INFLUENCE OF WOMEN PARTICIPATION IN THE IMPLEMENTATION OF HEALTH PROJECTS: A CASE OF COUNTY GOVERNMENT-FUNDED PROJECTS IN BUURI SUB COUNTY, MERU COUNTY, KENYA

MARTIN MUGAMBI GIKUNDA

A Project Report Submitted in Partial Fulfillment of the Requirements for the Award of the Degree of Master of Arts in Project Planning and Management of the University of Nairobi

2020

DECLARATION

This project report is my original work and has not been presented for the award of a degree in any institution of higher learning.

……………………………............. **Date………………………………………**

Martin Mugambi Gikunda

L50/79886/2015

This research project report has been submitted for examination with my approval as the University Supervisor

………………………………………… **Date…………………………………**

Dr Peter Nzuki

Lecturer-Department of Educational Studies

University of Nairobi

DEDICATION

I dedicate this to my lovely wife Harriet and my children, Felicity and Laureen.

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ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immuno-Deficiency Syndrome

CBF Constituency Bursary Fund

CDF Constituency Development Fund

CIPAC Cities in Partnership with Communities

FPEF Free Primary Education Fund

HIV Human Immunodeficiency Virus

MDG Millennium Development Goals

NCDs Non Communicable Diseases

RELF Rural Electrification Levy Fund

RMLF Roads Maintenance Levy Fund

TB Tuberculosis

WSTF Water Service Trust Fund

YEDF Youth Enterprise Development Fund

ABSTRACT

Women involvement in development is an issue of world concern with a key focus on progress made towards women inclusion (Hart, 2013). With respect to study by (Shah, 2016) progress towards women inclusion in development has faced high opposition at institutional level in entire world. In 2013, devolution was introduced in Kenya with an aim to promote equitable sharing of resources and enhance inclusivity in developments at both County and National levels. The purpose of this study was to investigate the influence of women involvement in the implementation of health projects in Buuri Sub County, Meru County. The study employed a descriptive research design. The target population of this study included the health care workers in the five wards within Buuri Sub County, who were 1334. The sample population of 400 respondents was finally selected. The research tools used included interview guides for facility heads and self-administered questionnaires for health workers. Reliability was determined using Cronbach's Alpha Coefficient and a pilot study conducted in a local health facility among 40 samples. Qualitative data was analyzed using content analysis while quantitative data was first coded then analyzed using STATA and Excel. Interpretation was then done and findings presented in tables using frequencies and percentages. The study established that women participation in implementation of health projects depended on their leadership skills, personal characteristics, management skills and their attitude towards the project. Leadership was found to be based on one's accountability, commitment to work, level of honesty and trustworthiness. The study also established the women personal characteristics with significant association with implementation of health projects as education level, marital status, income level, age, employer, position at workplace and duration of employment at $p<0.001$. The study also reported the ability to make wise decision to be a key factor in defining one's management skills at (SD=102.89; 72%) followed by ability to communicate effectively at (SD=100.60; 67%) and lastly one's ability to plan effectively at (SD=79.06; 57%). Finally the study established attitude to be based on one's feeling on project's role in development, project being sustainable or not, willingness to be engaged in implementation and how one's view on prevalent implementation process. The study lead to a conclusion that the influence of women participation in implementation of health projects had some confounding factors. The following recommendations were made: leadership skills should be based on one's age and any occasion in life where he assumed a leadership role, Personal characteristics should be on basis of the job type, her specific role and presence of relevant hands on skills; management skills should be with key consideration of the working environment and motivation support; and decision on who to be engaged and where should consider the culture of the women in question and the culture of the society where the project is to be executed. More research on influence of women participation in implementation of other health projects in other sub counties is needed.

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

Women participation is identified as one of the major factors that contribute to poverty reduction and as the basic development supportive goal. To date women participation is still considered not essential in official systems and procedures where decision on the utilization of societal resources are made. Throughout the world, women have less opportunity to participate either in development or leadership role (United Nations [UN] 2010). Despite people having a right to development through participation according to United Nations Commission for Human Rights [UNCHR, 2010] stating that the right to growth is an undisputable human right that every individual is eligible to take part in, add to, and have the opportunity to enjoy social, political economic and cultural activities where human rights and fundamental freedoms are fully recognized.

There has been a great advancement on the role of women in the community, globally. More interest has been directed on the incorporation of gender involvement in policy implementation in order to empower both men and women. The attainment of this objective would translate to a sustainable development system guided by peace and justice. The degree of women empowerment is often determined by five factors known to represent the expansion of freedom and choice for women when making decisions as well taking part in the actions that affects their end goal. The five dimensions include: household-based decision making, economic-based decision making, and property ownership, community participation and political status. The marginalized position of Africa in the global context has blurred the influence of women participation in developmental projects with women in rural areas where most development projects take place, preferring not to have equal status with their husbands or men either in information sharing, consultation, decision making and initialization of projects.

The main objective for implementation of health projects, is to improve the living standards of the poor. However, these projects cannot be initiated successfully and sustained, if women don’t take part in formulation and initiation of the projects or serve as beneficiaries.

In Kenya, a significant proportion of women remain to be the basic providers of essential services such as food, housing, clothing and education for their children especially in homes headed by widows and single mothers. Despite playing such a key role in the community, their impact has not yet been recognized. Clearly, this highlights just one of the challenges that women encounter when fighting for gender equity in development reforms such as implementation of funded projects. Having participated mostly as laborers in many communities, women deserve a chance to participate in making decision, evaluation, implementation process and sharing profits, a concept described Bergdall, (1993) as active participation. This suggest that active participation of women in development process would promote equal allocation of resources and sustainability in initiation of development projects.

Recently a year before 2017 general elections in Kenya, an assessment was carried out in Mount Kenya region by a nonprofit organization focusing on women rights, where they reported limited involvement of women in leadership positions and minimal knowledge on available positions for women contestation. Majority knew that they could contest for MCA and MP positions but less than a third of them were not aware that Governor and Senator positions were also available for women contestation (CREAW Kenya, 2016). Some of factors limiting women participation in such roles included increased responsibilities, insecurity, inferiority complex, limited knowledge on available opportunities, limited resources and culture (Ndereba, 2017).

To date, many societies across the world are patriarchal, where women still occupy subordinate position. This society's subordination subject women to a lot of gender based discrimination in both public and private sectors. In the current society only few women have been assigned with leadership roles and get involved equally in decision making compared to their male counterparts. This is often due to the demoralized attitude of women, discriminatory traditions in the community and governing bodies within the society. Effective participation in development activities is characterized by active development facilitation where agents visits people stay with them and learn from them before building on what they understand (Burkey,1993). Therefore, it is crucial to involve women as integral community members to control the design and initiation of development projects and also serve as beneficiaries.

In Kenya women participation has been promoted through devolution. Chitere and Ireri, (2004) reported that during independence the Kenyan government went for devolution, where development responsibilities were transferred to regions. Local leaders were responsible of tax collection that was used for development purposes. The former system was dropped out in 1964 December, a time when Kenya gained the republic status, with a centralized form of leadership. In other words, all the functions of the government were centrally controlled and initiated from the national level. Although the Kenyan government has been adopting critical measures to avoid the old centralized system where all resources were managed from a single destination to a less centralized system where many development projects are devolved to as low as villages. Buuri Sub County is one area that has had a large number of health projects. The Sub County is a cosmopolitan having different ethic tribes in Kenya. It has a population of about 213,960 people. Buuri Sub County as it is viewed to be the sub County with high levels of women participation thus a suitable study site. The study sought to evaluate the impact of women participation in carrying out of development projects, considering their role in efficient reception and combined partnership for the health projects they support and understand their level of participation, a gap the study purposed to bridge.

1.2. Problem Statement

Women involvement into development is an issue of world concern with a key focus on progress made towards women inclusion (Hart, 2013). With respect to study by (Shah, 2016) progress towards women inclusion in development has faced high opposition at institutional level in entire world. Customarily, men and women have diverse roles worldwide according to (Green & Haines, 2015). In 2013, devolution was introduced in Kenya with an aim to promote equitable sharing of resources and enhance inclusivity in developments at both County and National levels. According to (Hope, 2014) inclusivity in decision making would upshot flexibility and operational leadership with relevant response, attention and service to the community.

However according to results from an assessment carried out in two counties within Mount Kenya in 2016, limited involvement of women in leadership positions and minimal knowledge on available positions for women contestation was reported. The same study identified some of the factors limiting women participation in such roles as increased family responsibilities,

insecurity, inferiority complex, limited knowledge on available opportunities, limited resources and cultural beliefs (Ndereba, 2017).

Most of the community financial development and rejuvenation has been through the Sub County Development Fund as a major strategic pillar operating at the Sub County levels through devolved funds. Meru County has been among the counties utilizing these funds with annual allocation of Ksh.20million per ward ('Meru County', 2020). Buuri Sub County is among the eight constituencies in the County with this annual allocation distributed among various projects as stipulated in the County Annual Development Plan. The aim of the fund is to support implementation of projects with direct public and economic impact towards life improvement, poverty allievation and overall development. Some of the projects supported by these funds include Heath care, agricultural, education and security with healthcare consuming more than half of the funds ('Meru County', 2020).

Inclusivity has been among the key themes emphasized in the implementation of these health projects. However lack of frameworks within the devolved supported projects on participation, means that extent and level to which women participate in the implementation of health projects within communities is poorly understood. Buuri Sub County is the second largest Sub County with 68 health facilities and many health service projects under implementation ('Meru County', 2020) making it ideal site for this study. The study chose to determine inclusivity levels in the health projects within five of the health facilities in the Sub County. This was done by striving to assess the influence of women participation in the health projects in Buuri Sub County, Meru County.

1.3. Purpose of the Study

The purpose of the study was to assess the influence of women participation in the implementation of health projects in Buuri Sub County, Meru County

1.4. Objectives of the Study

This work was steered by the following objectives:

i. To establish the influence of women management skills in the implementation of health projects in Buuri Sub County, Meru County
ii. To determine the influence of women leadership skills in the implementation of health projects in Buuri Sub County, Meru County
iii. To evaluate how women's personal characteristics influence the implementation of health projects in Buuri Sub County, Meru County
iv. To assess how women attitude influence the implementation of health projects in Buuri Sub County, Meru County

1.5. Research Questions

The following questions were addressed in the present study:

i. To what level does women management skills influence implementation health projects in Buuri Sub County, Meru County?
ii. How does women leadership skills influence the implementation of health projects in Buuri Sub County, Meru County?
iii. How does women's personal characteristics influence implementation of health projects in Buuri Sub County, Meru County?
iv. What is influence of women attitude towards the implementation of health projects in Buuri Sub County, Meru County?

1.6. Significance of the Study

The findings of this study will provide important information on matters related to County development that may guide project managers in handling challenges that affects successful implementation of development projects. Women participation provided the mechanism of performance feedback the projects which were currently implemented in Buuri sub-County.

Once this is achieved, majority of delayed projects as a result of lack women participation will be executed successfully in the sub-County promoting the country from misuse of funds and resources. This may also serve as an evaluation strategy for identifying obstacles and helpful measures at the policy level as women participation plays an important role in management of development projects in Kenya.

1.7. Delimitations of the Study

Buuri Sub County is the second largest Sub County with 68 health facilities and many health service projects under implementation ('Meru County', 2020) Its also perceived as the sub County with high levels of women participation. Generally Buuri sub-County comprise of four wards namely; Kisima, Ruiri/Rwarera, Timau, and Kiirua/Naari. The area is a cosmopolitan having different ethic tribes in Kenya. It has a population of about 213,960 people. The study evaluated the impact of women involvement in the implementation of health projects.

It's also among the sub-counties allocated the annual County Development Fund of Kes 20million with much of the budgets channeled to Health Care projects hence the need to choose the County and specifically the health care projects. Additional to Sub County development funds (CDF), the sub-County was also receiving other funds towards HIV/AIDS and bursary. The study was carried out for six months from November 2019 to April 2020.

