

**PARTICIPATORY PLANNING AND PERFORMANCE OF THE HEALTH
IMMUNIZATION PROGRAMME IN MARSABIT COUNTY, KENYA**

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**A Research Project Report Submitted in Partial Fulfillment of the
Requirement for the Award of Degree of Masters of Arts in Project planning
and Management of the University of Nairobi**

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DECLARATION

This Research Project Report is my original work and has not been presented for the award of any Degree in any other University.



13 9 2021

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DEDICATION

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ABBREVIATIONS AND ACRONYMS

CDF	Constituency Development Fund
FGM	Female Genital Mutilation
KIs	Key Informants
Km	Kilo Meter
KNBS	Kenya National Bureau of Statistics
KPIs	Key Performance Indicators
M&E	Monitoring and Evaluation
NACOSTI	National Commission of Sciences, Technology and Innovation
PAME	Participatory Assessment Monitoring and Evaluation
PRA	Participatory Rural Appraisal
RRA	Rapid Rural Appraisal
SPSS	Statistical Package for Social Sciences
UON	University of Nairobi

ABSTRACT

Marsabit County is situated in Kenya's North Eastern region, and it is one of the country's biggest counties, with a population of over 400,000 people. Despite the fact that the health centers in Marsabit County have initiated a number of programmes to support local people, there exist various health challenges including acute cases of malnutrition, poor sanitation and hygiene condition and low access to quality health care among the people living in the county. The present study sought to determine how participatory planning affects performance of the immunization programme in Marsabit County, Kenya. Specifically, the study sought to determine the role of collective stakeholder analysis, joint need identification, resource planning and information sharing on performance of immunization programmes in Marsabit County. The stakeholder theory and the resource based view theory guided the inquiry. Descriptive survey study design was used targeting 77,849 project beneficiaries, project managers, community leaders, religious leaders and county government officials of health from Marsabit County. The sample size was determined by utilizing the Yamane formula, which resulted in 397 respondents who were chosen using both probability and non-probability techniques. Interview guides and questionnaires helped in collection of data, which were pilot tested to ensure they were valid and reliable. Using descriptive statistics such as frequencies and percentages, as well as inferential statistics such as regression analysis, the data was put into an excel spreadsheet before being uploaded to the SPSS program for further examination. Tabular methodologies were key in presentation of the results. The study established that collective stakeholder analysis ($\beta=0.068$, $p=0.028$ & $M=3.73$) joint need identification ($\beta=0.251$, $p=0.012$ & $M=3.69$), labour provisions ($\beta=0.135$, $p=0.019$ & $M=3.69$) and decision making ($\beta=0.321$, $p=0.000$ & $M=3.55$) were practiced to a great extent among the immunization project organizations in Marsabit County. According to the findings of the research, participatory planning has a substantial impact on the success of vaccination programs in developing countries. The study recommended that the project managers of the immunization programme in Marsabit County should involve more stakeholders during the analysis of the needs of the stakeholders. The human resource managers of the immunization project organizations in Marsabit should adopt modern methods of managing the human resources. The finance managers of the immunization programme in Marsabit County should improve on the financial resource management practices that are in place. The public relation managers and communication managers of the immunization programmes should seek to improve on information sharing mechanisms in place for greater performance of the public health programmes in place. The study recommended further studies to be conducted in other counties like Narok, Wajir and Mandera apart from Marsabit County.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The World Health Organization (WHO) uses health vaccination programs as one of its measures to stop the spread of illnesses including polio, measles, and smallpox. Safe, effective, and efficient, it is a key intervention in the Sustainable Development Goals (SDGs) for ensuring healthy living and well-being promotion (SDGs). Illnesses that may be prevented with vaccination have become almost unnoticeable as time has gone on (Abdullah, Nor, and Rosliza, 2018; Joseph and Ajani, 2017; Adeyinka et al., 2010).

Every year, according to the World Health Organization (WHO), 3.2 million lives are saved from death and vaccine-preventable illnesses by existing vaccination programs. 1.7 million more lives may be spared if the current vaccinations were used to their full potential. Expanded Program on Immunization (EPI) and Health for All initiatives showed a considerable rise in immunization coverage in most countries of the globe by 2000. But despite the great developments in health promotion, an estimated 22 million newborns throughout the globe are lacking critical immunization. As many as 3 million children under the age of five die each year from vaccine-preventable diseases, particularly in Africa and Asia (Bofarraj, 2011; Alayed, 2005).

Global vaccination coverage has been stable in recent years. In 2017, about 85% of newborns (116 million) got the three DTP3 doses, with just 123 countries reaching 90% coverage. Since 2010, DPT3 vaccination coverage in Africa has stayed at 72%. The anticipated population increase of 3.2 million babies ensured the coverage level. Approximately 19.9 million newborns did not get normal immunizations, with 60% of those coming from low- and middle-income countries, humanitarian situations, and nations in war or instability (WHO; Awosan et al.).

Both vaccination and immunization are used interchangeably in the United States when discussing infectious illness. As a result of vaccination, an individual's immune system produces antibodies and cells that guard against subsequent infection or disease if exposed to the causal agent (Njidda et al., 2017). The World Bank Group (WBG) strongly supports childhood

vaccination since it is critical to the eradication of infectious illnesses and the realization of universal health care (UHC) (World Bank, 2000).

A lack of personal experience with vaccines and vaccine-preventable illnesses like measles has contributed to a rise in the number of Syrian parents who refuse immunizations for their children. Also, parents are more concerned about the negative side effects of vaccinations than the positive ones (Abdullah, Nor, and Rosliza, 2018). Health care practitioners and community leaders have been promoting the importance of vaccinations in public health for years, but there is still a significant amount of work to be done in this area. In previous research, vaccination uptake is influenced by many factors, including mothers' knowledge and attitudes toward the vaccination process, accessibility to vaccination clinics, time and cost involved in the process, safety and availability of hospital consumables, such as syringe and needles, for example (Awodele et al., 2005).

Measles, one of the vaccine-preventable illnesses, was considered to be communicable and caused by bad spirit, heat, and witchcraft in most African nations, notably Nigeria (Adeyinka et al., 2010). To manage and eliminate the six vaccine-preventable childhood diseases, the worldwide Expanded Program on Immunization (EPI) served as a model for KEPI's design. Life expectancy may be reduced during the first year by vaccine-preventable illnesses that can be prevented. In addition to polio, the vaccines protect against tetanus, pertussis, diphtheria, and measles.

Like other countries, Kenya is working to prevent vaccine-preventable illnesses by conducting vaccination monitoring and launching public health initiatives. Approximately 350,000 teenage females (10-19 years old) at Kenya's health facilities, particularly in rural and urban slums, presented with pregnancy, exposing the country to an economic burden and avoidable health risk (NCPD, 2017). KNBS, 2009) reports that teenage moms experience social and psychological difficulties that may prevent their children from being vaccinated. Vaccine-preventable illnesses may spread more easily if vaccination rates are low. In order to determine the degree of knowledge, attitude, practice, obstacles and facilitators among teenage mothers in selected Nairobi slums, this research was conducted.

Health care is service oriented and its success depends on project management framework. Immunization programmes aim at enhancing accessibility to health care, ensuring that the vulnerable groups are empowered while strengthening the human resources. Anthopoulos, Reddick, Giannakidou and Mavridis (2016) argue that health care has unique features from the fact that it is systematic and highly networked. Health care programs have some unique needs as constraints including the privacy and issues relating with regulation. The universal health care project is among these health programs that most countries are currently seeking to fully implement.

Marsabit County is one of Kenya's 47 new counties created in 2010 after the new constitution was ratified. It is one of Kenya's most populous counties, with an area of 66,923.1 square kilometers. It is headquartered at Marsabit with Moyale as the largest town. Apart from Moyale, Marsabit County has three other constituencies' including North Horr, Saku and Laisamis. Marsabit County has a total population of 459,785 people, according to the 2019 Census. There are four key livelihood zones in Marsabit County: pastoralism, agro-pastoralism, fishery and urban segregation. Pastoralism accounts for 81% of the livelihood in Marsabit County (GoK, 2019).

There are 115 health care facilities in Marsabit County which are private, faith based and public (NHIF, 2020). These health facilities have initiated a number of healthcare programmes for instance the free maternal health care project. Despite the fact that the health centers in Marsabit County have initiated a number of programmes to support local people, there exist various health challenges including acute cases of malnutrition. The high incidences of malnutrition in Marsabit has been attributed to factors like poor accessibility to quality health services, a lack of access to clean drinking water, as well as inadequate hygiene and sanitation standards. The other challenges in Marsabit County include inadequate accessibility to information on maternal health especially among women. Its maternal mortality ratio equals to 1,127 deaths for every 100,000 live births, which exceeds the average recommended rate in the country by over 3 times (KNBS, 2015). There are also complex social and health challenges including the issues relating with female genital mutilation (FGM). Therefore, it is against this background of the health challenges that the current study sought to determine how adopting a participatory approach of

planning would enhance performance of the immunization programmes initiated in Marsabit County.

1.2 Statement of the Problem

The major source of livelihood of people in Marsabit County is pastoralism. The nature and lifestyle of pastoralists complicates the participatory approach to planning when adopted by project managers. This is because pastoralists are always moving in search for pasture and water for their livestock and thus a challenge to involve them in project activities. There are also health related challenges in Marsabit County including poor sanitation and hygiene condition and low access to quality health care among the people living in the county, increased cases of malnutrition resulting into child mortality. Majority of the inhabitants of Marsabit County do not have basic education and thus may not see the greatest need of taking part in planning for health care programmes (Marsabit County, 2019). However, as suggested by Natarajan, Lock, Rydin and Lee (2019), participatory approaches in project management can only be effective when the project managers offer extra support to the less educated stakeholders (including the stakeholders who cannot read or write as well as those who can't see the value of project participation) so as to learn the processes to gain information that their views and ideas are important.

Although various studies have been conducted on participatory, some of them were conducted in other countries like India (Maiti & De-Faria, 2017) and not in Kenya creating contextual contexts. Another study by Menzel and Buchecker (2013) focused on participatory techniques that covered all phases of the project life cycle, but failed to relate this to project performance, resulting in conceptual gaps in the findings; What impact does participatory planning have on the efficiency of vaccination programs in Marsabit County, Kenya?

1.3 Purpose of the Study

The study's goal was to examine the impact of participatory planning on health vaccination programs in Marsabit County, Kenya.

