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Influence of Stakeholder Dynamics on Performance of Free Maternal Healthcare Project in Kenya, a Case of Homabay County

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ABSTRACT

Purpose: The study examined the influence of sponsor, client, project team and regulatory dynamics, on project performance of free maternity in Homabay County, Kenya.The research focused on factors other than healthcare costs to ensure adequate infrastructure and health personnel in order to offer quality care for the growing number of clients. Besides it added to the existing body of knowledge pertaining to the delivery of free maternity services thereby reducing and eliminating maternal and perinatal deaths. It was conducted in eight sub-county hospitals in the county.

Methodology: A total of 167 respondents were selected to participate in the study. The data were entered and analyzed by SPSS version 16. The coefficient of determination showed that sponsor dynamics had a major contribution to the project performance.

Findings: There was a significant positive relationship between sponsor dynamics and project performance of free maternal healthcare in Homabay County, Kenya.

Unique contribution to theory, practice and policy: The study therefore recommended that Donors and other implementing agencies ought to make their procedures flexible in order to accommodate input from other project stakeholders.

Keywords: *Free Maternal Services, Sponsor Dynamics, Project Performance, Stakeholder Dynamics*

INTRODUCTION

Background of the Study

The regulations, project team, clients and sponsors as stakeholders had technical needs examined, that was geared to performance of free maternal healthcare policy. For over a decade, MMR had technically remained unacceptably high due to reduced access to skilled deliveries. This was precipitated by the rise in financial barriers from the user fees. Prior to introduction of FMS between 2004/2008 MMR in Kenya was 460/100000 and 400/10000live births between 2009/2013. FMS came to effect in response to global recommendation in order to meet high quality health facility delivery, by abolished of user fees, while it met politically an election pledge by the ruling government. (Tama, Molyneux et al., 2017) FMH-policy in Kenya came to effect on June 1st, 2013 through a directive by the Kenyan president Uhuru Kenyatta. Since then, utilization of free maternity services countywide had still remained low in Kenya at 61.8%. There was however, partial address indicated by a reduction of MMR to 362/10000 live births since introduction of FMS (Kes Et. al, 2015) Despite improvement in selected counties like Nyamira, Kisii, Nairobi, Kirinyaga and Nyeri to 74%, most counties still lagged below the national percentage. (Owuor Et.al, 2019) In assessed performance, the free maternal healthcare in private and public health facilities therefore partially addressed economic barriers to utilization of maternal healthcare services. There were other economic, health system gaps, quality of healthcare services, political, social, environmental, religious and economic barriers in existence. (Gitobu et al., 2018) Contrary to other previously abolished user fees in public health facilities, the FMH project received reimbursement of the revenue that could have been lost to the involved facilities to prevent them re-introduction of official or unofficial user fees. The reimbursement done followed facility level for example Kshs.2500 for primary healthcare facilities (dispensaries and health centres) and Kshs.5000 for level IV hospitals and above per delivery (Owuor Et.al, 2019) In order to improve FMS performance by reducing maternal and perinatal deaths, the Ministry of Health had also scaled up training on emergency obstetric and new-born care countrywide. Moreover, surveillance mechanisms like MPDSR guidelines introduced in 2015 had improved teamwork, both among departments and interdepartmental collaboration, thereby improving quality of care.(MDSR, 2016).

Research Objectives

The study was guided by the following objectives:

i. To identify the influence of sponsor dynamics on performance of free maternal healthcare project in Homabay County, Kenya.

ii. To identify the influence of client dynamics on performance of free maternal healthcare project in Homabay County, Kenya.

iii. To explore the influence of project team dynamics on performance of free maternal healthcare project in Homabay County, Kenya.

iv. To identify the influence of regulatory dynamics on project performance of free maternal healthcare in Homabay County

Theoretical Framework

Stakeholder theory

This theory was established by Edward Freeman in 1984 for organizational management and business ethics to address morals and values in managing organization. It influenced the performance through project risk management associated with stakeholder management, as well as to design risk prevention and mitigation strategies. (Uribe et al., 2018) This theory's efficiency emphasised well treatment of stakeholders so that they reciprocated with positive attitudes and behaviours towards the organization. (Harrison, 2015).It therefore enabled improved performance of the FMS project by the considered stakeholders' interest.

