

INFLUENCE OF PROJECT MANAGEMENT PRACTICES ON THE PERFORMANCE OF ANTENATAL CARE SERVICES PROJECTS IN KENYA

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ABSTRACT

The antenatal care services projects are poorly performing. Despite the availability of antenatal care services in the hospital through antenatal care services projects only 25% of these women were able to achieve the four recommended antenatal care visits. The purpose of this research was to establish project management practices influence on the performance of antenatal care services projects in Kenya. The study was guided by the following objectives; to determine how planning practices, project execution practices, monitoring and evaluation and project funding influence performance of antenatal care services projects in Kenya. The study was hinged on system theory, co-evolutionary theory and classical theory. A descriptive research design was undertaken to ascertain and be able to describe the characteristics of variables of interest. The target population for this study was 262 comprising of Project managers, Officials in the Ministry of Health and Beneficiaries. The sample size was a subset of the population that is taken to be representatives of the entire population. A sample population of 156 was arrived at by calculating the target population of 262 with a 95% confidence level and an error of 0.05. This study adopted a stratified and simple random sampling technique. Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. The drop and pick method was preferred for questionnaire administration so as to give respondents enough time to give well thought out responses. The researcher personally administered the research instruments to the

respondents. Descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables. The qualitative data from the open-ended questions was analysed using conceptual content analysis and presented in prose. Inferential data analysis was done using regression and correlation analysis and information presented in form of tables. The study found that delivery method and inputs required influence performance of antenatal care services projects in Kenya to a very great extent. The study found that effective communication and managing people influenced performance of antenatal care services projects in Kenya to a very great extent. The study also found that M&E training and provision of direction influence performance of antenatal care services projects in Kenya to a very great extent. Lastly, the study found that adequate funds influence performance of antenatal care services projects in Kenya to a very great extent. The study concluded that planning practices had the greatest effect on performance of antenatal care services projects in Kenya, followed by monitoring and evaluation strategy, then project execution practices while project funding had the least effect on the performance of antenatal care services projects in Kenya. The study recommends that more stringent measures should be put in place to ensure proper monitoring and evaluation processes. The study further, recommends that the project management should prepare documentations and manuals guiding on project planning.

Key Words: *project management practices, performance, antenatal care services projects, Kenya*

INTRODUCTION

Project management isn't just the project manager's responsibility. Projects as a way to attain objectives, have been used since ancient times, generating important results to society and culture. The characteristics of a project require a specific type of management. Project management is the application of knowledge skills, tools and techniques to project activities. Project management is accomplished through the application and integration of the project management processes of initiating, planning, executing, monitoring and controlling, and closing. Project management has evolved over time, becoming the principal mean of dealing with change in modern organizations. Best practices have occurred as a result of business evolution and of practicing project management at a global level. Best practices in project management, if followed, increase the chances of success in achieving goals when dealing with projects (Stark, 2015).

Antenatal care services projects are established for the health care given to pregnant women so that they have safe pregnancy and healthy babies. Recently the WHO Technical Working Group has recommended a minimum level of care to be four antenatal care clinic visits throughout the pregnancy. On 7th November 2016, the World Health Organization (WHO) released new guidelines on access to antenatal care services projects for pregnant women. The revision was necessitated by the persistently high maternal deaths globally, particularly in developing countries where deaths are still 14 times higher than in the developed regions. The WHO recommended increasing antenatal care visits from the current four to eight fundamental visits, to ensure a continuum of care during pregnancy, labour and delivery, and the postnatal period. The four-visit model (focused antenatal care) being replaced was adopted by WHO in 2002, and has been in use since then, providing goal-oriented and targeted care aimed at increasing the detection and management of complications during pregnancy (Kayombo, 2011).

Performance of antenatal care services projects has growing evidence shows that a higher frequency of antenatal contacts by women and adolescent girls with the health system is associated with a reduced likelihood of stillbirths. A minimum of eight contacts for antenatal care can reduce perinatal deaths by up to 8 per 1000 births when compared to a minimum of four visits. Traditional antenatal care services projects management systems mainly provide text, basic graphs, and complicated network schedules for controlling projects and making decisions. Today's projects are becoming ever more complex and time driven, especially as the amount of project information and active project participants increases. Thus, we require more effective project tools for integration, management and communication. A standardized approach of project management comes to support the project manager when dealing with multiple projects with different competency needs, reducing the management risk and maximizing the achievement of goals (Canavan, 2009).

Managing antenatal care services projects can be daunting. Since projects are generally perceived to be unique, it cannot be expected that the same set of processes and methods will

foster the success of each and every project (Ahlemann, Teuteberg & Vogelsang, 2009). Best practices in project management contribute to the achievement of goals, but project managers need to determine which project management methods can be generally applied and which are appropriate in specific situations. Project managers also need to be able to adapt the international standard to the cultural differences which appear in different areas or countries.

High quality prenatal or antenatal care (ANC) is an essential component of the reproductive, maternal, newborn and child health continuum of care. During the critical prenatal period, health care providers can educate women about healthy pregnancy behaviors, danger signs of complications, breastfeeding and family planning; identify and treat pregnancy-related conditions such as pre-eclampsia/eclampsia; refer mothers to specialized care when necessary; encourage the use of a skilled birth attendant; and minimize the risk of mother-to-child transmission of HIV. For many women around the world, an ANC visit is their first adult contact with the health care system, serving as a gateway to health services both during and beyond maternity care. In addition to diagnosing and managing pregnancy-related complications, ANC provides an opportunity to screen for and treat other chronic conditions and non-communicable diseases (Gongora & Wenger, 2015).