1.4 Objectives of the Study

The study was guided by the following specific objectives:

- i. To establish the role of collective stakeholder analysis on performance of immunization programme in Marsabit County, Kenya
- ii. To assess the role of joint need identification on performance of immunization programme in Marsabit County, Kenya
- iii. To determine the role of decision making on performance of immunization programme in Marsabit County
- iv. To establish the role of labour provisions on performance of immunization programme in Marsabit County, Kenya

1.5 Research Questions

The study sought answers to the following research questions:

- i. What is the role of collective stakeholder analysis on performance of immunization programme in Marsabit County, Kenya?
- ii. What role does joint need identification play in performance of immunization programme in Marsabit County, Kenya?
- iii. What is the role played by decision making in performance of immunization programme in Marsabit County, Kenya?
- iv. How does labour provisions play a role in performance of immunization programme in Marsabit County, Kenya?

1.6 Significance of the Study

Immunization programme in Marsabit County include a variety of stakeholders, and this research will examine how they are all connected. Findings from the study suggest that academics in Marsabit County should learn more about the factors that influence the success of performance of immunization programme.

The research will help the Ministry of Health in Marsabit County, Kenya, determine the best strategy to improve the health care program's performance by encouraging stakeholders to engage actively in project activities. Health clinics in Marsabit County hope the data may provide light on how to enhance program success.

To further improve the efficacy of its health care programs, the health authorities in Marsabit County will use the results of the study to modify their planning approaches. The research would add to the existing body of knowledge on participatory planning and project outcomes. This would aid future scholars in their literature reviews, particularly those conducting similar and related research.

The findings of this study could assisted community members and project officers in developing successful methods to improve the success of improve on performance of programme initiated by health centers. Research may help avoid job losses, higher costs, budget overruns and poor investment returns by using the findings.

1.7 Basic Assumptions of the Study

Respondents are expected to be accessible to give essential information, answer the instrument's questions honestly, and be open to participating in the study. This research is based on those assumptions. Assumptions are made about how Immunization programme in Marsabit County would perform based on factors such as collective stakeholder analysis, joint need identification, decision making and labour provisions.

1.8 Limitations of the Study

The research was restricted to the use of questionnaires to collect primary data. During data collection, it was intended that participants in the research feared that their responses would be utilized to scare them. As a result, respondents may be reluctant to provide the information requested because of their anxiety. However, the study overcame this limitation by providing assurance to all the respondents that their views would aid academic discussions. For educational purposes, the study's introduction letter was also included in this research.

Participants were likely to be so busy with their regular tasks while data was collected in the field. This meant that gathering data within a single day was not possible. Drop-and-pick later distribution of questionnaires was used in this research. Once the questionnaires had been administered to respondents, the study recorded their contact information. This information was useful in making follow up with the respondents so as to respond to any issues and challenges that respondents might be facing in responding to the questionnaires.

1.9 Delimitations of the Study

Participatory planning and project success were examined in the research. Specifically, the research focused on the analysis of collective stakeholders, the identification of joint needs, resource planning, and information exchange, and the relationship to the capacity of the programs to function. Immunization programs were the subject of the investigation. Marsabit County was the location of the inquiry covering 105 health care units. Marsabit County was selected because it is among the remote counties in Kenya with multiple health care challenges and issues.

1.10 Definition of Significant Terms

Collective Stakeholder Analysis: It refers to stakeholder identification, stakeholder interests and stakeholder relationship management of the immunization programmes in Marsabit County.

Information Sharing it includes the information needs, the quality of information, the tools, channels and technologies that help in relaying information for the immunization programmes in Marsabit County.

Joint Need Identification: It covers problem analysis, objective analysis and brainstorming to identify the needs of the immunization programmes in Marsabit County

Labour provision: It refers to the skills and employment procedures that was used in implementing the immunization programmes.

Decision making: Individuals or organizations that may be impacted either favourably or adversely by an intervention package's actions

Performance of Immunization Programmes it covers the number of beneficiaries, the budget and quality aspects of the immunization interventions.

1.11 Organization of the Study

The study is broken up into five chapters. The first chapter provides background information, the situation that prompted the investigation, and the goals and questions that need to be answered. The substance of the investigation, including its premises, limiting and delimiting elements, and

operational meaning of the selected terminology, is also highlighted. Chapter two is literature review with focus on project performance, collective stakeholder analysis, joint need identification, decision making and labour provisions in relation with project performance. The key theories providing anchorage to the inquiry are also evaluated. Chapter three focuses on the accepted design and targeted respondents, as well as how the sample will be selected and actualized, as well as how the respondents' perspectives will be collected and processed. Chapter four discusses the analysis and presentation of the results. Chapter five contains a summary, discussion, conclusion, and suggestions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to conduct a literature research on the study's variables, which include project performance, collective stakeholder analysis, collaborative need assessment, resource planning, and information sharing related to project performance. Additionally, the research covers pertinent ideas, including the stakeholder theory, the resource-based perspective theory, and the system theory. The conceptual framework is accompanied by a synopsis of the literature and a list of research gaps.

2.2 Performance of Immunization Programmes

In project management context, the term performance is a general concept with a number of measures. Some body of literature indicates that project performance can be evaluated in terms of stakeholder's satisfaction, scope, time and cost dimensions (Muller & Jugdev, 2012). Kerzner and Kerzner (2017) performed a research to assess project management in which scope was deemed a critical element in determining project success. The key issue considered in evaluation of scope is the level of quality as the project is being delivered. Indeed, Meng (2012) viewed quality as another indicator used to gauge performance of the project. Quality performance can be assessed and analyzed in consideration of non-conformance reports especially for firms that are ISO Certified. Quality issues can also be analyzed by considering the degree of satisfaction of the clients (Di-Maddaloni & Davis, 2017). Project performance ensures that an organization maximizes on profits while minimizing the uncertainties and risks related with realization of the objectives of the project. Meng and Boyd (2017) provide key criteria relevant for measuring performance of the project as quality, time, scope and costs as they help in evaluation of acceptance of the project by the end users. It is important to explicitly and clearly state the quality requirements at the planning phase so as to enhance effectiveness and conformity with quality performance at the final stage of the project.

A comprehensive review of approaches and measures of gauging success of the road programmes under public partnership in Europe was conducted by Villalba-Romero and Liyanage (2016) and it was shown that Key Performance Indicators (KPIs) including risk, specification, objectives, operations and maintenance are important measures of project performance. Oyigbo and Ugwu (2017) looked at the KPIs that can be used in measuring road construction programmes in Nigerian context and identified the following indicators: asset value, road usage, number of road accidents, travel time, user costs and maintenance costs. Ombasa and Omwenga (2017) sought to cover the link between M&E plans on project success with reference to Child based programmes where quality, time and people were acknowledged as the indicators of performance of child based programmes.

Nzioka (2017) studied planning in the project management context and its role on success of programmes using a case of the Kenya power initiated programmes and identified timeliness and quality as the measures of project performance. In an examination of initiation and identification practices on success of programmes funded by the CDF in Kenyan context, Mutwiri, Were and Odhiambo (2018) measured project success by the number of completed programmes, time adherence, budget/cost adherence, customer satisfaction and sustainability. Miako, Kirui and Muusya (2018) focused on irrigation programmes and identified end user expectations, food security and access to water for irrigation as the measures of project performance.

Immunization programmes are usually initiated with the aim of improving the general living standards of people in a particular establishment. These health care programmes do vary and they include vaccination of children against infections, reduction of the high cases of malnutrition, eradication of incidences of malaria, improving sanitation and general hygiene as well as supply of essential drugs in health centers, increasing awareness among women on maternal health issues, cancer screening among others. These health care programmes are usually initiated with a definite start and end date. To determine performance of these health care programmes, the study used quality, time and cost as indicators of performance.

2.3 Collective Stakeholder Analysis and Performance of Immunization Programmes

Stakeholder analysis is a process where qualitative information is gathered and analyzed to establish the interests that should be given in formulation or implementing a given program or policy (Kent & Zunker, 2017). The key activities conducted during stakeholder analysis include identification of the stakeholders, documentation of the needs and interests of these stakeholders, carrying out an assessment of the influence/interest of the stakeholders and management of the relationship with stakeholders (Eskerod & Larsen, 2018).

Hence, stakeholder analysis serves an important role in ensuring that the needs of the stakeholders have been identified and analyzed. It also ensures that all the primary as well as secondary stakeholders with an influence/interest on the project have been identified (Kivilä, Martinsuo & Vuorinen, 2017). Participatory planning, on the other hand, is a process in which all stakeholders and the project team are engaged in assessing the requirements of each party (Awa, 2017). Similar views were shared by Wojewnik, Dziadkiewicz, Dryl, Dryl and Bęben (2019) who noted that early engagement of the public members can enhance the value of programmes. Early public involvement in programmes may result into creation of early creation and implementation of sound trust building activities and processes. Enhancing the relationship between different stakeholders involved in programmes may help in providing check and balances while enhancing project value. The study also creates a contextual gap as it focused on infrastructure programmes and not the health care programmes.

A significant and positive impact on project performance is exerted by stakeholder analysis. When it comes to delivering high-quality programs, stakeholder analysis is critical since it improves the interaction between the parties involved. Stakeholder analysis was also believed to ensure that the requirements of stakeholders are addressed while improving the level of accountability in the programmes (Karianjahi, Kirui & Muusya, 2018). Using a case of road construction programmes in Elgeyo Marakwet, Mugataand Muchelule (2018) was interested in determining the role that stakeholder analysis play in terms of how well these programs are performing. The results showed that stakeholder analysis significantly predicts performance of the programmes. Part of the recommendations raised by the study was the need for the government to ensure that blue prints have been developed for guiding road constructors.

Because the research focuses on road building programs rather than health care programs, there is a contextual gap.

2.4 Joint Need Identification and Performance of Immunization Programmes

Well executed and conducted need identification is critical for successful performance of the immunization programmes. In essence, effective need identification will have an influence on the monitoring and evaluation and the general level of accountability in the project (Mojtahedi & Oo, 2017). In fact, need identification is key in the planning stage of the project lifecycle (Elias, 2016). Among the probable benefits of need identification include overall contribution towards planning of the program, facilitating sound decision making, determination of key needs that require urgent interventions at a communal level, enhanced community engagement and aligning project activities with the available culture which enhances chances of project acceptance by the community, for identification of the funding needs as well as the existing gaps and the need to foster a sense of accountability (D'Agostino et al., 2020).

An efficient and sound need identification framework would enable the project team to identify key and pressing needs or development gaps, establish goals, obtain information for developing proposals to be used to solicit for funds, evaluate the possible negative and positive impact of the proposed project and how best to ensure that the negative consequences have been mitigated. Consistent with these views, Dhyani *et al.* (2018) noted the need identification involve evaluation of the individual programmes or a group of related programmes and then selecting them in order to achieve formulated organizational objectives. During need identification, Dang *et al.* (2019) opine that efforts should be made to ensure that a project is well aligned with the right goal with an impact on at least one of the issues of the stakeholders in terms of acceleration of growth, reduction of cost, social impact as well as improvement in cash flows. In the context of health care programmes, such impacts to the issues of the stakeholders could include reduced maternal mortality rates, increased uptake of cancer screening, reduced number of malaria infection and improved nutrition status.

