

Stakeholder Participation and Implementation of Universal Healthcare Projects in Kisumu County, Kenya

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DOI: <https://doi.org/10.5281/zenodo.7185584>

Published Date: 11-October-2022

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

Keywords: stakeholder participation, stakeholder identification, stakeholder communication, stakeholder engagement and stakeholder involvement.

1. INTRODUCTION

1.1 Background of the Study

Healthcare is perceived as a fundamental right across the globe (sheikh, 2018). As a result, in the past century, universal health care has been turned from being an aspiration into a reality mostly in developed economies. This has however remained a theoretical concept in most developing economies (Kruk et al., 2016). According to Chan *et al.* (2017), in such countries healthcare was a preserve of lay persons with no formal training who undertook care inform of basic first aid or

herbal remedies based on long standing experience. Sheikh (2018) therefore asserted that health and wellbeing perceived as human right further strengthens domestic accountability among governments for moving towards UHC. Implementing UHC assists in tackling endemic challenges for health and wellbeing among different people groups besides improving maternal and child health and being the key to the long-run socio economic potential of countries (Brian &Ebuenyi, 2017).

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

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

An assertion by a 2013 UNICEF report pointed out that globally, involvement by individuals, communities and special groups in universal healthcare ought to be followed as a foundation for positive programs to uphold and improve their health. Additionally, it is argued that people participation results to a higher degree of community fulfillment with health services and therefore improved health results (Tallon-Baudry, 2012). According to Maina (2013) stakeholders often have different interests by which they value and priorities policy choices. We argue that the fairness of a decision-making processes, i.e. how stakeholder interests are taken into account, is critical for both the legitimacy and the feasibility of strategies to achieve UHC. For these reasons, policy makers should take pro-active efforts to consider the different interests of stakeholders in their decision-making process.

1.1.1 Global Perspective of Stakeholder Participation

While global maternal mortality ratios decreased across all countries by 44% between 1990 and 2015, many states and sub-national regions were left behind in the wake of aggregate progress, leaving an inequity gap (Lieberman, 2016). The rising burden of non-communicable diseases (NCDs) globally also threatens gains in maternal health, with the stresses caused by chronic disease expected to increase as causal factors for maternal mortality. Addressing such critical health and wellbeing issues is further constrained by the estimated 12.5 million deaths that are linked annually to diseases associated with environmental hazards. UHC is being championed as a pro-poor pathway for development that explicitly engages the most vulnerable in society. Health and wellbeing framed as human rights further strengthen domestic accountability for moving towards UHC (Gostin and Friedman, 2017).

According to UNICEF, (2013) involvement by individuals, communities and distinct groups in universal health care should be followed as a foundation for positive programs and services to uphold and improve their health. Government agencies in Australia nationwide and at state level have upheld a concern in people participation since it has some perceived benefits. Rural health service development people participation has remained to result in more reachable, significant, and suitable services. Moreover, it is often implied that people participation will result in greater community fulfillment with health services, and certainly improved health results, however, proof to support this statement is inadequate, (Tallon-Baudry, 2012).

1.1.2 Regional Perspective of Stakeholder Participation

In Africa, a few strides are being made by several countries towards actualizing the concept of UHC (Sheikh, 2018). For instance, Rwanda was identified as one of the nations in Africa that had made key steps towards successful implementation of UHC with a majority of its populous having enrolled for this programme (Hsiao, 2013). Hsiao identified that the country's model of UHC was founded on Community Based Health Insurance which was one of its kind. On the other hand, Kenya suffers from lack of quality public and private healthcare facilities and costly services

with the World Bank estimation pointing to only 20% of the country's population as having some sort of medical cover (Ayeni, 2015). In addition, study has indicated that up-to 32% of Kenya's household health budget is financed out of pocket.

In Rwanda universal health care remains an important challenge, with millions of households struggling with high percentage of Out-Of-Pocket (OOP) in total household expenditure for health services. Rwanda was recognized as one of the nine countries in Africa and Asia making significant progress to make universal healthcare systems possible. This is due to the ability of the ministry of health in Rwanda to ensure majority of the people are enrolled in the programme and thus improving their health status. According to Hsiao (2013) until September 2012 the universal health care built on Community-Based Health Insurance had been observed nowhere in the world; the model of Rwanda UHC would be therefore the first of the kind.