As technology grows and changes, antenatal care services projects become bigger and more complex. According to a global survey done by the Project Management Institute, 41 percent of projects completed in 2017 were high complexity projects. It's easy to see why. Many modern project teams have grown to include remote and international members, and innovative leaders understand that shorter project cycles are key to staying relevant. As a result, every team could benefit from more effective project management. Each project is unique, but a good place to start is with the nine best practices for effective project management outlined by the Project Management Institute (Gongora & Wenger, 2015). Sometimes the business environment changes after the project starts, so assumptions made at the beginning of the project may no longer be valid. This often means the scope or deliverables of the project need changing. If a project manager accepted all changes into the project, the project would inevitably go over budget, be late and might never be completed. By managing changes, the project manager can make decisions about whether or not to incorporate the changes immediately or in the future, or to reject them. This increases the chances of project success because the project manager controls how the changes are incorporated, can allocate resources accordingly and can plan when and how the changes are made. Not managing changes effectively is often a reason why projects fail (Kotter, 2012).

Antenatal care services projects is essential to improve maternal and newborn health and wellbeing. The majority of pregnant women in Tanzania attend at least one visit. Since implementation of the focused antenatal care model, quality of care assessments have mostly focused on utilization and coverage of routine interventions for antenatal care. Performance of routine ANC services, partly explained by insufficient resources. Poor performance was also observed for appropriate history taking, attention for client's wellbeing, basic physical

examination and adequate counseling and education. Achieving quality improvement for ANC requires increased attention for the process of care provision beyond coverage, including attention for response-based services, which should be assessed based on locally determined criteria (Gongora & Wenger, 2015).

Globally, 85% of pregnant women attend at least one ANC visit with a skilled health professional, and 58% attend at least 4 ANC visits. However, ANC utilization varies within and among countries: One study found that the percentage of women who attended at least 4 ANC visits ranged from 18% in Guatemala to 81% in Nicaragua. A number of factors including socioeconomic status, place of residence and education level affect a woman's likelihood of attending ANC, contributing to enormous disparities in access and utilization (Grimes, Bowman, Dodgion & Lavy, 2011).

In 2007, WHO estimates put annual maternal deaths at 536,000 worldwide with 95% coming from sub-Saharan Africa and Asia. Recent estimates puts maternal mortality rate in Kenya at 488 per 100,000 live births (KDHS, 2009). Other sub-Saharan countries have higher rates e.g. Sierra Leone at 2100, Niger at 1800 per 100,000 live births, Cameroon, Malawi and Nigeria at 1100 per 100,000 live births (WHO, 2007). Research has shown that maternal and perinatal deaths can be drastically reduced by increasing accessibility and utilization of maternal health services especially ANC. Availability of maternal health services alone does not guarantee utilization because of other constraints like lack of information. The United Nations (UN) in 1998 observed that the most proximate determinant of maternal health and survival is the extent to which mothers have access to, and utilize high quality maternal health care services such as ANC, family planning, skilled delivery and post-natal care.

The quality of care during an antenatal visit is also important. Particularly in low-resource settings, shortages in essential medicines, equipment and trained staff are barriers to providing high quality care. In addition, the content of care delivered during pregnancy is poorly measured, limiting the ability to identify and address weaknesses. Integrating ANC with other health services has the potential to improve utilization, quality and outcomes, but additional research is needed. Another approach designed to improve the quality of care is group-based ANC. Researchers in recent years have begun to assess the feasibility and acceptability of group care models such as Centering Pregnancy in diverse global settings, including Malawi and Tanzania (Grimes, Bowman, Dodgion & Lavy, 2011).

The Kenya vision 2030 social strategy emphasises the need to improve the overall livelihoods of Kenyans (Government of the Republic of Kenya, 2007). In the area of maternal health, vision 2030 aims at shifting the health bill from curative to preventive care with special attention being paid to lowering infant and maternal mortality ratios. It points out that Kenya is lagging behind in interventions which should lower infant and maternal mortality. Antenatal care is an important determinant of maternal health outcomes and one of the basic components of maternal care on which the life of mothers and babies depend. It is the entry point to the health care system and

determines whether a mother will deliver in a health facility and whether she will take the baby for preventive services like immunizations and growth monitoring (Gross, Alba, Glass, Schellenberg & Obrist, 2012).

According to Chuma and Thomas (2013), only a minority of pregnant women (36.1%) make the required minimum of four ANC visits in public health facilities in Kenya. This implies that we are unlikely to achieve millennium development goals number 5 and 6 by the end of this year 2015. Lack of access to, and low utilization of essential services and high-impact interventions, together with poor quality of health services, may be partially responsible for this lack of progress. In Kitui district hospital, out of the 2927 pregnant mothers who were within the catchment area in 2014, only 747 (25%) of them attended the recommended 4 ANC visits (DHIS, 2015). Assessing the determinants of utilization of antenatal care services in Kitui district hospital is therefore necessary since the findings are likely to help the hospital improve the quality of services and attract more clients.

STATEMENT OF THE PROBLEM

Projects need to be managed, that is, they need to be planned, staffed, organized, monitored, controlled, and evaluated. Given the sub-national disparity and inequity in access to critical health services and in health outcomes, the salient question remains whether the government should increase resources countrywide to implement the new guidelines, or focus its efforts on strengthening the current interventions, including the focused antenatal care model and free maternal health services in the 15 counties with the highest maternal death burden. Antenatal care services projects should thus be a welcome move in Kenya where maternal and neonatal deaths remain unacceptably high. According to the Kenya Demographic and Health Survey (KDHS) 2014, the average national maternal mortality ratio was 362 deaths per 100,000 live births, a decrease from 488 per 100,000 in 2008. In other words, for every 1,000 live births, approximately four women die during pregnancy, childbirth, or following childbirth. In addition, the deaths that occur in the first month of life contribute to nearly half (42 percent) of all deaths occurring among children aged under five years. The irony is that almost all these deaths are entirely preventable given proper medical surveillance and intervention. However, Kenya and other developing countries have struggled to effectively implement the four-visit program (Ochako & Gichuhi, 2016). The antenatal care services projects are poorly performing. Despite the availability of antenatal care services in the hospital through antenatal care services projects only 25% of these women were able to achieve the four recommended antenatal care visits. This is lower than the overall Kenyan situation in which 47.1 percent of pregnant women attended at least four ANC visits in the year 2008 (KNBS & ICF Macro, 2010). This is evident through the 2014 KDHS showed that slightly more than half (58 percent) of pregnant women made four or more antenatal care visits during their pregnancy, an increase from 47 percent since the 2008-09 KDHS. In the North Eastern region which has the highest maternal and neonatal mortality rates, only about one in every three women (37 percent) made four visits, compared with over 50

