International Journal of Management and Business Research
Volume 5, Issue 2, pg. 333-343, 2023
IJMBR
ISSN 29769-91723

PROJECT PLANNIG PROCESS AND THE IMPLEMENTATION OF UNIVERSAL HEALTHCARE PROJECTS IN MACHAKOS COUNTY

[1] Mumbe Caroline, [2] Dr. Pedo Maurice

[1]Masters Student, Jomo Kenyatta University of Agriculture and Technology

[2]Lecturer, Jomo Kenyatta University of Agriculture and Technology

ABSTRACT

Health care is viewed by some as a fundamental right but by others as a tradable commodity. Universal Health Coverage (UHC) has become a policy priority at both the national and global level. The main objective of this study was to investigate the Critical Success Factors in the Implementation of Universal Healthcare Projects: The Case of Machakos county. The study was guided by the following specific objectives; to investigate the influence of proper planning and financing on implementation of the UHC project within Machakos County. A descriptive survey design was utilized in this study. The target population was the Households receiving UHC, community health care workers and local leaders in Machakos county. The target population comprised of 200 household receiving UHC, 100 community health care workers and 50 local leaders. The researcher obtained sample size using Yamane formulae (1967). This study used primary sources of data to produce quantitative information. Therefore, questionnaires were the main tool for data collection. Pilot study was carried out in Machakos County to enable validity and reliability of research instruments to be determined. Descriptive statistics was used to analyse the data with the aid of the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics includes percentages, frequencies, mean mode and standard deviation. Data was represented inform of tables and figures. The study concludes that planning has a positive and significant effect on the implementation of the UHC project in Machakos County. In addition, the study concludes that funding has a positive and significant effect on the implementation of the UHC project in Machakos County. Based on the findings, this study recommends that Machakos County government should ensure proper project planning through formulation of effective budget and making informed decisions to improve project implementation.

Key Words: Critical Success Factors, Universal Health Coverage (UHC), Proper planning, Financing, Implementation of UHC

Background to Study

Some people consider access to healthcare a fundamental right, while others see it as a tradable good. In barely over a century, universal health care (UHC) has transformed from a pipe dream to a reality in the majority of industrialized nations, but not in all (Holden, 2018). The idea of UHC was practically useless for the majority of recorded history because health care offered so little. When care was offered, it was primarily given by laypeople who lacked official training. Basic first aid and, in some circumstances, herbal treatments whose efficacy had been shown by extensive experience constituted the majority of the effective therapy (Kutzin, Yip & Cashin, 2016). Most of the medical care that was provided was unsuccessful or worse, unpleasant and dangerous, such as cupping, bleeding, purges, and other similar treatments, so that the disease was frequently worse treated than the illness (Gautier & Ridde, 2017).

Projects are conducted at different levels, including; personal, organizational, regional, national as well as international levels. They are temporary endeavours that have a definite beginning and a definite end all which are tied together with a timeline (Wiewiora, Chang & Smidt, 2020). Projects are usually a guide to achieving specific objectives at the said levels. In the public sector, government projects seek to ensure socioeconomic growth within their jurisdiction as well as meeting social development goals. For a project to be deemed successful it has to have met a particular criterion that can be simplified into the project being delivered within the three constraints which means, it was delivered on the set timelines, within the budget and it fulfils what it was intended to achieve within the scope. Projects may take a relatively shorter period to finish but their usefulness will be enjoyed over a longer period of time by their various stakeholders. A successful project is that which has been accepted by the end user (Wamalwa & James, 2018).

The changing healthcare landscape in Africa continues to make an indelible impact with an emphasis on the implementation of Universal Health Coverage (UHC) by 2030 (Commerce, 2016). There are extreme regional differences in the quality and distribution of care, with the best facilities located in Kenya's capital Nairobi, while the most underdeveloped facilities located in rural Kenya. care facilities in rural areas often suffer from shortages of staff, essential drugs, and basic medical equipment. Introduction of the Universal Health Coverage project in Kenya sought to mitigate these challenges.

