

# **ANALYSIS OF THE IMPLEMENTATION OF DEVOLVED HEALTH INFRASTRUCTURE PROJECTS IN KENYA**

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## **Abstract**

Fiscal transfers to finance health infrastructure projects in Embu County of Kenya runs into billions of shillings since health was declared a devolved function under 2010 constitution. Yet, despite such bold investments, and in a bid to reform delivery of the health care system, its infrastructure remains ineffective, inefficient and inadequate. This study sought to analyse the extent to which key factors, such as (1) health policies, (2) funds allocation, (3) human resource capacity and (4) governance structures, determines the implementation of devolved health infrastructure projects in Embu County. The study was guided by Nutt's theory of project implementation as well as Goldratt's theory of constraints. A total of 553 medical staff of level 4 and 5 hospitals and the health administration staff were targeted, and a sample of 56 respondents were sampled. The study adopted a descriptive case study research design. A semi-structured questionnaire, with both open and closed-ended questions was used to collect both qualitative and quantitative data. Quantitative data was analyzed through descriptive statistics which include; percentages, frequencies, mean, standard deviation, and regression, while qualitative data was analyzed through thematic analysis. Authorization to conduct the field study was sought from the National Commission for Science, Technology and Innovation. Results of the study indicated that majority of the respondents were not conversant with health policies governing the development of health infrastructural projects. A disconnect was also noted between the funds allocated and the number, size, design, and quality of health projects established. Although majority of administrators in this sector were found to be adequately trained, gaps were identified in the area of training, particularly in relation to the installation, operation, and maintenance of new infrastructure and technologies. Governance structures were found to be rigid, old fashioned and lacked a clear chain of command, which constrained the performance of key decision makers.

**Keywords:** Health Policies, Funds Allocation, Human Resource Capacity and Governance Structures

## **INTRODUCTION**

Decentralization of health systems has become very popular over the last few decades and decentralization reforms all over the world have brought restructuring of the public sector. In Canada for instance healthcare provision is a responsibility of the provinces, where health services are financed by the public and the provinces have the responsibility of regulating hospitals and other health institutions, deciding the financing mechanisms, setting budgets for the health facilities and are also responsible for the health costs in their jurisdiction (Banting and Corbett, 2002). In Europe devolution of health care systems has different results especially in the healthcare projects. In Uzbekistan, Ahmedov (2014) cited in Gitonga and Keiyoro (2017) posited that the uneven distribution of health human resources negatively influence the implementation of health projects by the provincial governments and hence derailing access to health care services in the rural areas of the country. In Italy financing of human resources and health infrastructure adversely influenced the implementation of health projects by regional governments (Bordignon and Turati, 2000). In Serbia Milicevic et al (2015) posited that impediments of human resource distribution and funding affected the implementation of health projects and provision of health care services by the municipal governments. The Indian constitution provides that healthcare is the responsibility of the state government and not the central federal government. The states have the responsibility of raising standard of living of its people and improvement of the health care services (Kishore, 2005).

In developing countries health systems in the past years has moved from a centralized system with hierarchical reporting to a decentralized system (Gladwin et al, 2003). This decentralization of health services has been mostly a response to the requirements of international donor organizations such as WHO or UNICEF (Akin et al, 2001). Ethiopia adopted devolution in 1996 and this became the basis of improving delivery of health services. Devolution first started at the regional level and then at the district level in 2002. Through this devolution, a four-tiered system of health facilities was created, that is, national referral hospitals, regional referral hospitals, district hospitals and primary health facilities. Districts receive grants from the regional government and are entitled to set their own priorities and determine budget allocation of health facilities based on local needs. Their responsibilities are construction of health infrastructure, human resource management and acquisition of all the supplies (Okelloh, 2014).

In Kenya devolution of health took place in 2010 after the promulgation of the constitution 2010, where provision of health services became the responsibility of the 47 counties. The national ministry of health helps the counties by providing policy support and other technical support to national programs. It is also in charge of the national referral hospitals (Dutch Embassy, 2016). Through the constitution 2010 a legal framework of a comprehensive health program which provides that health should be centered on the people, that each person has the right to highest standard of healthcare and no one should be denied emergency health services and people who cannot support themselves was covered by the state, was established (Kenya Health Policy, 2014). The funding of the county governments is by the national government through a revenue allocation formula presented by the Commission for Revenue Allocation (CRA), this formula looks at the population, land mass, poverty index, basic equitable share and fiscal responsibility (Okelloh, 2014). Just like every county in Kenya Embu County has the vision of an efficient and high quality health care system that is accessible, equitable and affordable to every Kenyan. Guided by that vision Embu county has made significant investments to upgrade, expand and renovate existing health facilities to provide comprehensive health care (Embu County Website, 2018). It should however be noted that devolution of health has its fair share of challenges. Mwamunye and Nyamu (2014), reports that in Kenya this devolution ignored the

importance of networking between governments and civil societies in implementation of health projects. Budgetary constraints and unequal distribution of human resource adversely affected the implementation of health projects by county governments (Okech, 2016)