Penchansky and Thomas theory of access

The access theory was proposed by Penchansky and Thomas in 1981. They focused on the interaction of key elements that influenced utilization of healthcare services. It particularly upheld the significant degree of "fit" between the clients' needs and the institution's ability to meet those needs. (Saurman, 2016)

Needs theory

This psychological theory was proposed by Abraham Maslow in 1943 and it had a close relationship to organizational culture as it struggled for basic survival. (Jerome, 2013) It took a humanistic approach. (Furushima, 2017) He proposed five different levels people have to seek for satisfaction of their basic needs. According to this theory when one level of need was fulfilled there was a decline in its strength with significant increase in the next level needs strength.(Haque Et.al, 2014)

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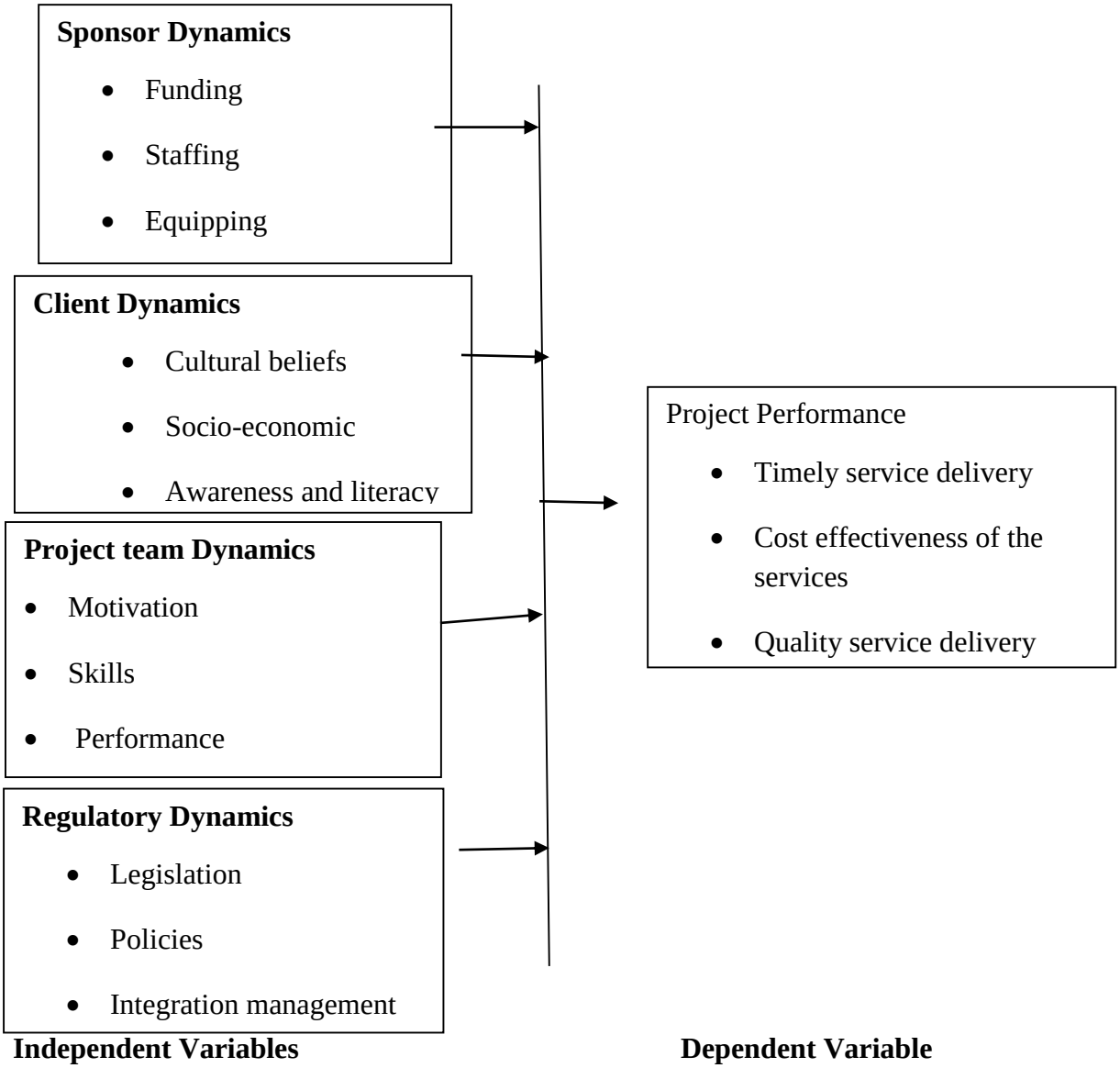
Conceptual Framework