1.8. Limitations of the Study

The major limitation in this study was time, the researcher was not unable to sufficiently address the all the factors associated with women participation in implementation of health projects in the sub-County due to limited time allocation for the study. Despite the short study period, more time was invested in data collection to maximize on the issues that got considered. The other limitation was due to incomplete questionnaire which was associated with high level of illiteracy in the region. However, this challenge was addressed majorly by providing a clear explanation to the respondents on the aim of the study and the reason they need to fill in the questionnaires. Another limitation which was encountered was destabilization by COVID Pandemic which struck when we were in process of collecting data especially the Focus Group Discussions. The

challenge was overcome by conducting virtual online meetings and strictly following the WHO guidelines towards mitigation of the disease spread.

1.9. Basic Assumptions of the Study

The study participants responded to all the questions honestly and transparently. There was no political interference as some of these funds were handled by politicians and the sample size considered was thought to represent the population in the area.

1.10. Definition of Key Terms

Women-This represent the target study group consisting of female gender within the ages of 18 years and 60 years who can be effectively involved in implementation of government projects.

Participation-This is an involvement at any stage of project implementation from planning to the level of being the beneficiary either by consuming the service/good directly or indirectly.

Health projects: This involve the projects being implemented at the County level either with finance support from County government, national government, NGOs or a combination of any of them.

Leadership Skills: The ability of women to steer a group of individuals work towards a goal that benefit the society. Prominent women possess these skills and are able to learn, practice and develop.

Management skills: These are abilities or attributes that women use to perform specific roles in an institution. They consist of the ability to perform official duties while preventing conflicts and providing timely solutions to challenges as they occur.

Participation: This refers to an active process through which women are involved in the management of projects that directly or indirectly affect their lives in a way that can make them accept and continue with the projects.

Personal characteristics: refers to the personal qualities of women. They are what make up one's personality. They help women get along in a new situation.

Attitude: A personal attitude that is articulated by assessing a specific aspect with some level of approval or disapproval" (Eagly & Chaiken, 1993, p. 1). The study used ABC model to define it on basis of 3 components namely: i) *Fundamental component*: this entails women’s attitude /

emotions regarding the health projects implementation; ii) Conative *(or Behavioral) factor*: the impact of women's attitude on implementation of health projects influenced how they acted or behaved; and iii) *Reasoning component*: this entails women's knowledge or belief concerning the implementation of health projects.

1.11. Organization of the Study

The organization of the study consisted of five chapters, namely; introduction comprising of background information, problem statement, rationale, objectives and significance of the study as well as research questions and limitations and delimitations. Furthermore, the section also highlights the assumptions and definitions of key words used in the study. The second chapter entails the literature review, conceptual and theoretical framework, research gaps and literature review summary. On the other hand, chapter three comprise of the methods used, starting from an outlining introduction, design, population target, sample size calculation and selection criteria. In addition, the section also describes the instruments used to collect data, pilot study, and validation and reliability of the instruments used as well as the statistical methods used for data analysis.

Chapter four presents the data analysis outcome, in form of averages, proportions, percentages, standard deviation and regression analysis indicating the relationship between variables of interest. The outcome was interpreted and presented in tables and graphs. Discussion of the results with respect to the aim of the study is done in chapter five. Here the results are discussed extensively and compared with previous studies and then a final conclusion of the results with possible recommendations is made.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter discusses the available information on the area of study. It accounts for the previous work and what is known in the particular area study. The section majorly assesses the impact of women involvement in the carrying out development projects in Buuri Sub County, Meru County. The chapter also presents the conceptual framework and theoretical framework information gap, and summary.

2.2. Implementation of Health projects

Project implementation is major factor in defining a project management cycle which encompasses of planning, implementation, monitoring, regulation and closure of a project. Every stage need to be well thought of and well planned before the actual project implementation. A successful project can be defined by evaluating the following factors: i) *Effectiveness*; an estimation of the how much a process accomplishes its objectives; ii) *Efficiency*; It is a term commonly used in economics to indicate that the project optimized the available resources to attain its desired outcome; iii) *Relevance*: The level in which implemented activities are focused on the priorities and target group, donor and recipient policies; iv) *Impact*: The advantages and disadvantages of development strategies either intended or unintended or directly or indirectly; and v) *Sustainability*: The ability of a development project outcome being able benefit the target population after the sponsor funding has been depleted (Ngacho & Das, 2014).

After the devolution of the Kenyan government many projects at County levels were revived to allow development at the community level. In such community projects inclusivity is major issue for a successful project implementation through community ownership, participation and well thought sustainability plans for long term benefits to the community. Especially women inclusion in such project is very key as pointed out by Karaut Najwa, (2011) that women represent the nucleus of the family and community as a whole and that successful implementation of development projects in their communities depend on them. She further asserts that women can display active participation in all the implementation steps of any

development project in their community. They easily visit houses and ask more private questions, something that men are inherently incapable of doing.

Brigid, M. (2010) concurs with Najwa in that, when women have been involved in development activities such as those geared towards environmental sustenance, there are more visible improvements. This, she says, is due to the changes in the community behaviors. It is seen here that the possibility of these successes are strongly tagged on the fact that women can actively participate in raising awareness in very many ways in order to attain the main objective of health, education, environment and any other development agenda. The report therefore urges policy makers at both the national and international arenas to seriously take into account the participation of women in the development agenda.

Michael Harding Roberts (2012) observed that the accomplishment of a project requires the project oversight team to enlist the services of all the members of the management committee irrespective of their gender. He further points out that the requirements placed on each committee member participating at any of the levels of development project should have the ownership of project plan and therefore be responsible and accountable for the full completion of the project to be undertaken. He puts his point more strongly by asserting that this should be done by all the stakeholders, women being actively included not just in the committee membership, but also as leaders of these management committees.

2.3. Women Management skills and the implementation of health projects

Women have proved their potential in management roles and have positively impacted the area the last many years. Currently, women are among the top project managers and leaders in advocating for project implementation in major industries worldwide including, healthcare, information technology, entrepreneurship, construction and aerospace.

Women participation in the African background is very essential that it needs a detailed and significant analysis (Were, 1985). Furthermore the recommendation is supported by the fact that female gender represent close to half of the human population. Therefore, Africa’s fast growth and expansion must depend upon the effective participation of its women in the whole of the development process. This can be achieved through employment of suitable technology, training, skills, and opportunities. The primary focus of policy makers should therefore, be based on the

overall human complex. It has been argued that majority of individuals Chitere and Mutiso (1991) in the community do not appreciate the idea of women in policy implementation in devolved systems. Most of these individuals are nevertheless aware of its importance contributing to the complex procedures through which development strategies are controlled by the government and not the local community. The scenario was designed to allow all inclusive and participatory strategy where all individuals from the community are given the power to identify and come up with accessible solutions to the challenges faced, with a staff in the development sector occupying only a facilitation role.

Women may apply their communication skills to get ahead of men in management of projects. The ability to be assertive without being aggressive and utilizing a gentle persuasion power when convincing the senior officials strengthen the PMO and the entire team. Communicating with the shareholders supports the PMO to adhere to company's goal and involve all the members on board. It also ensures transparency and good communication within the team members. Women in project management have demonstrated the ability to mentor and coach their teams well. The ability of a team player to groom their fellow team members incorporate important skills that promote growth among individuals. These crucial skills can only be attained if team members are subjected to effective trainings and proper leadership. Projects under collaboration also tends to fit well with women because they are able to reach to people easily and promote teamwork towards a centralized goal. This translates to timely implementation of projects and high performance. The empathetic and sensitive nature of women is thought to offer women with a competitive advantage in management of projects. For successful implementation of projects, a manager is expected to view things from an all perspective. Looking at things from all angles may be vital in project management. In some cases, things that appear less important may turn out more vital in steering the business.

Women are considered excellent in multitasking, based on their routine house activities. Project managers may utilize this skill to address many issues and process combining all the project guidelines all together. At the national level, education constitute a very important tool in project management. Education is also considered an important human right. Everyone is anticipated to acquire knowledge, as it is essential step in human development and the society towards a

successful and industrious future. Accessibility of quality education that promotes gender quality offers an opportunity to empower the future generations. As an educated visionary from Ghana once said; the easiest way to destroy a society is by educating men and ignore women. According to Wamahiu (2011) thoughts, when only men are educated in the society it means only individuals are educated but when a woman is educated it's like the whole society is educated. This ideas were shared during a talk on educating women of today, for a better Kenya in future. There is enough evidence that education of women is crucial at individual, family, (MOE, 2007). A non-judgmental environment offers a team the freedom to speak about their needs and encounters. An intelligent women serving as a project manager can identify small problems before they become a major issue. A good emotional quotient helps an individual detect conflicts between people before it bursts out. In addition to excellent communication skills a project manager can help address problems faster and handle the situation better.

2.4 Women Leadership Skills and Implementation of health projects

Many studies have been carried out regarding the leadership skills that women have played in effecting development projects. Some of these have been biased towards giving a comparative analysis between the projects managed by men and those managed by women. As pointed out by Najwa, (2001) women represent the nucleus of the family and hence of the community, therefore the development projects in their communities and their successful implementation depend on them. She further asserts that women can display active participation in all the implementation steps of any development project in their community. They easily visit houses and ask more private questions, something that men are inherently incapable of doing.

According to Brigid (2010) when women have been involved in development activities such as those geared towards environmental sustenance, there are more visible improvements. Brigid (2010) further states that it is due to the changes in the community behaviors. It is seen here that the possibility of these successes are strongly tagged on the fact that women can actively participate in raising awareness in very many ways in before arriving to the main objective of health, education, environment and any other development agenda. The report therefore urges policy makers at both the national and international arenas to seriously take into account the participation of women in the development agenda.

Roberts (2012) observes that the accomplishment of a project requires the project oversight team to enlist the services of all the members of the management committee irrespective of their gender. He further points out that the requirements placed on each committee member participating at any of the levels of development project should have the ownership of project plan and therefore be responsible and accountable for the full completion of the project to be undertaken. He puts his point more strongly by asserting that this should be done by all the stakeholders, women being actively included not just in the committee membership, but also as leaders of these management committees.

As pointed out by Lee (1992) committees overseeing development projects should provide proper leadership, sufficient resources and staff competence to make women more appropriate in participating in development projects. This should be done in an all-inclusive manner. In all the stages of project development, including identification, initiation, planning, implementation and control, women should be fully represented. O'Brien Patrick (2000) points out that even though project management is male dominated, an increasing number of women are being integrated into the discipline. He continues to point out that the male dominance has sprung up from such industries as oil and gas, construction and other masculine oriented projects. Wilkinson, (2003) further points that over the last decade; noticeable changes have been recorded confirming that more and more are now attracted to project management. This is majorly because many new disciplines involving project management are coming up which are considered female friendly.

Today, many women find a lot of application in the field of project management and their roles are much welcome. Kim continues to point out that the biggest hindrance to women's participation in development in the community is lack of respect, and this is a societal problem. He says that despite the fact that society has changed a lot, respect for women and their involvement in management of development projects in the community is still largely wanting. O'Brien (2000) reported that project management comprises 80% soft skills and only 20% of tough skills. The tough skills constitutes physical traits such as strength while the soft skills the professional and academic qualifications together with the willingness and the drive to perform a certain task to the best ability that one has. All these abilities, he continues to say, are accessible

to both the genders, hence even women can perform and in deed they have been proven to perform.