The study sought to solve the following research problem; that despite decentralization of health in Kenya, numerous reforms and the county governments having allocated billions to the health department since 2013, health infrastructure has not yet improved making provision of health services inadequate and a resource for the privileged (Gitonga and Keiyoro, 2017). Although research has been done on the implementation of health projects in other counties such as, Okelloh (2014) in Turkana County, Gitonga and Keiyoro (2017), in Meru County, they both failed to look at the health policies as key component in implementation of health projects. This study therefore sought to find determinants of implementation of devolved health infrastructure projects in Embu County with the aim of improving effectiveness and implementation by looking at four major objectives that is, exploring the extent to which health policies, funds allocation, human resource capacity and governance structures determine implementation of devolved health infrastructure projects in Embu County.

## **Theoretical Framework**

### **Project implementation theory**

Project implementation theory by Nutt (1996) looks at implementation as a series of steps taken by responsible organizational agents to plan change process, in order to elicit compliance needed to install changes. Project managers use project implementation theory to make planned changes in organizations by creating environments in which changes can survive and be rooted. However, the procedures of the project implementation process is difficult to specify because project implementation is complex. Borrowing from this theory, Slevin and Pinto (1987), argue that successful project implementation is a difficult and complex task. The project manager therefore has to pay more attention to time and energy on human, financial, and technical variables as the key to the realization of project implementation.

Project implementation theory looks at many important success factors. There should be good governance that is in terms of top management support, client or stakeholder participation among others. Management support in project or any form of implementation is the main determinant of either success or failure of that project (Schultz and Slevin 1975). Beck (1983), considers project management as not only dependent on top management for authority, direction and support, but ultimately the conduit for implementing top management plans, or goals for the organization. Another factor is the client participation which is gaining importance in the success of project implementation. For instance, Anyanwu (2003), found out that the degree, to which clients are personally involved in the implementation process, will cause a great variation in their support for that project. He viewed client consultation as the first stage of project implementation and it should be used throughout the life cycle of the project. Slevin and Pinto (1987), warns that, the project manager should not assume that since such consultation with the client at the early stages was successful that it is not important in other phases. Human resource is another important factor. Nwachukwu (2008), argues that efficiency of any organization depends on how effectively human resources or personnel are utilized. Slevin and Pinto (1987) observed that, an unfortunate situation could arise if project human resources are chosen without proper consideration of the match between their skills and the project implementation needs.

Project implementation theory, argues that a number of factors determine the success of the project implementation. These factors are also inherent to devolved health infrastructure projects. For instance, human resource, management support and stakeholder consultation.

### **Theory of Constraints (TOC)**

The theory of constraints by Goldratt (1984), is a management theory that views any system or organization as being limited in achieving its goals by constraints. A constraint is anything that hinders the system from achieving its goals. It can either be internal or external.

Types of internal constraints include; People that is lack of skilled people limits the system. Mental models held by people can cause behavior that becomes a constraint. It can be a policy that is written or unwritten policy prevents the system from making more. Finally it can be equipment that is the way equipment is currently used limits the ability of the system to produce more goods or services.

The theory argues that there is always at least one constraint that limits the performance of a system and this is the system's weakest link. The theory helps in identifying the constraints as it uses a focused process to identify the constraint and restructure the whole system. The study will use this theory to assess how the constraints of funds allocation, human resource capacity, health policies and governance structures affect implementation of devolved health infrastructure projects in Embu County.

### **METHODOLOGY**

The study used descriptive research design where both quantitative and qualitative approaches was used. Descriptive research design was preferred in this study because it allows for analysis of different variables at the same time. This leads to a better understanding of the phenomenon being studied and helps to view critical factors from the perspective of those being studied. The target population was limited to doctors, nurses, clinical officers in the level 4 and 5 hospitals and health ministry administration staff. The target population was 553 where 95 were doctors, 324 nurses, 56 clinical officers and 78 administration staff. Stratified random sampling was used and the sample was divided into four strata; doctors, nurses, clinical officers and health administration staff. The sample size was identified using Mugenda and Mugenda (2003) argument that a sample between 10- 30% is sufficient and hence the study used 10% of the target population which is 55.3 approximately 56 respondents. The 56 respondents was distributed as follows; doctors 17%, nurses 59%, clinical officers 10% and administration staff 14%.