percent in the other regions. North Eastern counties recorded the highest maternal mortality ratios, at 3,795 deaths per 100,000 live births in Mandera, 1,683 in Wajir, 1,594 in Turkana and 1,127 in Marsabit. Indeed, 98.7 percent of the total maternal deaths in the country occur in only 15 out of 47 counties, most them in the northern and coastal parts of the country. Increasing antenatal visits is bound to reduce maternal deaths, because it will increase contact between health workers and pregnant women. The low uptake of antenatal care services means that many mothers who have pregnancy related conditions do not receive preventive and curative services. As a result they come to labour when they already have untreated medical conditions which lead to poor outcomes like maternal death, disability or long term illnesses. These outcomes negatively affect our public health and the overall socio-economic development. Previously, studies have been conducted on project management practices such as Ogero (2014) who established the influence of project management information system on project performance in the industry: a case of Nairobi County, Kenya. While there are obvious benefits of increasing antenatal visits, implementing the new guidelines is going to be much more difficult to achieve given current resources constraints. There is therefore need for careful considerations of the extra challenge the new guidelines pose and to understand the implications on the resources needed including among others: human resources, infrastructure, and equipment. Therefore, the study sought to fill the existing knowledge gap by determine project management practices influence on the performance of antenatal care services projects in Kenya

PURPOSE OF THE STUDY

The purpose of this research was to establish project management practices influence on the performance of antenatal care services projects in Kenya.

RESEARCH OBJECTIVES

1. To determine how planning practices influence performance of antenatal care services projects in Kenya.
2. To assess how project execution practices influence performance of antenatal care services projects in Kenya.
3. To examine how monitoring and evaluation influence performance of antenatal care services projects in Kenya.
4. To determine how project funding influence performance of antenatal care services projects in Kenya.

LITERATURE REVIEW

Performance of Antenatal Care Services Projects

Project performance is influenced by being good at managing antenatal care services projects is usually a matter of following project management best practices. These best practices are usually derived from project management methodologies, international standards, industry conventions, and the organization's own guidelines from past projects. The ultimate importance of project performance is achieved through avoiding the project's failure to keep within cost budget, failure to keep within time stipulated for approvals, design, occupancy and failure to meet the required technical standards for quality, functionality, fitness for purpose, safety and environment protection. Project performance ensures that enterprises maximise on profitability, minimise the consequences of risky and uncertain events in terms of achieving the project's objectives and seizes the chances of the risky events from arising (Kululanga & Kuotcha, 2010).

The criteria of project performance for the project will be cost, time and quality which are basic elements of project success. Quality is all about the entirety of features requisite by a product to meet the desired need and fit for purpose. To ensure the effectiveness and conformity of quality performance, the specification of quality requirements should be clearly and explicitly stated in design and contract documents. Project performance measure for this study will be defined in terms of cost, time, quality and profitability, as small and medium enterprise focus on earning returns over project investment. In Kenya, project performance has been measured through project cost, quality, customer or stakeholder's satisfaction, timeliness and achieving of project objective as effective indicator to measure of project performance (Nyikal, 2011).

A common cause of project failure is that important stakeholders and sponsors aren't alerted to issues until it is too late. Problems that can be solved by senior people often linger at the bottom of the organization for fear of rebuke or censure. Leadership capabilities are particularly important when you're dealing with a complex set of resources - as in an agency setting. Leaders can't always develop a schedule for creative work and expect it to be 100% perfect every time. Often, you'll have to use leadership, motivation, and empathy to get creative talent to do its best. One of the top reasons for project failure is misalignment between project goals and business strategy. In fact, organizations that establish an enterprise project management office (EPMO), aimed at aligning antenatal care services projects and strategy, have 33 percent fewer projects that are deemed failures (Ehrenreich, 2009).

Planning practices and Performance of Antenatal Care Services Projects

Planning requires that the project manager decides which people, resources and budget are required to complete the project. Manager must define what activities are required to produce the deliverables using techniques such as Work Breakdown Structures. Manager must estimate the

time and effort required for each activity, dependencies between activities and decide a realistic schedule to complete them. Involve the project team in estimating how long activities will take. Set milestones which indicate critical dates during the project. Write this into the project plan. Get the key stakeholders to review and agree to the plan. Project planning is tricky on a corporate creative team. Too little planning causes chaos and frustration; and too much planning causes a lot of administrative work and not enough time for creative work. Ultimately, the planning stage of the creative workflow determines how smoothly your antenatal care services projects move through the creative process, which is why it's so important to spend some time at the beginning of a project and get your planning right (Hinton, 2012).

Project planning begins with the formation of a local project planning committee or group. Whenever possible, tribes and organizations should use a team approach to plan new antenatal care services projects which involves staff, community members, community or organizational leadership, and a grant writer or consultant if necessary. The committee members play an important role in keeping the project planning process on track while also ensuring everyone has the opportunity to participate. The committee can organize meetings, conduct surveys, gather and analyze information, and meet with other agencies and organizations. This team will develop the project plan and use it to write the different parts of the application. Generally, you want to spend approximately 80% of your time planning your project and 20% of your time writing and packaging the grant application (Hinton, 2012).