Health care is viewed by some as a fundamental right but by others as a tradable commodity. In the course of just over a century, universal health care (UHC) has gone from being an aspiration to a reality in most industrialized countries, but not yet all. Yet for many, especially in the developing world, it remains no more than a dream (Kruk et al., 2016). For those who have it, never before has it been so insecure. Throughout most of recorded history, the concept of UHC was essentially meaningless because health care had so little to offer. To the extent that care was provided, it was delivered largely by laypeople with no formal training. What care was effective consisted largely of basic first aid or, in some cases, herbal remedies whose efficacy had been established by long experience (Chan et al., 2017). Most of what passed for health care was ineffective, or worse, hazardous and unpleasant, such as cupping, bleeding, purges, and similar remedies, so that the treatment was often worse than the disease

The Kenya Health Sector Strategic Plan identifies additional areas where the nation has not advanced recently. For instance, the percentage of deliveries attended by a skilled health worker remained constant between 2013/14 and 2016/17, and the percentage of women receiving four antenatal care visits fell from 50% to 40% during the same time period (Tsofa, Molyneux & Goodman, 2016). Children's full immunization rates also decreased, from 90% to just around 80%. Additionally, from 60% to 48% fewer women (of reproductive age) were receiving family planning assistance. Under-target rates of maternal, baby, and under-five mortality are seen (World Health Organization, 2021).

The Ministry of Health has increased financing for the Machakos Universal Health Care program by Sh 100 million in order to increase the availability of critical medications and

supplies. The funds, which will be distributed yearly through the Kenya Medical Supplies Authority, will supplement the county's budgetary allocation for necessary medications and supplies to guarantee that all public health facilities have an adequate supply on hand (Muthoki, 2020). In order to provide medical care in the county's remote and informal settlements, Machakos county will receive two customized mobile medical clinics. In accordance with the agreement, the Ministry of Health will assist in placing 107 interns through the Public Service Commission in order to provide services at Level 2 and 3 facilities in cooperation with the Machakos county Public Service Board (Makokha, 2019).

Statement of the Problem

Universal Health Coverage (UHC) has become a policy priority at both the national and global level. UHC wants to make sure that every citizen has access to the high-quality healthcare services they require without facing financial hardship or, worse, being forced into poverty. Countries must proceed along at least three avenues of action in order to move toward UHC. In 2014, six out of ten Kenyans lacked access to basic healthcare services. In 2014, 4 out of 10 Kenyans faced a danger of financial hardship or poverty as a result of out-of-pocket medical expenses. In 2014, Kenya's Universal Health Coverage index stood at 52%. This indicates that roughly 50% of Kenyans have access to both basic healthcare services and even though coverage increased between 2003 and 2014, there are still disparities in service coverage and financial risk protection. The Kenyan government can use this to expand up prepayment funding while lowering reliance on out-of-pocket payments by increasing public financing of the health sector from the current 2.2% to at least 5% of the nation's gross domestic product. Even though it is crucial for the wellness of the most vulnerable members of society, universal health coverage has not been widely received in Kenya. There have been a number of things that have prevented its sustainability. Since health is now a devolved role, the public health system has been financially constrained due to insufficient county financing. One might begin to comprehend the magnitude of the issue facing Kenya's health sector once one takes into account the frequent strikes by health workers. Health services' accessibility and quality are compromised by inadequate finance. Dilapidated public health facilities force many Kenyans to resort to private health facilities which are often expensive. In addition, most public hospitals suffer chronic lack of drugs forcing patients to 4 purchase these from private pharmacies. The rising prevalence of noncommunicable diseases like cancer has further strained the health system and impoverished many families. Previous studies have indicated that despite success of set objectives on most completed projects, original budget allocated schedule set are usually revised, hence original goals not achieved (Transportation, 2015). Project success is a critical area of research however much focus has been given on the private sector leaving a huge gap in the public sector. In addition, less studies have been done to assess factors affects implementation of universal health projects in most counties in Kenya. The current study therefore sought to fill the existing research gap by investigating Critical Success Factors in the Implementation of Universal Healthcare Projects: The Case of Machakos County.