Semi-structured questionnaires were used as an instrument for primary data collection, as the presence of both close and open ended questions to allow the respondents to capture the issues under investigation fully. Pilot testing of the research instruments was carried out to ensure that the instruments work as intended. Five questionnaires were administered randomly to staff at Runyenjes level 4 hospital. This helped the researcher to assess their clarity, ease of use, appropriateness and completeness and validity. The test- re-test method was used to assess the reliability of the instrument. This was done by comparing data from the pilot study.

Data was analyzed using Tabachnick and Fidel's (2013), understanding, which envisages data analysis as the technique that involves the packaging of collected information, formulating and arranging its main components to such a degree that it can be easily and effectively conveyed. Thematic analysis was used to analyze qualitative data where patterns or themes were identified, examined and recorded. Quantitative data was coded, entered and analyzed using regression analysis and descriptive statistics which included; percentages, frequencies, mean, standard deviation. The following regression model was used

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

Where;

Y= Implementation of devolved Health projects

. $\beta_0$ = Constant

X1= Health Policies

X2= Funds Allocation

X3= Governance Structures

X4= Human Resource Capacity

E= Error Term

The data was then stored and backed up in a secure place for future reference. On ethical consideration the researcher provided sufficient information about the study. The researcher also ensured that no harm comes to the respondents as a result of participating in the study. This was through maintaining privacy and confidentiality of the respondents. The data collected was used for research purposes only. The researcher also obtained necessary documentation and authorization prior to collecting data from Kenyatta University and National Commission for Science, Technology and Innovation.

## **EMPIRICAL REVIEW**

Health infrastructure is an important indicator of understanding the healthcare system of a country and its welfare mechanism. This is because it signifies the investment priorities of that country in regards to creation of healthcare facilities (Gupta and Kumar, 2012). This importance of health infrastructure is emphasized by Turnock (2001), when he describes it as the “nerve center” of healthcare systems. Gupta and Kumar (2012), provides five major components of health infrastructure that is skilled workforce, technology, health organizations, resources and research. They further opinioned that when talking of health infrastructure we are not merely looking at the outcomes of a health policy of a particular country, but the focus is upon material and capacity building in the arena of health delivery mechanisms. Borrowing from these scholars this study seeks to look at funds allocation, governance structures, human resource capacity and health policies as determinants of implementation of the health infrastructure projects.

### **Funds Allocation**

The World Bank report (2009) indicates that funds and capital resources forms the “epicenter” of success or failure of any project in the world. Adek (2016) supports this view by arguing that finances give rise to projects quality through accessing qualified personnel, relevant technology and proper materials. However, most of the devolved units especially in the developing countries have limited resources and greater difficulty in accessing funds. They are also more dependent to the central government as their tax base is low, have limited innovation for creating funds, have less adequate budget controls and lacks economies of scale (Nwachukwu and Fidelis, 2011). Over the past few years in the developing countries especially in Africa funding of health projects has been reformed. This reformation was brought about by the need to provide better healthcare to its citizens. These reforms however comes at a time when the governments are faced with economic crises and this pushes them to come up with strategies to reduce spending such as cost containment and policies to enhance efficiency at low costs. The big question is how to determine whether these measures are different in economic crises from those in longer containment period (Frisina and Gotzee, 2011). In Kenya the National and County health budget analysis report of FY 2016/2017 showed that many of the counties are giving priority to expansion and consolidation of physical structures. For example construction and rehabilitation of buildings and medical equipment received the largest share of the development budget. This is however not enough this is because although the county governments have increased commitment to health through increasing their budgetary allocation a big percentage of it goes to

recurrent expenditure for example in FY2016/17 the recurrent expenditure allocation increased to 79 percent from 72 percent in FY2015/16 this is against the recommended 70 percent.