1.1.3 Kenyan Perspective of Stakeholder Participation

In Most of the County governments in Kenya, besides the challenge around quality of healthcare services, Ayeni (2015) argued that there also exists a problem around appropriate monitoring and evaluation of UHC, funding of health programmes and poor stakeholder engagement among other challenges. Wairimu (2017) argued that the county has few but far apart health facilities. The County has also seen an increase in the human resource though this growth has not been commensurate with the growing need for health services.

Ayeni (2015) argued that though access to quality healthcare is a constitutional right, the scarcity of quality public and private health facilities, as well as the high cost of care has limited people participation in accessing health care. This therefore means that universal health coverage remains little more than words on paper for much of the population. The World Bank estimates that only a fifth of Kenyans are the only ones who have enrolled in the universal health care by having any sort of medical cover, which means that as many as 35 million Kenyans are vulnerable to the financial devastation occasioned by a medical emergency. This therefore indicates that very few people in the country have the capacity to participate in the scheme as many of the households do not have the financial capability to participate.

In his study, Maina (2013) argued that Stakeholders' involvement is paramount in any development projects. Even though, minor decisions and emergency situations are generally not appropriate for stakeholder participation, a complex situation with far-reaching impacts warrant stakeholder involvement and when done proactively, rather than in response to a problem, helps to avoid problems in the future. The focus of public participation is usually to share information with, and gather input from members of the public who may have an interest in a project. The Constitution of Kenya 2010 gives its citizen the right to take part in activities that have a direct bearing on their lives (Mbaabu, 2012).

1.2 Statement of the Problem

In developing economies, sustainability of healthcare systems especially universal health care remains a big challenge (Jackson, 2014). Even though UHC stands out as a critical concept to the well-being of persons within the country, it is yet to be embraced to a good degree in Kenya with a number of aspects pointed out as barriers (Ekman, 2014). Ekman asserted that the key challenge facing healthcare in the country was inadequate funding that has resulted to unending health workers' strikes and compromised quality and availability of public health facilities which force many to rely on more expensive private facilities. These problems are compounded by a lack of effective monitoring and evaluation system and inadequate engagement of various stakeholders in the sector (Ayeni, 2015).

Sheikh (2018) argued that generally, public financing in the health sector which is a lacking phenomenon in developing nations such as Kenya, favors a lack of sustainability, accessibility and quality of healthcare a reality. Besides, Sheikh (2018) adds that the funds allocated for such health projects are not effectively utilized and directed to the priority populations hence denying the populous equitable healthcare services. According to Bain and Ebuenyi (2017), inadequate funding compromises quality and availability of health services. The duo adds that many public hospitals suffer a huge lack of drugs pushing patients to purchase their drugs from private pharmacies that are generally more expensive. On the other hand, terminal and non-communicable diseases such as cancer, diabetes among others strain the already ailing health system in Kenya.

Besides, UHC being a fairly new concept in the country, few studies have been conducted in relation to various aspects relating to stakeholder engagement. For instance, Kruk et al. (2016) conducted a study on key factors influencing the transition towards universal health coverage. Muthoni (2016) conducted a study on the influence of stakeholder

engagement but limited it to the performance of street children rehabilitation programs further restricting it to Nairobi County Kenya. Wamai (2013) assessed the state of people participation in healthcare systems with reference to health insurance and established that cost of healthcare was linked to UHC. This has created a knowledge gap that the researcher intended to fill by studying the effect of stakeholder participation on universal health care implementation in Kisumu County.

1.3 Research Objectives of the Study

1.3.1 General Objective of the Study

The study sought to assess the influence of stakeholder participation on the implementation of the universal health care projects in Kisumu County

1.3.2 Specific Objectives of the Study

The specific objectives were to;

- i. To assess the influence of stakeholder identification on the implementation of universal healthcare projects in Kisumu County.
- ii. To establish the effect of stakeholder communication on the implementation of universal healthcare projects in Kisumu County.
- iii. To evaluate the influence of stakeholder engagement on the implementation of universal healthcare projects in Kisumu County.
- iv. To assess the effect of monitoring and evaluation on the implementation of universal healthcare projects in Kisumu County.

1.4 Research Questions of the Study

The study sought to answer the following research questions;

- i. How does stakeholder identification influence the implementation of universal healthcare projects in Kisumu County?
- ii. What is the influence of stakeholder communication on the implementation of universal healthcare projects in Kisumu County?
- iii. How does stakeholder engagement affect the implementation of universal healthcare projects in Kisumu County?
- iv. What is the effect of monitoring and evaluation on the implementation of universal healthcare projects in Kisumu County?