General Objectives

The main objective of this study was to investigate the Project Planning Process for the Implementation of Universal Healthcare Projects in Machakos County

Specific Objectives

i. To determine the influence of planning on the implementation of the UHC project in Machakos county
ii. To assess the role of funding on implementation of the UHC projects in Machakos county

Theoretical Review

Planning Theory

The Planning Theory was proposed by John Friedmann argued in the 1960s. Planning theory is the body of scientific concepts, definitions, behavioral relationships, and assumptions that define the body of knowledge of urban planning. There are nine procedural theories of planning

that remain the principal theories of planning procedure today: the Rational-Comprehensive approach, the Incremental approach, the Transformative Incremental (TI) approach, the Transactive approach, the Communicative approach, the Advocacy approach, the Equity approach, the Radical approach, and the Humanist or Phenomenological approach.

The assumption-based method of theorizing planning has been a muddled amalgam of planning theory on the one hand and initiatives to provide a positivistic foundation for the field on the other. The study that posits the separation between facts and values, demonstrating that the former is descriptive truth claims and the latter possess the totally unique status of moral statements or expressions of preference, best illustrates this. On the basis of this premise, they derive the planning process as an exercise encompassing three stages of activity, starting with the articulation of values and progressing through the identification of ways for achieving desired ends and policy implementation.

However, has been argued that undesirable ethical effects planning as an objective activity without participation of the population on whom objectives and measures are imposed top-down cannot be considered ethically correct. Undesirable environmental effects or no successful results as local knowledge and practices are not incorporated in planning and management, the measures are not adapted to the specific conditions, the population does not support the measures ordered from the top, and no inter-jurisdictional cooperation is intended in this planning model. Lastly, doubts on objectivity and rationality data are not always available and difficult to analyse, nor are the attributes of the planner always made known. The Planning Theory has been criticized for the failure to put into consideration the above restrictions to planning.

Resource Dependency Theory

Resource dependence theory (RDT) was put forward by Pfeffer (1972) and later enhanced by Pfeffer & Salancik (1978). Resource dependency theory is based on the principle that an organization, such as a business firm, must engage in transactions with other actors and organizations in its environment in order to acquire resources. Although such transactions may be advantageous, they may also create dependencies that are not. Resources that the organization needs may be scarce, not always readily obtainable, or under the control of uncooperative actors. The theory is based upon the following tenets: organizations are dependent on resources, these resources ultimately originate from the environment of organizations, the environment to a considerable extent contains other organizations, the resources one organization needs are thus often in the hand of the organizations, resources are a basis of power, legally independent organizations can therefore be dependent on each other.

This theory holds that as organizations rely on financial resources for survival, they are essential to any organization's ability to attain sustainability. Resources are crucial for the sustainability of universal health projects. For the project to be sustainable, all stakeholders must be involved as these resources will be in the form of human resources. The two other resources are money and land. This theory will be relevant to the study since it will educate the researcher on the usage of finances in the implementation and maintenance of UHC. The resource dependence hypothesis will be applied to explain how the health ministry's resources affect the project's ability to sustain universal health care. The resources of the health ministry have an impact on the project's capacity to continue. In order to ensure sustainability, other resources like land and money, as well as financial and human resources, it is necessary to incorporate all project stakeholders.

Recently, resource dependence theory has been under scrutiny in several review and meta-analytic studies. Which all indicate and discuss the importance of this theory in explaining the actions of organizations, by forming interlocks, alliances, joint ventures, and mergers and acquisitions, in striving to overcome dependencies and improve an organizational autonomy and legitimacy. While resource dependence theory is one of many theories of organizational studies that characterize organizational behavior, it is not a theory that explains an

organization's performance per se. But still in many ways, resource dependence theory predictions are similar to those of transaction cost economics, but it also shares some aspects with institutional theory.