Managers must define what activities are required to produce the deliverables using techniques such as Work Breakdown Structures. Managers must estimate the time and effort required for each activity, dependencies between activities and decide a realistic schedule to complete them. Involve the project team in estimating how long activities will take. Set milestones which indicate critical dates during the project. Also known as Planned Commitments, this process includes evaluating, identifying, defining, and specifying both boundaries and resources surrounding nine key components: scope and mission, scheduling, budgeting, personnel, control, risk, and quality. At the onset of the project, make sure that the team and the stakeholders all understand what is available and the guidelines established to keep managers on track (Kerzner & Kerzner, 2017).

In Addition, processes such as planning for communications and for scope management, identifying roles and responsibilities, determining what to purchase for the project and holding a kick-off meeting are also generally advisable. The most common tools or methodologies used in the stakeholder involvement in planning stage are project Plan and Milestones Reviews. Stakeholders official are engaged fully in the planning stage. At this level, the project officials prepare the project budget, work plan and open a bank account for the project funds to be channeled through (Madeeha & Imran, 2014). The District Works Officer who is a Government official assists in preparation of bill of quantity for the project. The other relevant departmental heads approve the budget and work plan for the antenatal care services projects in their relevant fields. The objectives of engaging stakeholders in planning include analyzing, anticipating,

scheduling, coordinating, controlling and Information management, which influence success of the project (Madeeha & Imran, 2014).

Project planning is widely thought to be an important contributor to project success. In the larger scheme of a typical creative team's workflow, project planning follows the request stage, where, ideally, a traffic manager or creative director receives all incoming work requests in a standardized fashion. Formalizing the project's work plan is key to meeting deadlines and hitting milestones. Without a detailed work plan, there isn't a documented plan for all the various stages of the project. What gets measured gets done, and a detailed work plan is a simple way to measure all the different moving parts of a project. Zwikael and Globerson (2006) found that engineering had the highest quality of planning and success while production and maintenance companies had the lowest quality of planning and success. The production and maintenance industry is deemed to be less project focused. The services industry is third in planning and second in success while software and communications were second in planning and third in success. These last two results, as pointed out by the authors, can be attributed to either differences in the impact of planning in each industry or the fact the software and communications industries are challenging environments (Madeeha & Imran, 2014).

Project Execution Practices and Performance of Antenatal Care Services Projects

Project execution is the third phase of the project life cycle and one of the most vital of the project phases. It is the phase where you will construct your deliverables and present them to your customer and key stakeholders. This is usually the longest phase of the project life cycle and predictably the most demanding. To make sure strategies get put into motion, project managers must make sure they have the talent with the right project leadership skill sets to manage the project. Today, PMI recognizes the need to have a trio of skill sets in the areas of leadership, strategic and business management, and technical project management. Emotional intelligence and self-awareness continue to be essential skillsets for project leaders. Project managers also need to better understand to lead others. Plan to acquire any just-in-time training so project managers have the necessary working knowledge for their role on the project. Every project leader should have a personal career roadmap in place to fill behavior or competency gaps. Project managers should aim to build a highly qualified team that can help define the right strategies and alignments for your programs and antenatal care services projects. Project leaders that can align their vision and work with their teams will successfully deliver key programs and projects. The alignment of vision and strategy to implementation will help you close those gaps (Blaskovics, 2014).

Project execution's key purpose is to complete the work defined in the project management plan and to meet key project objectives. Having projects carried out on the ground brings about the practice of expeditious decision making by virtue of centralized planning, budgeting and decision making on the ground, (Eschura, 2009). This gives an assurance of having the

programmes liberated from any external influence away from the local considerations. It gives the autonomous unit the liberty to run its affairs without undue influence from the central government. This enables the expeditious service delivery, realization of the local community interests and greater achievements without being begged down by slow bureaucratic processes from the central government.

Decentralized decision making increases the participation of the local populace in the same, (Ahmad, 2010). This is driven by the fact that the local population has its needs and knows its priorities in consideration to the local underlying factors. In the event of their involvement in decision making, they are bound to have their immediate needs as the driving consideration in the decision making processes. They are bound to agitate for local programmes which are close to them as opposed to the central government deciding on matters which may not have major local considerations with regard to the populace needs (Ahmad, 2010). This also minimizes instances of skewed development programmes not driven by real business case. It also eliminates the situation of duplicity with regard to programmes owing to the fact that different areas have different needs.

Competence in the local knowledge and the information residing in the minds of the local officials gives legitimacy to local considerations in decision making. The local populations is always at hand to give an input of its ideas and feelings as regards antenatal care services projects and what impact they have on their lives as a populace and the overall prioritization of needs with regard to service delivery (Huugu, 2010). The risk of failure is curtailed and minimized because the local population works hard to ensure that the projects are successful. It also infuses a sense of ownership of programmes and the capacity to successfully implement them. Redistribution of decision-making responsibilities between the central and lower government systems enhances the development of the national development agenda with different community considerations being the driving factor, (Ndegwa, 2010). This brings about a bigger picture of the different persuasions and considerations in the different regions driving the national agenda driven by the fact that different regions have carrying levels of development and different needs for the populace.

Monitoring and evaluation and Performance of Antenatal Care Services Projects

Monitoring is descriptive in nature and gives information on where a project is at any given time relative to respective targets and outcomes. Evaluation on the other hand, is the systematic and objective assessment of a project and gives evidence of why targets and outcomes are or are not being achieved. It seeks to address issues of causality. Applied as a function, monitoring and evaluation is an integral part of project management involving a system of reflection and communication supporting project implementation (Nuguti, 2009). Monitoring, whilst seen as an on-going management function, and evaluation as the post-event function, which feeds information back to management for the next event, is too simplistic a distinction. In monitoring

one is evaluating, as one is making a judgement about progress and intervening based on this judgement (UNDP, 2010). Similarly, when one does an evaluation, one does so on the basis of monitoring data, and judgements can best be made with these insights. In practice, the sequencing is not as linear as one following the other, but more dynamic depending on the situation

The conceptualization of project Monitoring and Evaluation (M&E) has evolved over time and has mirrored the paradigm shifts that have occurred in management of projects (Nyonje, Ndunge, & Mulwa, 2012). In the 1950s, M&E practice was dominated by a strong emphasis on prudent utilization of resources, reflecting the social scientific trend of the era. The focus of M&E then, sought to concentrate on lived experiences, and give voice to as many stakeholders in a consensus-shaping evaluation process. At present however, many organizations view M&E as a donor requirement rather than a management tool for reviewing progress and identifying and correcting problems in planning or implementation of projects (Armstrong & Baron, 2013). Donors are certainly entitled to know whether their money is properly spent but the primary use of M&E should be for the organisation or project itself to see how it is performing and to learn how to do it better. Naidoo (2011) notes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions. M&E itself as a management function, consists four key activities: M&E Planning, M&E Training, Baseline surveys and Information systems.