1.5 Significance of the Study

The findings of this study benefits the government of Kenya and policy makers, the ministry of health, academicians and other researchers.

1.6 Scope of the Study

The study is limited to the influence of stakeholder participation on the implementation of the universal health care project in Kisumu County. Specifically, the study focuses on the influence of stakeholder identification, stakeholder communication, stakeholder engagement and monitoring and evaluation on the implementation of universal healthcare project in Kisumu County. In this study the target population consists of 347 beneficiary households, 78 universal healthcare workers and 87 local leaders in Kisumu County. Therefore, the total target population is 512 respondents. Descriptive survey design has been adopted in this study.

2. LITERATURE REVIEW

2.1 Theoretical Framework

A theoretical framework is a general theoretical system with assumptions, concepts and specific social theories (Naim & Lenka, 2017). A theoretical framework consists of concepts, together with their definitions, and existing theory or theories that are used for a particular study. This study was anchored on theory of Constraints, resource-based view theory, stakeholder theory and social exchange theory.

2.1.1 Theory of Constraints

This theory was developed by Goldratt 1988 (Theory of Constraints Institute, 2020). Goldratt asserts that every system must have at least one constraint. If it were not true, then a real system such as a profit-making organization would make unlimited profit. A constraint, therefore, is anything that limits a system from achieving higher performance versus its goal. The existence of constraints represents opportunities for improvement. Contrary to conventional thinking, TOC views constraints as positive, not negative. Because constraints determine the performance of a system, a gradual elevation of the system's constraints will improve its performance. According to the institute, today's businesses are competing increasingly on time and quality. Companies cannot survive if they fail to obtain competitive advantages by producing high quality products and services in shorter throughput time. This theory will found the concept of adoption of BIM in the construction sector.

The underlying premise of the theory of constraints is that organizations can be measured and controlled by variations on three measures: throughput, operational expense, and inventory. Inventory is all the money that the system has invested in purchasing things which it intends to sell. Operational expense is all the money the system spends in order to turn inventory into throughput. Throughput is the rate at which the system generates money through sales (Rotich, 2017). This study used theory of constraints to establish the influence of stakeholder engagement on the implementation of universal healthcare project in Kisumu County.

2.1.2 Resource Based View Theory

Resource Based View theory was first developed by Penrose (1959) who contended that a firm's superior performance is obtained when the resources are well-ordered by the firm. The manner in which a firm utilizes its core resources defined its performance Wernerfelt (1984). Resource Based View proposes that firms are heterogeneous because they possess heterogeneous resources, meaning firms can have different strategies because they have different resource mixes Tembur (2017). According to Mwaura (2016) the RBV focuses managerial attention on the firm's internal resources in an effort to identify those assets, capabilities and competencies with the potential to deliver superior competitive advantages. De Jong (2017) argues that the Resource Based View draws upon the resources and capabilities that reside within the organization in order to develop sustainable competitive advantages. However, not all the resources of firm will be strategic and hence, sources of competitive advantage. Competitive advantage occurs only when there is a situation of resource heterogeneity and resource immobility. This theory used to establish the influence of stakeholder communication on the implementation of universal healthcare project in Kisumu County.

2.1.3 Stakeholder Theory

Stakeholders Theory as indicated by Donaldson and Preston (1995); Evans and Freeman (1988) and Freeman (1984) models and identifies stakeholders in an organization and also describes how stakeholders and their interests should be managed. Harrison and Wicks (2013) indicate that stakeholders' theory sought to address the principle of what and who in a project really counts. Unlike the traditional view of looking at an organization where only the owners matter, the stakeholders theory indicates that other parties include suppliers, communities, financiers, political groups, government bodies, employees and customers (Njogu, 2019). The objective of this theory is to enable managers to have an understanding of stakeholders and manage them strategically (Ketokivi & Mahoney, 2016).

The theory puts emphasis on this theory emphasizes on a significant relationship between stakeholders and the top management staff (Wu and Wokutch (2015). In specific, the managers should understand that stakeholders affect the success of projects (Takim, 2019). The relationship with the top management determines the stakeholder's participation

Bridoux and Stoelhorst (2014) outline four basic premises of stakeholder theory. First, a project has relationships with stakeholders who are influenced by the decision it makes. Secondly, the theory's concern is on the relationship's nature in terms of the outcomes and processes of its stakeholder. Thirdly, the intrinsic value of all stakeholders, and not one interests group is assumed to rule over the others. Lastly, this theory places its focus on the decisions made by the management. This study used stakeholder's theory to assess the influence of monitoring and evaluation on the implementation of universal healthcare project in Kisumu County.