2.5 Women's Personal characteristics and Implementation of Health projects

Education contributes largely to a reduction in violence against women by empowering them to abstain from abusive relationship and adverse cultural activities such as Female Genital Mutilation (FGM) (Tembon & Forst, 2008). This also agrees with a study by Sen (1999) who documented that learned women are more likely to engage in house hold decision making and represent themselves compared to uneducated women reducing their susceptibility to domestic violence. A study by El-Gabaly (2006) conducted in Egypt, reported that the likelihood of educated women to fight against FGM practices. The ideal situation is that, education and professional training contributes significantly to development of the economic development in the society, and promote equal opportunities in social and economic sectors between all social classes, lessen inequalities in allocation of funds and prepare the task force for the modern world (Kriefer, 1985). So far the role of education and women contribution to development at the national level has been recognized by international bodies such as World Bank, UNESCO, and United Nations and also supported by developed countries (Kelly, 1987a; Browne and Barrett, 1991). The kind of activities conducted by the both gender should be regarded as a tradition belief and as a result of dispositional characteristics of men and women themselves. It has also been documented that labor division resulted to gender stereotype (Gilbert (1998). Both men and women working in specific positions are anticipated act according to unique attributes. The role of gender has been well-thought-out hierarchical in favor of the male gender (Wood &Eagly, 2002). Men have been linked with responsibilities that provides them access to regulation of resources hence the power to making critical decisions. This has given men the opportunity to be more superior to women as a result of more authority and higher economic status (Gilbert, 1998).

The repercussion of these past descriptive and prescriptive beliefs on gender roles and position has been regarded as a sex-typed social behavior. Gender roles refers to directions to normative traits that may be efficient for each gender within the respective social setting. Gender roles was based on the ideal and thus necessary for both gender in respective social contexts or practices. In summary, humans represent social beings they would thus need consent from their leaders and

a sense of representation in the society through compliance with social and cultural practices (Eagly, 2007). In any society, culture is what defines the principles that guide its people and the constitution that will provide values and ideas that generate much of the information that shapes the social life of an individual.

2.6 Women attitude and Implementation of health projects

According a Mulwa (2012), the level of dedication to issues require collective efforts is positively associated with level participation of these individuals in decision making process during the early stages and planning steps of an intervention. This suggest that people's commitment towards proper implementation and management of projects relies largely on the level people's participation in the consultation and decision making process.

Leaving out the members of the community from direct involvement in the full cycle of development clearly acts as a catalyst for high self-interest among leaders and in turn they forget about development projects. This act reduces leaders' participation in development, one of the major setbacks towards attainment of a developed and democratic nation. Without community participation in development, the real members are denied the opportunity to engage and provide their inputs and suggestions matters dealing with development, and as a result not able to address the real needs and important issues affecting the community.

The problem of how to get women involved in the development projects are not fundamentally different from the problems of how to get a local population involved in the adoption of a new technique or process. Kumar (1994) states that like the need to provide inputs and resources to small farmer are improving women's access to productive resources will require innovative policy approaches. Increasing women's participation in design and implementation of policy mechanisms is crucial to ensure that women receive the intended benefits. This situation may be attributed to the craftsmen's ignorance towards women ability. The study demonstrated women heads in households used double the number laborers and craftsmen compared to men. This suggest that women were not only doing a lot of construction work due to lack of financial support but also because majority of craftsmen were less honest in situation where they encountered women plot owners (Eagly, 2007). The negative attitude of women towards external issues, that was limited to regular household roles also led in one way or another to the full

realization of women involvement in development roles, therefore, a significant undoing of the steps may lead to gender equity, a principle of the confirmatory action and a two-thirds gender rule as per the constitution. To achieve this guidelines, managers proposed that, since they had equal position involvement by both genders, their institution were free from challenges associated with gender (Shaw and Penney, 2003). These strategies may be initiated successfully and lead to proper funding arrangements. Although other factors within the organization may have greatly brought setbacks. For instance, in the various positions, very few women occupied senior positions (Shaw and Penney, 2003). Gender suppression was clearly seen in this activities as managers admitted of being aware about gender associations in solving the problem of equal involvement. Although the significant power of gender suppression debates to empower women and affected men in institutions, it may be underrated by important organizational projects given the ability of this strategy to constantly identify and prevent adverse gender social activities (Ely and Meyerson, 2000). Conducting such kind of research, where gender discrimination is identified, emphasized, and effectively interrupted, may provide a framework from which project managers base their role in gender suppression.

2.7. Theoretical Framework

This section presents the theories applicable in the study. This study will utilize three theories namely feminism, social constructivism and systems theory as described in the following sections:

2.7.1. Feminism theory

Feminist theory involves collection of different ideas about women from a worldwide scope. It contradicts the outdated beliefs with current approaches to humanity and inclusivity (equal priviledges, impartiality and equality. This is summarized as: i)*Liberal feminists* perceive women harassment to be public, political and legally constrained; ii) *Radical libertarian feminists* resist the system that coerce women to be done away with and system that support freedom in reproductive and one's sexual obligation; iii) *Radical cultural feminists* encourage women to detach from the society that embrace obligatory heterosexuality; iv)*Marxist–socialist feminists* asserts that there is no genuine freedom in a class based culture; v) *Multicultural feminists* elaborates how 'equity' would be used to inflict oppression instead of liberation; vi)*Postmodern*

feminists are against the westernized double philosophy; vii) *Global feminists* pressurize the collective women interests globally; and viii) *Ecofeminists* expound interaction between human and nonhuman sphere (Tong, 2001)

Generally feminist theory has almost impacted all structures, organizations, and disciplines, perplexing out-dated ontological and epistemological beliefs about humanity with respect to 'maleness' and 'femaleness.' Current feminism, since 200 years ago, has progressed in three waves. Suffrage being the first; followed by the wave of equal access; and currently the wave on global equality (Tong, 2001). This equality wave is what this study seeks to understand more in its attempt to understand the level of women participation in implementation of health projects and its associated impacts.

2.7.2. Social constructivism

This study will be pegged on the Social constructivism, a concept which grew from the philosophy of Edmund Husserl's phenomenology and White Dilthey study of interpretive discipline called hermeneutics (Eichelberger, 1989). The basic assumption in this paradigm is that knowledge is constructed socially by people and that both individuals and groups create their own perceived realities. This theory suggests that reality is socially configured. Therefore, several mental creations can be caught, some of which contradict each other and perceptions of reality do change. This may be seen as a continuous, dynamic process creating a reality that is re-produced by people applying their interpretations of what they perceive to be their external environment. This theory is preferred to the Theory of Decentralization, The Globalization Theory and the Role Theory, on the grounds that Gender as a socially constructed role, could only be best theorized using the former theory to help capture the terrestrial interests of the bargaining actors in development concerns, and the societal constructed disparities which seek to sideline the females.

In this study, the leadership roles of women in the management of projects funded by the three devolved funds under study, their participation and their management skills are largely dependent on socially constructed barriers of tradition, education levels, ability, gender constructions, legal concerns and interest in participation. The perceived assumption is that the male gender is better placed to run key institutions in society, and that women's dominance is

basically domesticated. This in reality is true given that Social constructivism as a concept looks at the ways in which both individuals and groups create their own perceived reality and in this case, the created illusion is on the superiority complex that seeks to define males in society and the thorough subordination of females.

Therefore, if the inclusion of women in the management of these devolved funds is enhanced by breaking the traditions and reservations preventing them from pursuing their interests in development issues, then there will be very clearly observable changes in the way these projects are managed and the outcome will hold great and unprecedented impact in the society. This will lead to a case scenario where all stakeholders develop interest in the way the projects and funds are allocated, implemented and managed hence sustainable development of health projects. The reasoning behind this is that local communities will be equipped with both personal and administrative responsibility, and if these are wholly or partly taken away from political leaders then it would positively impact in policy making and expenditure plans.

2.7.3. Systems Theory

This study was based on the general system theory as proposed by Karl Ludwig von Bertalanffy in 1968. According to the theory anything can be regarded as a system and is characterized by existence of other components or subsystems. Bertalanffy (1968) defined a system as a set of elements standing in interaction. This could be a group of items, institutions, entities or an organized group working together towards achievement of a common goal. For the system to function together it must have a way of self-organizing. The general system theory is appropriate for this study since the women fund roll out approach depicts a system. The whole process works as a system that is formed by interdependent subsystems that interacts towards achieving a common goal. The fund was established with the sole goal of empowering women economically and for this to happen, various components of this empowerment program which can be compared to subsystems in application of the general system theory, must play a role.

Application of the system theory was informed by the fact that for successful implementation of the health projects which was the system for the purpose of this study, there must be interaction from and with the society, the fund advisory board, the government, community and the targeted beneficiary. For the program to be successfully rolled out, each of the parties or subsystem must

work in harmony with each other and must play their parts or roles effectively. Failure by the society to support women by put up structural barriers through propagation of discouraging negative gender stereo types and relegating women to non-income generating duties that deny them opportunities to engage in business activities may negatively impact on the performance of the fund. The theory provides a unique insight into the experiences of devolution from both those working within and alongside the devolved institutions in terms of a system

2.8. Conceptual Framework

A conceptual framework is a schematic research tool projected to assist the researcher to initiate awareness and understanding of the situation under analysis and to share this information (Roberts, 2011). The conceptual structure indicate the association between the variable of interest and predictor variables. An independent factor represents an item that is hypothesized to influence the dependent variable (Van der Waldt, 2008). It can be altered as needed, and its values do not reflect an issue that needs an explanation in data analysis, but are considered as simple as presented. The conceptual framework for this study was researcher based framework depicted in figure 2.1.

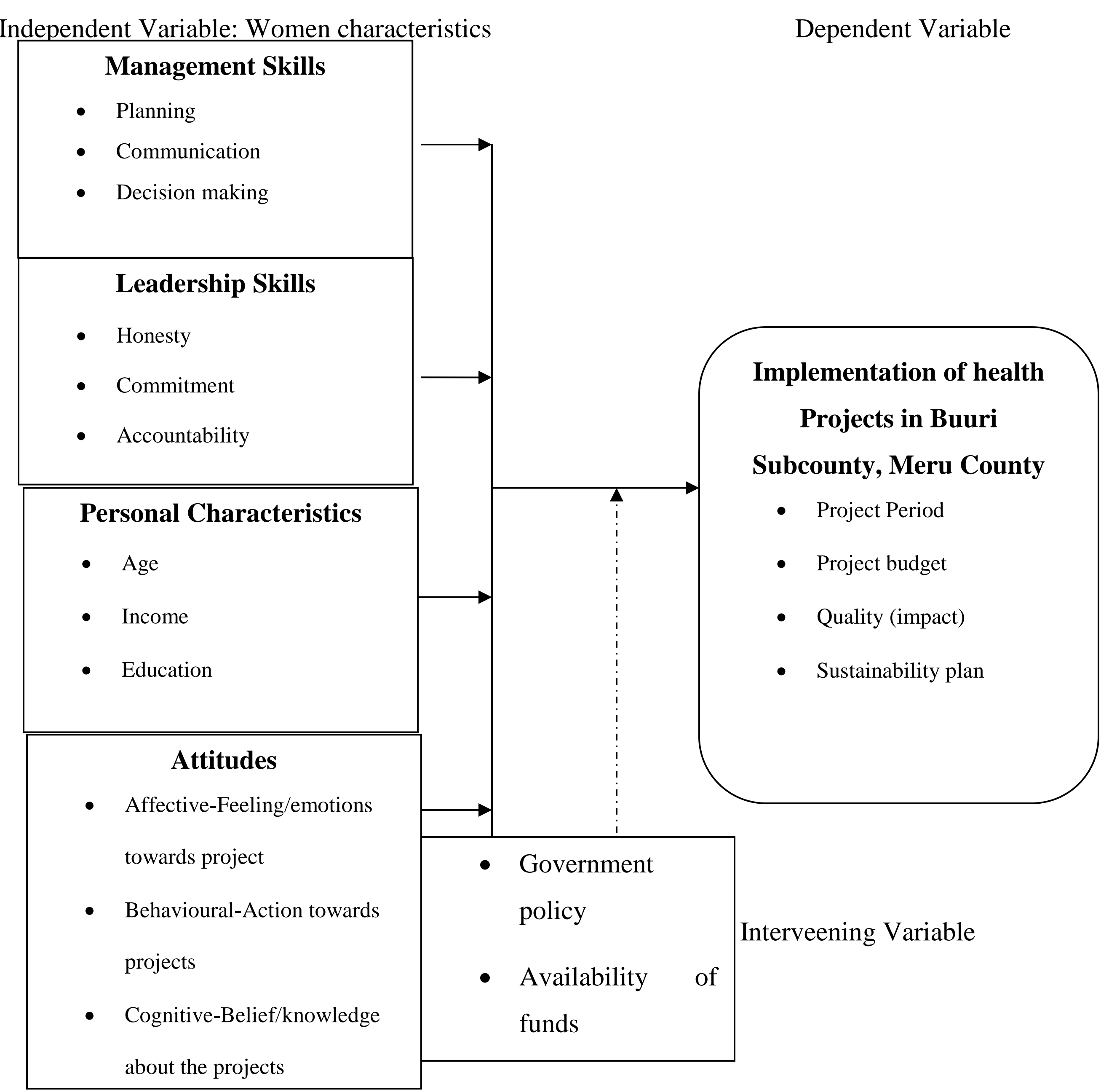

Figure 1: Conceptual Framework on the influence of Women characteristics and implementation of health projects

2.9. Summary of Literature

Through the analysis of the literature it has become apparent that there are certain gaps that are not being addressed. Though many studies have been done on women participation but few of them have been done to establish the impact of women involvement in carrying out of devolved funded research. The foregoing review confirms the existence of substantial literature on the proposed study. It is evident from the review that various health projects can be used as an instrument of fostering the women participation in their implementation. However; most of the studies reviewed were conducted in developed countries whose strategic approach is different from that of Kenya. The few local studies reviewed either focused on the whole country as a unit or in other regions other than Buuri Sub County. There is therefore a literature gap which the study seeks to fill by investigating the effect of women involvement in the implementation of development projects in Buuri Sub County, Meru County.