In view of the forgoing and considering that M&E is a key component of project management that gives control over the main parameters that define a project; scope, quality, resources, completion time and cost. With the advent of globalization, organizations all over the world are grappling with internal and external demands and pressures for continuous improvements in project management to enhance performance and stay competitive. These demands come from a variety of sources including donors, governments, private sector, civil society and the media. Whether it calls for greater accountability and transparency in exchange for foreign aid or real results, organizations must be increasingly responsive to stakeholders' demand to demonstrate tangible results. As a consequence of this, many organisations are becoming increasingly wary of factors that determine project performance and the need to manage antenatal care services projects meticulously. One of the most powerful tools that influence the performance of a project, program, or policy is Monitoring and Evaluation (M&E).

Apart from M&E serving the very necessary purpose of accountability, for reasons mentioned in the foregoing, it is also meant to promote the learning organisation this would be at the level of M&E, and comes about when results are presented. The assumption is that organisations would become more open and self-reflective when faced with evaluative information, but it is not necessarily the case, as operationalizing learning is not easy, given the complex array of protocols and management culture, which must be, negotiated. It has been shown that whilst it is implicit that M&E should lead to learning and reflection, this may not be the case, because the way organisations integrate information may be complex, and not as causal as suggested in

classic M&E. Collecting information on project performance during monitoring and evaluation eventually leads to accumulation of data depending on how complex the project is. If this large amount of information has to add value to project management, there is need to decide how to make sense of it or to analyse it. As stated by Shapiro (2001), data analysis is the process of turning the detailed information into an understanding of patterns, trends and interpretations. The starting point for analysis in a project is to have an organised set of data – thus the concept of information system as an M&E activity (Technopedia, 2013).

Utilising evaluation in organisations is, however, not easy, and is influenced by several factors: contextual (political), technical (methodological) and bureaucratic (psychological). These factors overlap, but what is clear is that unless all the elements are lined up, organisational learning is difficult. Assess this grouping in terms of how M&E contributes to learning and reflection, and notes that in this mode M&E is seen as one tool that supports management by improving the quality of information provided for decision-making. There is much potential for evaluation to lead to organisational learning, and not just accountability, which has been illustrated by Gray (2009). The point made is that M&E intent is very important, as it could lead to different outcomes the interest of this study. It should be remembered that M&E has assumed different identities, due to context, and depending on this, it may be used for accountability, promoting a behaviour or practice, or learning, as demonstrated in a series on the subject

Project Funding and Performance of Antenatal Care Services Projects

There are a wide variety of funding sources available for projects or programmes although the options available depend on the nature of the company. Key sources are through loans, equity, investors, grants/funds and private finance. The financial power received by project manager has a pivot role in completing the project on time and with the stated performance requirements. Financial problems and lack of cash flow will adversely affect the implementation of monitoring and evaluation progress. Most ongoing antenatal care services projects in developing countries are donor funded antenatal care services projects. In most cases, the donors stipulate their own payment conditions. The prolonged procedure and payments duration as well as the different systems followed by these donors confuse the contractors and result in financial problems this affect the performance of the project. For a project to be successful there should be adequate fund allocated to finance its completion. Jackson (2010) added that project funds availability is an important factor that influences delivery of a project. Reports are an essential way of keeping everyone informed and therefore managers should manage the project, plan for the project and monitor. Also, the structure of the industry is fragment with increasing number of small companies and consolidation of large companies.

In project management, the project managers need to know exactly what their funding requirements are, even before they commence with the project. There are two types of funding management requirement and these include the total funding requirement and the period

requirement. The total funding requirement is defined as the cost that is identified in the cost baseline. It also includes the management reserves. The period funding requirement is defined as the annual and quarterly payments. Both of these funding requirements are derived from the cost baseline. The cost baseline is an important element in determining the project funding requirement and it includes the projected expenditures as well as the anticipated liabilities that may arise in the middle of the project (Harrison & Lock, 2017).

The funding may occur in incremental amounts in project management. They might not also be evenly distributed. This particular project management document should also include the sources of the funding or where the funds will be obtained. It is one of the necessary inputs that is used creating the control costs that is necessary for monitoring and updating the project costs and its changes. Companies are diversified, have low fixed assets, have positive cash flow, and subcontract extensively. The strategic systems are the determinant of the success or failure of large engineering projects. Projects are inherently complex and dynamic. Also, every project is unique having its own set of stakeholders and unique environment. Failure to achieve targeted time, budgeted cost and specified quality result in various unexpected negative effects on the projects. If the project meets technical performance and achieves high level of satisfaction among key players and various stakeholders, and then the project is considered as overall success. Adequate resources ensure effective and quality monitoring and evaluation. It is critical to set aside adequate financial and human resources at the planning stage (Seith & Philippines, 2012).

The required financial and human resources for monitoring and evaluation should be considered within the overall costs of delivering the agreed results and not as additional costs. Dedicated staff time for effective monitoring and evaluation, staff should be dedicated for the function. The practices of deployment of personnel for monitoring vary among organizations. Budget limitations are consistently one of the greatest constraints to implementing M&E. While antenatal care services projects can often compensate for a lack of technical capacity through training and/or outsourcing, they cannot compensate for the lack of money. Carrying out M&E costs money and, depending on how ambitious project implementers are about their M&E system, it can cost a lot of money (World Health Organization, 2016).