Empirical Review

Design and Implementation of the UHC Projects

Fuad, Sitaresmi and Puspandari (2018) explored the potential design options for implementation of telemedicine in Indonesia under the auspice of the UHC policy. The study conducted desk review and focus group discussion with key stakeholders and regulator related to this subject. Telemedicine system already implemented in Indonesia through pilot project initiated by the Ministry of Health and telemedicine by Makassar local government. Limited studies and evidences were recorded regarding the firm regulation on financial sources to sustain telemedicine. However, options for telemedicine sources are available. These includes capitation scheme in primary care, diagnostic related group in secondary care, or fee for service. Beyond the healthcare services-related origin, other potential sources include research/grant, charity, special allocation fund or general allocation fund allocated in districts. The study however was done in Indonesia unlike the current study which is a case of Kenya.

Kiendrébéogo et al., (2021) presents new design for low-income and middle-income countries to gain more control of their development assistance programming as they move towards universal health coverage (UHC). The study based its findings on the experience of the African Collaborative for Health design and innovative US Agency for International Development-funded project. From the study findings, technical assistance to low-income and middle-income countries in the health sector often takes a top-down approach, coming as a prepackaged set of activities that stifles programme co-design and local capacity building in a way that skirts real country needs and hampers local ownership. Also, experience from three countries in sub-Saharan Africa suggests processes focused on promoting demand-driven knowledge exchanges and learning, multi-stakeholder and sectoral collaboration, and accountability mechanisms hold great potential to help overcome obstacles in progressing towards UHC. The study however made use of secondary data unlike the current study which makes use of primary data.

Planning and the Implementation of the UHC Project

Farrag et al., (2021) aimed to compare the quality of referral practice under the UHIS and the traditional system. A comparative cross-sectional study that was conducted in the duration from July 2019 to June 2020, targeted all physicians and nurses working in primary health care (PHC) sites and hospitals within the UHIS (204 doctors, 396 nurses) with an equal number from PHC sites and hospitals in Mansoura (205 doctors and 395 nurses). Results showed that receiving referrals without letters and referrals not conforming with the rules were significantly lower in the UHIS (13.4% vs. 50.2%, and 39.5% vs. 60.7%, respectively). Denying a referral was significantly higher in the UHIS (38.8% vs. 21%, $P \leq 0.001$). The drawbacks in the referral system were less reported in the UHIS ($P \leq 0.001$ for most items). There were no significant differences regarding the presence of rules for referral or attending training courses related to the referral process ($P = 0.269$, $P = 0.188$, respectively). The study however employed cross sectional study design unlike the current study which will mainly make use descriptive research design.

Walukana, Karimi and Kayumba (2021) aimed to understand population needs, acceptability, and perceptions and planning of UHC implementation. Findings suggest that UHC was understood variously by different groupings. Sensitization about the UHC programme was done through electronic media, by CHVs, education sessions, political class and outreaches. Planning for the programme was done by holding meetings, trainings for community registration and developing budgets. However, there was a lot of misunderstanding, confusion and mis concepts about the UHC concept as it was seen as a means to seek for votes by politicians. Barriers for successful implementation included critically understaffed facilities and poor Planning. The study nonetheless focused on UHC awareness and planning of

implementation unlike the current study which is specific on proper planning and implementation of Universal Healthcare coverage.

Analysis by Okech and Lelegwe (2016) was to critically review the various initiatives that the government of Kenya has over the years initiated towards the realization of Universal Health Care (UHC) and how this has impacted on health equity. The paper relied heavily on secondary sources of information although primary data was collected. Whereas secondary data was largely collected through critical review of policy documents and commissioned studies by the Ministry of Health and development partners. Key findings include commitment towards UHC; minimal solidarity in health care financing; cases of dysfunctionality of health care system; minimal opportunities for continuous medical training; quality concerns in terms of stock-outs of drugs and other medical supplies, dilapidated health infrastructure and inadequqte number of health workers. Other findings include governance concerns at NHIF coupled with, high operational costs, low capitation, fraud at facility levels, low payout ratio, accreditation of facilities, and narrowness of the benefit package, among others. The study however made use of both primary and secondary data unlike the current study which is specific on primary data.