### **Governance Structures**

According to a UNDP Report (2012), good governance is very important in the development process and to the effectiveness of development assistance. Good project governance is the secret to effectiveness of projects, this is because it looks at; how decisions are made, how rights and responsibilities are shared between the project team and management. Poor governance can also put the project at risk of failure, regulatory problems, resistance among others (Kelly, 2010). Turner (2006) suggests that governance of projects requires relationships between different stakeholders and proposes that the structures for this interaction should be put in place. In the developing countries poor governance is experienced. This is because the structures for interactions and those which works as the checks and balances are weak. This is disadvantageous to economic growth as sound institutional frameworks are key. Yieke (2010) says that “unless such frameworks are built to tackle corruption within governmental bodies, projects for development will remain very poor”. In developing countries health infrastructure projects just like any other projects are poorly implemented. Okonta et al (2013) observed that public projects are often left incomplete or are of poor quality, this undermines citizen’s welfare and leads to loss of public resources.

A key factor in the governance structures is top management support as it promotes success of any project. This is because it is them who are responsible for planning, implementing and closing of any project (Gemuerden and Lechlen, 2009, cited in Adek, 2016). According to Jacobson and Rugeley (2009), top management are accountable for accomplishment of project objectives by coming up with clear, specific and attainable project objectives. It is also this cadre of management that approve the projects. The role of politicians and bureaucrats in implementation of projects should not be ignored. This is because projects are usually identified as per the manifesto of the political government and as per the promises they made to the people. It is assumed that projects are selected to suit the needs of the people but in most cases this is not the case as the elites who have political, social and economic power influence this selection. In many instances their interests penetrate the arena and shape the outcomes hence affecting the success of projects (Adek, 2016; UNDP 2010). According to Ashaye (2010) cited in Adek (2016), political will is very important to the success of projects development and implementation. He further observed that in countries where we have severe class stratification and large number of poor people pressures of clientelistic distribution are very strong. Therefore in order to gain success of any development project health infrastructure projects included we have to do away with inequality and politics of populism

### **Health Policies**

There remains a question as to how policies relate to projects. This question is answered by Green (2015), through her article entitled relationship between policies, programs and projects. In the article Green stated that projects are targeted works that go into a program, a program usually facilitates project and a policy drives the program. This therefore shows that a project cannot exist without a supporting policy. Policies play a major role in implementation of any project. Kerr and Newell (2011), while looking at projects dealing with policy induced technology adoption, notes that government departments and implementing agencies depend on policies to ensure that the infrastructure projects meets all the set standards or serves the purpose. The role of policies in implementation of projects is further emphasized by Mugwagwa et al (2015), where he notes that

policies are developed to provide a framework for the attainment of multiple and often competing socio-economic objectives. However, in many developing countries there is a missing link between health policies and implementation of health projects. Jeppsson (2004), while looking at decentralization and national health policy implementation in Uganda, talked of this missing link. He also echoed the sentiments of Walt and Gilson (1994), where he argued that international literature on health policies over the past decades dealt almost exclusively with substantive content and that policy formulation process was viewed as a mechanical action and implementation was not even seen as an issue. Walt and Gilson (1994), further tried to find out the role of policy analysis in reforming the health sector in developing countries and in their paper argued that, policy analysis in the developing countries is underdeveloped and that health sector is the most hit. They argue that most of the health policies have been wrongly focused, for example they focus more on the content of reform and neglects the actors involved in policy reform, the processes contingent on developing and implementing change and the context within which policy is developed.

In Kenya the 2010 constitution provides the legal framework that provides an all-inclusive, rights-based approach to health service delivery to Kenyans. It provides that Kenyans are entitled to the highest attainable standards of healthcare (Kimathi, 2015). In order to achieve these aspirations of the constitution, the Kenyan Health Policy 2014-2030 was developed. The policy provides that there shall be a network of efficient, safe and sustainable health infrastructure, based on the needs of the consumers. The policy further provides the strategies or guidelines to achieve this adequate and appropriate health infrastructure that is; Adopting evidence based infrastructure investments which should be maintained and replaced to meet the standards, coming up with health infrastructure and maintenance plans, increased investment in health infrastructure, encouraging public-private partnerships among others (MOH, 2014).

### **Human Resource Capacity**

One of the most important aspects of project implementation is the human resource. This therefore means that in order to have a successful project the aspect of human resource has to be considered that is, quantity, type, skills and nature. Flood et al (2012), cited in Kiplagat (2014), argues that people aspect or the human resource have been always considered as the core asset of any organization. This view is supported by Raps (2005), who argues that human resource are a valuable intangible asset in any project implementation. Viseras, Baines and Sweeney (2005), cited in Maingi (2011), emphasize the importance of human resource by saying that Human resource is crucial because the success of project implementation depends critically on the human side and less on organization and system related factors. The importance of human resource in the health sector is that it addresses an organization's need for competent and stable personnel, that is; "having the right number of service providers with the right skills in the right locations at the right time" (Mills, 2011).