Influence of Sponsor Dynamics in performance of Free Maternal Healthcare

Project sponsors played a role in the achievement of project objectives as illustrated by some studies below. According to a study in Uganda, where complex and dynamic nature of maternal healthcare as examined, the inclusion of system dynamics yielded improved policy impact for maternal health as maternal and neonatal mortality improved.(Semwanga et al., 2016) Following another study on sponsor's abrogated user fees for FMS only, without looking into the staff welfare, only a little impact on the policy performance was reported. The performance impact the policy revealed that user fee policies should be accompanied by supply side investments, to ensure that healthcare facilities have adequate resources (such as healthcare workers, infrastructure and

essential commodities) to match the anticipated increase in demand of healthcare services. (Tama, Molyneux et al., 2017).

Moreover, according to a study on realization management and the influence it had on project success, suggestion soar that interdependence in project team alignment, sponsors and clients caused tremendous changes to the organization that were of great value.(Serra & Kunc, 2015) In Samburu County, maternal and neonatal mortality had been reduced by AMREF through strengthened maternal and new-born health by them increasing demand for essential nutrition and health services. They had also strengthened healthcare providers' skills in essential emergency obstetric care and undertaking stop gap of essential commodity procurement. (Mwendwa, et al., 2016).

Problem Statement

Despite the free maternal healthcare services in private and public health facilities, only partial address to economic barriers to utilization of the services had been achieved. While the abolished delivery fees being a commendable solution to increase maternal healthcare access, no significant change in access, decrease in maternal and neonatal mortality had been realized. Pregnancy-related mortality associated with the delays caused a significant concern. FMS was compromised by operational challenges including delayed reimbursement of funds to health institutions and exacerbation of health system weakness such as staff, drugs and supply shortage. Globally, Niger reported a similar example when it introduced free primary healthcare for children below 5 years. (Pyone et al., 2017).

In Homabay County with an average of 5.2 children per woman considered higher than the national average of 3.9 children per woman, only 60% had skilled attendance. (NCPD, 2017) This was lower than the national average of 61.8% (Owuor Et.al, 2019) while targeting 90% skilled deliveries.

Study Objectives

The main objective of this study was to explore the influence of stakeholder dynamics on project performance of free maternity in Kenya, with a specific objective to identify the influence of sponsor dynamics on performance of free maternal healthcare project in Homabay County.

Why Homabay County?

Homabay County was located in the South western Kenya along Lake Victoria where it bordered Kisumu and Siaya county to the Nothern side with skilled deliveries of 59% and 65% respectively, Kisii and Nyamira Counties to the Eastern side with skilled deliveries of 74%, to the South it boarders Migori County with 53.4% skilled deliveries and to the West it Boarders Lake Victoria republic of Uganda. As per 2009 Kenya Census, the county had 963, 440 people. (NCPD, 2017) However, as per 2012 the county had 1,058,079 people. Among them 507,695 were male, 550, 385 females, 184,106 under 5 years with 39, 149 below one year. (Health, 2015) The County had

an average of 5.2 children per woman considered higher than the national average of 3.9. Among thse only 60% had skilled attendance at birth, a figure lower than the national target of 90%. Besides, the county had recorded skyrocketed strikes for doctors, clinical officers and nurses in public hospitals since devolution of health in December 2013, that further impaired availability of skilled attendance at birth for the mothers. The county had also experienced high HIV prevalence of 25.7%, that record was four times higher prevalence than the national of 6% (NCPD, 2017).