Table 2. 1: Knowledge Gap

Author	Study	Findings	Knowledge gap
Karaut Najwa, (2011	Women Participation in Implementation of health projects	Women can display active participation in all the implementation steps of any development project in their community. They easily visit houses and ask more private questions, something that men are inherently incapable of doing	The study had an international scope which made generalization difficult
Brigid, M. (2010)	Leadership roles that women have played in effecting development projects	When women have been involved in development activities such as those geared towards environmental sustenance, there are more visible improvements	The study was not specific on a certain aspect of women participation and how it influences implementation of

			health projects
Michael Harding Roberts (2012	Management role of women in implementation of projects	The accomplishment of a project requires the project oversight team to enlist the services of all the members of the management committee irrespective of their gender	The study was not elaborate on issues to do with women participation in health projects
Lee G. (2012)	Influence of leadership on project implementation	The committees overseeing development projects should provide proper leadership, sufficient resources and staff competence not leaving the approval of external entities	The study was not specific on a certain aspect of women participation and how it influences implementation of health projects
O'Brien Patrick (2013)	Women Participation in Implementation of health projects	Even though project management is male dominated, an increasing number of women are being integrated into the discipline	The study had an international scope which made generalization difficult

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The section presents the design of the study, target population, sampling design, characteristics of sample, and methods of collecting data, techniques and statistical analysis techniques that was utilized in the research.

3.2 Research Design

The study employed a descriptive study design where quantitative and qualitative data were collected using self- administered questionnaires and Focus Group Discussions with interview guide as the data collection tool. The method was selected as it enabled the researcher to collect the required information efficiently. Descriptive research is characterized with determination and reporting how things are done and informs the researcher on how to explain a phenomenon in terms of values, attitudes and characteristics (Mugenda and Mugenda, 2003). Descriptive research has been characterized with data collection using interviews or questionnaire (Orodho 2003. This method was appropriate for the study in that it helped in portraying the accuracy of people's profile events and situations. A descriptive research design also allows for in-depth analysis of variables and elements of the population to be studied and as well as collection of large amounts of data in a highly economical way.

3.3. Target Population

Population refers to all people or items (unit of analysis) with the characteristics that one wishes to study. The unit of analysis may be a person, group, organization, country, object, or any other entity that you wish to draw scientific inferences about (Bhattacherjee, 2012). The target population was health workers and departmental heads form various health facilities that were funded by the County Government of Meru in five wards in Buuri Sub County, Meru County. The projects were funded during the 2013–2020 financial years. The projects were to be implemented in Kirua, Ruiri, Kisima, Timau and Rwarera wards. The health projects were in the area of HIV/AIDS, TB, Diabetes, Reproductive health and Non-communicable diseases (NCDs). The total target population was 1334 respondents as shown in Table 3.1.

Table 3. 1: Target Population

Wards	Health Facility Category	Number of Respondent
Kisima	Private	22
	Government	177
Ruiri	Private	43
	Government	207
Timau	Private	69
	Government	169
Kiirua	Private	40
	Government Facilities	183
Karera	Private	51
	Government	373
Total		**1334**

Source: MOH Meru (2019)

3.4. Sample Size

Sample size determination is the act of choosing the number of observations or replicates to include in a statistical sample. The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is usually determined based on the cost, time, or convenience of collecting the data, and the need for it to offer sufficient statistical power (Francis et al., 2010).

To carry out this study to assess factors that influence women`s participation in health projects implementation, only women employees were interviewed. From the total population, sample

size of 30% of the target population as recommended by Mugenda and Mugenda (2003) was 400 respondents as shown in Table 3.2.

Table 3. 2: Sample Size

Wards	Health Facility Category	Number of Respondent	Sample Size
Kisima	Private	22	7
	Government	177	53
Ruiri	Private	43	13
	Government	207	62
Timau	Private	69	21
	Government	169	50
Kiirua	Private	40	12
	Government	183	55
Karera	Private	51	15
	Government	373	112
TOTAL		**1334**	**400**

Source: Ministry of Health Meru (2019)

3.5 Sampling Procedure

Sampling is a process or technique of choosing a sub-group from a population to participate in the study; it is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected. There are two major sampling procedures in research including probability and nonprobability sampling (Ogula, 2005).

This study adopted stratified sampling technique. Stratified sampling is a probability sampling technique wherein the researcher divides the entire population into different subgroups or strata (wards), then randomly selects the final subjects proportionally from the different strata. The reason for the choice of the sampling method was because it enabled the researcher to representatively sample even the smallest and most inaccessible subgroups in the population. This allowed the researcher to sample the rare extremes of the given population. Proportionate sampling was used to generate a sampling fraction which was then applied to each stratum. The sample population was 30% of the target population. In a study that use stratified sampling technique, the population of each set is usually known and a sample size that constitute 10-30% of the target population is sufficient to answer the research questions (Mugenda and Mugenda, 2003) thus, a sample representing 30% of the target population was enough for the study.

3.6. Data Collection Instruments

A questionnaire was used to collect primary data. The questionnaire was comprised of questions, which sought to answer questions related to the objectives of this study. The questions entailed both closed-ended questions to enhance uniformity and open ended to ensure maximum data collection and generation of qualitative and quantitative data. The questionnaire comprised of two sections namely; the background information and study questions. In addition the section for research questions was further divided different sections as per the objectives of the study.

3.6.1 Piloting of the survey

Piloting helps the researcher to generate an understanding of the concept of the people being interviewed. In conducting the pilot study, the researcher was interested in establishing whether the respondents had the same understanding of the questions and thus offered the information required. According to Mugenda and Mugenda (2003) even the most systematically designed method cannot assure 100% reliability, thus piloting is fundamental for assessing the reliability of a data collection method. The present study recruited 40 respondents from local health centre who were not part of the sampled group but had similar characteristics as the study group. The piloting process played the important role for evaluating the respondents in terms of clarity, suitability and relevance with the study topic as well as the language used.

3.6.2 Validity of the Instruments

Validity is the degree to which an instrument measures what it purports to measure (Mugenda and Mugenda, 2003). It is the accuracy and meaningfulness of inferences, which are based on the research results. The study measured content validity. Assessment of content validity is done to ensure that selected variables are able to address the research questions adequately. In the present study validity of the content was evaluated by experts from the study. In this regard, experts in the field of projects achieved the content validity through an evaluation of the content. The instruments were administered to two groups of experts, one group was requested to assess what concept the instrument was trying to measure and the other group was asked to determine whether the set of items accurately represents the concept under study.

3.6.3 Reliability of the Instruments

Reliability refers to the consistency of data arising from the use of a particular research method. According Mugenda (2003), reliability is the measure of the degree to which a research instrument yields the same result after repeated trials over a period. In this regard, test-retest was employed to check on reliability. This involved administering the same instruments twice to the same group of subjects, but after some time. Hence, to determine stability, a measure or test was repeated on the subject at a future date. Results were compared and correlated with the initial test to give a measure of stability. Responses obtained during the piloting were used to calculate the reliability correlation matrix coefficient. Content reliability assessed using Cronbach's Alpha Coefficient a measure of internal coefficient.

3.7. Data Collection Procedure

The researcher acquired a letter of authority from the University of Nairobi after examination and approval of the research project proposal. The letter was presented to the National Commission for Science, Technology and Innovation (NACOSTI) who issued a letter of authority and research permit for data collection, allowing the researcher to conduct the research. Data was collected from the target respondents for a period of one week. Three research assistants hired from the community aided in data collection after training for two days. The training sessions involved briefing on the purpose of the study, meaning of terms used in the study and the importance of maintaining ethical standards when collecting data from the

respondents. The researcher and assistants paid a visit to the homestead beforehand and request the household head to confirm their availability for the interview and completion of the questionnaire. The questionnaire were administered during the study period and hired assistants from the community guided the respondents who faced challenges in answering the questions or suspicion as well communication and language barriers.

3.8. Data Analysis Techniques

The study employed both quantitative and qualitative data analysis tools. The data was analyzed using Microsoft excel and STATA where descriptive statistics including proportions, percentage and mean were computed and presented in tables.

The qualitative data from the interviews was analyzed using content analysis. It is a method used to examine artifacts of social communication. This method entails making interpretations by analytically accurately ascertaining specific features of messages and information as the foundation to relate to trends. Content analysis provides a qualitative image of the respondents, apprehensions, thoughts, outlooks and approaches as well as important historical and tradition perceptions through analysis of texts.

3.9. Operationalization of variables

This refers to the process of transforming variables into values that are measurable. The procedure illustrates unclear concepts and define them into measurable items that can be analyzed quantitatively and empirically. Table 3.3 illustrates the operational definitions of items used in the study.

Table 3. 3: Operational definition of variables

Objective	Variable type	Indicator(s)	Data Collection methods	Statistical Analysis
To establish the influence of women management skills on implementation	Independent variable	Arrangement Communication	Questionnaire	Frequency, percentage, mean and

of health projects in Buuri Sub County, Meru County		Decision making		standard deviation
To evaluate the influence of women leadership skills on implementation of devolved health projects in Buuri Sub County, Meru County	Independent variable	Honesty Commitment Accountability	Questionnaire	Frequency, percentage, average and standard deviation
To examine how women's personal characteristics influence the implementation of health projects in Buuri Sub County, Meru County	Independent variable	Age Income Education	Questionnaire	Proportion, percentage, average and standard deviation
To determine the influence of women attitude towards the implementation of health projects in Buuri Sub County, Meru County	Independent variable	Level of commitment Beliefs towards the project	Questionnaire	Frequency, percentage, mean and standard deviation

3.10. Ethical Considerations

Confidentiality of the data was guaranteed to the study participants as it was only intended for academic purposes and not even a single name was disclosed. In addition, participation in the study was voluntary and no participant was forced to participate in the study. The interview was commenced with a brief introduction on the objectives of the study and its benefits to the community. The investigator was honest and dedicated to obtain and deliver true information. The researcher was true to his/her word and aimed at collecting the truthful information only.

For more ethical considerations the researcher acquired a letter of authority from the University of Nairobi after examination and approval of the research project proposal. The letter was presented to the National Commission for Science, Technology and Innovation (NACOSTI) who issued a letter of authority and research permit for data collection, allowing the researcher to conduct the research.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETETION

4.1 Introduction

The purpose of this chapter is to present the findings derived from statistical analysis of this study's specific objectives. The chapter begins with a brief overview of the study's response rate, the profiles of the health projects surveyed in the study, followed by descriptive statistics depicting the manifestation of the study's variables of interest.