According to Evers *et al.* (2019), an efficient need identification in itself is a process and when conducted well could result into substantial benefits to stakeholders. Späth and Scolobig (2017) argues that need identification could be directly linked with the project implementation phase

through its contribution to the success of the project as it enhances the efficiency in project activities while supporting the overall culture of the organization. Proper need identification especially when all the stakeholders have been involved in the process could help in reducing frictions throughout the project's implementation phase. It also improves the likelihood of the project been approved by the people who are supposed to benefit from it. Because customer satisfaction is a key performance metric, it may be concluded that cooperative need identification improves the project's performance.

Wera (2016) studied participants to learn more about the effects of identifying techniques on program results. Disagreement was revealed in a study in which stakeholders were found to differ on whether stakeholders were always allowed to engage in the project's inception phase. It was shown that effective sound issue analysis at the project's startup phase would have a beneficial impact on project outcomes. At the identification stage, it was found that good risk management would increase the project's requirement to perform. The concluding remark of the study was that the identification phase of the project and its ability to perform are directly linked with each other. Aapaoja *et al.* (2013) was keen to determining the actual stakeholder in the project that need to be involved at the initial phases of the project. It was revealed that various levels of stakeholders are covered by the programmes and their purpose and requirements need to be given consideration and well managed.

2.5 Decision Making and Performance of Immunization Programmes

Making choices has both normative (like citizenship and legitimacy) and instrumental (like better decisions, economic development, and organizational effectiveness) advantages (Zavadskas, 2018). Making a decision is a process that involves recognizing a decision, collecting information, observing the situation, and weighing the pros and cons of several course of action options. Participants in decision-making enhance service delivery by influencing important factors including locative efficiency, accountability, reduced corruption, promotion of equality and cost recovery (Robinson, 2007). Therefore, decision making is a collective responsibility by all the project stakeholders for influencing performance of immunization programmes. This approach increases the chances of choosing the most satisfying alternative possible in projects by choosing between two or more courses of action. According to Louis and Dunston (2016), integrating stakeholder perspectives into decision-making processes improves project

performance when it comes to road building. Hence, it's up to project managers to develop stakeholder analysis processes that help them identify the best possible project stakeholders to work with. The stakeholder analysis is the process of identifying and analyzing stakeholders, and plan for their participation.

Akali and Sakaja, (2018) established in his study A project's performance in Kenya can be attributed to the implementation approach used in project management because a customized framework can be established to assist managers of projects in setting up and managing project performance stages and achieving project objectives on time and meeting etiquette. The impact of the decision-making strategies for project performance in Kenya. The study reported that project design strategy had positive correlation with performance of projects in Kenya. It further recommended organization commitment in performance the project design strategy in order to improve project performance. The study used a descriptive survey design with 62 employees of Hand in Hand East Africa in Kiambu County as the target population. SPSS version19.0 was used to analyze the data gathered by stratified random sampling and structured questionnaires.

This research tries to fill a gap in the literature by focusing on how project design affects project execution, something the previous study neglected to do.

The involvement of representative stakeholders, according to Rauschmayer and Wittmer (2016), is used to improve local expertise, which in turn enhances decision legitimacy and builds institutional capacity. According to Atibu (2015), stakeholder involvement becomes a bureaucratic procedure when it is part of a formal decision-making process and has many disadvantages as a result. In his research on the application of decision-making manager's skills and the success of road projects in Bungoma County, Kenya, Walubengo (2019) looked at project design such as stakeholder analysis, logical framework, issue tree analysis and Gantt charts. He discovered a link between project design tools and the execution of road projects that depended on management abilities, and thus he recommended that project design be fully addressed in the plan. The study used a descriptive research technique with a target sample of 192 employees (excluding project managers) and respondents were given questionnaires through stratified random sampling. In-depth discussions with the project managers yielded valuable information. A vacuum exists that this research hopes to fill by focusing on road project decision making rather than project performance.

2.6 Labour Provisions and Performance of Immunization Programmes

The most essential laws include workers' rights, workplace safety, child labor, and workers' bargaining power (Boersma, 2017). Although labor legislation appears to be a difficult hassle for most stakeholders, it ensures that employees are kept happy, healthy, safe, and satisfied. When employees are satisfied, they are highly likely to have improved productivity. The first step involves ensuring that there is proper classification of employees. Most water supply projects are implemented by independent contractors, who are not yet to be fully covered by labor laws (Madlala & Govender, 2018). Stakeholder participation ensures that all employees are eligible for minimum wage. Moreover, it ensures that the workers are not overburdened with taxes.

Another importance of stakeholder participation is child protection. It ensures that no child is working in the water supply project (Adigüzel et al., 2017). Furthermore, it protects employees from unlawful termination of contracts. Employee termination describes the time when the employer-employee relationship comes to an end. Kenyan labor laws state that employers can only terminate employment contracts if the employee participates in an unlawful strike, misconduct, operational requirements such as retrenchment, physical incapacity of the worker, or poor performance (Boersma, 2017). Stakeholder engagement also ensures that workers only work within the required working hours. In addition, if employees work beyond the normal weekly hours, the extra hours should be treated as overtime. The labor laws also ensure that the employees have a safe working environment. Also, it ensures that employees have the necessary equipment and personal protective equipment while working. All in all, it ensures the safety and health of employees while working on water supply projects.

In the provision of labor, Muniu et al. (2017) discuss that there is created some form of “emotional attachment” that the local communities can have on the project. The attachment is significant in the implementation of the project since it induces some form of ownership of the project (Muniu et al., 2017). In the process of mobilizing the human resource, skills that can be useful even at the management level like financial and technological skills can be transferred and aid in the efficient and effective implementation of road projects (Ochieng' & Sakwa, 2018). The

success of NGAAF projects is highly dependent on local labour. Therefore, engaging the communities as key stakeholders for such services will have an economic impact, where the households may experience an improvement in their living standards. Since road projects would no longer be solely dependent on government-sponsored development initiatives, this result may have long-term advantages in their execution.

2.7 Theoretical Framework

The section aims at bringing out the key theories that will underpin the inquiry

2.7.1 Stakeholder Theory

The origin of stakeholder theory is attributed to Freeman (1984) and it helps in addressing values and morals in the entity. The theory identifies a group of people who are regarded as stakeholders that influence how a given activity is conducted. Traditionally, the stakeholder views have been regarded as powerful forces of comprehending the firm and how it operates in its environment. The stakeholder views aim at broadening the vision of the management of the firm to go beyond the need to maximize the level of profits (Govan & Damnjanovic, 2016).

According to Patton (2008), the stakeholder views indicate that all individual or groupings of people who have legitimate interests to engage in organizations do so in order to derive some benefits. On overall, the theory helps the management of an organization to understand its legitimate stakeholders so as to ensure that they are strategically managed for success of the enterprise. Involvement of the stakeholders in the activities of the firm has been associated with long term performance and survival of the enterprise (McManus, 2004). He discovered that shareholders are just a part of the many stakeholders in a project. Freeman made the assumption that for a project to be considered a success all the stakeholders involved should be satisfied not just those who will obtain the profits from its stock.

This theory brought out stake holding as an effective means to improve efficiency, profitability, economic success and competition hence an effective way to understand on how to make money in business (Freeman, Harrison, Wicks and Parma 2010). The findings of the theory are that in order to create a healthy ecosystem in a project all the stakeholder's interests need to be considered and the effective use of the theory also brings about good public relations paving the

way for long-term future success of a project. The theory has been famous since 1980s, but it has faced several criticisms from scholars from its focus on stakeholder's wealth as its main focus the theory pointed out on how the variable; Stakeholder involvement affects performance of health immunization programme.

2.7.2 The Theory of Project Triangle

The genesis of the project triangle theory is unknown but has been utilized since the 1950s at least (Atkinson, 1999). It promotes the necessity for a project to have defined targets relating to time, costs and quality. Also known as the 'Iron Triangle' This is the idea that monitors performance by ensuring the project fulfils the criteria established by stressing the use of existing limited resources within the company. Projects have to respond to the requirement for budgetary work in order to prevent cost overruns at all costs. Moreover, initiatives must highlight the necessity to adhere to the organization's schedule.

A project has to be balanced to achieve three main targets: budget (cost), quality (standards) and time (Schedule). These three primary objectives are linked and must be balanced in order for the project to be successful. In a more recent study by Pollack, Helm, and Adler (2018), authors understudy how the Iron Triangle's concept might have evolved over time by exploring forty-five years of project management research using over a hundred thousand records since 1970. They inferred that there is indeed a strong correlation between Iron Triangle's pillars; Cost, Time and Quality. Alternatively, other researchers made significantly strong arguments the Scope, Requirements and Performance should part of this triumvirate instead of Quality.

The theory of project triangle is linked with the current study because the performance of health immunization programmes will mainly involve managing the costs, quality, and time aspects. Duration of construction projects has an impact on total project quality (Ebbese & Hope2013). Some implementing jobs may take some time to accomplish well, but additional time may be excellently finished. During Program implementation quality may have a major effect on time and cost or vice versa.