Ibeneme et al., (2020) did a study on strengthening capacities among digital health leaders for the planning and implementation of national digital health programs in Nigeria. The workshop resolved that while digital health technologies offer profound opportunities to strengthen Nigerian health systems for UHC and the health SDGs, there should be a move from donor-driven pilot projects to robust, sustainable, cost-effective and nationally owned projects. This will involve a people-centered approach that should be demand-driven and not supply-driven to avoid wasting time on ineffective interventions, duplication of efforts and wastage of scarce health resources. Government ownership and leadership was identified as critical for sustainable financing and effective scale up of Digital Health projects in Nigeria. The study nonetheless was focused on digital health projects unlike the current study which is on Universal health coverage.

Conceptual Framework

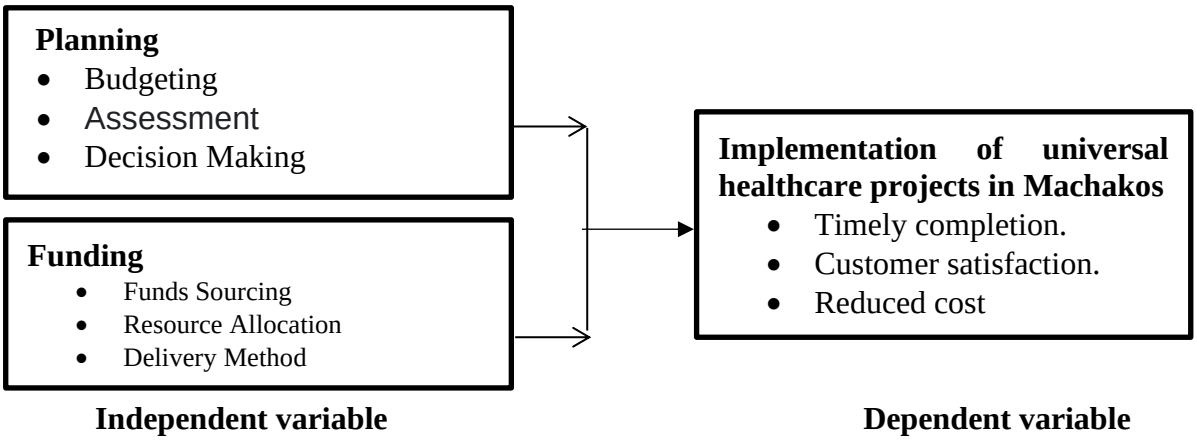

Figure 1 Conceptual Framework

RESEARCH METHODOLOGY

Research Design

A descriptive survey design was utilized in this study. Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, where, when and how questions, but not why questions. A descriptive research design can use a wide variety of research methods to investigate one or more variables.

Target Population

The target population was the Households receiving UHC, Top management, and finance managers in public hospitals Machakos county. The target population comprised of 200

household receiving UHC, 100 top managers and 50 finance managers in Public Hospitals in Machakos County. The table 1 shows the target population that was utilized in the current study

Table1 Target Population

Category	Target Population
Households	200
Top management	100
Finance managers	55
Total	**355**

Research Instruments

This study used primary sources of data to produce quantitative information. Therefore, questionnaires were the main tool for data collection. The development of questionnaire in this study was divided into a number of steps and guided by the objectives of the study. The study used the questionnaire of opinion which seeks to ascertain the opinion of the respondents as per the study objectives. The questionnaires were closed ended.

Pilot Study

Pilot study was carried out in Machakos County to enable validity and reliability of research instruments to be determined. The respondents used in pilot test represented 10 percent of the units to be used in data collection. The study therefore used 18 respondents to test the degree of accuracy of the instrument to be used to collect data. Machakos County was chosen because it is the neighboring county and it possesses almost similar characteristics to Machakos County

Data Collection Procedures

After receiving a research approval from the University, the researcher sought permission from the Machakos county government department of health for data collection. The researcher came up with a data collection schedule and visited the county health facilities to administer the questionnaires. The researcher with the help of one research assistant administered the written questionnaires to the respondents. The researcher assured the respondents of strict confidentiality in dealing with the responses.

Data Analysis and Procedures

Data analysis involves interpretation, organization and presentation of collected data so as to decrease the information collected from the field to be practical (Safa et al., 2016). Collected data was organised and edited to remove any inconsistencies, repetitions or errors that make analysis difficult. Descriptive statistics was used to analyse the data with the aid of the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics included percentages, frequencies, mean mode and standard deviation. Data was represented inform of tables and figures.