4.2 Questionnaire Return Rate

The chief objectives of the present study were evaluated on the basis of data collected via survey questionnaires. Therefore, it was important to determine the questionnaire return rate to confirm whether the results generated from analysis of the data were a representative of the study's sample. Quite simply put, return rate denotes the proportion of participants who respond to a research instrument vis-à-vis the sample size, expressed as a percentage (Burns & Grove, 2011) Total of 400 questionnaires were issued to the research participants, 376 were returned, complete and usable. Therefore, the survey exercise yielded a return rate of 94%. According to Bryman and Bell (2014), a response rate of 50% generates satisfactory statistical results; a rate of 60% is good enough and that which is at least 70% is excellent. Following these suggestions, the response rate obtained for this study was considered excellent (Table.4.1).

Table 4. 1: Questionnaire Return Rate

Questionnaires	Frequency	Percentage
Respondent	376	94.0
Non respondent	24	6.0
Total	**400**	**100**

4.3 Implementation of health projects

The study sought to determine how health projects were being implemented in Buuri Sub County. The variables of interest were project type, period of implementation, project impact, sustainability plan and project budget. A total of 376 women were involved in the study. The data analysis for these variables is presented in the following sections.

4.3.1 Project type

The study sought to determine the type of health projects the women were being involved in their implementation. The results are shown on Table 4.2.

Table 4.2: Project Type

Variable	Frequency	Percentage
Diabetes	66	17.6
Reproductive Health	48	12.8
NCDs	60	16.0
TB	38	10.0
HIV/AIDS	164	43.6
Total	**376**	**100**

The results analysis shows that majority (44%) of the women was involved in HIV/AIDS projects and only 10% of them were engaged into TB projects. This shows that devolved health funds mostly support HIV/AIDS projects.

4.3.2 Period of implementation

The study wanted to establish the period within which the health projects were being implemented which would directly relate to the impact they had to the community. The findings are presented in Table 4.3 below.

Table 4. 3: Project Implementation period

Variable	Frequency	Percentage
2-3yrs	73	19.4
4-5yrs	205	54.5
6-7yrs	13	3.5
8-10yrs	85	22.6
Total	**376**	**100**

The result analysis shows that slightly over half (54%) of the women were engaged in the implementation of health projects done within a period of 4-5 years and only 4% of them were engaged into health projects of only 6-7yrs. This shows that health projects are mostly implemented within 4-5 years.

4.3.3 Project impact

The study wanted to assess the impact that the implementation of health projects had in the community. This is indicated below (Table 4.4).

Table 4. 4: Project impact to community

Variable	Frequency	Percentage
Increased awareness on health living	55	14.6
Increased Income	47	12.5
Job creation	112	29.8
Improved health	136	36.2
Total	**376**	**100**

The results analysis showed majority (36%) of the women had benefited from health improvement and only 7% of them benefiting from increased awareness on health living. This shows that health projects had more impact on health improvement.

4.3.4 Project budget

The study sought to assess the budget allocated for the implementation of health projects in the community. This is as indicated below (Table 4.5).

Table 4. 5: Project budget

Budget (KES‘000,000)	Frequency	Percentage
1-3	74	19.7
4-7	69	18.4
8-10	114	30.3
Above 10	119	31.7
Total	**376**	**100**

The results analysis showed majority (32%) of the health projects had been allocated a budget of over KES 10million and only 18% of them were allocated a budget of between KES 4-7Million. This shows that health projects have budgets of over KES 10 Million.

4.3.5 Presence of a Sustainability Plan

The study wanted to determine whether there was sustainability plan established for long term impact of the health projects. The results are shown on Table 4.6.

Table 4. 6: Availability of a sustainability plan

Variable	Frequency	Percentage
Yes	376	100.0
No	0	0
Total	**376**	**100**

The results analysis shows that 100% of the health projects had a sustainability plan. This shows that all health projects have a sustainability plan.

4.3.6 Implementation of the sustainability plan

The study sought to establish whether the sustainability plan available was under implementation. The results are indicated below (Table 4.7).

Table 4. 7: Implementation of sustainability plan

Variable	Frequency	Percentage
Yes	371	98.7
No	5	1.3
Total	**376**	**100**

The result analysis shows that majority (99%) of the health projects had their sustainability projects under implementation and only 1% of them had not started the implementation. This shows most of the health projects have their sustainability plans under implementation.

4.4 Influence of women management skills on implementation of health projects

This section is to establish how women management skills affected their involvement in the implementation of health projects. This was first tested by assessing what they believed that women management skills had a role to play in the implementation of health projects. The results are indicated in Table 4.8.

Table 4. 8 Does women management skills affect their participation in the implementation of health projects

Variable	Frequency	Percentage
Yes	376	100
No	0	0
Total	**376**	**100**

The result analysis shows that all the participants supported the statement that women management skills had a role in the implementation of health projects.

More assessment of their views was done on the influence of specific factors that were thought to correlate positively with women management skills including women ability to plan, communication skills and ability to make wise decisions. The views score of the respondents was analyzed based on their responses on the above factors within likert scale of: 1=Strongly Disagree; 2= Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree.

The study participants were first asked to give their perception on the statement that women ability to plan accordingly influenced implementation of health projects. Secondly the respondents were assessed on their views on the statement that women's ability to communicate effectively with others within project implementation committee influenced the implementation of devolved health funded projects. Finally they were assessed on their views on the statement that women's ability to make quick and wise decisions influenced the implementation of health projects. Their responses were as shown on Table 4.9.

Table 4. 9: Factors associated with women management skills

Variable		SD	D	N	A	SA	Total	Mean	SD
Planning	Frequency	0	0	86	74	216	376	**75.2**	**79.06**
	%	**0**	**0**	**22.9**	**19.7**	**57.4**	**100**		
Communication	Frequency	0	0	0	124	252	376	**75.2**	**100.60**
	%	**0**	**0**	**0**	**33.0**	**67.0**	**100**		
Decision making	Frequency	0	0	14	93	269	376	**75.2**	**102.89**
	%	**0**	**0**	**3.7**	**24.7**	**71.6**	**100**		

The result analysis indicate that over half (57%) strongly agreed with the statement and none of them disagreed with the statement at whatever level. This shows that one's ability to plan accordingly influenced the implementation of health projects.

The result analysis also shows that the majority (67%) of the respondents strongly agreed with the statement and none of them disagreed with the statement at whichever level. This shows that one's ability to communicate effectively with others within project implementation committee influenced the implementation of health projects.

The results analysis shows that majority (72%) of the respondents strongly agreed with the statement while only 4% of the respondents were neutral on the statement and none of them disagreed with the statement at whichever level. This shows that one's ability to make quick and wise decisions influenced the implementation of health projects.

Based on the variance scores and percentages one's ability to make decision at (SD =102.89; 72%) is a key factor in defining ones management skills followed by ability to communicate effectively (SD =100.60; 67%) and lastly one's ability to plan effectively at (SD 79.06; 57%).

4.5 Influence of woman leadership skills on implementation of health projects

This section is to establish how women leadership skills affected their involvement in the employment of health projects. This was first tested by assessing whether they believed that women leadership skills had a role to play in the implementation of health projects. The results are shown on the Table 4.10.

Table 4. 10: Does women leadership skills affect their participation in the implementation of health projects

Variable	Frequency	Percentage
Yes	376	100
No	0	0
Total	**376**	**100**

The result analysis shows that all study participants supported the statement that women leadership skills had a role to play in the implementation of health projects.

More assessment was done on the influence of specific factors that were thought to correlate positively with women leadership skills including i) honesty and trustworthiness; ii) commitment to work and iii) their accountability. The results are shown on the following sections.

4.5.1 Honesty & trustworthiness

The respondents were assessed on their views on the statement that women honesty and trustworthiness influenced implementation of health projects. Their response was as indicated below (Table 4.11).

Table 4. 11: Honesty & trustworthiness

Variable	Frequency	Percentage
Strongly Disagree	0	0
Disagree	0	0
Neutral	66	17.6
Agree	99	26.3
Strongly Agree	211	56.1
Total	**376**	**100**

The result analysis shows that majority (56%) of the respondents strongly agreed with the statement while 18% of the respondents were neutral on the statement and none of them disagreed with the statement at whichever level. This shows that one's honesty and trustworthiness influences implementation of health projects.

4.5.2 Commitment

The respondents were assessed on their views on the statement that women commitment to work influences the implementation of health projects. Their response was as shown on Table 4.12.

Table 4. 12: Commitment

Variable	Frequency	Percentage
Strongly Disagree	0	0
Disagree	0	0
Neutral	0	0
Agree	93	24.7
Strongly Agree	283	75.3
Total	**376**	**100**

The results analysis shows that majority (75%) of the respondents agreed strongly on the point that none of the study participants were neutral or disagreed with the account at whichever level. This shows that one's commitment to work influences the implementation of health projects.

4.5.3 Accountability

The respondents were assessed on their views on the statement that women accountability in financial matters influences the implementation of health projects. Their response was as on Table 4.13.

Table 4. 13: Accountability

Variable	Frequency	Percentage
Strongly Disagree	0	0
Disagree	0	0
Neutral	0	0
Agree	42	11.2
Strongly Agree	334	88.8
Total	**376**	**100**

The results analysis shows that most (89%) of the study participants agreed strongly agreed with the sentiments while none of the individuals were neutral or disagreed with the account at whichever level. This shows that one's accountability in financial matters influences the implementation of health projects.

4.6 Women Personal Characteristics and their influence on implementation of health projects

4.6.1 Women Personal characteristics

The study sought to determine the women's personal characteristics that were likely to influence their involvement into health projects within Buuri Sub County. The personal characteristics of

interest were education level, age, marital status, employment status, income, position in their work place, and the duration of employment.

4.6.1.1 Education level

This study was aimed at establishing the level of knowledge of the women that got interviewed which would help to establish the expertise of those involved in implementation of the health projects. The results are shown on Table 4.14.

Table 4. 14: Education Level

Education	Frequency	Percentage
Primary	0	0
Secondary	8	2.1
Tertiary	91	24.2
University	277	73.7
Total	**376**	**100**

The results of the analysis indicate that about two-thirds (74%) of the women had reached university education level while 2.1% had attained secondary education. This shows that women who participate in the implementation of health projects are graduates.

4.6.1.2 Age

The study sought to establish the age of those participating in the implementation of the health projects which was thought to have an association with the level of expertise and experience available for successful implementation of the health projects. The results are shown on Table 4.15.

Table 4. 15: Age

Age	Frequency	Percentage
Below 30	69	18.4
30-34	36	9.6
35-39	90	23.9
40-44	81	21.6
45-49	49	13.0
Above 49	51	13.6
Total	**376**	**100**

The results of the analysis shows that the highest percentage (45%) of the women were between 35 and 44 years old while the lowest group (9%) were aged 30-34 years. This shows that most women who participate in the implementation of health projects are middle age.

4.6.1.3 Marital status

Marital status of the study participant was evaluated to ascertain the level of responsibility in executing duties associated with the implementation of health projects. The results are shown on Table 4.16.

Table 4. 16: Marital status

Variable	Frequency	Percentage
Single	73	19.4
Married	192	51.1
Divorced	68	18.1
Separated	10	2.7
Widowed	33	8.8
Total	**376**	**100**

The results of the analysis shows that majority (52%) of the women were married while only 3% of them were separated. This shows that women participating in the implementation of health projects are mostly the married.

4.6.1.4 Place of employment

The research sought to ascertain the employer of the women who were participating in the implementation of the health projects. The results are shown on Table 4.17.

Table 4. 17: Employer

Employer	Frequency	Percentage
Community	117	31.1
County	86	22.9
National	9	2.4
Other	164	43.6
Total	**376**	**100**

The results of the analysis shows that majority (44%) of the women were employed by other organizations while only 3% of them were employed by the national government. This shows women who participate in implementation of health projects are employed by NGOs.