2.1.4 Social exchange theory

The genesis of social exchange theory goes back to 1958, when American sociologist George Homans published an article entitled “Social Behavior as Exchange.” Homans devised a framework built on a combination of behaviorism and basic economics. In the immediate years that followed, other studies expanded the parameters of Homans’ fundamental concepts (Mambwe et al., 2020).

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

2.2 Conceptual Framework

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

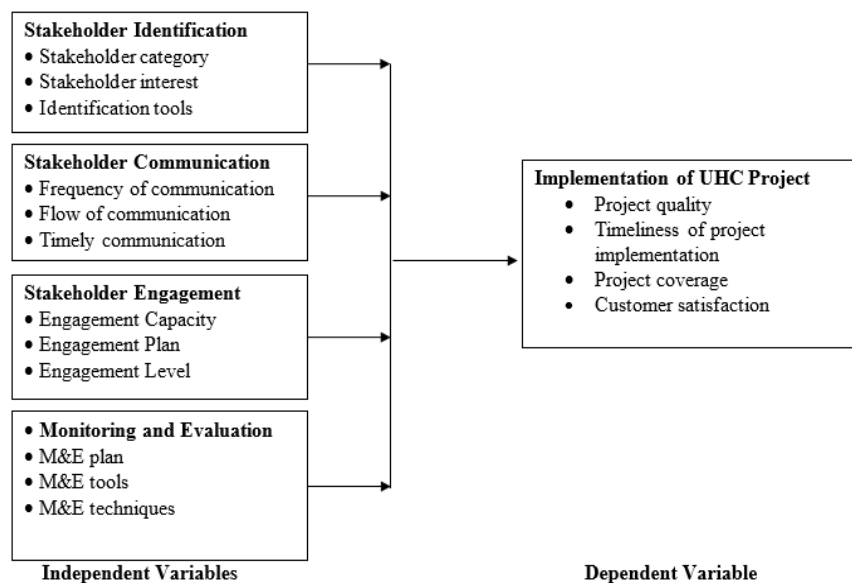


Figure 2. 1: Conceptual Framework

2.3 Empirical Review

This section presents empirical review on stakeholder participation (stakeholder identification, stakeholder communication, stakeholder engagement and stakeholder involvement) and the implementation of the universal health care project.

2.3.1 Stakeholder Identification and the Implementation of Universal Healthcare Project

Ali and Gitonga (2019) conducted a study on the influence of stakeholders identification on the performance of national government constituency development fund projects in Wajir west constituency, Kenya. The study adopted a descriptive research design. The target population for this study was 261 comprising of Community leaders, Constituency Development Fund Committee, Project Management Committee and County officials. The study used a sample of 78 selected using stratified random sampling techniques. Primary data was obtained using self-administered questionnaires. The study found that stakeholder identification influences project implementation.

Hassan (2015) conducted a study on the influence of stakeholders identification on performance of constituencies development fund projects a case of isiolo north constituency, Kenya. The research study adopted a descriptive survey design. The target population for this study was representatives from all one hundred and fifty five CDF projects (155) in Isiolo North Constituency. Data was also collected from fifteen (15) CDF committee members and five (5) government representatives (departmental Heads). The study found that stakeholder identification influences project performance.

Muthueloo, Ping and Meng (2020) conducted a study on the impact of stakeholder identification on organizational commitment: evidence from Malaysia. This study attempts to identify key aspects pertaining to care of organizations towards their stakeholders and their impact on organizational commitment based on the Social Exchange Theory (SET). A quantitative research approach was applied and a total of 287 samples were collected from working individuals across different organizations located in Penang, Malaysia. This study found that among all the organizational stakeholder care that was provided to employees, extended family, CSR, suppliers and customers, employees and suppliers were found to be positively and significantly associated with organizational commitment and all its dimensions.

Kinyua (2016) conducted a study on stakeholder identification and financial performance of deposit taking SACCOs in Kenya. Stratified random sampling was done to determine sample size. Data was collected from a sample of 64 Deposit taking SACCOs out of a population of 180 licensed DTS. The sample size was 130 respondents. Descriptive research method was used in this study. Questionnaires were used to collect primary data. To ensure that the research instrument yields valid data, the researcher engaged expert in the relevant field in scrutinizing it. The study found that stakeholder identification influences performance of deposit taking SACCOs.