Descriptive statistics such as frequency distribution, mean (measure of dispersion), standard deviation, and percentages were used. Descriptive statistics therefore enables researchers to present the data in a more meaningful way, which allows simpler and easier interpretation (Singpurwalla, 2017). Inferential data analysis was conducted by use of Pearson correlation coefficient, and multiple regression analysis. Inferential statistic is used to make judgments about the probability that an observation is dependable or one that happened by chance in the study.

ANALYSIS AND INTERPRETATION OF DATA

Descriptive Statistics Analysis

Planning and the Implementation of the UHC Project

The first specific objective of the study was to determine the influence of planning on the implementation of the UHC project in Machakos County. The respondents were requested to

indicate their level of agreement on statements relating to planning and the implementation of the UHC project in Machakos County. A 5 point Likert scale was used where 1 symbolized strongly disagree, 2 symbolized disagree, 3 symbolized neutral, 4 symbolized agree and 5 symbolized strongly agree. The results were as presented in Table 2.

From the results, the respondents agreed that thematic design have helped the government in achieving the Universal care health system. This is supported by a mean of 3.968 (std. dv = 0.905). In addition, as shown by a mean of 3.959 (std. dv = 0.885), the respondents agreed that geographical design system of the facility is important in realization of implementation systems. Further, the respondents agreed that there is a proper safeguarding system for the realization of implanted systems of the UHC. This is shown by a mean of 3.920 (std. dv = 0.605). With a mean of 3.815 (std. dv = 0.981), the respondents agreed that universal healthcare system is well staffed and clients are well attended to.

Table 1: Project Planning and the Implementation of the UHC Project

	Mean	**Std. Deviation**
Thematic design have helped the government in achieving the Universal care health system	3.968	0.905
Geographical design system of the facility is important in realization of implementation systems	3.959	0.885
There is a proper safeguarding system for the realization of implanted systems of the UHC	3.920	0.605
Universal healthcare system is well staffed and clients are well attended to	3.815	0.981
Aggregate	**3.890**	**0.867**

Funding and Implementation of the UHC Projects

The second specific objective of the study was to assess the role of funding on implementation of the UHC projects in Machakos County. The respondents were requested to indicate their level of agreement on the statements relating to project funding and implementation of the UHC projects in Machakos County. The results were as shown in Table 3

From the results, the respondents agreed that good framework systems work well in the implementation of Universal health systems. This is supported by a mean of 4.084 (std. dv = 0.997). In addition, as shown by a mean of 3.917 (std. dv = 0.831), the respondents agreed that the sensitization systems in planning process are helpful in implementation process. Further, the respondents agreed that there is good management of the universal healthcare service in the county. This is shown by a mean of 3.858 (std. dv = 0.563). The respondents also agreed that the universal healthcare service is updated and has all the database of its beneficiaries. This is shown by a mean of 3.831 (std. dv = 0.851).

Table 2: Project Funding and Implementation of the UHC Projects

	Mean	**Std. Dev.**
Good framework systems work well in the implementation of Universal health systems	4.084	0.997
The sensitization systems in planning process are helpful in implementation process	3.917	0.831
There is good management of the universal healthcare service in the county	3.858	0.563
The universal healthcare service is updated and has all the database of its beneficiaries	3.831	0.851
Aggregate	**3.836**	**0.818**

Correlation Analysis

The present study used Pearson correlation analysis to determine the strength of association between independent variables (project planning and project funding) and the dependent variable (implementation of the UHC project in Machakos County) dependent variable. Pearson correlation coefficient range between zero and one, where by the strength of association increase with increase in the value of the correlation coefficients.