4.6.1.5 Income

This study sought to establish the level of income of the women participating in the implementation of the health projects. The question was to help determine how the women directly benefited from the health projects. The results are shown on Table 4.18.

Table 4. 18: Income

Variable('000)	Frequency	Percentage
20-30	30	8
31-40	52	14
41-50	31	8
51-60	76	20
Above 60	187	50
Total	**376**	**100**

The results of the analysis shows that majority (50%) of the women were earning above KES 60,000 while 8% of them were earning KES 41-50,000 and KES 20-30,00. This shows that women participating in implementation of health projects earn above KES 60,000.

4.6.1.6 Role at work

This study sought to determine the positions occupied by women who were participating in the implementation of health projects. The results are shown on Table 4.19.

Table 4. 19: Role at work

Role	Frequency	Percentage
Casual worker	39	10.4
Driver	86	22.9
Management	105	27.9
Other	146	38.8
Total	**376**	**100**

The results analysis show that majority (39%) of the women were working on other roles while only 10% of them were working as casual workers. This shows that women participating in implementation of health projects are not into casuals, driver or management positions.

4.6.1.7 Duration of employment

The study sought to establish the experience of women participating in implementation of health projects which relates to level of expertise and skills they were bringing into the work. The results are summarized in Table 4.20 below.

Table 4. 20: Duration of employment

Experience(yrs)	Frequency	Percentage
2-4	74	19.7
5-7	69	18.4
8-10	114	30.3
Above 10	119	31.7
Total	**376**	**100**

The results analysis shows that majority (32%) of the women participating in implementation of health projects had over 10years of experience while 18% of them had 5-7years of experience. This shows that women participating in implementation of health projects have work experience of over 10years.

4.6.2 Influence of personal characteristics on implementation of health projects

The association between personal characteristics of women and variables in the implementation of health projects was tested by tabulating the women personal characteristics against other dependent variable within the implementation of the health projects as stipulated on the following sections.

4.6.2.1 Association of age with some variables in the implementation of health project

Age was thought to have an association with some variables in the implementation of the health projects. The test results are as shown on Table 4.21.

Table 4. 21: Association of age with some variables in the implementation of health projects

Variables		<30 n=69	30-34 n=36	35-39 n=90	40-44 n=81	45-49 n=49	>49 n=51	CHI	P-Value
Project type	Diabetes	0	0	16	27	0	23	300.99 DF=20	**0.0000**
	Reproductive Health	17	5	26	0	0	0		
	NCDs	0	5	22	5	0	28		
	TB	9	0	0	24	5	0		
	HIV/AIDS	43	26	26	25	44	0		
Project Impact	Enhanced Market	0	5	22	0	0	28	340.01 DF=20	**0.0000**
	Increased Income	8	0	8	0	13	18		
	Increased Security	34	5	0	59	14	0		
	Job Creation	9	26	52	22	22	5		
	Increased Food Security	18	0	8	0	0	0		
Period of Implementation	2 Years	8	0	0	0	0	0	352.63 DF=25	**0.0000**
	3 Years	17	26	22	0	0	0		
	4 Years	9	0	0	8	0	0		
	5 Years	35	10	68	39	27	9		
	7 Years	0	0	0	5	8	0		
	10 Years	0	0	0	29	14	42		
Implementation of Sustainability Plan	Yes	69	36	90	81	44	51	33.82 DF=5	**0.0000**
	No	0	0	0	0	5	0		
Project Budget	1-3M	52	0	22	0	0	0	455.76 DF=15	**0.0000**
	4-7M	8	0	26	13	22	0		
	8-10M	9	36	42	14	13	0		
	>10M	0	0	0	54	14	51		

The result analysis shows that age would significantly associate with one's participation in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the health projects they will be implementing.

4.6.2.2 Association of education with some variables in the implementation of health project

Education was thought to have an association with some variables in the implementation of the health projects. The test results were as shown on Table 4.22.

Table 4. 22: Association of education with some variables in the implementation of health project

		Sec n=8	Textiary n=91	Grad n=236	CHI	P-Value
Project type	Diabetes	0	16	50	108.86 Df=12	**0.000**
	Reproductive Health	0	8	40		
	NCDs	0	0	60		
	TB	0	24	14		
	HIV/AIDS	8	43	113		
Project Impact	Enhanced Market	0	8	0	71.72 DF=12	**0.000**
	Increased Income	0	0	35		
	Increased Security	0	32	88		
	Job Creation	0	0	22		
	Increased Food Security	8	51	132		
Period of Implementation	2 Years	0	0	55	240.12 DF=12	**0.000**
	3 Years	0	16	31		
	4 Years	8	67	37		
	5 Years	0	0	136		
	7 Years	0	8	18		
	10 Years					
Implementation of Sustainability Plan	Yes	8	91	272	1.81 DF=2	0.404
	No	0	0	5		
Project Budget	1-3M	0	34	40	51.05 DF=6	**0.000**
	4-7M	0	8	61		

	8-10M	0	16	98		
	>10M	8	33	78		

The result analysis shows that education level would significantly associate with one's involvement in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project and the budget of the health project they will be implementing. It would however not associate with one's ability to implement the sustainability plan.

4.6.2.3 Association of marital status with some variables in carrying out health projects

Participant's marital status was thought to have an association with some variables in the implementation of the health projects. The test results are as shown on Table 4.23.

Table 4.23: Association of marital status with some variables in the implementation of health projects

Variable		Single n=73	Married n=192	Divorced n=68	Separated n=10	Widow n=33	CHI	P-Value
Project Type	Diabetes	8	30	0	0	28	252.79 Df=16	**0.000**
	Reproductive Health	17	26	0	5	0		
	NCDs	5	22	28	0	5		
	TB	9	5	24	0	0		
	HIV/AIDS	34	109	16	5	0		
Project Impact	Enhanced Market	0	22	28	0	5	302.72 Df=16	**0.000**
	Increased Income	8	21	0	0	18		
	Increased Security	39	18	40	10	5		
	Job Creation	9	122	0	0	5		
	Increased Food Security	17	9	0	0	0		
Period of Implementation	2 Years	8	0	0	0	0	279.30 Df=20	**0.000**
	3 Years	8	57	0	0	0		
	4 Years	9	0	8	0	0		
	5 Years	43	113	8	10	14		
	7 Years	5	8	0	0	0		
	10 Years	0	14	52	0	19		
Implementation of Sustainability Plan	Yes	73	187	68	10	33	4.856 Df=4	0.302
	No	0	5	0	0	0		
Project Budget	1-3M	43	31	0	0	0	258.40 Df=12	**0.000**
	4-7M	13	48	8	0	0		
	8-10M	17	77	0	10	10		
	>10M	0	36	60	0	23		

The result analysis shows that marital status would significantly associate with one's involvement in the employment of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the health project and the budget of the health project they will be implementing. Marital status would however not associate significantly with implementation of sustainability plan.

4.6.2.4 Association of income level with some variables in the implementation of health projects

Income level of the study participants was thought to have an association with some variables in the implementation of the health projects. The test results are as shown on Table 4.24.

Table 4.24: Association of income level with some variables in the implementation of health projects

Variable('000)		20-30 n=30	31-40 n=52	41-50 n=31	51-60 n=76	>60 n=187	CHI	P-Value
Project type	Diabetes	0	0	0	16	50	229.34 DF=16	**0.000**
	Reproductive Health	0	8	9	5	26		
	NCDs	0	0	5	5	50		
	TB	0	5	0	33	0		
	HIV/AIDS	30	39	17	17	61		
Project Impact	Enhanced Market	0	0	0	5	50	314.79 DF=16	**0.000**
	Increased Income	0	13	8	8	18		
	Increased Security	8	39	14	37	14		
	Job Creation	22	0	9	0	105		
	Increased Food Security	0	0	0	26	0		
Period of Implementation	2 Years	0	8	0	9	0	244.80 DF=20	**0.000**
	3 Years	0	8	0	9	48		
	4 Years	8	0	9	0	0		
	5 Years	22	31	22	21	92		
	7 Years	0	0	13	0	0		
	10 Years	0	5	9	24	47		
Implementation of Sustainability Plan	Yes	30	47	53	54	187	31.57 DF=4	**0.000**
	No	0	5	0	0	0		
Project Budget	1-3M	0	34	9	9	22	170.42 DF=12	**0.000**
	4-7M	22	8	5	8	26		
	8-10M	0	5	30	13	66		
	>10M	8	5	9	24	73		

The result analysis shows that income level would significantly associate with one's involvement in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the health project they will be implementing.

4.6.2.5 Association of position at workplace with some variables in the implementation of health projects

Position at workplace of the respondents was thought to have an association with some variables in the implementation of the health projects. The test results are as shown on Table 4.25.

Table 4. 25: Association of position at workplace with some variables in the implementation of health projects

Variable		Casual n=39	Driver n=86	Management n=105	Other n=146	CHI	P-Value
Project type	Diabetes	0	13	45	8	279.17 DF=12	**0.000**
	Reproductive Health	0	0	36	22		
	NCDs	0	5	0	55		
	TB	0	33	0	5		
	HIV/AIDS	39	35	34	56		
Project Impact	Enhanced Market	0	5	0	50	304.04 DF=12	**0.000**
	Increased Income	0	0	26	21		
	Increased Security	17	64	0	31		
	Job Creation	22	0	79	35		
	Increased Food Security	0	17	0	9		
Period of Implementation	2 Years	0	0	0	8	106.77 DF=15	**0.000**
	3 Years	0	0	26	39		
	4 Years	8	9	0	0		
	5 Years	22	48	57	61		
	7 Years	0	0	8	5		
	10 Years	9	29	14	33		
Implementation of Sustainability Plan	Yes	39	86	105	141	7.98 DF=3	**0.046**
	No	0	0	0	5		
Project Budget	1-3M	0	26	0	48	193.38 DF=9	**0.000**
	4-7M	22	0	0	47		
	8-10M	0	36	60	18		
	>10M	17	24	45	33		

The result analysis shows that position at workplace would significantly associate with one's involvement in the employment of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the devolved heath project they will be implementing.

4.6.2.6 Association of duration of employment with some variables in the implementation of health project

Position at workplace of the respondents was thought to have an association with some variables in the implementation of the health projects. The test results are as shown on Table 4.26.

Table 4.26: Association of duration of employment with some variables in the implementation of health project

Variable		2-4yrs n=74	5-7yrs n=69	8-10yrs n=114	>10yrs n=119	CHI	P-Value
Project type	Diabetes	0	0	21	45	228.44 DF=12	**0.000**
	Reproductive Health	17	0	31	0		
	NCDs	22	5	5	28		
	TB	0	0	9	29		
	HIV/AIDS	35	64	48	17		
Project Impact	Enhanced Market	22	0	5	28	122.56 DF=12	**0.000**
	Increased Income	8	0	16	23		
	Increased Security	26	21	24	41		
	Job Creation	9	48	52	27		
	Increased Food Security	9	0	17	0		
Period of Implementation	2 Years	8	0	0	0	289.22 DF=15	**0.000**
	3 Years	31	8	26	0		
	4 Years	0	0	9	8		
	5 Years	35	56	66	31		
	7 Years	0	5	8	0		
	10 Years	0	0	5	80		
Implementation of Sustainability Plan	Yes	74	69	114	114	10.944 DF=3	**0.012**
	No	0	0	0	5		
Project Budget	1-3M	74	0	0	0	1.103 DF=9	**0.000**
	4-7M	0	69	0	0		
	8-10M	0	0	114	0		
	>10M	0	0	0	119		

The result analysis shows that duration of employment would significantly associate with one's participation in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the health projects they will be implementing.

4.7 Influence of women attitude on implementation of health projects

This section is to establish how women attitude affected their involvement in the implementation of health projects. This was done through ABC approach as follows: Affective-assessing their feeling/emotions towards implementation of health projects; ii) Behavioral -analyzing their actions towards project implementation; and iii) Cognitive-assessing their belief/knowledge about the project implementation.

This was first tested by assessing whether they believed that women attitude had a role to play in the implementation of health projects. The results are shown on the Table 4.27.