2.3.2 Stakeholder Communication and the Implementation of Universal Healthcare Project

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

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

Bouphana, Apipalakul and Ngangb (2015) researched on the factors affecting public health performance evaluation of sub district health promoting hospital directors. This cross sectional descriptive design was employed and conducted for duration of time from year 2011 to 2012. A total of 220 samples drawn from a population of 350 sub-district health promoting hospital directors by using systematic sampling technique. Research instrument is a self-administered questionnaire which developed by researchers. The questionnaire contained of four session including seven items on general information, 36 items and 30 items five-rating Likert scale on administrative resources and public health performance evaluation respectively. In addition, respondents are required to give problems and suggestions at the last session of the instrument as three open ended questions. The study found that stakeholder communication influence project implementation.

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

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

2.3.3 Stakeholder Engagement and the Implementation of Universal Healthcare Project

Mambwe et al. (2020) conducted a study on the impact of stakeholder engagement on performance of projects in Lusaka District. The study established that there was a significant relationship between stakeholders' engagement on performance of project specifications. Regression Analysis results also showed that there is a linear correlation between stakeholder engagement and performance of project specifications such that stakeholder engagement could be used to predict levels of performance of project specifications. Also, if stakeholder engagement levels increase, so are the levels of performance of project specifications.

Magassouba (2019) conducted a study on influence of stakeholder engagement on development project performance in Guinea. Monitoring and evaluation in project identification, planning, implementation and monitoring enhances the chance of project success and it is an appropriate way to achieve an organization goals. The information collected on stakeholders' involvement in previous study indicated the strong connection between project performance and various stakeholders and many authors agreed and are conducting more substantial investigations to ground those findings. Therefore, as discussed in the literature, stakeholders engagement through identification, planning, implementation, monitoring and control contribute in a very great extent to project success.

Njogu, (2019) stated that sustainability of universal health coverage should engage stakeholders from all sectors of society. Health and wellbeing depend on socioeconomic, geographic, demographic and political determinants. This requires integrating risk-mitigating strategies into long-term inter-sectoral development planning to improve management of shocks and stresses, while supporting broader favorable outcomes for health, resilience and sustainable development overall. Domestic government-led financing offers the clearest foundation to efforts towards universal health coverage, strengthened by political engagement and effective governance. Adaptive support mechanisms and financial instruments, potentially backed by international funding mechanisms, can offer incentives for preparedness and effective response to the impacts of shocks and stresses.

Nturibi, (2016) stated that universal health coverage ensures that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship has continued to dominate in health care. This continues to attract the attention of many stakeholders including governments (Turner, 2013). This is because it embodies three related objectives namely equity in access to health services-those who need the services should get them, not only those who can pay for them; that the quality of health services is good enough to improve the health of those receiving services; and finally financial risk protection which aims at ensuring that the cost of using care does not put people at risk of financial hardship

2.3.4 Monitoring and Evaluation and the Implementation of Universal Healthcare Project

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

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

Njogu (2019) conducted a study on the influence of monitoring and evaluation on project performance. This study adopted descriptive survey research design as it enabled collection of data to answer to research questions. The target population to be used for the study was Automobile vehicle companies, petroleum refining companies, and environmental management organizations, the Ministry of energy and NEMA. The study population was 181 respondents who were managers, project managers, operation managers, supervisor and quality control officers. Stratified samplings were adopted to select a sample size of 125 respondents. The results led to conclusion that monitoring and evaluation in project identification influence performance of Automobile emission control project. This study concluded that monitoring and evaluation in Automobile emission control project implementation influence project performance.

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

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

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

2.4 Critique of the Existing Literature

Various studies have been conducted in various parts of the world on stakeholder participation and the implementation of the universal health care project. For instance, in Malaysia, Muthueloo, Ping and Meng (2020) conducted a study on the impact of stakeholder participation on organizational commitment: evidence from Malaysia. The study found that stakeholder identification, stakeholder communication, stakeholder engagement and monitoring and evaluation influence organization performance. Nevertheless this study was conducted in Malaysia which is a developed country hence the study findings cannot be generalized to the current study.

Lekunze, (2016) did a study on stakeholder participation in integrated water resource management in community water management projects in Cameroon. The study analyzed the Involvement of youth to water resource management by comparing the results of the different approaches used. The study established that the institutions that used a stakeholder participatory approach while involving the youth had greater chances of success than others that did not consider such an approach. Nevertheless, this study addressed on indicator of stakeholder participation and failed to show how the other indicators influence performance hence the study findings cannot be generalized to the current study.