Shortages of health human resource is a common problem in the developing countries. This is even worse in the rural areas. Mabelebele (2006), while looking at the prospects and challenges of implementing projects in the public service of South Africa found out that South Africa is faced with a serious shortage of skills in many categories such as project management, IT, engineering among others. Skills in these fields are very important in implementing health infrastructure projects. The importance of skills is emphasized by Kyalo and Muturi (2015), where they argue that various skills are needed to implement a project. They also say that in many instances lack of adopting such skills at any phase of the project may cause inefficiency either at that level or to the overall outcome of the project. In Guyana a report on the health systems and services profile by Pan American health

organization (2001), reports that there has been shortages of many categories of health staff. The country over relies on overseas personnel for example at the time 90 percent of the specialist medical personnel in the public sector were expatriates. In Kenya a study by Transparency International in 2011 found out that shortages of staff in the provincial and health facilities was between 50 and 80 percent. Many scholars have attributed this shortage to brain drain. For example Awase, Gbary and Chatora (2003), cited in Okelloh (2014), argue that in Ghana around 70 percent of the 1995 medical graduates had emigrated by 1999. This shortage of health human resource is not an isolated case in the developing countries. This is because according to a report by Regions for Health Network in Europe (2008), on their fourteenth annual conference, Denmark was experiencing a shortage of healthcare professionals. Specifically there was a shortage of doctors in the west and nurses in the east. This was attributed to demographic shift and an expanding private health sector.

## RESULTS

### Regression Analysis

| Model | R                  | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|--------------------|----------|-------------------|----------------------------|
| 1     | 1.000 <sup>a</sup> | 1.000    | 1.000             | 1E-7                       |

(Survey data, 2019)

a. Predictors: (Constant), Health policies, fund allocation resources and governance structures

b. Dependent Variable: Determinants of implementation of devolved health infrastructure project

### Coefficients<sup>a</sup>

| Model                   | Unstandardized Coefficients |            | Standardized Coefficients | T             | Sig.  |
|-------------------------|-----------------------------|------------|---------------------------|---------------|-------|
|                         | B                           | Std. Error | Beta                      |               |       |
| (Constant)              | 1.776E-015                  | .000       | 1.000                     | .000          | 1.000 |
| Funds allocations       | -1.000                      | .000       | .000                      | -58543442.445 | .000  |
| Human Resource capacity | -1.000                      | .000       | .000                      | -84759613.836 | .000  |
| Governance Structures   | 3.000                       | .000       | .000                      | 114957309.837 | .000  |
| Health policy           | -3.557                      | .000       | 1.000                     | .000          | 1.000 |

For the Fund allocation variable, the results shows that there exists a significant and positive relationship with implementation of devolved health infrastructure project. Thus for a one (1) point increase in the Fund allocation, the probability of the implementation of devolved health infrastructure project is by -1.000 while the other variables in the model are held constant. Since the p value is less than 0.05, ( $r = -1.000$ ,  $p = 0.000$ ), with the Fund allocation P value more than the critical P value of

0.05 the study rejected the null hypothesis that states; Fund allocation has no significant relationship with implementation of devolved health infrastructure project.

The second hypothesis suggests that there is no significant relationship between Human Resource capacity and implementation of devolved health infrastructure project. This hypothesis is rejected since the findings of this study have revealed a significant relationship ( $r = -1.000$ ,  $p = 0.000$ ), with the Human Resource capacity P value greater than the critical P value of 0.05.

The study third hypothesis was that there is no significant relationship between Governance Structures and implementation of devolved health infrastructure project. Based on the study findings, the study rejected the third hypothesis. There is significant relationship between Governance Structures and implementation of devolved health infrastructure project ( $r = 3.000$ ,  $p = 0.000$ ), with Governance Structures P value less than the critical P value 0.05. The results revealed that an increase in Governance Structures is likely to lead to an increase in implementation of devolved health infrastructure project.

The study also revealed that there exists no significant relationship between Health policy and implementation of devolved health infrastructure project. Thus the study accepts the null hypothesis: there exists no significant relationship between Health policy and implementation of devolved health infrastructure project ( $r = -3.557$ ,  $p = 1.000$ ), with P value greater than the critical P value of 0.05.