2.8 Conceptual Framework

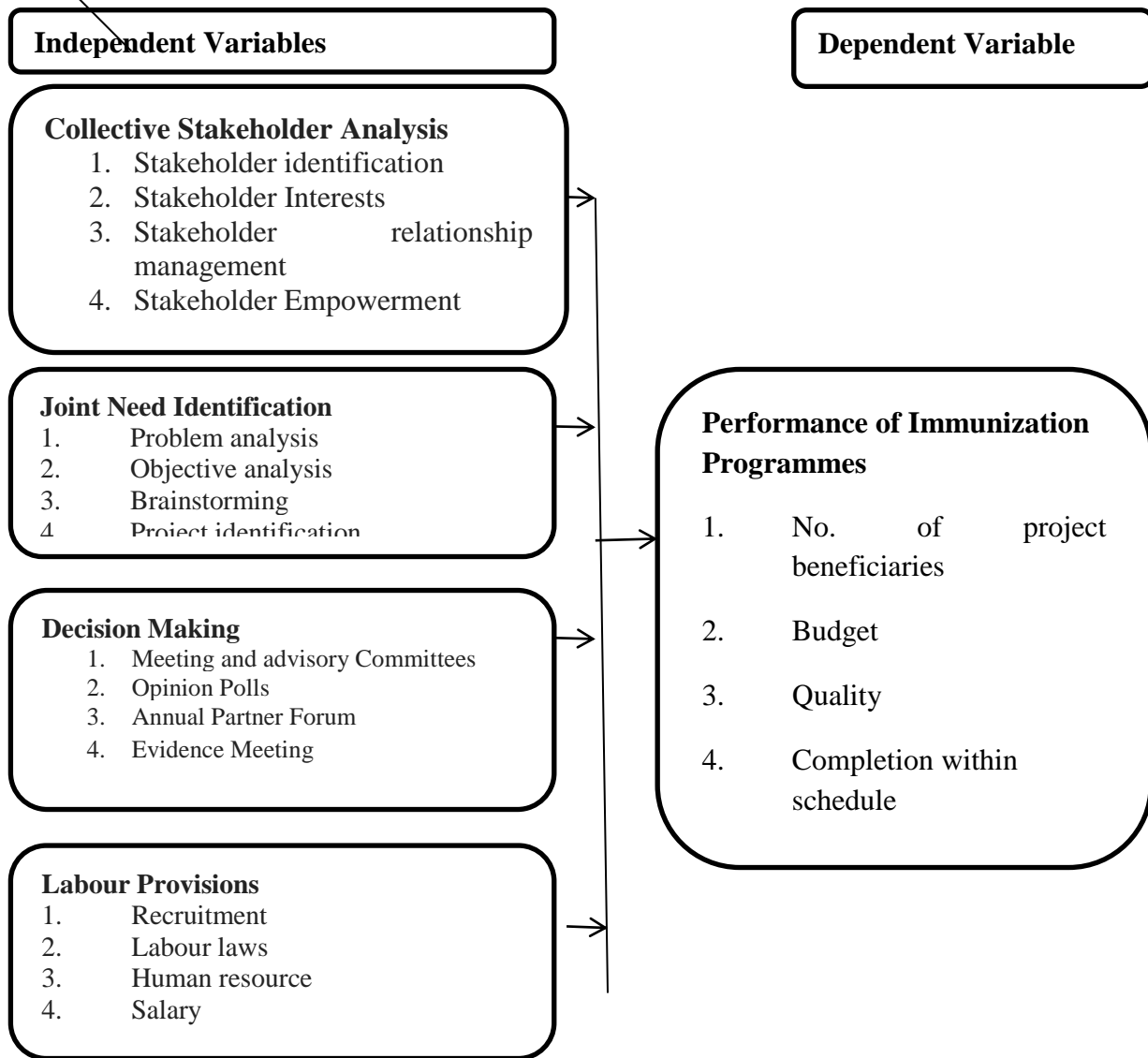


Figure 1: Conceptual Framework

2.9 Summary of Literature

Information covering project performance, collective stakeholder analysis, joint need identification, resource planning and information sharing has been evaluated. The literature reviewed on these variables helped in identification of the constructs presented in Figure 1. Stakeholder theory and resource-based perspective theory have also been discussed in this

chapter, with an explanation of their importance and relevance to the research. The conceptual framework includes the independent factors of stakeholder analysis, collaborative need identification, resource planning, and information exchange as well as project success as the dependent variable. The reviewed literature is then critiqued with gaps thereof which the present study seeks to fill.

2.10 Research Gap Matrix

Table 2.1: Research Gap Matrix

Author & Years	Topic	Key Findings	Research Gaps	How to fill the gaps
Wojewnik <i>et al.</i> (2019)	Challenges and obstacles as far in application of stakeholder analysis framework	Early engagement of the public members can enhance the value of infrastructure programmes.	The study focused on infrastructure programmes	The present study looked at health care programmes
Karianjahi <i>et al.</i> (2018)	The role played by stakeholder analysis as far as performance of irrigation programmes	Stakeholder analysis has a positive and significant influence on project performance	The study focused on performance of irrigation programmes	The present study looked at health care programmes
Mugata and Muchelule (2018)	Role that stakeholder analysis play in performance of road construction programmes	Stakeholder significantly predicts performance of the programmes.	The focus of the study was on road construction programmes	The present study looked at health care programmes
Rugiri and Njangiru (2018)	Role played by resource availability on performance with focus on water programmes	Availability of resources positively enhance performance of the project	The study covered resource availability	The present study looked at resource planning
Li and Sandino (2018)	Systems of sharing information and creativity, performance and engagement of	Information sharing systems do not have significant influence on performance of employees in an organization	The study examined performance on the side of employees in an organizational context	The current study looked at project performance

Mugo and Moronge (2018)	employees organization and communication and its role in implementation of building programmes in Nairobi City County	Clear channels of communication make sure that information is channeled to the right audience which enhances the process of coordination of the teams.	The study focused on project implementation as the dependent variable	The current study looked at project performance
Wera (2016)	Identification processes and performance of the programmes.	There was involvement of stakeholders throughout the phases of the project	The study focused on vocational training programmes in Kibera constituency.	The present study looked at health care programmes
Rached <i>et al.</i> (2015)	Information sharing and supply chain performance.	Information sharing has an influence on different partners collaborating along the supply chain.	The study focused on supply chain performance as the dependent variable	The current study looked at project performance
Umulisa <i>et al.</i> (2015)	Project resources planning performance of Agaseke Project in Rwanda	Planning for human resources, financial resources, time and material resources was associated with improved performance of the programmes	The study was conducted in Rwanda	The present study was conducted in Kenya specifically in Marsabit County
Demilliere (2014)	Role played by human resources in project management in Rome	There exists a strategic interaction between HRM and project management	The study covered project management as dependent variable	The current study looked at project performance
Nair (2014)	Resources and success of the software programmes	Resources allocation plays an important role when it comes to success of the programmes	The study covered the software programmes	The present study looked at health care programmes
Ochieng (2014)	Resources management and implementation of programmes among mobile telephony firms	Telephony firms were aware of resources management which positively enhanced project implementation	The study focused on project implementation as the dependent variable	The current study looked at project performance

Popovič <i>et al.</i> (2014)	To determine the role played by the values of information sharing on the use of information systems	Information sharing and information use are not significantly related with each other	The study covered the use of information system as the dependent variable	The current study looked at project performance
Rowe (2014)	Project collaboration with emphasis on sharing of information among the project management team	Project managers who are well experienced do have relevant skills and knowledge which can be shared by newly recruited project team managers.	The study failed to bring out how information sharing influence project performance	The present study sought to establish the link between information sharing and project performance
Delbauche (2014)	Information sharing in project management.	Structure and culture of the organization where programmes are conducted have different effect on project management.	The study covered project management as the dependent variable	The current study looked at project performance
Fan (2013)	Information sharing, the capability of information technologies, redesign of the government processes and operational performance	Information sharing and efficiency in system delivery are positively related	The study was done in China with a focus on operational performance	The present study was conducted in Kenya with a focus on project performance
Aapaoja <i>et al.</i> (2013)	early stakeholder involvement in the definition phase of the project	Various levels of stakeholders are covered by the programmes and their purpose and requirements need to be given consideration and well managed	The study failed to link project definition phase with performance	The present study linked need identification with project performance

Source: Author (2020)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the design of the study, as well as the subjects targeted, the sample size, and the sampling process. Data collection techniques and tools, as well as strategies for processing participant input, ethical issues and operationalization of research variables are also covered in this chapter.

3.2 Research Design

Qualitative and quantitative methodologies were used in this research. The long-term performance of health immunization programmes in Marsabit County, was studied using a descriptive research survey design. The current state of the population under inquiry is determined by assessing and documenting things as they are encountered in a descriptive survey research approach. Descriptive research, according to Cooper and Schindler (2014), examines and reports on how things happen. It also defines things such as conduct, attitudes, and qualities. Performance of health immunization programmes in Marsabit County, was studied using a descriptive technique to gather statistical data on their long-term viability. Data obtained via an interview guide was analyzed based on qualitative design.

3.3 Target Population

The things that are significant to the study are included in the study's target population (Mugenda & Mugenda, 2008). The study's findings can be extrapolated based on the target population (Oso & Onen, 2009). Another definition given by Martins and Van-Wyk (2005) is the full sum of components and people from whom the researcher wants to acquire and gather information. As stated in Table 3.1, the study targeted 77,495 project beneficiaries (KNBS, 2019), 130 immunization staff, 112 community leaders, and 112 religious leaders from Marsabit County, totaling 77,849 respondents.

Table 3.1: Target Population

Category	Population
Project beneficiaries	77,495
Immunization staff	130
Community leaders	112
Religious leaders	112
County Government Officials	10
Total	77,859

Source: County Governemnt of Marsabit County; Ministry of Health Kenya (2020)

N/B: The project beneficiaries, community leaders and religious leaders were drawn from the four sub counties in Marsabit County (Saku, Laismis, North Horr and Moyale). The project managers were drawn from the respective health care programmes (NGOs) (Appendix VII).

3.4 Sample Size and Sampling Procedure

This section explains how the sample size was determined, as well as how the sampling technique was implemented.

3.4.1 Sample Size

The sample size for the research was calculated according to the Yamane formula:

$$n = N / (1 + Ne^2)$$

n = is the desired sample size

N = is the target population

e = is the acceptable margin of error estimated at 0.05 (at 95% confidence interval)

Therefore, sample size (n) = $77,859 \div (1 + 77,859 (0.0025))$

$$= 77,859 \div (1 + 194.6475)$$

$$= 77,859 \div 195.6475$$

$$n = 397 \text{ respondents}$$

3.4.2 Sampling Procedure

It is only by sampling that one may pick the items to be included in the research question (Mugenda & Mugenda, 2008). The researcher utilized both probabilistic and non-probability sampling methods in his investigation. First, the community leaders and the religious leaders were sampled at the ward level (Appendix VIII); where out of the 112 community leaders, the researcher purposively selected 20. Also, from the 112 religious leaders, the researcher

purposively picked 20 of them. For the project managers and the county government officials, the study used census hence 130 project managers and 10 county government officials were selected. The remaining 217 respondents were randomly selected from the project beneficiaries across the four sub counties (Saku, Laismis, North Horr and Moyale) shown in Appendix VIII. Table 3.2 gives a breakdown of how project beneficiaries will be selected

Table 3.2: Selection of the Project Beneficiaries per Sub County

Sub County	Target Population	Sample Proportion (%)	Sample Size
Saku	17,300	$(17,300 \div 77,495) * 100 = 28.9\%$	$28.9\% * 217 = 63$
Laismis	17,540	$(17,540 \div 77,495) * 100 = 29.3\%$	$29.3\% * 217 = 63$
North Horr	20,505	$(20,505 \div 77,495) * 100 = 34.2\%$	$34.2\% * 217 = 74$
Moyale	22,150	$(22,150 \div 77,495) * 100 = 36.9\%$	$36.9\% * 217 = 80$
Total	77,495		217

Source; KNBS (2019)

The overall sample size of the study and how it was selected is summarized in Table 3.3

Table 3.3: Sampling Procedure

Category	Population	Sample Proportion/method	Sample Size
Project beneficiaries	77,495	Stratified random sampling	217
immunization staff	130	Census	130
Community leaders	112	Purposive	20
Religious leaders	112	Purposive	20
County Government officials	10	Census	10
Total	77,859		397

Source, Ministry of Health Kenya (2020)

3.5 Data Collection Instruments

Data collecting instruments are gadgets that aid in the collection of relevant information relevant to the subject at hand (Kombo & Tromp, 2006). With the help of the questionnaire and interview guide, we gathered their thoughts and opinions. Because it was collected directly from the source, primary data is regarded as the purest type of information. Both the project's recipients and the project's supervisors filled out questionnaires. General demographic and demographic information, stakeholder analysis, cooperative requirement identification and resource planning and sharing and performance data on vaccination programs were included in the surveys. Gathering of qualitative data from the Key Informants (KIs) who included the ministry of health officials, religious leaders and community leaders from Marsabit County was supported by interview guides.