Dinnah (2019) conducted a study on the influence of stakeholder participation in successful project implementation: a case of coast clay works ltd Mombasa County, Kenya. The study found that some of the variables that do influence successful project implementation. It was found that participation in project funding has most influence, project identification was second followed by participation in M&E and lastly participation in the procurement process. Nevertheless, the study failed to show the influence of stakeholder identification, stakeholder communication, stakeholder engagement and monitoring and evaluation on project implementation hence the study findings cannot be generalized to the current study.

Ochunga and Awiti (2019) conducted a study the influence of stakeholder participation on Sustainability of Community Development Projects Implemented by Plan International in Homa Bay Town Sub-County, Kenya. It was established that there was a weak but significant negative association between passive participation among stakeholders on and sustainability of community development projects. It was also established that there was a moderate significant positive correlation between interactive participation among stakeholders on sustainability of community development projects. A moderate significant positive correlation between the influences of functional participation among stakeholders on sustainability of community development projects was established. This study focused on Sustainability of Community Development Projects Implemented by Plan International in Homa Bay Town Sub-County, Kenya while the current study focused on the implementation of the universal health care project in Kisumu County.

2.5 Research Gaps

Although various studies have been conducted on stakeholder participation and the implementation of the universal health care project, these studies were limited to specific countries and regions hence limiting generalization of the study findings to the current study. For instance; in Malaysia, Muthuveloo, Ping and Meng (2020) conducted a study on the impact of stakeholder participation on organizational commitment: evidence from Malaysia and Lekunze, (2016) did a study on stakeholder participation in integrated water resource management in community water management projects in Cameroon. Nevertheless, this study these studies were limited to different countries and regions hence the findings cannot be generalized to the current study due to variation in legal frameworks and economic development.

In Kenya, Dinnah (2019) conducted a study on the influence of stakeholder participation in successful project implementation: a case of coast clay works ltd Mombasa County, Kenya and Ochunga and Awiti (2019) conducted a study the influence of stakeholder participation on Sustainability of Community Development Projects Implemented by Plan International in Homa Bay Town Sub-County, Kenya. Nevertheless, these studies failed to show the influence of stakeholder participation (stakeholder identification, stakeholder communication, stakeholder engagement and stakeholder involvement) on the implementation of the universal health care project in Machakos County. To fill the highlighted gaps, the current study seeks to establish the the influence of stakeholder participation (stakeholder identification, stakeholder communication, stakeholder engagement and stakeholder involvement) on the implementation of the universal health care project in Kisumu County.

3. RESEARCH METHODOLOGY.

3.1 Research Design

Research design is defined as the technique adopted to perform a research. Descriptive research design was used in this study. This design includes data collection which explains events and organizing it, depicting, tabulating and explaining the data. Descriptive research design is used in this research since it gives a chance to adopt both qualitative as well as quantitative data, so as to get data and features concerning population or phenomenon under study.

3.2 Target Population

In this study the target population consisted of 347 beneficiary households, 78 universal healthcare workers and 87 local leaders in Kisumu County. Therefore the total target population was 512 respondents.

Table 3.1: Target Population

Category	Target Population
Universal HealthCare Workers	78
UHC Beneficiaries	347
Local Leaders	87
Total	512

3.3 Sampling Frame

Bryman and Bell (2011) claims that a sampling frame refers to a complete group of elements (objects or persons) which have certain common features described by the established researcher on sampling criteria. The sampling frame of this survey was the entire 512 respondents.

3.4 Sampling Technique and Sample Size

Slovin's Formula was employed to determine the sample size. The reason for selecting the formula is mainly because it puts into consideration the size of the population.

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

Where by:

n = no. of samples

N = all the population

E = error margin / margin of error (0.05)

$$n = 512 / (1 + (512 \cdot (0.05)^2))$$

$$n = 225$$

The research used of simple random sampling to choose 225 respondents from the target population. A simple random sample is defined as a portion of a statistical population whereby each portion member has the same possibility of being selected.

Table 3.2: Sample Size

Category	Target Population	Sample Size
Universal HealthCare Workers	78	35
UHC Beneficiaries	347	147
Local Leaders	87	43
Total	512	225

3.5 Data Collection Instrument

Data is categorized into two types which consist of primary and secondary data. The survey used both primary and secondary data. Secondary data was derived from the reports of the county government. So as to collect information which involves approximated cost, cost of completion and approximated time (months) and estimated completion time (months) a guide on document analysis was utilized. Semi structured questionnaires were adopted in this research to collect primary data. In addition structured questions were utilized since they preserve money, energy as well as time and also enhance a simpler analysis since they are in form of immediate use. Unstructured questions on the other hand were adopted as they motivate the respondent to give a wide response without fearing victimization in exposing of any information. There were six sections in the questionnaire that consisted of demographic information while the remaining sections covered dependent variable and the four independent variables. Nominal scale, likert scale and ordinal scale was used in the structured questions.