The general regression Model arrived at was:

$$Y = 1.776 + -3.557X_1 + -1.00X_2 + 3.00X_3 + -1.00X_4 + E-015$$

Where; Y= Implementation of devolved health infrastructure project. X1= Health policy, X2 = Funds allocations, X3= Governance Structures, X4 = Human Resource capacity.

## **DISCUSSION OF FINDINGS**

### **Health Policies**

The first objective sought to assess how health policies determine the implementation of devolved health infrastructure projects in Embu County. The study findings shows that 82.1 % of the respondents were not aware of any health policy. The compliance to health policies were at an average as 39.3% which was the majority of the respondents said so. 75% of the respondents were not in a position of either policy development or implementation. 78% of the respondents were not aware of the strategies used in policy implementation while 92.9% are not aware of the process of policy formulation or any health policy developed by the Embu County government. These findings supports Walt and Gilson (1994) paper that argued that, policy analysis in the developing countries is underdeveloped and that health sector is the most hit. The paper further argues that most of the health policies have been wrongly focused, for example they focus more on the content of reform and neglects the actors involved in policy reform, the processes contingent on developing and implementing change and the context within which policy is developed.

### **Funds Allocation**

The second objective aimed to determine the extent which funds allocation determines implementation of devolved health infrastructure projects in Embu County. The aggregate score was a mean of 1.929 while the standard deviation was 1.22. This is an indication that the respondents agree that funds allocation influenced implementation of projects. The result is supported by the low standard deviation, showing that only a few employees vary in their opinions. This supports the World Bank report (2009) which indicates that funds and capital resources forms the epicenter of success or failure of any project in the world. It also supports Adek (2016) argument that finances give rise to projects

quality through accessing qualified personnel, relevant technology and proper materials. 39.3% of the respondents strongly agreed that the time of disbursement of funds determined the success or failure of the project. However majority of the respondents (53.6%) were not aware of the funds allocation procedure hence not in a position to make an informed decision on the efficiency of the procedure.

### **Human Resource Capacity**

The third objective sought to explore the extent to which human resource capacity determines implementation of devolved health infrastructure projects in Embu County. The study findings indicates that the human resources capacity had a mean of 4.43 and standard deviation of 1.574 implying that human resource capacity affects implementation of devolved health infrastructure projects in Embu County. The overall mean score of the study shows that the respondents were had a positive skewed on effect of human resources capacity effects with majority at 85% accepting that it affects implementation of devolved health infrastructure project this is in line with Flood et al (2012), cited in Kiplagat (2014), argument that people aspect or the human resource have been always considered as the core asset of any organization. This also supports Raps (2005), view that human resource are a valuable intangible asset in any project implementation. From the responses 85.7% of the respondents opinioned that their skills highly matched with their duties. This supports Mills (2011), view that the importance of human resource in the health sector is that it addresses an organization's need for competent and stable personnel that is; "having the right number of service providers with the right skills in the right locations at the right time".

### **Governance Structures**

Objective four of the study sought to establish the extent to which governance structures determine implementation of devolved health infrastructure projects in Embu County. The study findings indicates that the aggregate mean is 3.171 while the standard deviation is 1.026 implying that 33% of the respondents felt that the performance of decision makers affected the accessibility of health services to the positive. 22% of the respondents felt that the authority they are answerable to was significant if health projects were to achieve their target objectives, though they still felt there was still need to have clear chain of command. 20% of the respondents argued that that governance structures were old fashioned and they needed overhaul renovations or new appealingly structured. The study also revealed that the governance structures was greatly affected by the stakeholders. Respondents were neutral on level of involvement in formation of governance structures. On the issue of adherence to the law majority of the respondents were on the average that is 60.7% marked three on the likert scale. These findings are in line with Turner (2006) suggestions that governance of projects requires relationships between different stakeholders and proposes that the structures for this interaction should be put in place and that in the developing countries poor governance is experienced .This is because the structures for interactions and those which works as the checks and balances are weak. This is disadvantageous to economic growth as sound institutional frameworks are key.

### **CONCLUSION**

From the findings the researcher concludes that health policies plays a key role in implementation of devolved health infrastructure projects as they provide the framework necessary for implementation. Funds allocation is the central resource that determines success or failure of any projects this is in terms of the amount allocated, procedure of allocation and the time of disbursement. Human resource capacity is another intangible asset which is very important as implementation greatly depends on their

skills and competencies. Finally the importance of governance structures cannot be ruled out as they give directions and guidelines on how implementation is to be carried out.

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