3.5.1 Pilot Testing of the Instruments

Pilot testing of the research equipment was carried out in order to assess their performance in a specific study. Ten percent of the overall population may be used as a sample size for pilot study, according to Mugenda (2008). As a result, 40 respondents from Mandera County were chosen for this research on the basis of their willingness to participate in the piloting of the instruments. In choosing Mandera County, the researchers reasoned that it would be unethical to carry out a pilot study in the same Marsabit County where the real study would be carried out.

3.5.2 Validity of the Instruments

Instruments that measure what they claim to measure are recognized as valid (Mugenda & Mugenda, 2003). Before verifying the accuracy of the content, the supervisor carefully scrutinized all of the items on the research instruments to see if they included all the relevant details. Due to construct validity, the supervisor went through the questionnaire items and corresponding measures to ensure that they were in agreement with the conceptual framework and the literature that the supervisor evaluated for general research. In order to establish the face validity of a test, the test's subject must subjectively evaluate all of the test items and determine if they are correct.

3.5.3 Reliability of the Instruments

Consistently trustworthy tools provide the same results on every subsequent attempt. The study's equipment and findings are entirely accurate. Cronbach Alpha Coefficients were employed to examine the internal consistency of the study instruments. It was therefore possible to determine each of the Cronbach Alpha coefficients for each of the variables. Cronbach alpha coefficient values greater than 0.7 showed that the instrument was reliable; the number 0.7 was determined to be the threshold reliability value.

3.6 Data Collection Procedure

In order to conduct the research, questionnaires were sent to the beneficiaries of the health care programs in Marsabit County. Gathering of the views from the Key Informants who included the ministry of health officials, religious leaders and community leaders from Marsabit County was supported by interview guides. A letter from UON was sought clearly raising the

study purpose. The NACOSTI research license, which authorized data to be gathered in the field, was requested. The management of the Marsabit County health clinics was informed on the study proposed in writing.

3.7 Data Analysis Techniques

The process of data analysis comprises a careful examination of the information acquired via the use of the proper tools and techniques. This aids in the formation of conclusions and deductions, as well as the formulation of recommendations (Kombo & Tromp, 2006). After gathering data in the field, the data was imported into excel software to correct inconsistencies. It was then put into the SPSS software, where descriptive statistics comprising of standard deviation, mean, percentages and frequency counts were used along with inferential statistics like multiple regression analysis were performed. Consider the following model:

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \varepsilon$$

Y = Performance of Public Health Care Projects

β_0 = Constant term

$\beta_1, \beta_2, \beta_3$ and β_4 = Beta coefficients

X_1 = Collective stakeholder analysis X_2 = Joint Need Identification X_3 = Decision Making framework X_4 = Labor provision ε = Error term

The results were presented using frequency distribution tables. The research employed content analysis to analyze qualitative data gathered via interviews.

3.8 Ethical Considerations

These documents, which included NACOSTI's letter of introduction and authorisation and a permit from NACOSTI, were all necessary before the research could commence. There were no monetary incentives for taking part in the poll prior to being invited to participate. The respondents' privacy was protected by prohibiting them from writing their names on the questionnaires or interview schedules, since they had not been given this authority. All participants were assured that their responses were for research purposes exclusively, and no one would be made to feel victimized or threatened for providing the information. To avoid any

plagiarism, all of the information and materials that were studied were referenced through the APA style.

3.9 Operationalization of Variables

Table 3.4 gives the variables of the study and how they were operationalized.

Table 3.4: Operationalization of Variables

Objective	Type of variable	Indicators	Scale of Measurement	Type of Data Analysis	Tools of data Analysis
To determine the effect of collective stakeholder analysis on performance of immunization programmes in Marsabit County	Independent collective stakeholder analysis	Stakeholder identification Stakeholder Interests Stakeholder relationship management Stakeholder Empowerment	Ordinal scale Interval scale	Descriptive Inferential Content analysis	Frequencies, Percentages, Mean and Standard deviation. Pearson's correlation examination and multiple regression analysis
To establish the effect of joint need identification on performance of immunization programmes in Marsabit County	Independent joint need identification	Problem analysis Objective analysis Brainstorming Project identification	Ordinal scale Interval scale	Descriptive Inferential Content analysis	Frequencies, Percentages, Mean and Standard deviation. Pearson's correlation examination and multiple regression analysis
To find out the effect of decision making on performance of immunization programmes in Marsabit County	Independent decision Making	Meeting and advisory Committees Opinion Polls Annual Partner Forum Evidence Meeting	Ordinal scale Interval scale	Descriptive Inferential Content analysis	Frequencies, Percentages, Mean and Standard deviation. Pearson's correlation examination and multiple regression analysis
To appraise the effect of information sharing	Independent Labour	Recruitment Labour laws	Ordinal scale	Descriptive Inferential	Frequencies, Pearson's correlation examination and multiple regression analysis

on performance immunization programmes Marsabit County	of	Provisions		Human resource Salary	Interval scale	Content analysis	Percentages, Mean and Standard deviation. Pearson's correlation examination and multiple regression analysis
performance immunization programmes Marsabit County	of	Dependent performance of immunization programmes	of	No. of beneficiaries Budget Quality	Ordinal scale Interval scale	Descriptive Content analysis	Frequencies, Percentages, Mean and Standard deviation. Pearson's correlation examination and multiple regression analysis

Source; Author (2020)

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This section contains a breakdown of the results of the analysis in light of the study's particular goals. Information about the return rate of the questionnaire is included in this chapter as well as basic information, descriptive analysis of the data variables, qualitative analysis, and regression findings.

4.2 Questionnaire Return Rate

The researcher distributed 347 questionnaires; 217 were distributed to project beneficiaries, while 130 were distributed to project administrators. Of these, 189 questions were dully completed and returned; 120 by project beneficiaries and 69 by project managers. The response rate is displayed in Table 4.1.

Table 4.1: Questionnaire Return Rate

	Administered Questionnaires	Returned Questionnaires	Return Rate
Project beneficiaries	217	120	$120/347*100\%=34.6\%$
Project Managers	130	69	$69/347*100\%=19.9\%$
Total	347	189	$189/347*100\%=54.5\%$

According to Table 4.1, the study's total response rate was 54.5 percent. The findings in Table 4.1 substantiate Mugenda and Mugenda's (2003) assertion that a response rate of more than 50% is suitable for data analysis and presentation.

4.3 Demographic of Respondents gender, year of residence, experience. education level.

It is the purpose of this section to provide comprehensive information on the survey participants. Table 4.2 shows the results of the study's effort to identify the gender of the respondents.

Table 4.2: Distribution of the Respondents by Gender

	Frequency	Percent
Male	138	73.0
Female	51	27.0
Total	189	100.0

Table 4.2 shows that although 73.0 percent of participants were male, just 27.0 percent were female, indicating that men outnumbered women in this survey. This means that the study cut across both male and female respondents and thus representative views were sought on participatory planning.

Results shown in Table 4.3 show the years the project beneficiaries had lived in Marsabit County.

Table 4.3: Years of Residence in Marsabit County

	Frequency	Percent
Below 2 years	25	20.8
2-5 years	29	24.2
More than 5 years	66	55.0
Total	120	100.0

According to the findings in Table 4.3, 55.0 percent of those who answered the survey had resided in Marsabit County for more than 5 years, 24.2 percent had lived there for 2-5 years, and 20.8 percent had lived there for less than 2 years. As a result, the vast majority of respondents had resided in Marsabit for a comparatively longer length of time, and as a result, they were likely to be familiar with the vaccination programs that had been established in their respective regions, which was the goal of the current research.

According to Table 4.4, the project managers are required to provide the amount of years they had spent working with their respective project organizations.

Table 4.4: Years of Experience

	Frequency	Percent
Below 2 years	7	10.1
2-5 years	34	49.3
More than 5 years	28	40.6
Total	69	100.0

According to the findings in Table 4.4, 49.3 percent of project managers had been with their respective companies for 2-5 years, 40.6 percent had been with their businesses for more than 5 years, and 10.1 percent had been with their organizations for less than 2 years. This indicates that the respondents had been working with their project organizations for a lengthy span of time and were therefore more likely to have relevant information about some of the strategies that had been put in place to improve participatory planning, which was the primary focus of the current study.

The results of the research, which are given in Table 4.5, were intended to determine the degree of education of those who responded.

Table 4.5: Level of Education

	Frequency	Percent
No formal education	19	10.1
Certificate	68	36.0
Diploma	74	39.2
First Degree	21	11.1
Masters	7	3.7
Total	189	100.0

Among those who responded, 39.2 percent had diplomas, 36.0 percent had certificates, 11.1 percent had first degrees, 10.1 percent had no formal education, and 3.7 percent had master's degrees, according to the findings in Table 4.5. According to this, the vast majority of those who answered the survey questions had a basic education, which meant they were able to read and understand the research questions posed by the study on participatory planning.

4.4 Collective Stakeholder Analysis and Performance of Immunization Programme

The first objective was to determine how role of collective stakeholder analysis on performance of immunization programme in Marsabit County, Kenya. The findings of descriptive statistics on collective stakeholder analysis were established and summarized as indicated in Table 4.6.

Table 4.6: Collective Stakeholder Analysis

		no exten t	little exten t	moderat e exten t	great exten t	very great exten t	Mea n	Std. Dev
We participate in identifying primary stakeholders of the immunization programmes in Marsabit County	F	0	4	61	102	22		0.68
	%	0	2.1	32.3	54	11.6	3.75	1
We collectively identify the secondary beneficiaries of immunization programmes in Marsabit County	F	4	38	15	96	36		1.07
	%	2.1	20.1	7.9	50.8	19	3.65	0
We participate in determining the interests of stakeholders of the immunization programmes in Marsabit County	F	0	42	34	67	46		1.08
	%	0	22.2	18	35.4	24.3	3.62	3
We seek to ensure that the immunization programmes in Marsabit County have good relationship with its stakeholders	F	0	18	43	67	61		0.96
	%	0	9.5	22.8	35.4	32.3	3.90	3
Average							3.73	0.94
							3.73	0.94

The overall findings in Table 4.6 (M=3.73) indicate that respondents agreed that collective stakeholder analysis was practiced to a great extent as far as the immunization programmes in Marsabit County were concerned. This means that the stakeholders of the project organizations implementing the public health programmes in Marsabit County did involve the stakeholders

during the analysis of their needs to a great extent. In light of the measures of performance of the immunization programmes in Marsabit County, it can be inferred that collective stakeholder analysis greatly contributed towards an increase in the number of beneficiaries.