3.6 Pilot Test

This is a trial and small duplicate to the key investigation, which assist in assessing the reliability as well as validity of the research instruments which was employed and also the operational considerations in process of questionnaires administration. Pilot test is helpful in establishing the different weaknesses which may happen, insufficiencies of research and also different problems which are most likely going to take place during the process of conducting the study (Fraenkel, 2017). Pilot group consisted of 10 percent of the sample size. Egbert (2015) claim that 10 per cent of the sample needed for a complete investigation must be adopted in a sample size. Additionally, simple random sampling was employed to choose the pilot group.

3.7 Data Analysis and Presentation

Quantitative as well as qualitative data were produced by the semi structured questionnaire, which were then analyzed differently and using distinct techniques. Inferential and descriptive statistics were employed so as to analyze data which is quantitative with the help of statistical software called Statistical Package for Social Sciences (SPSS version 22). For the purpose of analyzing qualitative data, thematic analysis was adopted and the outcome was presented in prose form. Prior to analysis, to enhance consistency and completeness the fully filled questionnaires were edited. Background information was summarized by use of descriptive statistics. Furthermore, descriptive statistics comprised of percentages, measures of central tendency (mean) frequency, measures of dispersion (standard deviation). Figures and tables which consisted of pie charts and bar charts were adopted to present the results.

In this study there are four independent variables therefore the multiple regression model was as follows:

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

Whereby;

Y = Implementation of universal healthcare project

B0 = Constant

β1- β4 =Coefficients of determination

X1 = Stakeholder identification

X2 = Stakeholder communication

X3 = Stakeholder engagement

X4 = Monitoring and Evaluation

ε = Error term

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Response Rate

The researcher sampled 225 respondents who were each administered with the questionnaires. From the 225 questionnaires 218 were completely filled and returned hence a response rate of 96.9%. The response rate was considered as suitable for making inferences from the data collected. As indicated by Metsamuuronen (2017), a response rate that is above fifty percent is considered adequate for data analysis and reporting while a response rate that is above 70% is classified as excellent. Hence, the response rate of this study was within the acceptable limits for drawing conclusions and making recommendations.

4.2 Pilot Study Results

4.2.1 Reliability

Reliability is defined as measurement consistency or extent to which an instrument provides same results on the same subjects each time it is adopted under same condition. Research instrument reliability in this investigation was measured through measuring responses' internal consistency. Cronbach's Alpha method was adopted to measure the internal consistency, with alpha values ranging between 0 - 1, and reliability rising as alpha value rises. The reliability of coefficient which is commonly between used is 0.6- 0.7, with more than or equal to 0.8 symbolizing a good reliability (Fraenkel, 2017). Cronbach's Alpha of 0.7 or more was accepted in this study but a Cronbach's Alpha which less than 0.7 required change of research instrument. Nevertheless, actual study did not include data acquired from the pilot test. The researcher ensured that all the Cronbach alpha values of the variables under investigation were above 0.7.

From the findings, implementation of UHC projects had an average Cronbach's reliability alpha of 0.842, stakeholder identification had a Cronbach's reliability alpha of 0.825, stakeholder communication had an average Cronbach's reliability alpha of 0.794, stakeholder engagement had a Cronbach's reliability alpha of 0.850 and monitoring and evaluation had an average Cronbach's reliability alpha of 0.876. This shows that the study questionnaire met the reliability criteria ($\alpha > 0.7$).