The belief that antenatal care services projects have significant impacts on the development of regional economies has often been used to justify allocating resources to transport infrastructure investment. Financial resources for monitoring and evaluation should be estimated realistically at the time of planning for implementation of monitoring and evaluation (UNDP, Handbook on planning, monitoring and evaluating for development results. 2009). The availability of finances will determine what can be achieved as far as implementation, strengthening and sustainability of monitoring and evaluation system is concerned (UNAIDS, 2008a). Quite often money to undertake M&E is not factored in implementation of many projects. One in four countries with a national M&E plan has not calculated the budgetary requirements (Report on the Global AIDS Epidemic, 2008).

THEORETICAL FRAMEWORK

According to Zima (2007), a theory is a set of assumptions, propositions, or accepted facts that attempts to provide a plausible or rational explanation of cause-and-effect (causal) relationships among a group of observed phenomena. A theoretical framework on the other hand is a group of related ideas that provides guidance to a research project or business endeavor. In this section, the focus was on system theory, co-evolutionary theory and classical theory.

System Theory

The term system theory originates from Bertalanffy's (1933) general system theory. Margaret Mead was an influential figure in systems theory. Organizations are social systems. Real systems are open to and interact with their environments. The different parts/elements within and around the organization intermingle to affect the way organization operate and therefore strategy implementation. It can be argued from a system's approach to strategic management that many of the reasons for strategies failure may be attributed to the "successive dominance of different reductionism approaches to strategic management.

Such partial approaches to project management ignore the complex, embedded and dynamic nature of today's organization. Taking the system approach in project implementation helps managers of organizations to have to understand the customer, better predict environmental reaction, estimate resource competence, and coordinate strategic project activities, obtain project execution practices influence on performance of antenatal care services projects.

Co-evolutionary Theory

Co-evolutionary theory, according to Lewin and Volberda (1999), indicates that as firms grow and evolve from small to larger and multidivisional organizations, the strategy implementation methods also evolve simultaneously. The various project implementation models are meant to meet the changing needs of firms as they evolve through various stages of the organizational life cycle. In contrast to the earlier descriptive models, this model is more prescriptive with an, albeit limited, empirical basis. The research highlights three of classifications of project implementation styles: change, collaborative, and cultural.

Not all institutions implement their projects in the same manner; nevertheless, research investigating the differing styles of implementation is scarce. Jungian theory is used for in framework of implementation style, however, this is very much an analysis of the psychological style of individuals within the firm. More recently, Parsa (1999) utilized Bourgeois and Brodwin's (1984) classification of strategy implementation types.

The majority of existing classification models in project implementation tend to be normative in nature. Alternatively, they are developed from organizational observation, and as such, become

context specific and frequently lack any broader theoretical grounding. In contrast, Bourgeois and Brodwin's (1984) model is comprehensive and based on specific theoretical assumptions and has been used by authors such as Parsa (1999). Bourgeois and Brodwin (1984) to refute the traditional approach to project implementation as simply an addition to the strategy formulation phase of the strategy process. Rather, they contend that project implementation evolves either from a process of winning group commitment through a coalitional form of decision-making, or as a result of complete coalitional involvement of implementation staff through a strong corporate culture.

Classical Theory

According to this theory by Chandler (1962), two main approaches to strategy have emerged over time: the Design School and the Process School. Under the Design School of thought strategy formulation is a formal process that is de-linked from strategy implementation. Strategy is carefully crafted by senior management and then implementation begins, with the aim of maximizing profits of the organisation. Chandler (1962) a major proponent of the design school, defines strategy as 'the determination of basic, long term goals of the enterprise, and the adoption of courses of action and allocation of resources necessary for those goals. This definition clearly shows strategy formulation as separate from strategy implementation.

The design school is consistent with the classical theory, which, according to Whittington (2008), sees strategy formulation as formulation of plans of attack by the general, and these preconceived plans are executed according to commands transmitted through obedient hierarchies to officers and their men at the front. This approach to strategy places great confidence in the readiness and capacity of managers to adopt profit maximization strategies through long term planning. It views strategy as an economic rational process and primarily restricted to issues related to market share and profitability.

The process school lays less confidence in the ability of top management to plan and act rationally. It advocates that whatever methods managers adopt, it will only be the best performers that survive. Competition is not a matter of detached calculation, but a constant struggle for survival. According to Mintzberg (1987), crafting strategy is a continuous and adaptive process, with formation and implementation inextricably entangled. Thus, process school advocates are inclined towards incremental adjustment of strategy and cultivating of core competences. The process school views strategy on project funding influence performance of antenatal care services projects.

RESEARCH METHODOLOGY

Research Design

A research design is the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (Gorard, 2013). For this study, a descriptive research design was undertaken to ascertain and be able to describe the characteristics of variables of interest. Descriptive research design is the process of collecting data in order to answer questions concerning the current status of the subject of the study. Thus, this approach was suitable for this study, since the study intended to collect comprehensive information through descriptions which was helpful for identifying variables (Creswell & Creswell, 2017). Descriptive studies describe characteristics associated with the subject population portraying an accurate profile of persons, events or situations (Saunders, Lewis & Thornhill, 2009). According to Wang (2015), descriptive surveys are designed to portray accurately the characteristics of individuals, situations or groups. It was used as a needs assessment tool to provide information on which to base sound decisions and to prepare the background for more constructive programmed of educational research. This research was conducted through a case study since it was a research on one organization. A case study was chosen because it enabled the researcher to have an in-depth understanding of the strategic responses to environmental challenges.

Target Population

Yin (2015) emphasized that to ensure credibility of research, the researcher should interview people who understand and have deeper information about the issue. This is because the credibility of the interviews depends on the knowledgeability of the interviewees or participants of the study. The target population for this study comprised of 262 Project managers, Officials in the Ministry of Health and Beneficiaries.