The study provided information and insights to assist the government come up with strategies needed to enhance the effective performance of free maternity project not only in Homabay County but also countrywide. It was through its focus on factors other than healthcare costs to ensure adequate infrastructure and health personnel in order to offer quality care for the growing number of clients. Besides, it focused on achieving sustainable development goal by 2030 in reduction of maternal mortality rate to less than 70 per 100,000 live births.

Research methodology

The study used a cross sectional survey design. The design focussed on studying and drawing inferences from existing differences between people, subjects or phenomenon. Research questionnaires was adopted and administered to respondents to collect primary data in relation to the objectives.

The target population was obtained from eight sub-county hospitals in Homabay County. Kabondo, Rachuonyo South, Rangwe, Ndhiwa, Kendu, Suba South, Mbita, and Homabay Town Sub-County Hospitals were involved in the study. 41 healthcare professionals were targeted for this study for two sub-counties. The eight facilities had an average of 432 mothers seeking FMS monthly. From a sample size of 480 that included healthcare providers, a total of 167 respondents were selected to participate in the study. Among them, an estimate of 41 healthcare providers were purposively selected from the facilities, to participate in the study by answering the questions in the questionnaire. Besides, 126 women of reproductive age who accessed and utilized FMS were also requested to participate.

The study employed stratified random sampling technique where all the professional departments were put in strata. Purposive sampling technique was later used to identify respondents from every stratum. Using Cochran's formula, a sample size for the study was drawn with the level of significance of 7%. (Mwendwa, Et.al, 2016).

To test validity and reliability, a pilot study was done on 10% of the sample size and data entered and analysed by SPSS version 16. Regression models were used to examine the strength and direction of influence of the independent variables on the dependent variable. Data is presented in tables, figures and charts.

Validity Analysis

Face Validity

Face validity was the extent to which a measurement appeared to be related to a specific construct at the judgement of both expert and non-expert, streamlining the questions, as it clarified ambiguous phrases and abolished irrelevant ones. It performed evaluation of the questionnaire appearance in terms of language clarity, legibility, feasibility, consistency of style and formatting, (Taherdoost, 2018) while checking from the concept surface whether the test appeared valid or not.(Ghazali Et. al, 2016)

Content Validity

For this study the content validity was ensured through the Supervisor's and other healthcare providers' expert opinion, on the details of the questionnaire in relation to the study variables

Descriptive Statistics on Sponsor Dynamics

The objective of the study was to examine sponsor dynamics on project performance of free maternity in Homa bay County, Kenya. The constructs that were used to measure this objective were; funding and staffing, under each construct, statements were used to measure the responses and the results were as presented in Table 1.

Table 1: Descriptive Statistics on Sponsor Dynamics

Statement	SD%	D%	N%	A%	SA%	Mean	Std
There is enough budget allocation for project	41	20	3	20	16	3.34	1.110
Stakeholders supports the facilities financially, e.g. NHIF, DANIDA	9	21	16	31	23	3.71	.919
The facilities have no enough medical equipment's due to lack of funds	8	6	10	34	42	3.64	1.125
Salary delays affect service delivery by county government	14	7	5	27	47	3.67	1.051
Staffs are trained on matters on antenatal clinics	9	5	3	34	48	3.57	1.180
Ratio between staff and patients is low in the facilities	10	8	4	46	31	3.55	1.175
There is a financial challenge starting the Antenatal clinic.	7	5	10	37	41	3.59	1.002
Average						3.581	1.080

n = 146 (SD = Strongly Disagree; D = Disagree; N = Neutral; A= Agree SA = Strongly Agree) *Mean = (Strongly Disagree = 0 – 1.8; Disagree = 1.8 – 2.6; Neutral = 2.6 – 3.4; Agree = 3.4 - 4.2; Strongly Agree = 4.2 – 5.0

The results in Table 1 indicated that majority of the respondents 41% strongly disagreed that budget allocation for FMS was enough, another 32% agreed that stakeholders supports the project financially ,42% of the respondents strongly agreed that health facilities had no enough medical equipment's to attend the patients. Similarly, 47% strongly agreed that there was salary delay for

the staff. Majority strongly agreed that staffs are trained on matters regarding antenatal clinics with 48%. on the other hand, a 46% agreed that the ratio between the staff and patients is low. Lastly majority of the respondents at 41% strongly agreed that health facilities were facing financial challenges. A former study revealed that, the funds were not only inefficient but also duplicate and were poorly understood by the managers as the reimbursement was done to the County bank accounts contrary to the facility individual accounts. The step had impacted negatively on the quality of services delivered by the facilities due to irregular reimbursement by the county governments as most of the funds were diverted (Gitobu et al., 2018). Generally, the study showed that many sponsors were required to support the health facilities both financially as well as staff capacity building.