Table 4. 27: Does women attitude affect their involvement in the employment of health projects

Variable	Frequency	Percentage
Yes	376	100
No	0	0
Total	**376**	**100**

The result analysis shows that all women in the study supported the statement that women attitude had a role in the implementation of health projects.

4.7.1 Affective attitude

Affective attitude of the respondents was assessed by analyzing their feeling on the way health projects were being implemented in Buuri Sub County. Their responses were as shown on Table 4.28.

Table 4. 28: Project implementation

Variable	Frequency	Percentage
Poor	9	2.4
Fair	79	21.0
Good	179	47.6
Very Good	109	29.0
Total	**376**	**100**

The result analysis shows that majority (48%) of the respondents felt that the implementation of the health projects was good and only 2% felt that implementation was poor. This shows that cognitively the implementation of health projects was good.

Affective attitude of the respondents was assessed more by analyzing their feeling on the sustainability of the health projects under implementation in Buuri Sub County. Their responses were as shown on Table 4.29.

Table 4. 29: Project nature

Variable	Frequency	Percentage
Average	10	2.7
Sustainable	308	81.9
Very Sustainable	58	15.4
Total	**376**	**100**

Result analysis indicate that a larger proportion (82%) of the women felt that the implementation approach was sustainable and only 3% of them reported its being average. This shows that cognitively health projects under implementation in Buuri Sub County are sustainable.

4.7.2 Behavioral Attitude

Behavioral attitude of the respondents was assessed by analyzing how they would like participate in the ongoing implementation of health projects in the Sub County. The results are summarized below (Table 4.30).

Table 4. 30: Response to current project activities

Variable	**Frequency**	**Percentage**
Be involved	169	45.0
Support & be involved	101	26.8
Support	106	28.2
Total	**376**	**100**

Result analysis shows that close to half (45%) of study participants wanted to be involved in the projects implementation while 27% of them wanted to support and engaged in the implementation of the funded projects in the Sub County. This shows that behaviorally the residents of Buuri sub County would like to be involved in the implementation of the health projects.

4.7.3 Cognitive Attitude

Cognitive attitude of the respondents was assessed by seeking to know if they believed that implementation of health projects played a role in the development of Buuri Sub County. The responses were as on Table 4.31.

Table 4. 31: Role in development

Variable	Frequency	Percentage
Yes	371	98.7
No	5	1.3
Total	**376**	**100**

Result analysis indicate that almost all (99%) women felt that implementation of health projects played a role in the development with only 1% feeling that it had no role to play in development. This shows that cognitively the residents of Buuri Sub County believed that implementation of health projects played a role in the development.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS & RECOMMENDATIONS

5.1 Introduction

This section highlights the summary of the key study outcomes, conclusions and recommendations. The study further identifies and suggests the important areas for future research on influence of women participation in the implementation of health projects in Buuri Sub County, Meru County.

5.2 Summary of Findings

A summary of the results is presented addressing each of the study objectives.

5.2.1 Implementation of health projects

Generally the study sought to determine how the health projects were being implemented in Buuri Sub County by assessing type of projects under implementation, period of implementation, project impact, sustainability plan and project budget. The findings are as discussed below.

On project type results analysis showed that majority (44%) of the women were involved in the implementation of HIV/AIDs projects and only 10% of them were engaged into TB projects. This showed that health projects are mostly on HIV/AIDs.

On period of implementation result analysis showed that majority (54%) of the women were involved in the implementation of projects implemented within a period of 4-5 years and only 4% of them were engaged into projects of only 6-7yrs. This depicted that the health projects are mostly implemented within 4-5 years.

On project impact the results analysis showed that majority (36%) of the women had benefited from job creation and only 7% of them benefiting from increased Food security. This depicted that health projects had more impact on job creation.

On project budget the results analysis showed that majority (32%) of the projects had been allocated a budget of over KES 10million and only 18% of them were allocated a budget of

between KES 4-7Million. This depicted that health projects have budgets of over KES 10 Million.

On sustainability plan the results analysis showed that 100% of the health projects had a sustainability plan depicting that all health projects have a sustainability plan. On the implementation of sustainability plan the result analysis showed that majority (99%) of the health projects had their sustainability projects under implementation and only 1% of them had not started the implementation depicting that the health projects have their sustainability plans under implementation.

5.2.2 Influence of women management skills towards implementation of health projects

Based on the first objective that attempted to establish the effect of women management skills had on women involvement in the implementation of development projects, the results are hereby explained. All the respondents supported the statement that women management skills had a role in the implementation of health projects.

When asked on the influence of specific factors that correlated positively with women management skills including women ability to plan, communication skills and ability to make wise decisions the responses were as follows: most of the study participants (57%) agreed strongly with the account that women ability to plan accordingly influenced implementation of health projects and 20% of them agreed with the sentiment while 23% of the respondents were neutral about the statement and none of them disagreed with the statement at whatever level.

On communication as a factor, majority (67%) of the study participants agreed intensely with the statement that women's ability to communicate effectively with others within project implementation committee influenced the implementation of health projects and 33% of them just agreed with the statement. None of the respondents disagreed with the statement at whichever level.

On decision making, majority (72%) of the women agreed strongly with the statement that women's ability to make quick and wise decisions influenced the implementation of health projects and 25% of them just agreed with the statement while 4% of the respondents were neutral on the statement and none of them disagreed with the statement at whichever level.

5.2.3 Influence of women leadership skills towards implementation of health projects

Regarding the second objective which sought to establish the influence of women leadership skills on women participation in the implementation of health projects, the findings revealed that all the respondents supported the statement that women leadership skills had a role to play in the implementation of health projects.

When asked on the influence of specific factors that correlated positively with women leadership skills including i) honesty and trustworthiness; ii) commitment to work and iii) their accountability the responses were as follows: majority (56%) of women strongly agreed with the statement that individuals honesty and trustworthiness influenced implementation of health projects and 26% of them just agreed with the statement while 18% of the respondents were neutral on the statement and none of them disagreed with the statement at whichever level.

On commitment to work, majority (75%) of the study participants agreed strongly with the statement that women commitment to work influence the implementation of health projects and quarter of them just agreed with the statement while none of the respondents was neutral or disagreed with the statement at whichever level.

On accountability, majority (89%) of the respondents strongly agreed with the statement that women accountability in financial matters influence the implementation of health projects and the rest just agreed with the statement while none of the respondents was neutral or disagreed with the statement at whichever level.

5.2.4 Influence of women personal characteristics towards implementation of health projects

In reference to the third objective, the study attempted to establish the women's personal characteristics that were likely to influence the implementation of health projects. The findings indicate that majority of the women involved in the implementation of the health projects had attained university education and aged between 35 and 44 years of age. On basis of the marital status majority of the women are married depicting that they are responsible people who can be entrusted with the implementation of health projects.

Majority of these women were employed by other organizations including private sectors like NGOs and earning above KES 60,000. On basis of their work positions majority of the women were occupying other position other than management, driver and casual worker positions with majority of them having worked for over 8years.

Findings indicate that women personal characteristics affected women participation in the implementation of health projects as follows: i) age would significantly associate with one's involvement in the employment of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the project they will be implementing; ii) education level would significantly associate with one's involvement in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project and the budget of the project they will be implementing. It would however not associate with one's ability to implement the sustainability plan; iii) marital status would significantly associate with one's involvement in the carrying out of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project and the budget of the project they will be implementing. Marital status would however not associate significantly with implementation of sustainability plan; iv) income level would significantly associate with one's involvement in carrying out health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the project they will be implementing; v) position at workplace would significantly associate with one's involvement in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the project they will be implementing; and vi) duration of employment would significantly associate with one's participation in the implementation of health projects by affecting the type of project one would be engaged into, type of impact the project will have one's life, the period they will engage into the project, implementation of sustainability plan and the budget of the project they will be implementing.

5.2.5. Influence of women attitude towards implementation of health projects

Lastly, in line with objective four that sought to assess the influence of women attitude towards their participation in implementation of health projects, the findings indicate that all the respondents supported the statement that women attitude had a role to play in the implementation of health projects.

Into deeper assessment of the women attitude ABC approach was adopted as follows: Affective-assessing their feeling/emotions towards implementation of health projects; ii) Behavioral - analyzing their actions towards project implementation; and iii) Cognitive-assessing their belief/knowledge about the project implementation.

Affective aspect of the respondents was assessed by analyzing their feeling on the way health projects were being implemented in Buuri Sub County.The result analysis indicated that most (48%) of study participants felt that the implementation of the health projects was good and only 2% felt that implementation was poor. This depicted that cognitively the implementation of health projects was good.

Affective aspect of the respondents was assessed more by analyzing their feeling on the sustainability of the projects under implementation in Buuri Sub County. Result analysis indicated that most (82%) of the study participants felt that the implementation approach was sustainable and only 3% of them reported its being average. This depicted that cognitively health projects under implementation in Buuri Sub County are sustainable.

Behavioral aspect of the respondents was assessed by analyzing how they would like participate in the ongoing implementation of funded projects in the Sub County. Result analysis showed that majority (45%) of the respondents wanted to be involved in the projects implementation while 27% of them wanted to support and get involved in the implementation of the funded projects in the Sub County. This showed that behaviorally the residents of Buuri Sub County would like to be involved in the implementation of the devolved financed projects.

Cognitive aspect of the respondents was assessed by seeking to know if they believed that implementation of health projects played a role in the development of Buuri Sub County. The findings indicate that almost all (99%) of the study participants felt that implementation of health

projects played a role in the development with only 1% feeling that it had no role to play in development. This depicted that cognitively the residents of Buuri Sub County believed that implementation of health projects played a role in the development.

5.3 Discussion of the Findings

5.3.1 Influence of women management & leadership skills towards implementation of health projects

According to the findings of this study, women participation in implementation of health projects depends on their management skills, leadership skills, personal characteristics and their general attitude towards health projects. This implied that for any woman to participate in any health projects her leadership skills would be among key factors for consideration according to this study findings which agreed to Abdissa et al who reported that women in positions of leadership engage in policies that positively affect women (Abdissa et. Al., 2011) which was supported by Paxton *et.al.*, 2020, who reported that women in legistrative leadership positions will strongly bring out needs and interests of women in any policy deliberation. Also Jeong *et.al*., (2017) commented that female representation in leadership has positive impact on long term financial performance of the firm.

In reference to the influence of women management skills on their participation in implementation of health projects, most respondents agreed with the assertion that women accountability skills was key factor for consideration. This agreed with Jeong and Harrison (2017) who reported that female representation in high ranks of leadership is positively related to long term financial performance due to the associated reduced strategic risk taking. This was also supported by this study where most respondents reported that women honesty and trust was a key factor into development of one's management skills. Carbajal (2018) also supported the same by his views that women may not make into leadership position due to lack of mentors and leadership career aspirations.

Jeong and Harrison (2017) report that female representation in high ranks of leadership is positively related to long term financial performance due to the associated reduced strategic risk taking is in support with our finding that majority of the respondents reported woman commitment to work as a key factor to define their leadership skills for their participation in

implementation of devolved funded project projects. This imply an improved financial performance will be guaranteed by their ability of being fully commited to their work to deliver impeccable results.

Jeong and Harrison (2017) also argued that the improvement on financial performance with women on leadership position was also dependent on the environmental and organization contexts which was supported by our findings where most of the respondents reported women working environment as a key factor defining a women success in their leadership positions towards ascertaining their leadership ability and skills.

5.3.2 Influence of women personal characteristics towards implementation of health projects

In reference to the influence of women personal characteristics on their participation in implementation of health projects, most respondents agreed with the assertion women age, education background and social status have a role to play into this. This was supported by Carbajal (2018) views that women discrimination in leadership related roles was tied into age and experience; but differed with Seo et.al., (2017) who reported that gendered social status related to women representation in Human Resource Development (HRD) would end up compromising the impact for which they were initially developed. He goes ahead to call for re-examination of various HRD towards women career support and their progression to high leadership positions.