Sample Size and Sampling Procedure

The sampling plan describes the sampling unit, sampling frame, sampling procedures and the sample size for the study. The sampling outline depicts the list of all populace units from which the specimen was chosen (Gorald, 2013). As indicated by Lewis (2015), sampling includes selecting a given number of subjects from a characterized population in order to represent to the whole population. Sampling is a deliberate choice of a number of people who are to provide the data from which a study draw conclusions about some larger group whom these people represent. The sample size is a subset of the population that is taken to be representatives of the entire population. A sample population of 156 was arrived at by calculating the target population

of 262 with a 95% confidence level and an error of 0.05 using the below formula taken from Kothari (2004).

$$n = \frac{z^2 \cdot N \cdot \hat{p}^2}{(N - 1)e^2 + z^2 \hat{p}^2}$$

Where: n = Size of the sample; N = Size of the population and given as 262; e = Acceptable error and given as 0.05; \hat{p} = The standard deviation of the population and given as 0.5 where not known; Z = Standard variate at a confidence level given as 1.96 at 95% confidence level.

The sample size fit within the minimum of 30 proposed by Saunders, Lewis and Thornhill (2012).

The study selected the respondents using stratified proportionate random sampling technique. Stratified random sampling is unbiased sampling method of grouping heterogeneous population into homogenous subsets then making a selection within the individual subset to ensure representativeness. The goal of stratified random sampling is to achieve the desired representation from various sub-groups in the population. In stratified random sampling subjects are selected in such a way that the existing sub-groups in the population are more or less represented in the sample (Meyers, Gamst & Guarino, 2016).

Data Collection Instruments

Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. The questionnaire was made up of both open ended and closed ended questions covering issues associated to performance of antenatal care services projects. The open-ended questions were used so as to encourage the respondent to give an in-depth and felt response without feeling held back in illuminating of any information and the closed ended questions allowed respondents to respond from limited options that had been stated. According to Lewis (2015), the open ended or unstructured questions allow profound response from the respondents while the closed or structured questions are generally easier to evaluate. The questionnaires were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form.

Data Collection Procedures

The researcher obtained an introduction letter from the university as well as a research permit from National Commission for Science, Technology and Innovation (NACOSTI), which was presented to each institutional head so as to be allowed to collect the necessary data from the respondents. The drop and pick method were preferred for questionnaire administration so as to give respondents enough time to give well thought out responses. The researcher personally

administered the research instruments to the respondents. This enabled the researcher to establish rapport, explain the purpose of the study and the meaning of items that were not be clear as observed by Sekaran and Bougie (2010).

Data Analysis Techniques

Data was analysed using Statistical Package for Social Sciences (SPSS Version 25.0) which was the most recent version. Descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables and information presented inform of tables. The qualitative data from the open-ended questions was analysed using conceptual content analysis and presented in prose. Inferential data analysis was done using regression analysis. The regression analysis was used to establish the relations between the independent and dependent variables. Regressions were used because the procedure uses two or more independent variables to predict a dependent variable. The study regression model generally assumed the following equation;

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

Where: Y= performance of antenatal care services projects; β_0 =constant; β_1 , β_2 , β_3 and β_4 = regression coefficients; X_1 = Planning practices; X_2 = Project execution practices; X_3 = Monitoring and evaluation; X_4 = Project funding; ε =Error Term

RESEARCH RESULTS

The research sought to determine how planning practices influence performance of antenatal care services projects in Kenya. The study found that delivery method and inputs required influence performance of antenatal care services projects in Kenya to a very great extent. The study also found that resource allocation and resource specification influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to assess how project execution practices influence performance of antenatal care services projects in Kenya. The study found that effective communication and managing people influenced performance of antenatal care services projects in Kenya to a very great extent. The study also found that coordination and following processes influenced performance of antenatal care services projects in Kenya to a great extent.

The study aimed at examining how monitoring and evaluation influences the performance of antenatal care services projects in Kenya. The study found that M&E training and provision of direction influence performance of antenatal care services projects in Kenya to a very great extent. Further, feasibility of data collection, controls of activities, baseline survey and feedback provisions were found to influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to determine how project funding influence performance of antenatal care services projects in Kenya. The study found that adequate funds influence performance of antenatal care services projects in Kenya to a very great extent. Subsistence allowances accessibility, actual expenditure outline and disbursement frequency influence performance of antenatal care services projects in Kenya to a great extent.

The study sought to determine trend of aspects of performance of antenatal care services projects for the last 5 years. The study found that projects being completed on time and number of projects being completed that met specified quality had greatly improved. The study also found that projects accepted as meeting clients/stakeholders and projects being completed within stipulated budget had improved.

REGRESSION ANALYSIS

Regression analysis was conducted to determine the relationship between planning practices, project execution practices, monitoring and evaluation and project funding as the independent variables against the dependent variable, performance of antenatal care services projects in Kenya. The results were as presented in Table 1, Table 2 and Table 3.

Table 1: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.901	0.812	0.807	0.837

From the study results, Table 4.16 is a model fit which establish how fit the model equation fits the data. The adjusted R^2 was used to establish the predictive power of the study model and it was found to be 0.901 implying that 90.1% of the variations in performance of antenatal care services projects in Kenya are explained by changes in planning practices, project execution practices, monitoring and evaluation and project funding.

Table 2: Analysis of Variance (ANOVA)

Model	Sum of Squares	Df	Mean Square	F	Sign.
Regression	430.013	4	107.503	150.177	.000
Residual	99.502	139	0.716		
Total	529.515	143			

The probability value of 0.000 indicates that the regression relationship was highly significant in predicting how the planning practices, project execution practices, monitoring and evaluation and project funding affects performance of antenatal care services projects in Kenya. The F calculated at 5 per cent level of significance was 150.177 this showed significance since F calculated is greater than the F-critical (value = 2.3719) and p-value was less than 0.05, the overall model was significant.