The KIs were asked to indicate whether they were involved in identification of the stakeholders. The results showed that some of the KIs received formal invitations to participate in project activities within the locality. Some of the verbatim that the KIs shared are as follow:

“Sometime I do receive formal invitation to take part in the activities of the public health programmes within around but I don’t manage to attend because of the busy schedule” KI1

4.5 Joint Need Identification and Performance of Immunization Programme

The second objective was to determine how role of joint need identification on performance of immunization programme in Marsabit County, Kenya. The findings of descriptive statistics on collective stakeholder analysis were established and summarized as indicated in Table 4.7.

Table 4.7: Joint Need Identification

		no extent	little extent	moderate extent	great extent	very great extent	Mean	Std. Dev
We collectively participate in analyzing the health care problems during initiation of immunization programmes in Marsabit County	F	0	27	53	64	45		
	%	0	14.3	28	33.9	23.8	3.67	0.994
Taking part in problem analysis helps us to select the most viable immunization programmes	F	0	8	41	103	37		
	%	0	4.2	21.7	54.5	19.6	3.89	0.758
We take part in analyzing the objectives of the proposed immunization programmes in Marsabit County	F	0	38	57	57	37		
	%	0	20.1	30.2	30.2	19.6	3.49	1.024
We ensure that the selected health care programmes are guided by clear objectives	F	0	3	57	96	33		
	%	0	1.6	30.2	50.8	17.5	3.84	0.719
We brainstorm on possible risks likely to affect successful implementation of the immunization programmes in Marsabit County	F	0	53	15	106	15		
	%	0	28	7.9	56.1	7.9	3.44	0.985
We brainstorm on possible measures of mitigating against risks likely to affect the immunization programmes in Marsabit County	F	0	7	53	99	30		
	%	0	3.7	28	52.4	15.9	3.80	0.743
Average							3.69	0.871

The results in Table 4.7 indicate an overall score of (M=3.69), which was interpreted to infer that majority of the studied project organization did involve the stakeholders in identification of needs to a great extent. In other words, most of the public health project organizations do practice joint need identification to a great extent. The implication of involvement of the stakeholders in need analysis is that it may go a long way to reduction of possible conflicts and wrangles especially at the implementation phase. Involving the stakeholders in need identification also helps to ensure that the end products of the immunization programmes are accepted by the beneficiaries. This may have far reaching implications on the number of the beneficiaries as one of the 3 indicators of performance of the immunization programmes covered in Marsabit County.

The study sought to establish the role played by the KIs during the identification of the needs of the immunization programmes in Marsabit County. The following verbatim were shared by the KIs:

‘I brainstorm to identify the needs of the immunization programmes’ KI2

The study sought to establish the role that the KIs played during resources planning of the immunization programmes in Marsabit County.

“I mobilize the financial resources to generate finances required for any health care intervention in this County” KI5 “I mobilize the human resources that are needed for carrying out the immunization programmes in this County” KI6

4.6 Decision Making and Performance of Immunization Programme

The third objective was to determine how decision making on performance of immunization programme in Marsabit County, Kenya. The findings of descriptive statistics on collective stakeholder analysis were established and summarized as indicated in Table 4.8.

Table 4.8: Decision Making

	no exten t	little extent	modera te extent	great extent	very great extent	Mea n	Std . Dev
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We require that project managers on high quality and projects are delivered on time	f	0	18	69	53	49		0.9
	%	0	9.5	36.5	28	25.9	3.70	60
We take part in formulation of the budgets for the immunization M&E is a core tool in completion of Kenya	f	0	38	30	91	30		0.9
	%	0	20.1	15.9	48.1	15.9	3.60	82
Most of the Management team members are well versed with the program	f	0	53	26	76	34		1.0
	%	0	28	13.8	40.2	18	3.48	85
We are involved in decision making through opinion polls	f	0	7	49	103	30		0.7
	%	0	3.7	25.9	54.5	15.9	3.83	34
Our project beneficiaries get information on immunization programme through mobile phones	f	0	27	19	105	38		0.9
	%	0	14.3	10.1	55.6	20.1	3.81	18
Our project beneficiaries get information on immunization programme through annual partner forums	f	0	27	38	106	18		0.8
	%	0	14.3	20.1	56.1	9.5	3.61	47
We have reliable channels of information on immunization programme in Marsabit County	f	0	3	68	76	42		0.7
	%	0	1.6	36	40.2	22.2	3.83	87
Average							3.69	02

The overall mean score in Table 4.8 is (M=3.69), this value is interpreted to imply that decision making was practiced to a great extent in the studied project organizations in Marsabit County. We take part in formulation of the budgets for the immunization M&E is a core tool in completion of Kenya and Our project beneficiaries get information on immunization programme through annual partner forums. Community project involved in decision making through opinion polls. The respondents said that “I participate in drafting of the budget which lay down the sources of income and probable expenses required in the day to day running of the immunization programmes in this County” KI7 The KIs were requested to indicate whether they received adequate information on immunization programmes in Marsabit County.

4.7 Labour Provisions and Performance of Immunization Programme

The fourth goal was to examine the impact of labor laws on the success of the vaccination program in Kenya's Marsabit County. Table 4.9 shows the results of descriptive statistics on the collective stakeholder analysis.

Table 4.9: Labour Provisions

		no exten t	little extent	modera te extent	great extent	very great extent	Mean	Std. Dev
When faced with a challenge, the project manager employs the process of creative thinking.	F	0	4	61	98	26		
	%	0	2.1	32.3	51.9	13.8	3.77	0.704
When faced with a challenge, the project manager employs the process of creative thinking	F	0	44	28	87	30		
	%	0	23.3	14.8	46	15.9	3.55	1.018
The project manager provides guidance in order to motivate and inspire others.	F	0	66	20	50	53	3.48	1.232
The project manager interacts with their teams on a regular basis, if not daily	%	0	34.9	10.6	26.5	28	3.73	1.003
The project manager interacts with their teams on a regular basis, if not daily	F	0	26	49	64	50		
	%	0	13.8	25.9	33.9	26.5	3.41	1.129
We ensure that all the project deliverables are implemented in time	F	0	51	56	36	46		
	%	0	27	29.6	19	24.3	3.39	1.018
Setting alternate strategies has decreased the unexpected hazards potential.	F	0	47	50	64	28		
	%	0	24.9	26.5	33.9	14.8	3.74	0.900
The project manager provides guidance in order to motivate and inspire others.	F	0	22	41	90	36		
	%	0	11.6	21.7	47.6	19	3.34	1.033
The project manager interacts with their teams on a regular basis, if not daily	F	0	45	68	42	34		
	%	0	23.8	36	22.2	18	3.58	1.000
Average							3.55	1.004

The results in Table 4.9 indicate the overall score (M=3.55), which infers that labour provisions was practiced from a moderate to a slightly greater extent among the studied project organization. The moderate practice of labour provisions could have an implication on quality of the final products derived by the end users of the immunization programmes in Marsabit. Ideally, quality products require timely sharing and exchange of information and incidences of poor information flow may have far reaching consequences on quality expectations as an indicator of performance of the immunization programmes in Marsabit County. The participants said that “Any health care intervention within Marsabit County must be approved by me.” KI3. “The

needs of the project should be pre-identified before the start and launch of the actual project”
KI4.

4.8 Regression Results and Testing of Hypotheses

Regression analysis was used to test the formulated hypotheses and make relevant inferences and deductions concerning participatory planning and project performance. The results of the model summary are as indicated in Table 4.

Table 4.10: Regression Model; Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.884 ^a	.782	.777	1.06125

a. Predictors: (Constant), Information Sharing, Collective Stakeholder, decision making Joint Need Identification

The results in Table 4.10 shows that the value of R square is 0.782, this value is interpreted to imply that 78.2% change in performance of the immunization programmes in Marsabit County in Kenya is explained by the level of participatory planning. As a result, apart from participatory planning, future research should attempt to concentrate on other variables that affect success in these vaccination programs. As shown in Table 4.11, the results of the ANOVA were established and reported.

Table 4.11: Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	744.082	4	186.020	165.168	.000 ^b
Residual	207.230	184	1.126		
Total	951.312	188			

a. Dependent Variable: Performance of Public Healthcare Programmes

b. Predictors: (Constant), Labour Provisions , Collective Stakeholder Analysis, decision making , Joint Need Identification

As shown in Table 4.11, the value of $F=165.168$ with $p=0.000<0.05$, this means that participatory planning significantly predicts performance of the immunization programmes in Marsabit County. The results of the regression beta coefficients with the p-values are as indicated in 4.11.

Table 4.12: Regression Beta Coefficients and Significance

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.486	.915		5.995	.000
Collective Stakeholder Analysis	.068	.031	.078	2.214	.028
Joint Need Identification	.251	.099	.297	2.544	.012
Decision Making	.135	.061	.038	2.213	.019
Labour provisions	.321	.068	.574	4.754	.000

a. Dependent Variable: Performance of Public Healthcare Programmes

From the findings in Table 4.12, the following model is predicted between participatory planning and project performance:

$$Y=5.486+.068X_1 +.251X_2 +.135X_3 +.321X_4$$

Where

Y is performance of immunization programmes in Marsabit County

X_1 is Collective Stakeholder Analysis

X_2 is Joint Need Identification

X_3 is Decision Making

X_4 is Labour Provisions

Thus, on relaxing participatory planning, performance of the immunization programmes in Marsabit County would be at 5.486. A unit improvement in collective stakeholder analysis when other factors are held constant would lead to 0.068 unit increase in performance of the immunization programmes in Marsabit County, a unit improvement in joint need identification would enhance performance of the immunization programmes in Marsabit County by 0.251, a unit change in labour provisions would lead to 0.135 unit change in performance of the immunization programmes in Marsabit County, and a unit increase in decision making would lead to 0.321 unit increase in performance of the immunization programmes in Marsabit County. In terms of the formulated hypotheses, collective stakeholder analysis ($p < 0.05$), joint need identification ($p < 0.05$), decision making ($p < 0.05$) and labour provisions ($p < 0.05$) all were significant. Thus, the study rejects all the formulated hypotheses.