Table 4: Correlation Coefficients

		Project Implementation	Project Planning	Project Funding
Project Implementation	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	179		
Project Planning	Pearson Correlation	.880**	1	
	Sig. (2-tailed)	.001		
	N	179	179	
Project Funding	Pearson Correlation	.842**	.279	1
	Sig. (2-tailed)	.002	.061	
	N	179	179	179

From the results, there was a very strong relationship between project planning and the implementation of the UHC project in Machakos County (r = 0.880, p value =0.001). The relationship was significant since the p value 0.001 was less than 0.05 (significant level). The findings are in line with the findings of Fuad, Sitaresmi and Puspandari (2018) who indicated that there is a very strong relationship between project planning and project implementation.

Moreover, the results revealed that there is a very strong relationship between project funding and implementation of the UHC project in Machakos County (r = 0.842, p value =0.002). The relationship was significant since the p value 0.002 was less than 0.05 (significant level). The findings conform to the findings of Farrag *et al*., (2021) that there is a very strong relationship between project funding and project implementation.

Regression Analysis

Multivariate regression analysis was used to assess the relationship between independent variables (project planning and project funding) and the dependent variable (implementation of the UHC project in Machakos County)

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.934	.872	.873	.10120

a. Predictors: (Constant), project planning and project funding

The model summary was used to explain the variation in the dependent variable that could be explained by the independent variables. The r-squared for the relationship between the independent variables and the dependent variable was 0.872. This implied that 87.2% of the variation in the dependent variable (implementation of the UHC project in Machakos County) could be explained by independent variables (project planning and project funding).

Table 5: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.027	2	7.007	73.60	.000[b]
	Residual	16.568	176	.0952		
	Total	44.595	178			

a. Dependent Variable: implementation of the UHC project in Machakos County

b. Predictors: (Constant), project planning and project funding

The ANOVA was used to determine whether the model was a good fit for the data. F calculated was 73.60 while the F critical was 2.424. The p value was 0.000. Since the F-calculated was greater than the F-critical and the p value 0.000 was less than 0.05, the model was considered as a good fit for the data. Therefore, the model can be used to predict the influence of project planning and project funding on implementation of the UHC project in Machakos County.

Table 6: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	**(Constant)**	0.205	0.038		5.395	0.000
	Project Planning	0.369	0.099	0.367	3.727	0.004
	Project Funding	0.486	0.107	0.487	4.542	0.001

a Dependent Variable: implementation of the UHC project

The regression model was as follows:

$Y = 0.205 + 0.369X_1 + 0.486X_2 + \varepsilon$

According to the results, project planning has a significant effect on implementation of the UHC project in Machakos County β_1=0.369, p value= 0.004). The relationship was considered significant since the p value 0.004 was less than the significant level of 0.05. The findings are in line with the findings of Fuad, Sitaresmi and Puspandari (2018) who indicated that there is a very strong relationship between project planning and project implementation

The results also revealed that project funding has significant effect on implementation of the UHC project in Machakos County, β1=0.486, p value= 0.001). The relationship was considered significant since the p value 0.001 was less than the significant level of 0.05. The findings conform to the findings of Farrag et al., (2021) that there is a very strong relationship between project funding and project implementation.

Conclusions

The study concludes that planning has a positive and significant effect on the implementation of the UHC project in Machakos County. Findings revealed that budgeting, assessment and decision Making influence the implementation of the UHC project in Machakos County

In addition, the study concludes that funding has a positive and significant effect on the implementation of the UHC project in Machakos County. Findings revealed that funds Sourcing, resource Allocation and delivery Method influence the implementation of the UHC project in Machakos County.

Recommendations

The study found that planning has a positive and significant effect on the implementation of the UHC project in Machakos County. This study therefore recommends that Machakos County government should ensure proper project planning through formulation of effective budget and making informed decisions to improve project implementation.

In addition, the study found that funding has a positive and significant effect on the implementation of the UHC project in Machakos County. This study therefore recommends

that Machakos County government should ensure proper formulate and implement effective project funding policies with effective resource allocation strategies

Suggestions for Further Studies

This study focused on investigating the Project Planning Process for the Implementation of Universal Healthcare Projects in Machakos County. Having been limited to the Implementation of Universal Healthcare Projects in Machakos County, the findings of this study cannot be generalized to implementation of other projects in Kenya. The study therefore suggests further studies on the influence of Project planning process on implementation of other projects.

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