Regression Analysis of Variables

Regression is a set of statistical techniques that allow one to assess the relationship between more than one independent variable and one dependent variable (Were and Mutwiri, 2021) .

Pharm (2008) as cited by (Were and Mutwiri, 2021) states that the objective of the multiple regression analysis is to make a prediction about the dependent variable based on its covariance with all the concerned independent variables. Regression is often used when the intent of the analysis is prediction. The goal of regression is to arrive at the set of regression coefficients (B values), for the independent variables that bring the Y values predicted from the equation as close as possible to the Y values obtained by measurement. The regression coefficients that are computed minimize the sum of the squared deviations between predicted and obtained Y values and they optimize the correlation between the predicted and obtained Y values for the data set.

Multiple regression technique is used to assess the impact of a set of predictors on a dependent variable, unfortunately, multiple regression is not suitable when you have categorical dependent variables. In such cases Logistic regression allows test of models to predict categorical outcomes with two or more categories. The independent variables can be either categorical or continuous, or a mix of both in the model (Barbara & Linda, 2007) as cited by (Musembi, 2022) .

Regression Analysis for Sponsor Dynamics and Project performance

The result in Table 2 shows the regression analysis for sponsor Dynamics and Project performance.

Table 2: Regression Analysis for Sponsor Dynamics and Project performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.478[a]	.229	.223	1.080

a. Predictors: (Constant), Sponsor

The results show a R-square value of 0.23 which means that sponsor dynamics explain 23.0% of project performance.

Analysis of Variance (ANOVA) for Sponsor Dynamics

Table 3: ANOVA

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	50.174	1	50.174	43.022	.000[b]
	Residual	169.105	145	1.166		
	Total	219.279	146			

a. Dependent Variable: performance

b. Predictors: (Constant), Sponsor

Table 3 indicates F calculated statistic of 43.22 which was greater than f critical (3.48) implying that the model was statistically significant and with goodness of fit of the model. This was also supported by the reported p=0.00 which was less than of 0.05 significance level.

The above results were supported by a previous study where analysis of the responses by aid of ANOVA single factor, indicated means of the ratings to the various statements at significant F value being more than F critical at; 2.930474 > 2.199905) and that the variations could not be ignored. The P value < (i.e. 0.011664 < 0.05) leading to a conclusion that the respondents had varied perceptions on the level of satisfaction derived with the introduction of FMHP.(Hartsock, 2018)

Table 4: Coefficients

Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.328	.299		4.448	.000
	Sponsor	.564	.086	.478	6.559	.000

a. Dependent Variable: performance

The finding in table 4 on Beta coefficients indicate given no sponsor Dynamics, Project performance, is fixed at 1.328 units. The table shows that a unit increase in sponsor Dynamics leads to an increase of 0.564 in Project performance. This relationship is significant since p is 0.000, which is less than 0.05.

Conclusion of the Study

From the results, the study concluded that there was significant positive relationship between sponsor dynamic as part of stakeholders and project performance of free maternal healthcare in

Homabay County, Kenya. The sponsor dynamics contributed majorly to the project performance of free maternal healthcare in Homabay County, by established significant need for engagement of more donors to support the health care system especially on this project. That would lead to infrastructural improvement thereby impacting positively on project performance.

The study therefore recommended that Donors and other implementing agencies ought to make their procedures flexible in order to accommodate input from other project stakeholders. In most cases organizations informed stakeholders about their projects but did not give room for adjustments when the stakeholders gave their input. The study also recommended that stakeholders of the project be identified early and their roles in the project clearly be spelt out. Stakeholders needed to be involved at various stages of the project and their needs and expectations identified at the start of the project. In the study, funding allocated needed specific project reference made to the budget estimates before any expenditures were approved while changes on the project plan were to be done in a transparent manner.

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