Table 3: Regression Coefficients

	Unstandardized Coefficients		Standardized	t	Sig
	B	Std. Error	Coefficients Beta		
(Constant)	0.753	0.131		5.748	.000
Planning practices	0.941	0.373	0.891	2.523	.013
Project execution practices	0.717	0.254	0.664	2.823	.005
Monitoring and evaluation	0.871	0.329	0.818	2.647	.009
Project funding	0.653	0.278	0.617	2.349	.020

The regression equation obtained from this outcome was:

$$Y = 0.753 + 0.941X_1 + 0.717X_2 + 0.871X_3 + 0.653X_4$$

As per the study results, it was revealed that if all independent variables were held constant at zero, then the performance of antenatal care services projects in Kenya will be 0.753. From the findings, the study revealed that a unit increase in planning practices would lead to 0.941 increase in performance of antenatal care services projects in Kenya. This variable was significant since $p=0.013$ is less than 0.05. This concurs with Hinton (2012) who affirms that the planning stage of the creative workflow determines how smoothly your antenatal care services projects move through the creative process, which is why it's so important to spend some time at the beginning of a project and get your planning right.

The study further revealed that a unit change in project execution practices would lead to 0.717 unit change in performance of antenatal care services projects in Kenya. The variable was significant since $p\text{-value}=0.005 < 0.05$. This conforms to Blaskovics (2014) who notes that project execution phase constructs the project's deliverables and presents them to the customer and key stakeholders.

Moreover, the study showed that if all other variables are held constant, a unit change in the score of monitoring and evaluation would lead to a 0.871 change in performance of antenatal care services projects in Kenya. This variable was significant since $p=0.009$ was less than 0.05. This is in line with Nuguti (2009) who postulates that monitoring and evaluation is an integral part of project management involving a system of reflection and communication supporting project implementation.

Finally, the study revealed that a unit change in project funding would change the performance of antenatal care services projects in Kenya by 0.653. This variable was significant since $p\text{-value}=0.020$ was less than 0.000. These findings are in conformity with Jackson (2010) who posits that for a project to be successful there should be adequate fund allocated to finance its completion.

Overall, planning practices had the greatest effect on performance of antenatal care services projects in Kenya, followed by monitoring and evaluation strategy, then project execution practices while project funding had the least effect on the performance of antenatal care services projects in Kenya. All the variables were significant since p-values were less than 0.05.

CONCLUSION

The study concludes that planning practices positively influences the performance of antenatal care services projects in Kenya. The study concludes that project planning practices should include: conducting a feasibility study, clearly planning for the project in terms of scope, time and completion schedule; stakeholders' participation; studying the risk plan; making a procurement plan; community participation; preparing a financial detailed plan; project team appointment, preparing a quality plan and; setting up a project office.

The study concludes that project execution practices have a strong and positive significance on the performance of antenatal care services projects in Kenya. The study deduces that projects carried out on the ground brings about the practice of expeditious decision making by virtue of centralized planning, budgeting and decision making on the ground. This enables the expeditious service delivery, realization of the local community interests and greater achievements without being begged down by slow bureaucratic processes from the central government.

The study concluded that monitoring and evaluation has a positive and significant effect on the performance of antenatal care services projects in Kenya. The study concludes that effective project monitoring and evaluation enhances the basis for evidence-based project management decisions. The study also concludes that M&E as a management function, consists four key activities: M&E Planning, M&E Training, Baseline surveys and Information systems.

The study concludes that project funding has a positive and significant effect on the performance of antenatal care services projects in Kenya. The study concluded that timely disbursement, budgeting, adequate budgetary allocation, expenditure varying and availability of facilities is essential for successful performance of antenatal care services projects in Kenya.

RECOMMENDATIONS

The study recommends that more stringent measures should be put in place to ensure proper monitoring and evaluation processes are followed. such measures include consistent follow ups on reports and feedback, consistent communication to stakeholders and implementing lessons learnt from previous experiences. The project team should create awareness of its documented plans and processes for monitoring and evaluation in order to reinforce effective actions and trigger corrective actions. This will also help to create an organization culture that will become part of the daily management activities of the project.

The study recommends that there should be policies on monitoring and evaluation. The project team should have a checklist to record the project progress. These should set standards for the delivery of project outputs. The standards should spell out the role of each stakeholder in the project. The project stakeholders always ensure that the goals and objectives of all projects match the needs being addressed by the projects, projects are delivered in a timely and cost-effective manner, identify and address issues arising during execution process, control effect of all obstacles in order to control their effect, and analyze the results of each project, determine the completeness status

The study recommends that the project management should prepare documentations and manuals guiding on project planning. Rules and regulation should as well be established on the requirements for project planning. Where possible there should be guidelines and checklist on the project planning mechanisms. These should provide clarity of standards and specifications for the elements project planning. This guideline should spell out on; undertaking feasibility study, studying project risks, appointing project team, set up project office and provision of functional and technical specifications.

The study recommends that project team should study all project requirement, prepare a clear job description for project team, ensures there are quality standards and indicator for every stage of the project lifecycle, prepare detailed plan for project implementation, preparing financial detailed plan, determine quality target, develop quality plan, prepare procurement plan; prepare project risk plan, prepare communication plan for all related parties, clearly plan in terms of scope, time and completion schedule, prepare environmental management plan, and develop contingent plans. Importantly, the views of all project stakeholders should be considered in every step of project planning. The Community members should as well participate in every step of project planning

The study recommends that the project funds should be prudently allocated and utilized. All the stakeholders involved in financial management practices and accounting must show prudence in their work. The study suggests that the county governments as well as the national government should localize the project oversight to the grassroots by expanding the oversight groups to include the citizens. Accordingly, there should be accountability by all stakeholders by; always ensuring that there is project budget, effecting funding the projects, having adequate the budgetary allocation, timely disbursement of funds to antenatal care services project implementation, ensuring that project costs are not varied over time, and ensuring availability of necessary facilities and equipment.

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