5.3.3 Influence of women attitude towards implementation of health projects

Lastly regarding women attitude as a factor determining their participation in implementation of health projects; culture, women job stereotyping and feminism expressed in questions of their willingness to participate in project implementation; their feeling on project sustainability and where they would want to be involved. The findings revealed women willingness to participate out ruling the previous predictions of the culture norms, feminism and stereotype myths.

This was supported by Mohamed and Mulwo (2019) who reported that cultural customs in some communities like Wajir are against any woman politician addressing any political rally in public thus hindering articulation of women political agenda to the electorate. However Ratanya *et.al.*,

(2019) in their recent study reported that there was neglect of some of the cultural role that threatened women ascension to leadership positions in work places which could be harnessed by vitalizing complaint mechanisms against any reported discrimination.

They also called for men interventions in solving any arising challenges in work places which has been a threat against women access to management positions. Stereotype as a factor in women leadership was also supported in a study by Cheung and Halpern (2010) who reported that attitude on women participation into leadership is informed by stereotypes and biases as a result of societal stratification whereby different societies having different gender stereotypes that hinder or support ones election into leadership position. However this study reported women high positivity and positive attitude towards engagement into the implementation of health projects against all odds.

5.4 Conclusions

The study makes a number of conclusions arising from the findings.

First, women participation in implementation of health projects depends on their leadership skills, personal characteristics, their management skills and their attitude towards health projects as revealed by the study findings.

Secondly, women leadership skills as a factor on whether one can participate in implementation of a devolved funded project will be based on their accountability, their commitment to their work, and the level of their honest and trustworthiness based on the positive attitude scores recorded on each of the four factors from the various responses received.

Thirdly, women personal characteristics as a factor on whether one can participate in implementation of a devolved funded project will be dependent on their education level, marital status, income level, age, employer, position at workplace and duration of employment based on the positive attitude scores recorded on each of the factors from the various responses received;

Fourth, women management skills as a factor on whether one can participate in implementation of a devolved funded project will be dependent on their ability to make wise decisions, ability to communicate effectively and ability to plan accordingly based on the positive attitude scores recorded on each of the three factors from the various responses received.

Lastly, women attitude as a factor on whether one can participate in implementation of a devolved funded project will be based on the their feeling on whether the project plays any role in development, whether they see the project being sustainable, their willingness to participate in the project implementation and whether they felt the project was being implemented in the right way. The above conclusions were made based on positive attitude scores recorded on each of the factors from the various responses received under each of the research question.

This means the factors for consideration on whether a woman can implement a specific devolved funded project would vary with their personal characteristics, their management skills, their leadership skills, their general attitude towards the implementation of the specific devolved project.

5.5 Recommendations

The findings of this study revealed that women participation in implementation of health projects would be determined by considering their leadership skills, personal characteristics, management skills and their attitude towards health projects. However this would face some challenges due to variance in projects, woman personal characteristic, environment context and culture.

This study therefore recommends the Ministry of labour and Social Protection in Kenya and other stakeholders to be key advocates for women participation in implementation of health projects towards gender inclusivity in development by considering the following:

i) Leadership skills on the basis of one's age and any occasion in life where he assumed a leadership role and not necessarily on their political participation history, experience in any of chairlady roles, organization's women structure level and their current project management skills. This is in the context where one had no such opportunities in life.

ii) Personal characteristics on basis of the job type, her specific role and presence of relevant hands on skills. This because some of factors like education background, social status, age and income would not be of impact in some of the jobs and roles.

iii) Management skills with key consideration of the working environment and motivation support since even with good education and management capacity without good environmental

context and motivational support one's management effort may not be well reflected in the results.

iv) Culture as a factor affecting one's attitude towards health projects varies within societies. Decision on who to be engaged and where should consider the culture of the women in question and the culture of the society where the project is to be executed.

5.5. Suggestions for Further Studies

As a result of resources and time limitation, the study focused on the factors influencing the role of women in health projects in Buuri Sub County, Meru County only. More studies addressing a wider scope, capturing various projects from different sectors financed by devolved funds, more so with the current system of the recommended governance in order to centralize the entire idea of development funds. Future research should also look into the factors that lead to limited involvement of not only women but the entire project financed by development funds.

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APPENDICES

APPENDIX 1: INTRODUCTORY LETTER

MARTIN MUGAMBI GIKUNDA
P.O BOX 13802 - 00400
NAIROBI, KENYA

THE GOVERNOR
MERU COUNTY
Dear Sir,

RE: REQUEST TO COLLECT DATA

I am a master of arts in project planning and management student at the University of Nairobi and in the partial fulfillment of the requirements of the degree; I wish to undertake a research study on influence of women participation in the implementation of health projects in Buuri Sub County, Meru County. The purpose of this letter is to request your permission to collect data through interviewing the managers of various government funded projects. Your support and responses will be helpful in the study as I will be able to summarize, conclude the findings and help me come up with the right recommendations. I take this opportunity to ensure that the data obtained will be kept highly confidential and will only be used for academic purposes. A copy of the final research report will be availed to you on request.

Your cooperation will be highly appreciated.

Yours Faithfully,

MARTIN MUGAMBI GIKUNDA

REG NO: L50/79886/2015

APPENDIX 2: QUESTIONNAIRE FOR HEALTH WORKERS ON INFLUENCE OF WOMEN PARTICIPATION IN IMPLEMENTATION OF HEALTH PROJECTS

Kindly provide correct and useful data and fill appropriately as logically guided. (This questionnaire has been provided as a word document that can be filled out in hard copy and mailed).

SECTION A: PERSONAL (SOCIO-DEMOGRAPHIC) CHARACTERISRICS

1. Age of respondent in years …………………………..

   a) Below 30 [ ] b) 30-34 [ ] c) 35-39 [ ]

   d) 40-44 [ ] e) 45-49 [ ] f) Above 49 [ ]

2. Kindly indicate your highest level of education (tick)

a) Primary Education [ ] b) Secondary Education [ ]

c) Tertiary [ ] d) University

3. Which ward are you representing

   a) Kisima b) Ruiri c) Timau d) Kiirua e) Rwarera

4. Marital status

   a) Single [ ] b) Married [ ] c) Separated [ ]

   d) Divorced [ ] e) Widowed

5. Who is your current employer?

   a) National Government [ ] b) County government [ ]

   c) Community [ ] d) Other [ ]

6. What is your average monthly income in KES? ……………………………………..

   a) Below 20,000 [ ] b) 20,000-30,000 [ ] c) 31,000-40,000 [ ]

   d) 41,000-50,000 [ ] e) 51,000-60,000 [ ] f) Above 60, 000 [ ]

7. What is your current position at work?

    a) Management[ ]   b) Casual worker [ ]

    d) Logistic/Driver   [ ]   e) Other   [ ]

8. How long have you been working here? ……………………….

    a) 0-1year   [ ]   b) 2-4 years   [ ]   c) 5-7 years   [ ]

    d) 8-10 years   [ ]   f) Above 10 years [ ]

SECTION B: IMPLEMENTATION OF HEALTH PROJECTS

9. Have you been involved in the implementation of any of the health projects in your facility?

    a) Yes   [ ]   b) No   [ ]

10. What kind of health project have you been involved in?

    a) Diabetes [ ]   b) NCDs [ ]   c) Reproductive Health   [ ]

    d) TB [ ]   e) HIV/AIDs

11. What was your role in the implementation of the health project?

    a) Manager/Supervisor [ ]   b) Finance/Account [ ]

    c) Casual worker   [ ]   d) Driver [ ]   e) Other [ ]

12. What was the original project implementation period in years? ………………………
13. What was the actual project implementation period in years? …………………………
14. How many beneficiaries did the project originally target? …………………………..

15. What was the actual number of the project beneficiaries at the completion of the project? ………………………………………………………

16. What was the overall budget of the project you were engaged into………

17. What other impact did the project have to the community?

    a) Increase awareness on health living [ ]   b) Job creation [ ]

    c) Improved health [ ]   d) Increased income [ ]

Other explain
……………………………………………………………………………………………..
………………………………………………………………………………………………
………………………………………………………………………………………………

18. Did/does the project have any sustainability plan?

    a) Yes [ ]   b) No [ ]

19. Has/will the plan be/been implemented?

    a) Yes [ ]   b) No [ ]

SECTION C: Women Management Skills

20. Do women management skills influence the implementation of health projects?

    Yes [ ]   No [ ]

    If no explain

    ………………………………………………………………………………………
    ………………………………………………………………………………………
    ………………………………………………………………………………………

21. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following

statement on women management skills influence on the implementation of health projects.

Factors Under Consideration	1	2	3	4	5
Women ability to plan accordingly influence implementation of health projects.					
Women's ability to communicate effectively with others within project implementation committee influence implementation of health projects					
Women's ability to make quick and wise decisions influence the implementation of health projects					

SECTION D: Women Leadership Skills

22. Do women leadership skills influence the implementation of health projects?

Yes [ ] No [ ]

If no explain

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

23. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following statement on women leadership skills influence the implementation of health projects.

Statement	S.D	D	N	A	S.A
Women honesty and trustworthiness influence implementation of health projects					
Women commitment to work influence the implementation of					

health projects					
Women accountability in financial matters influnce the implementation of health projects					

SECTION E: Women Attitude

24. Does women attitude towards community devolved project influence implementation of health projects?

    1. Yes [ ]   2. No [ ]

Please indicate on the scale (1-5) provided on your stand on the following statements on women altitude on the implementation of health projects.

25. How do you feel about the way health projects are implemented in Buuri Sub County

    1. Very Poor [ ] 2. Poor [ ] 3. Fair [ ] 4. Good [ ] 5. Very Good [ ]

26. How do you feel about the nature of the projects being implemented in Buuri Sub County?

    1. Very unsustainable [ ] 2. Unsustainable [ ] 3. Average [ ]

    4. Sustainable [ ] 5. Very sustainable [ ]

27. As a woman how would you respond to the current ongoing activities towards the implementation of health projects in Buuri Sub County?

    1. Not interested [ ] 2. Support them [ ] 3. Be involved [ ]

    4. Support and be involved [ ]

28. Do you belief implementation of health projects has role to play in the development of Buuri Sub County?

    1. Yes [ ] 2. No [ ]

APPENDIX 3: INTERVIEW GUIDE FOR FACILITY HEADS ON INFLUENCE OF WOMEN PARTICIPATION IN IMPLEMENTATION OF HEALTH PROJECTS

Discuss the following questions

1. What is the status of implementation of health projects in Buuri Sub County, Meru County.
2. How does women's personal characteristics influence the implementation of health projects in Buuri Sub County, Meru County?
3. To what extent does women management skills influence the implementation of health projects in Buuri Sub County, Meru County?
4. To what extent does women leadership skills influence the implementation of health projects in Buuri Sub County, Meru County?
5. What is the influence of women attitude towards community devolved project on implementation of health projects in Buuri Sub County, Meru County**?**

APPENDIX 4:UNIVERSITY RESEARCH APPROVAL LETTER

UNIVERSITY OF NAIROBI

OPEN, DISTANCE AND e-LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN LEARNING
NAIROBI LEARNING CENTRE

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

REF: UON/ODeL/NLC/31/275

18th November, 2019

TO WHOM IT MAY CONCERN

RE: MARTIN MUGAMBI GIKUNDA - REG.NO. L 50/79886/2015

The above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing a Masters course in Project Planning and Management.

She is proceeding for research entitled "*Influence of women participation in the implementation of develoved projects in buuri constituency, meru county.*"

Any assistance accorded to him will be appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE

APPENDIX 5: NACOSTI RESEARCH APPROVAL LETTER

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **967793**

Date of Issue: **22/November/2019**

RESEARCH LICENSE

This is to Certify that Mr.. Martin Gikunda of University of Nairobi, has been licensed to conduct research in Meru on the topic: Influence of women participation in the implementation of devolved funded projects in Buuri Constituency, Meru County for the period ending : 22/November/2020.

License No: **NACOSTI/P/19/2947**

967793

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke