flow hence building expertise and knowledge. The monitoring and evaluation practices provided methods that led to efficient and effective achievement of organization goals on desired objectives. Monitoring and evaluation practices provided more dynamic approaches leading to completion of desired projects.

Mbiti and Kirunja (2017) conducted a study on the influence of monitoring and evaluation on performance of public organization projects in Kenya. The study adopted a descriptive survey and targeted 427 employees at Kenya Meat Commission Head Office. A sample of 81 respondents of the target population was considered by use of stratified sampling method. The primary data was collected through the use of questionnaires and secondary data was obtained from published documents to supplement the primary data. The variables namely human resource, implementation strategy, training and planning were regressed and study findings showed that all independent variables significantly and positively influenced performance of Kenya Meat commission projects.

## **RESEARCH METHODOLOGY**

Research design is defined as the technique adopted to perform research. Descriptive research design was used in this study. This study was conducted in in Metropolitan Counties in Kenya which include; Machakos County, Nairobi County, Kajiado County and Kiambu County. In this study the target population consisted of 347 beneficiary households, 78 universal healthcare workers and 87 local leaders in Metropolitan Counties in Kenya. Therefore, the total target population was 512 respondents. The sampling frame of this survey was entire 512 respondents. In addition, Slovin's Formula was employed to determine the sample size. The reason for selecting the formula is mainly because it puts into consideration the size of the population. The research made use of simple random sampling to choose 225 respondents from the target population. The survey used both primary and secondary data.

Pilot group consisted of 10 percent of the sample size. Egbert (2015) claim that 10 per cent of the sample needed for a complete investigation must be adopted in a sample size. Additionally, simple random sampling was employed to choose the pilot group. Inferential and descriptive statistics was employed so as to analyze data which is quantitative with the help of statistical software called Statistical Package for Social Sciences (SPSS version 22). For the purpose of analyzing qualitative data, thematic analysis was adopted and the outcome presented in prose form. Prior to analysis, to enhance consistency and completeness the fully filled questionnaires were edited. Background information was summarized by use of descriptive statistics. Furthermore, descriptive statistics comprised of percentages, measures of central tendency (mean) frequency, measures of dispersion (standard deviation). Figures and tables which consisted of pie charts and bar charts were adopted

to present the results. This study as well adopted correlation and regression analysis to identify the correlation between dependent variable and independent variable. A confidence interval of 95% was utilized in this study. A confidence interval of 95% represents a significance level of 0.05. This implies that the p-value must be less than 0.05 which is the significance level so that the independent variable can have a significant influence on the dependent variable.

## DATA ANALYSIS AND FINDINGS

Out of 225 questionnaires which were distributed, 211 were duly filled and returned. The drop-off and pick-up-later method yielded the high response rate of 93.8%. According to Babbie (2017), a response rate of 75 per cent is adequate for analysis as well as making conclusions and inferences about a population. In addition, Kumar (2019) indicates that a response rate of 60% and above is acceptable for analysis. Further, Egbert (2015) indicates that a response rate of 50% should be considered average, 60% to 70% considered adequate while a response rate of above 70% should be regarded as excellent. This implies that the response rate of 93.8% was adequate for analysis, drawing conclusions and reporting.

### Descriptive Statistics

#### Stakeholder Communication

The first specific objective of the study was to establish the influence of stakeholder communication on the implementation of universal healthcare projects in Metropolitan Counties in Kenya. The respondents were requested to indicate their level of agreement with various statements relating to stakeholder communication and the implementation of universal healthcare projects in Metropolitan Counties in Kenya. A 5-point Likert scale was used where 1 symbolized strongly disagree, 2 symbolized disagree, 3 symbolized neutral, 4 symbolized agree, and 5 symbolized strongly agree. The results were as presented in Table 1.

From the study results, the respondents agreed that all stakeholder are updated on project performance from time to time ( $M=4.377$ ,  $SD=0.579$ ). In addition, the respondents agreed that they are satisfied with the flow of communication ( $M=4.368$ ,  $SD=0.577$ ). Further, the respondents agreed that they are satisfied with the frequency of communication concerning project implementation ( $M=4.346$ ,  $SD=0.549$ ). The respondents also agreed that stakeholder communication in their county health care is done frequently ( $M=4.340$ ,  $SD=0.592$ ). In addition, the respondents agreed that communication to stakeholders concerning the functioning of projects is done on time, ( $M=4.324$ ,  $SD=0.582$ ). Besides, the respondents agreed that stakeholder communication influences implementation of universal health care projects ( $M=4.206$ ,  $SD=0.555$ ).

**Table 1: Stakeholder Communication**

	Mean	Std. Deviation
Stakeholder communication influences implementation of universal health care projects	4.206	0.555
Stakeholder communication in our county health care is done frequently	4.340	0.592
All stakeholder are updated on project performance from time to time	4.377	0.579
Communication to stakeholders concerning the functioning of projects is done on time	4.324	0.582
Am satisfied with the frequency of communication concerning project implementation	4.346	0.549
Am satisfied with the flow of communication	4.368	0.577
<b>Aggregate</b>	<b>4.311</b>	<b>0.559</b>



## Monitoring and Evaluation

The second specific objective of the study was to assess the influence of monitoring and evaluation on the implementation of universal healthcare projects in Metropolitan Counties in Kenya. The respondents were requested to indicate their level of agreement with various statements relating to monitoring and evaluation and the implementation of universal healthcare projects in Metropolitan Counties in Kenya. A 5-point Likert scale was used where 1 symbolized strongly disagree, 2 symbolized disagree, 3 symbolized neutral, 4 symbolized agree, and 5 symbolized strongly agree. The results were as presented in Table 2.

From the study results, the respondents agreed that the county government has developed a monitoring and evaluation plan for ensuring efficient use of resources ( $M=4.355$ ,  $SD=0.580$ ). In addition, the respondents agreed that the monitoring and evaluation tools adopted in the county government are effective enough ( $M=4.315$ ,  $SD=0.605$ ). Further, the respondents agreed that monitoring and evaluation influences project implementation ( $M=4.305$ ,  $SD=0.576$ ). The respondents also agreed that monitoring and evaluation ensures minimum wastage of resources ( $M=4.293$ ,  $SD=0.566$ ). In addition, the respondents agreed that they are satisfied with the established monitoring and evaluation plan ( $M=4.190$ ,  $SD=0.655$ ). The respondents also agreed that the county government had adopted effective monitoring and evaluation techniques ( $M=4.101$ ,  $SD=0.948$ ). In addition, the respondents agreed that through monitoring and evaluation implementation of universal health care projects has been effective enough ( $M=3.972$ ,  $SD=0.897$ ).

**Table 2: Monitoring and Evaluation**

	Mean	Std. Deviation
Monitoring and evaluation influences project implementation	4.305	0.576
The county government has developed a monitoring and evaluation plan for ensuring efficient use of resources	4.355	0.580
Am satisfied with the established monitoring and evaluation plan	4.190	0.655
The monitoring and evaluation tools adopted in the county government are effective enough	4.315	0.605
Monitoring and evaluation ensures minimum wastage of resources	4.293	0.566
The county government had adopted effective monitoring and evaluation techniques	4.101	0.948
Through monitoring and evaluation implementation of universal health care projects has been effective enough	3.972	0.897
<b>Aggregate</b>	<b>4.313</b>	<b>0.534</b>

## Implementation of Universal Healthcare Projects

The respondents were requested to indicate their level of agreement with various statements relating to the implementation of universal healthcare projects in Metropolitan Counties in Kenya. A 5-point Likert scale was used where 1 symbolized strongly disagree, 2 symbolized disagree, 3 symbolized neutral, 4 symbolized agree, and 5 symbolized strongly agree. The results were as presented in Table 3.

From the study results, the respondents agreed that they are satisfied with the time taken to implement universal health care projects ( $M=4.231$ ,  $SD=0.827$ ). In addition, the respondents agreed that the implementation of universal health care project is done within the set budget ( $M=4.128$ ,  $SD=0.810$ ). Further, the respondents agreed that there are few complaints on the quality of universal health care projects ( $M=4.100$ ,  $SD=0.772$ ). The respondents also agreed that universal health care projects achieve the intended objectives ( $M=4.013$ ,  $SD=0.880$ ). In addition, the respondents agreed that they are satisfied with the effectiveness of implementing universal health

care projects, ( $M=3.975$ ,  $SD=0.651$ ). Further, the respondents agreed that the level of customer satisfaction on universal health care projects is high ( $M=3.987$ ,  $SD=0.879$ ). The respondents agreed that universal health care projects are completed on time, ( $M=3.888$ ,  $SD=0.925$ ).

**Table 3: Implementation of Universal Healthcare Projects**

	Mean	Std. Deviation
Am satisfied with the effectiveness of implementing universal health care projects	3.975	0.651
Universal health care projects are completed on time	3.888	0.925
Am satisfied with the time taken to implement universal health care projects	4.231	0.827
The implementation of universal health care project is done within the set budget	4.128	0.810
There few complaints on the quality of universal health care projects	4.100	0.772
Universal health care projects achieve the intended objectives	4.013	0.880
The level of customer satisfaction on universal health care projects is high	3.987	0.879
<b>Aggregate</b>	<b>4.112</b>	<b>0.843</b>

## Inferential Statistics

### Correlation Analysis

The present study used Pearson correlation analysis to determine the strength of association between independent variables (stakeholder communication, and monitoring and evaluation) and (the implementation of universal healthcare projects in Metropolitan Counties in Kenya) dependent variable

**Table 4: Correlation Coefficients**

		Project Implementation	Stakeholder Communication	Monitoring And Evaluation
<b>Project Implementation</b>	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	211		
<b>Stakeholder Communication</b>	Pearson Correlation	.764**	1	
	Sig. (2-tailed)	.002		
	N	211	211	
<b>Monitoring And Evaluation</b>	Pearson Correlation	.867**	.246	1
	Sig. (2-tailed)	.000	.060	
	N	211	211	211

Moreover, findings revealed that there was a very strong relationship between stakeholder communication and the implementation of universal healthcare projects in Metropolitan Counties in Kenya ( $r = 0.764$ ,  $p$  value = 0.002). The relationship was significant since the  $p$  value 0.002 was less than 0.05 (significant level). The findings are in line with the results of Hassan (2015) that there is a very strong relationship between stakeholder communication and project implementation.

The study findings also revealed that there was a very strong relationship between monitoring and evaluation and the implementation of universal healthcare projects in Metropolitan Counties in Kenya ( $r = 0.867$ ,  $p$  value = 0.000). The relationship was significant since the  $p$  value 0.000 was less than 0.05 (significant level). The findings are in line with the findings of Kinyua (2016) that there is a very strong relationship between monitoring and evaluation and project implementation.

### Regression Analysis

Multivariate regression analysis was used to assess the relationship between independent variables (stakeholder communication, and monitoring and evaluation) and (the implementation of universal healthcare projects in in Metropolitan Counties in Kenya) dependent variable.

**Table 5: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.926	0.857	0.858	0.06184

The model summary was used to explain the variation in the dependent variable that could be explained by the independent variables. The r-squared for the relationship between the independent variables and the dependent variable was 0.857. This implied that 85.7% of the variation in the dependent variable (the implementation of universal healthcare projects in in Metropolitan Counties in Kenya) could be explained by independent variables (stakeholder communication, and monitoring and evaluation).

**Table 6: Analysis of Variance**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	11.294	4	2.8235	613.80	.000
	Residual	.943	207	.0046		
	Total	20.237	211			

The ANOVA was used to determine whether the model was a good fit for the data. F calculated was 613.80 while the F critical was 2.415. The  $p$  value was 0.000. Since the F-calculated was greater than the F-critical and the  $p$  value 0.000 was less than 0.05, the model was considered as a good fit for the data. Henceforth, it can be used to predict the influence of stakeholder communication, and monitoring and evaluation on the implementation of universal healthcare projects in Metropolitan Counties in Kenya.

**Table 7: Regression Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
<b>1 (Constant)</b>	0.249	0.088		2.830	0.001
Stakeholder Communication	0.379	0.09	0.381	4.211	0.001
Monitoring And Evaluation	0.356	0.089	0.358	4.000	0.001

The regression model was as follows:

$$Y = 0.249 + 0.379X_1 + 0.356X_2$$

The results also revealed that stakeholder communication has significant effect on the implementation of universal healthcare projects in Metropolitan Counties in Kenya ( $\beta_1=0.379$ ,  $p$  value= 0.001). The relationship was considered significant since the  $p$  value 0.001 was less than the significant level of 0.05. The findings are in line with the results of Hassan (2015) that there is a very strong relationship between stakeholder communication and project implementation.

In addition, the results revealed that monitoring and evaluation has significant effect on the implementation of universal healthcare projects in Metropolitan Counties in Kenya ( $\beta_1=0.356$ ,  $p$  value= 0.001). The relationship was considered significant since the  $p$  value 0.001 was less than the significant level of 0.05. The findings are in line with the findings of Kinyua (2016) that there is a very strong relationship between monitoring and evaluation and project implementation

## **Conclusions**

In addition, the study concludes that stakeholder communication influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. Findings revealed that frequency of communication, flow of communication and timely communication influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. This implies that improvement in stakeholder communication leads to improvement in the implementation of universal healthcare projects in Metropolitan Counties in Kenya.

The study concludes that monitoring and evaluation influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. Findings revealed that monitoring and evaluation plan, monitoring and evaluation tools, monitoring and evaluation techniques influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. This implies that improvement in monitoring and evaluation leads to improvement in the implementation of universal healthcare projects in Metropolitan Counties in Kenya.

## **Recommendations**

In addition, the study found that stakeholder communication influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. This study therefore recommends that the management of universal healthcare projects in Metropolitan Counties in Kenya should ensure clear and timely communication of project progress to the project stakeholders.

The study found that monitoring and evaluation influences the implementation of universal healthcare projects in Metropolitan Counties in Kenya. This study therefore recommends that the management of universal healthcare projects in Metropolitan Counties in Kenya should formulate and implement effective monitoring and evaluation framework to facilitate project implementation.

## **Area for Further Studies**

This study focused on the influence of Stakeholder Management on the implementation of the universal health care projects in Metropolitan Counties in Kenya. However, this study was limited to the implementation of the universal health care projects in Metropolitan Counties in Kenya hence the study findings cannot be generalized to the implementation of other projects. Therefore, the study recommends that further studies should be conducted on the influence of Stakeholder Management on the implementation of other projects in Kenya.

Further, the study found that the independent variables (stakeholder communication and monitoring and evaluation) could only explain 85.7% of implementation of the universal health care projects in Metropolitan Counties in Kenya. This study therefore suggests research on other

factors affecting the implementation of universal healthcare projects in Metropolitan Counties in Kenya.

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