Table 4.1: Reliability Test Results

Variable	Cronbach's Alpha	Interpretation
Implementation of UHC projects	0.842	Reliable
stakeholder identification	0.825	Reliable
stakeholder communication	0.794	Reliable
stakeholder engagement	0.850	Reliable
monitoring and evaluation	0.876	Reliable

4.2.2 Validity

Validity is the extent to which the results acquired from data analysis process primarily represent the phenomena under investigation. Validity is classified into two: content validity and face validity. To start with, face validity is the likelihood that a question is misunderstood or misinterpreted. Greenfield and Greener (2016) suggests that pre-testing is an appropriate way to improve likelihood of face validity. On the other hand, content validity, also known as logical validity is the degree to which a measure represents all facets of certain social construct. Content validity in this investigation was increased by obtaining experts opinions in this specific field of study, more so the supervisors. In addition, the research instrument face validity was increased by conducting a pilot test and also altering any ambiguous as well as indistinct question

5. MAJOR FORMAT GUIDELINES

A. Page Layout and Font Used

Authors are advised to prepare their Manuscript in separate A4 size document and cut or copy their research paper and paste it in this template. Other option is use this Template for writing their research work. All the research work of authors is only accepted in **ENGLISH** language and Font face is **TIMES NEW ROMAN** only. Major font and paragraph specifications are given in TABLE I. Number style used may be Number or Roman Numerals depends on author way of writing Manuscript. Heading and Subheading of the section is written as "I. INTRODUCTION" or "1. Introduction", it may be Uppercase or Sentence case. Try to keep Manuscript precise and not more than 5 to 8 pages. All the body text is justified (not heading and sub heading). Major details of paper layout are given in TABLE II.

TABLE I: FONT AND PARAGRAPH SPECIFICATIONS

Fonts: Times New Roman	Font Size	Text	Align
Title of Paper	24	Bold	Centre
Author's Name	14	Normal	Centre
Author Affiliation	10	Normal	Centre
Abstract And Keywords	10	Bold	Justify
Headings	11	Bold	Centre
Sub Headings	10	Bold or/and Italic	Left/Centre
Body Text, Equations	10	Normal	Justify
References	9	Normal	Justify
Acknowledgement	9	Normal	Justify

TABLE II: PAPER LAYOUT

Header	1.2 cm
Footer	1.2 cm
Line Spacing for Body Text	Single
Top Margins of Paper	2 cm
Bottom Margins of Paper	1.6 cm
Left Margins of Paper	2.1 cm
Right Margins of Paper	1.6 cm

B. Figures, Graphs and Tables

Figures, graphs and tables should be inside the margins of page. Figure caption is placed below the figures and written as Fig. 1. Similarly, Table caption is placed above the Tables and written as TABLE I. Do not use to put figure inside the border. Figures, Graph and Tables captions are flush centre and labels should be legible, 8 to 9 point. Fig. 1, is used for referring figure in the text body. Similarly, Tables and Graphs are used for referring table and graph in the text body. First figure starts from Fig. 1 and last figure ends with Fig. N (N is last figure of research paper).

C. Conclusion Acknowledgement and Appendix

Conclusion section is mandatory and contains advantages, disadvantages, review the main part of research paper and use of research work. If author want to acknowledge someone, then acknowledgement section should include in research paper after conclusion. Appendix section (if required) appears before acknowledgement section.

6. CONCLUSION

This paper shows the basic format of research paper preparation and can be used as template writing research paper. Conclusion of research paper is between 150 to 350 words.

REFERENCES

References are most important part of research paper therefore each citation must be right and complete. Authors are requested to use such references which are readily available. Reference used in the text body is in square bracket like [1] and for group of reference it is like [1], [2]. Method of writing references is given below. <10 point>

- [1] V. P. Gountis and A. G. Bakirtzis, "Bidding strategies for electricity producers in a competitive electricity marketplace," IEEE Trans. Power System, vol. 19, no. 1, pp. 356–365, Feb. 2004.
- [2] J. Clerk Maxwell, "A Treatise on Electricity and Magnetism", 3rd ed., vol. 2. Oxford: Clarendon, 1892, pp.68–73.
- [3] R. Benato and A. Paolucci, EHV AC Undergrounding Electrical Power. Performance and Planning. New York: Springer, 2010.
- [4] Angus DC, Linde-Zwirble WT, Lidicker J et al (2001) Epidemiology of severe sepsis in the United States: analysis of incidence, outcome, and associated costs of care. Crit Care Med 29:1303–1310.
- [5] Levy MM, Dellinger RP, Townsend SR, Surviving Sepsis Campaign et al (2010) The Surviving Sepsis Campaign: results of an international guideline-based performance improvement program targeting severe sepsis. Crit Care Med 38:367–374.
- [6] CIGRÉ Tech. Brochure # 379, "Update of service experience of HV underground and submarine cable systems," 2009.
- [7] E. E. Reber, R. L. Mitchell, and C. J. Carter, "Oxygen absorption in the Earth's atmosphere," Aerospace Corp., Los Angeles, CA, Tech. Rep. TR-0200 (4230-46)-3, Nov. 1968.