4.9 Discussion of Findings

According to the findings, the vaccination project organization under investigation used extensive collective stakeholder analysis, which had a substantial impact on program effectiveness. Recent research has provided some empirical support for our findings. Kivilä *et al.* (2017) argued that stakeholder analysis serves an important role in ensuring that the needs of the stakeholders have been identified and analyzed. It also ensures that all the primary as well as secondary stakeholders with an influence/interest on the project have been identified. Wojewnik *et al.* (2019) noted that early engagement of the public members can enhance the value of programmes as it may result into creation of early creation and implementation of sound trust building activities and processes. Project performance is positively influenced by stakeholder analysis, which Karianjahi *et al.* (2018) found is a key aspect in delivering high-quality programs because it strengthens the interaction between the many parties engaged in the project.

The study established that joint need identification was practiced in the studied project organizations to a great extent and this significantly contributed towards performance of the immunization programmes in Marsabit County. The finding is consistent with D'Agostino *et al.* (2020) who shared the benefits of need identification to include overall contribution towards planning of the program, facilitating sound decision making, determination of key needs that require urgent interventions at a communal level, enhanced community engagement and aligning

project activities with the available culture which enhances chances of project acceptance by the community, for identification of the funding needs as well as the existing gaps and the need to foster a sense of accountability. Similarly, Evers *et al.* (2019) shared that efficient need identification in itself is a process and when conducted well could result into substantial benefits to stakeholders. Späth and Scolobig (2017) argues that need identification could be directly linked with the project implementation phase through its contribution to the success of the project as it enhances the efficiency in project activities while supporting the overall culture of the organization. Wera (2016), on the other hand, aimed to examine the impact of identification procedures on program success and argued that respondents disagreed on whether stakeholders were always invited to engage in the project's beginning phase. Wera's findings, however, contradict this assertion.

The data showed that the project organization used labor provisions extensively, which had a substantial impact on the efficacy of the vaccination programs. To be consistent with Boersma (2017), even if labor regulation seems to be a bother for most stakeholders, it guarantees that workers are content and protected while also promoting their well-being. When employees are satisfied, they are highly likely to have improved productivity. The first step involves ensuring that there is proper classification of employees. Most water supply projects are implemented by independent contractors, who are not yet to be fully covered by labor laws (Madlala & Govender, 2018). According to Demilliere (2014), human resources are vital assets in the organization since they cover the people aspect and that success of the project is informed by successful team management which is an important aspect of HRM as a function in an organization.

The results indicate although information sharing was practiced in varying degrees ranging from moderate to great extent, this had the largest and significant contribution towards performance of the immunization programmes in Marsabit County. Consistent with this finding, Pongponrat (2018) argued that timely and sound decision making in project management require that accurate and reliable information is shared between the parties in the project. Fan (2013) did an inquiry on information sharing the capability of information technologies, redesign of the government processes and their influence on operational performance and showed that information sharing and efficiency in system delivery are positively related. Rached, Bahroun

and Campagne (2015) noted that information sharing has an influence on different partners collaborating along the supply chain. However, the result contradict Li and Sandino (2018) who looked at the systems of sharing information and their influence on creativity, performance and engagement of employees and showed that information sharing systems do not have significant influence on ability of staff to perform. Similar contradictory findings were noted by Popovič *et al.* (2014) who showed that information sharing and information use are not significantly related with each other.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the findings and conclusions are summarized and a contribution is made to the body of knowledge. The summary of findings section summarizes the most important findings for each study goal. Each study objective's research conclusion is based on these findings. The research made a significant addition to the corpus of knowledge. Finally, the chapter gives suggestions based on the results, as well as emergent policy challenges and information gaps that should be investigated further.

5.2 Summary of the Findings

The purpose of this part is to offer a summary of the analyzed results in accordance with the stated goals.

5.2.1 Collective Stakeholder Analysis and Performance of Immunization Programmes

Stakeholder analysis in Marsabit County's vaccination programs was found to have a high overall mean score of (M=3.73), which indicates that respondents believed that this kind of analysis was conducted extensively. This means that the stakeholders of the project organizations implementing the public health programmes in Marsabit County did involve the stakeholders during the analysis of their needs to a great extent. In light of the measures of performance of the immunization programmes in Marsabit County, it can be inferred that collective stakeholder analysis.

H01, collective stakeholder analysis had no significant influence on the success of vaccination programs in Marsabit County, Kenya, was tested using regression analysis. As a consequence of the findings, the research rejected Hypothesis H01 based on a collective stakeholder analysis ($\beta=0.068$, $p=0.028<0.05$). Thus, the research concluded that the vaccination programs in Marsabit County had a substantial impact on the performance of the stakeholder analysis in the county.

5.2.2 Joint Need Identification and Performance of Immunization Programmes

The results indicate an overall score of ($M=3.69$), which was interpreted to infer that majority of the studied project organization did involve the stakeholders in identification of needs to a great extent. In other words, most of the public health project organizations do practice joint need identification to a great extent. The implication of involvement of the stakeholders in need analysis is that it may go a long way to reduction of possible conflicts and wrangles especially at the implementation phase. Involving the stakeholders in need identification also helps to ensure that the end products of the immunization programmes are accepted by the beneficiaries. This may have far reaching implications on the number of the beneficiaries as one of the 3 indicators of performance of the immunization programmes covered in Marsabit County.

The study conducted regression analysis to test the second hypothesis which was H_{02} joint need identification has no significant effect on performance of immunization programmes in Marsabit County, Kenya. In view of regression results, the study established that joint need identification ($\beta=0.251$, $p=0.012<0.05$) and hence the second hypothesis H_{02} was rejected by the study. Therefore, the study deduced that joint need identification has significant effect on performance of immunization programmes in Marsabit County.

5.2.3 Labour provisions and Performance of Immunization Programmes

The overall mean score was ($M=3.69$), this value was interpreted to imply that labour provisions was practiced to a great extent on the studied project organizations in Marsabit County. Labour provisions include the human ability (human resources), the finances (financial resources), time resource and material resources that are critical for the project to perform. The implication of the findings in light of the measures of project performance was there was financial planning which cover the issues of budgeting. Thus, labour provisions probably aimed to ensuring the immunization programmes in Marsabit County have been carried out within the established budgetary allocations (within the budget) which was one of the indicators of performance of the immunization programmes.

Regression analysis was conducted in order to test the third hypothesis which was to H_{03} labour provisions has no significant effect on performance of immunization programmes in Marsabit County. The results showed that ($\beta=0.135$ & $p=0.019<0.05$), which led to rejection of hypothesis

H₀₃. Hence, the study inferred that labour provisions significantly influences performance of the immunization programmes in Marsabit County. Hence, the study deduced that labour provisions significantly contributes towards performance of the immunization programmes in Marsabit County.

5.2.4 Decision making and Performance of Immunization Programmes

The results indicate the overall score (M=3.55), which infers that decision making was practiced from a moderate to a slightly greater extent among the studied project organization. The moderate practice of information sharing could have an implication on quality of the final products derived by the end users of the immunization programmes in Marsabit. Ideally, quality products require timely sharing and exchange of information and incidences of poor information flow may have far reaching consequences on quality expectations as an indicator of performance of the immunization programmes in Marsabit County. H₀₄ decision making had no substantial impact on the success of vaccination programs in Marsabit County, Kenya, and regression analysis was used to evaluate it. Information sharing had a beta coefficient of 0.321 and a p-value of 0.000, which is less than 0.05. Consequently, hypothesis H₀₄ was shown to be false, which suggests that decision-making has a major influence on the success of vaccination programs.

5.3 Conclusion

This section makes conclusion on the findings of the study

5.3.1 Collective Stakeholder Analysis

Research was conducted in Kenya's Marsabit County to determine the impact of stakeholder analysis on vaccination program success. Based on descriptive statistics, the study concludes that collective stakeholder analysis was practiced to a great extent among the immunization organizations in Marsabit County. Based on regression beta coefficients and the p-values, the study conclude that collective stakeholder analysis has the least but significant role towards performance of the immunization programmes in Marsabit County.

5.3.2 Joint Need Identification

Assessment of joint need identification's impact on vaccination programs in Marsabit County, Kenya, was the study's primary goal. The research found that public health agencies in Marsabit County implement collaborative need identification to a large level. In Marsabit County, collaborative need identification had the second-largest and most significant impact on vaccination program success, as seen by regression beta coefficient values.

5.3.3 Labour Provisions

Research in Marsabit County, Kenya, intended to evaluate how labor provisions affected the success of vaccination programs. According to the descriptive data, the research finds that vaccination programs in Marsabit County used a large amount of labor supplies. Regression beta coefficient shows that the effectiveness of the vaccination programs in Marsabit County was impacted by labor provisions in the third biggest and most significant way.

5.3.4 Decision Making

The study's final goal was to determine the importance of decision-making. As per the descriptive statistics, this study conclude that decision making was practiced in varying degrees ranging from a moderate to a great extent among the immunization project organizations operating in Marsabit County. The study further concludes that although decision making has not been greatly adopted among the immunization programmes in Marsabit County, it has the largest and significant effect on performance of these programmes.

5.4 Recommendations

Based on the findings, the study makes the following recommendations:

- i. The project managers of the immunization programmes in Marsabit County should involve more stakeholders during the analysis of the needs of the stakeholders
- ii. The project managers of the immunization programmes in Marsabit County should improve by involving more stakeholders during the identification of needs of the future public health programmes.
- iii. The human resource managers of the immunization project organizations in Marsabit should adopt modern methods of managing the human resources
- iv. The finance managers of the immunization programmes in Marsabit County should improve on the financial resource management practices that are in place
- v. The public relation managers and communication managers of the immunization programmes should seek to improve on information sharing mechanisms in place for greater performance of the public healthc are programmes in place

5.5 Areas for Further Research

- i. Future studies should be conducted in other counties like Narok, Wajir and Mandera apart from Marsabit County.
- ii. Future studies should link participatory planning with other concepts like project implementation aside from performance
- iii. Future studies should focus on other parameters and indicators of participatory planning away from information sharing, collective stakeholder analysis, resource planning and joint need identification that were covered in the present study

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APPENDICES

Appendix I: Letter of Introduction

Dear Respondent,

RE: DATA COLLECTION

I am a student at Nairobi University, currently undertaking a research study on **PARTICIPATORY PLANNING AND PERFORMANCE OF PUBLIC HEALTH CARE PROJECTS IN MARSABIT COUNTY, KENYA**. You have been selected to participate in this study and I would highly appreciate if you assisted me by responding to all questions in the attached interview guide as completely, correctly and honestly as possible. Your response will be treated with utmost confidentiality and will be used only for research purposes of this study.

Your cooperation is highly appreciated.

Yours sincerely,

Appendix II: Questionnaire for Health Programmes Beneficiaries in Marsabit County

SECTION A: DEMOGRAPHIC INFORMATION

1. Please indicate your gender? Male [] Female []
2. How many years have you lived in Marsabit County?

Below 2 years [] 2-5 years [] More than 5 years []
3. What is your highest level of education?

No formal education [] Certificate [] Diploma []

First Degree [] Masters [] PhD []

SECTION B: COLLECTIVE STAKEHOLDER ANALYSIS

4. Below are several aspects of collective stakeholder analysis that affect performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement with each of these aspects in as far as public health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
We participate in identifying primary stakeholders of the immunization programmes in Marsabit County					
We collectively identify the secondary beneficiaries of immunization programmes in Marsabit County					
We participate in determining the interests of stakeholders of the immunization programmes in Marsabit County					
We seek to ensure that the immunization programmes in Marsabit County have good relationship with its stakeholders					

5. What is the other effect of collective stakeholder analysis on performance of public health care projects in Marsabit County?

SECTION C: JOINT NEED IDENTIFICATION

6. Below are several elements of joint need identification that affect performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement with each of these aspects in as far as public health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
We collectively participate in analyzing the health care problems during initiation of immunization programmes in Marsabit County					
Taking part in problem analysis helps us to select the most viable immunization programmes					
We take part in analyzing the objectives of the proposed immunization programmes in Marsabit County					
We ensure that the selected health care programmes are guided by clear objectives					
We brainstorm on possible risks likely to affect successful implementation of the immunization programmes in Marsabit County					
We brainstorm on possible measures of mitigating against risks likely to affect the immunization programmes in Marsabit County					

7. What is the other effect of joint need identification on performance of public health care projects in Marsabit County?

SECTION D: LABOUR PROVISIONS

To what extent do you agree with the following attributes on labour provisions? The scale stand for the following: 1= No extent at all; 2= Small extent; 3= Moderate extent; 4= Great extent; 5= Very great extent

	1	2	3	4	5
When faced with a challenge, the project manager employs the process of creative thinking.					
When faced with a challenge, the project manager employs the process of creative thinking					
The project manager provides guidance in order to motivate and inspire others.					
The project manager interacts with their teams on a regular basis, if not daily					
The project manager interacts with their teams on a regular basis, if not daily					
We ensure that all the project deliverables are implemented in time					
Setting alternate strategies has decreased the unexpected hazards potential.					

9. What is the other effect of joint need identification on performance of public health care projects in Marsabit County?

SECTION E: DECISION MAKING

To what extent do you agree with the following attributes on decision making? The scale stand for the following: 1= No extent at all; 2= Small extent; 3= Moderate extent; 4= Great extent; 5= Very great extent

	1	2	3	4	5
We require that project managers on high quality and projects are delivered on time.					
We take part in formulation of the budgets for the immunization M&E is a core tool in completion of Kenya					
Most of the Management team members are well versed with the program					
We are involved in decision making through opinion polls					
We give ideas during advisory committee meeting					
Our project beneficiaries get information on immunization programme through mobile phones					
Our project beneficiaries get information on immunization programme through annual partner forums					
Our project beneficiaries are involved in decision making process					
The project beneficiaries in meetings for program implementation.					
We have reliable channels of information on immunization programme in Marsabit County					

11. What is the other effect of information sharing on performance of public health care projects in Marsabit County?

SECTION F: PERFORMANCE OF IMMUNIZATION PROGRAMMES IN MARSABIT COUNTY

12. Below are several aspects measuring performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement as far as health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
More people in Marsabit County can now enjoy the immunization programmes initiated in the area					
The public health care programmes in Marsabit County are implemented in time					
Quality standards are adhered to during implementation of public health care programmes in Marsabit County					

THANK YOU

Appendix III: Questionnaire for Health Managers in Marsabit County

SECTION A: DEMOGRAPHIC INFORMATION

1. Please indicate your gender? Male [] Female []

2. How many years have you worked in your present organization?
 Below 2 years [] 2-5 years [] More than 5 years []

3. What is your highest level of education?
 No formal education [] Certificate [] Diploma []
 First Degree [] Masters [] PhD []

SECTION B: COLLECTIVE STAKEHOLDER ANALYSIS

4. Below are several aspects of collective stakeholder analysis that affect performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement with each of these aspects in as far as public health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
We collectively identify primary stakeholders of the public health care projects in <u>Marsabit</u> County					
We collectively identify the secondary beneficiaries of public health care projects in <u>Marsabit</u> County					
We collectively determine the interests of stakeholders of the public health care projects in <u>Marsabit</u> County					
We ensure that the public health care projects in <u>Marsabit</u> County have good relationship with its stakeholders					

5. What is the other effect of collective stakeholder analysis on performance of public health care projects in Marsabit County?

SECTION C: JOINT NEED IDENTIFICATION

6. Below are several elements of joint need identification that affect performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement with each of these aspects in as far as public health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
We jointly analyze the health care problems during initiation of immunization programmes in Marsabit County					
Joint problem analysis helps us to select the most viable immunization programmes					
We jointly analyze the objectives of the proposed immunization programmes in Marsabit County					
We ensure that the selected health care programmes are guided by clear objectives					
We jointly brainstorm on the possible risks likely to affect successful implementation of the immunization programmes in Marsabit County					
We jointly brainstorm on the ways to enhance implementation of the immunization programmes in Marsabit County					

7. What is the other effect of joint need identification on performance of public health care projects in Marsabit County?

SECTION D: LABOUR PROVISIONS

To what extent do you agree with the following attributes on labour provisions? The scale stand for the following: 1= No extent at all; 2= Small extent; 3= Moderate extent; 4= Great extent; 5= Very great extent

	1	2	3	4	5
When faced with a challenge, the project manager employs the process of creative thinking.					
When faced with a challenge, the project manager employs the process of creative thinking					
The project manager provides guidance in order to motivate and inspire others.					
The project manager interacts with their teams on a regular basis, if not daily					
The project manager interacts with their teams on a regular basis, if not daily					
We ensure that all the project deliverables are implemented in time					
Setting alternate strategies has decreased the unexpected hazards potential.					

9. What is the other effect of joint need identification on performance of public health care projects in Marsabit County?

SECTION E: DECISION MAKING

To what extent do you agree with the following attributes on decision making? The scale stand for the following: 1= No extent at all; 2= Small extent; 3= Moderate extent; 4= Great extent; 5= Very great extent

	1	2	3	4	5
We require that project managers on high quality and projects are delivered on time.					
We take part in formulation of the budgets for the immunization M&E is a core tool in completion of Kenya					
Most of the Management team members are well versed with the program					
We are involved in decision making through opinion polls					
We give ideas during advisory committee meeting					
Our project beneficiaries get information on immunization programme through mobile phones					
Our project beneficiaries get information on immunization programme through annual partner forums					
Our project beneficiaries are involved in decision making process					
The project beneficiaries in meetings for program implementation.					
We have reliable channels of information on immunization programme in Marsabit County					

11. What is the other effect of information sharing on performance of public health care projects in Marsabit County?

SECTION F: PERFORMANCE OF IMMUNIZATION PROGRAMMES IN MARSABIT COUNTY

12. Below are several aspects measuring performance of public health care projects in Marsabit County. Kindly indicate the extent of your agreement as far as health care projects in Marsabit County are concerned. Use a scale of 1-5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5= very great extent.

	1	2	3	4	5
More people in Marsabit County can now enjoy the immunization programmes initiated in the area					
The public health care programmes in Marsabit County are implemented in time					
Quality standards are adhered to during implementation of public health care programmes in Marsabit County					

END

THANK YOU

Appendix IV: Interview Guide for County Health Officials, Community Leaders and Religious Leaders

1. Kindly indicate your gender

.....
.....

2. Kindly indicate your highest level of education

.....
.....

3. Kindly indicate the number of years you have lived or worked in Marsabit County

.....
.....

4. Do you take part in identifying the stakeholders of the health projects in Marsabit County?
Kindly explain

.....
.....

5. What role do you play during the identification of the needs of the immunization programmes in Marsabit County?

.....
.....

6. What role do you play during resources planning of the immunization programmes in Marsabit County?

.....
.....

7. Do you receive adequate information on immunization programmes in Marsabit County?
Kindly explain

.....
.....

8. Do you think immunization programmes are implemented in time and within quality standards?

.....
.....

End

Appendix V: Health Care Programmes in Marsabit County

1. Marsabit County Referral Hospital
2. Kargi Pastoralist Link
3. Pathways to Safe Motherhood Project by UNDP Amkeni Wakenya and Saku Accountability Forum
4. Kenya Marsabit Trachoma Control Programme by Sightsavers
5. Sexual and Reproductive Health, Rights (SRHR) Isiolo (Jan 2012 – Dec 2016) by AMREF and DANIDA
6. One Health Integrated Approach by Comitato Collaborazione Medica CCM
7. Supporting Community Health Volunteers with technology solutions by Philips Foundation
8. Malnutrition Project by USAID and Catholic Relief Services
9. The Marsabit Brucellosis Communication Strategy project by county public health and veterinary departments of Marsabit.
10. Caritas Marsabit (CM) health care programmes
11. Tumaini Medical Centre by ADSMKE – Marsabit
12. The CORE Polio Project (CGPP) group funded by European Union
13. The Kenya Arid Lands Disaster Risk Reduction (KALDRR) project by CARE Kenya

Source, Ministry of Health Kenya (2020)

Appendix VI: Administrative Units in Marsabit County

Sub County	Ward	No. of locations	No. of sub locations
Saku	3	11	22
Laismis	5	11	30
North Horr	5	13	18
Moyale	7	23	42
Total	20	58	112

Appendix VII: Data Collection Authorization Letter



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

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

REF: UON/ODeL/NLC/32/279

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

16th November, 2020

TO WHOM IT MAY CONCERN

RE: NASRA OSMAN ABUKAR- REG NO: L50/ 21270/2019

This is to confirm that 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 Masters of Art in Project Planning and Management.





She is proceeding for research entitled "*Participatory Planning and Performance of Projects Public Health Care in Marsabit County, Kenya.*"

Any assistance given to her will be highly appreciated.

CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE



Appendix VIII: NACOSTI Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 465679	Date of Issue: 02/February/2021
RESEARCH LICENSE	
	
This is to Certify that Ms.. Nasra osman Abukar of University of Nairobi, has been licensed to conduct research in Marsabit on the topic: PARTICIPATORY PLANNING AND PERFORMANCE OF PROJECTS : A CASE OF PUBLIC HEALTH CARE PROJECTS IN MARSABIT COUNTY, KENYA for the period ending : 02/February/2022.	
License No: NACOSTI/P/21/8743	
Applicant Identification Number 465679	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION