

FACTORS AFFECTING IMPLEMENTATION OF FAMILY PLANNING PROJECTS BY NON GOVERNMENTAL ORGANIZATIONS IN KENYA

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Abstract- It is important for a project manager to understand timing and scheduling and how to make planning tools work for their project and not the other way round. Time is unique and unlike other resources such as money and people lost time can never be replaced. The impact of a family planning program can be seen in the form of increased use of contraceptives, increased motivation to control births and increased preferences to have a smaller family. The main objective of this study was to determine the factors affecting implementation of Family Planning projects in Kenya. Specifically, the study sort to, assess the effect of technical capability on implementation of family planning projects in Kenya, examine the effect of project planning on implementation of family planning projects in Nairobi, Kenya, assess the effect of financial controls on implementation of family planning projects in Nairobi, Kenya, establish the effect of project communication on implementation of family planning projects in Nairobi, Kenya and determine the moderating effect of culture on the factors affecting implementation of family planning projects by non-governmental organizations in Nairobi, Kenya. The study was governed by three theories; project management theory, Lewin's Change Management Theory, Logical Framework model and Network Theory. The research adopted descriptive research design. The target population was 750 registered Health NGOs in the health sector in Nairobi. The study used simple random sampling to select 225 registered NGOs that are involved in Family Planning in Nairobi. The study used both primary and secondary data. Primary data was collected by use of questionnaires which was self-administered with the help of research assistant. Secondary data was collected from literature review. Quantitative data analysis included both descriptive and inferential statistics. Descriptive statistics included frequencies, percentages, means and standard deviation while inferential statistics included a multiple linear regression mode. Results were presented in form of tables and charts. Qualitative data was analyzed through content analysis and presented in continuous prose form. Based on the findings the study concluded that technical capability has an effect on the implementation of family planning projects in Kenya. The study also concluded that project planning also influence the implementation of family planning projects in Kenya. Further, it was possible to conclude that project communication and financial controls affect implementation of family planning projects in Kenya.

Index Terms- Family Planning Projects, Financial Controls, Project Performance, Technical Capability

I. INTRODUCTION

In spite of the importance of project implementation in organizations' success and their achieving goals, most of them fail to implement those strategies efficiently. According to Sterling (2013) the difficulty is not with formulation of a project strategy, the difficulty comes with implementation as it is not easy to implement. Effective project implementation rarely gets much attention or respect. Yet it is imperative to note that even the most creative and well-crafted project strategies are useless if they cannot be implemented (Sterling, 2013).

In low-income countries, approximately 57% of second and higher-order births occur at intervals shorter than 3 years, and, in some countries, these conditions have not changed in 20 years (Ahmed *et al.*, 2013). More than 80 million mistimed or unwanted pregnancies (unintended pregnancies) occur each year worldwide, contributing to high rates of induced abortions, maternal morbidity and mortality, and infant mortality (Cleland, *et al.*, 2011). In Kenya, during the past 20 years there has been great progress in the provision of family planning and reproductive health services. The Total Fertility Rate has declined from about eight 35 years ago to about 3.9 by 2014 (KDHS, 2014).

The Kenyan family planning program traces its roots to the 1950s when a group of volunteers started what was to become the Family Planning Association of Kenya (FPAK). Nevertheless, it was not until 1967 that a national family planning program was launched. Under this plan, family planning was integrated into the maternal and child health division of the Ministry of Health. In 1984, the Government ratified a set of population policy guidelines to assist in the implementation of the program. Reflecting the 1994

International Conference on Population and Development (ICPD), these guidelines were further revised in the population policy for sustainable development, issued in 2000 (United-Nations, 2010; CBS, 2011). Promotion of family planning in countries with high birth rates has the potential of reducing poverty and hunger, while at the same time averting 32 percent of all maternal deaths and nearly 10 percent of child mortality. This would contribute substantially to women's empowerment, achievement of universal primary schooling and long term environmental sustainability (Cleland *et al.*, 2011).

Increasing access to family planning services could lead to meeting the unmet need for family planning, and thereby slowing population growth rate and reducing the costs of meeting MDGs in terms of universal primary education, which is influenced by the number of children in need of education (Moreland & Talbird, 2015). Hawkins *et al.*, (2012) observed that family planning services offer various economic benefits to the household, country and the world at large. First, family planning permits individuals to influence the timing and the number of births, which is likely to save lives of children. Secondly, by reducing unwanted pregnancies, family planning service can reduce injury, illness and death associated with child birth, abortions and sexually transmitted infections (STIs) including HIV/AIDS. Further, family planning contributes to reduction in population growth, poverty reduction and preservation of the environment as well as demand for public goods and services (Crichton, 2011).

In the United States, women rely on a mix of private and public providers for their SRH care. Such care is offered by some 16,000 private practice obstetrician-gynecologists, many of the more than 68,000 office-based family practice doctors, and more than 8,000 publicly funded clinics. Researchers have paid particular attention to examining services provided by publicly funded clinics, distinguishing between clinics that receive funding through the federal Title X family planning program and those that receive other, non-Title X sources of public funding. This focus is important because Title X-funded clinics are often the only source of Sexual Reproductive Health (SRH) care for poor and low-income women. In addition, Title X provides the only federal funding dedicated solely to family planning and requires its grantees to adhere to program regulations and guidelines that set a high standard of care and direct both how and what SRH services should be provided (Frost, 2013).

Southern Africa countries such as Botswana, South Africa and Zimbabwe have been forerunners for fertility decline in Sub-Saharan Africa. Contraceptive prevalence varies between these countries; Mozambique is the lowest with 14% of women currently using a modern method of contraceptives. Highest is South Africa Namibia and Zimbabwe with 50% and women currently using a modern method of contraceptives. Contraceptive prevalence increased during the 1990s and the 2000s. The use of contraceptives is highest among women in high wealth quintiles, who have secondary or higher education, or who live in urban areas. The unmet need for family planning is highest in Lesotho and lowest in Namibia. In general, the trend in the unmet need for family planning is one of decline, but in Mozambique, it has increased (Shemeikka *et al.*, 2011).

As in many other developing countries, reproductive health services in Kenya are delivered through a multi-sectorial approach involving many implementing partners coordinated and supervised by the Division of reproductive health in the Ministry of Health (MOH, 2012). The major provider of reproductive health services in Kenya is the government, through the Ministry of Health, for example, more than half of the current family planning users (57%) obtain their methods from public facilities with 36% being supplied by public facilities while 6% obtained supplies from other sources like shops (KDHS, 2013). Kenya's population as at 2012 was an estimated 40million. Resources for health are scarce, and the disease burden is high in the country, just as in other countries in the region (Glenngård & Maina, 2012).

The strategic goal for the (HPI, 2011) is to manage population growth, making adequate health care services universally available. It requires striking a delicate balance between a population's health needs and available resources. It also requires the equitable and efficient allocation of resources. A key challenge to attainment of the MDGs will be strengthening the health system by building the capacity to manage programs and addressing critical bottlenecks, especially a shortage of skilled health workers, an inadequate budget for the health sector, poor procurement and supply systems, and other critical management problems (DRH, 2015).

Family Planning is the conscious effort by a person to plan for and attain the person's desired number of children and to regulate the spacing and timing of the births of the children with or without the use of contraceptive commodities (The Reproductive Health Care Bill, 2014). Effective contraception is healthy and socially beneficial for mothers, their children and households (Kaunizt, 2010). Globally, 600,000 women die annually of pregnancy-related causes, and 75,000 die as a result of unsafe abortions (Grimes, 2010).

Failure or lack of contraceptive services is the cause of about 200,000 of these maternal deaths. Mothers who have unintended births tend to suffer non-psychotic depression (postpartum depression), feelings of powerlessness, increased time pressures, and a reduction in overall physical health. They also have poorer quality relationships with all their children, tending to physically abuse them more and spend less leisure time with them. Children from large families also generally receive less education (Kaunizt, 2010). Reducing unwanted pregnancies promotes maternal health mainly by reducing the number of times that a woman is exposed to the risks of pregnancy and childbearing in poor environments. Children's health is also affected: unintended pregnancies are disproportionately in high-risk categories, and lower fertility results in increased family and social investments in health care, schooling, and nutrition for the planned children.

The benefits of family planning and birth spacing reach far beyond the individual level for women and their families. Women who can plan the number and timing of the birth of their children enjoy improved health, experience fewer unplanned pregnancies and births, and are less likely to have an abortion (Singh *et al.*, 2013). The prevalence of contraceptive use has increased worldwide due to the development and introduction of modern contraceptives and the establishment of organized family planning programs (D'Arcanques, 2012).

The Top-Down approach to project implementation is mainly done by agencies from outside the community with limited involvement of the beneficiaries. These agencies come with their own staff and workers. They may include Government departments or ministries, international development agencies. This approach is good for projects that require quick results like relief projects, as there is limited time to involve the target group. The disadvantage with this approach is that it may result into passivity, hostility and resistance by the beneficiaries. When it succeeds, it makes the beneficiaries develop a dependence syndrome and lack of capacity building of the human resources and sustainability of the project (PMI, 2014).

The Bottom-Up Approach is mainly done by the beneficiaries implement the project. The outside agencies may provide the financial resources and possibly technical assistance. The advantages with this approach are that capacity is built within the community. The project is readily acceptable and there is increased use of local resources including labour, the beneficiaries learn to be self-reliant leading to project sustainability (PMI, 2014). Collaborative Participatory Approach encompasses the aspects of both top-down and bottom-up approaches to project implementation are applied in the implementation process. A case in point is when a CBO is implementing a dairy project and the Government seconds a veterinarian to offer technical assistance by way of offering the needed veterinary services (PMI, 2014).

Effective family planning programs enhance rapid spread of voluntary modern family planning methods possible in any country. Such programs help people achieve their personal reproductive goals (Robey *et al.*, 2014). Contraceptive use has increased in many parts of the world, including countries in sub-Saharan Africa. Many women in developing countries use family planning methods to prevent unwanted and unplanned pregnancies (WHO, 2013). However, despite the recent increase in contraceptive use in sub-Saharan Africa, the region is still characterized by high levels of fertility and considerable unmet need for contraception (Babalola *et al.*, 2011).

In Kenya, there is a high level of unmet need for family planning. In the year 2014 15.9% of women ages 15-49 had an unmet need for family planning. These challenges can be attributed to fear of the adverse side effects associated with the various family planning methods as well as reservations to culture and religion (Fotso & Mukiira, 2015).

Sileo and Katelyn (2014) carried out a study to investigate the determinants of family planning service uptake and use of contraceptives among postpartum women in rural Uganda. The study by Sileo and Katelyn (2014) reveals a methodological gap since it did not use a regression model while this study used a regression model. It also reveals a contextual gap since it was based in Uganda while this study was based in Kenya.

A study by Okech, Wawire and Mburu (2011) sought to find out contraceptive use among women of reproductive age in Kenya's city slums. The study found out that contraceptive use among women of reproductive age in Kenya's city slums is low. The study reveals an objective gap. A study by Toberet *et al.*, (2012) on review of contraception use for newly arriving immigrants and refugees revealed that approximately half the Hazara women who had four or five children used Depo-Provera injections, a method not easily detected by their husbands as a way of family planning. The fact that the women used the methods that are not easily detected by their husbands is evidence that culture affects use of contraceptive. The study also has an objective gap as it did not focus on implementation of FP projects. This study therefore seeks to determine the factors affecting implementation of FP projects by non-governmental organizations in Kenya.

The general objective of the study was to determine the factors affecting implementation of family planning projects by non-governmental organizations in Kenya. The specific objectives of the study were to; to assess the effect of technical capability on implementation of family planning projects by non-governmental organizations in Kenya, to examine the effect of project planning on implementation of family planning projects by non-governmental organizations in Kenya, to assess the effect of financial controls on implementation of family planning projects by non-governmental organizations in Kenya, to establish the effect of project communication on implementation of family planning projects by non-governmental organizations in Kenya and to determine the moderating effect of culture on the factors affecting implementation of family planning projects by non-governmental organizations in Kenya.

The study was limited to establishing the factors affecting implementation of family planning projects by non-governmental organizations in Nairobi, Kenya. The study focused on FP projects in the private sector, specifically the NGO sector. The private sector is defined as all the providers, suppliers, and ancillary and support services that lie outside the public sector. These include commercial or for-profit entities, franchises, multinational corporations, non-profit organizations, community groups, informal vendors, and private providers such as doctors, pharmacies, and hospital staff. Although there are other FP projects facilities, the study focused mainly on the private sector.

II. LITERATURE REVIEW

2.1 *Theoretical Review*

2.1.1 *Theory of Project Management*

Under the theory of management, management is viewed as planning, executing and controlling. In management-as planning, management at the operations level is seen as consisting of the creation, revision and implementation of plans (Koskela & Howell, 2001). This approach to management looks into a strong causal connection between the management actions and outcomes of the organization. It is further assumed that planned tasks can be executed by a notification to the executor of when the task should begin.

In the context of the current study, the family planning projects, in line with project management, undergo transformation through a cycle. In this case, the projects' are initiated and planning takes place. At this stage inputs to facilitate the execution of the project are in form of funds they get from the non-governmental organizations. The funds are supposed to be utilized proper for successfully implementation of the projects. The completion of a project is dependent on achievement of the projected outputs as illustrated by the project management theory.

2.1.2 *Lewin's Change Management Theory*

Many health care organizations have used Kurt Lewin's theory to understand human behaviour as it relates to change and patterns of resistance to change. Also referred to as Lewin's Force Field Analysis, the model encompasses three distinct phases known as unfreezing, moving and freezing or refreezing (Bozak, 2003). The intention of the model is to identify factors that can impede change from occurring; forces that oppose change often called restraining or 'static forces' and forces that promote or drive change, referred to as 'driving forces'. When Family Planning Projects fully understand what behaviours drive or oppose change, then work to strengthen the positive driving forces, change can occur successfully.

In Lewin's first 'unfreezing' stage, understandings of the difficulties related to the identified problem are sought and strategies are developed to strengthen the driving forces and weaken or reduce the restraining forces. Unfreezing involves identifying key players that will be affected by the change and gathering them together to communicate ideas and create lists of all driving and static forces that will affect the project (Bozak, 2003). The second 'moving' stage is where the actual change in practice takes place as a result of equalization of the opposing forces, thereby allowing the driving forces to support the change. In this stage, implementation of the project produces the change desired, so it is important to continue to keep lines of communication with the FP staff providers open. Finally, once the desired change has occurred, the 'refreezing' stage can be used to evaluate the stability of the change and the overall effectiveness within practice.

2.1.3 *Logical Framework Model*

Logical framework approach is concerned with the wider planning procedures of problem analysis, the development of objectives and indicators, and identification of risks and assumption, which feed into the overall programme plan. In the ideal world, this process of programme planning is a participatory one, involving a wide range of stakeholders to reach a consensus on a programme of work; this may then be summarized in a logical framework approach (LFA) that uses a top down approach to formulate a hierarchy of project objectives. At any given level the lower objectives are means to satisfy the next higher level of objectives. The hierarchy displays a series of cause and effect linkages between one level of objectives and the next higher level and towards a path of ultimate highest objectives (Gasper, 2010).

The LFA helps in identifying comprehensive activities in the project and reinforces this with a rigorous assumption analysis and enable project planning. To determine the success of a project, it is evaluated against the actual parameter values at the end of the project (Montana & Charnov, 2011). The relevance of this theory to this study is that it emphasizes on the importance of planning in order to implement a project successfully. In the same way planning about family planning projects is very vital.

2.1.4 *Network Theory*

Network theory originality lays in the application of some network theory indicators to the project risk management field. Decision-making processes play a critical role in implementation of projects. It is therefore very important for project managers to minimize confirmation bias by carrying out their analysis and publishing their results with minimal involvement of external factors such as politics, media, and advocates (Olsson, 2008).

The study is based on network theory to deal with project implementation. Indeed, such projects are exposed to numerous and interdependent risks of various nature, which makes their management more difficult. This theory also assists in determining the power of social networks to improve health behaviour and methods that explain the influence of social networks on individual behaviour by mapping relationships within a community. This approach allows researchers to identify the most connected and influential individuals within a given network and various channels through which information flow. This "social network mapping" helps

explain how new ideas shared with certain individuals will permeate the community, providing critical information to accelerate behaviour change (Scott, 2007).

2.2 Empirical Review

Kimwele (2011) sought to investigate the factors that have influenced slow implementation of the integrated financial management information systems (IFMIS) system in Kenya public sector. The study covered 42 Ministries where a sample of 30 respondents involved in the use of the Integrated Financial Management Information System was surveyed and data collected using a questionnaire. In this study, four factors studied, that influence effective use of the IFMIS system were Staff resistance, Management commitment, System complexity and Capacity and skills of users. To analyze the influence of selected factors on the use of the system, descriptive and inferential statistics were used. The arithmetic mean was used to analyze the user opinions on the select factors and the effective use of the system. The significance of the influence of the independent variables on the dependent variable was achieved through testing four hypotheses tested at 5% significance level.

The study by Kimwele (2011) established that effective use of the system is affected largely by sabotage and resistance. The study also established that management support is lacking and top management does not inspire the user. The capacity and technical knowhow was found to be low due to lack of training and the hurried implementation of the system. The study recommended that the Government employs a change agent to oversee the implementation of the IFMIS system and those users of the system to undergo on the job training in order to improve their skills and capabilities to use the system.

Ntuala (2010) examined the factors influencing the implementation of the CDF funded projects in Tigania East constituency. The study was a descriptive study and was limited to Tigania East constituency. Stratified simple random sampling method was used in selection of respondents. Questionnaires with both structure and unstructured questions were used in collecting primary data. Both quantitative and qualitative techniques were used to analyze the data obtained from the field. Statistical Package for Social Sciences (SPSS for windows version 15.0) was used in data management and analysis. Findings were presented in the form of percentages and frequency tables. Findings reveal that majority (58.2%) of the project committee members were appointed by the community, 21.8% by the current serving MP, and 13.6% by the government evidence that the community was fully involved in the projects. However, the involvement of MPs in appointing of committee members demonstrates political influence in the implementation of the CDF funded projects.

The study by Ntuala (2010) also revealed that trainings were inadequate to equip PMCs with adequate and relevant management skills and this could affect implementation of CDF funded projects. Moreover, fewer respondents were trained in key management areas like financial administration (29.27%) and bookkeeping and accounting (12.20%). This study recommends that the ministry should put a requirement that independent auditors to be engaged to audit books of account more often. This would ensure there is accountability and transparency in the management team which would enhance effective management and minimize misappropriation of funds. Furthermore, a regulation should be enforced to block the involvement of the politicians in the activities of CDF implementation. The role of politicians should be limited to legislative and oversight.

Okello (2011) sought to determine the factors that influence the implementation of LATF infrastructure projects in Mombasa County to help draw lessons that can help to develop knowledge that can assist in the improvement in implementation. The study sought to determine how technical capacity, community participation, political influence, monitoring and evaluation and delayed payments influence the implementation of LATF infrastructure projects. This study employed descriptive survey design using questionnaires which are a quick way of obtaining information cost effectively within a short period of time. Test and retest method was used to promote reliability while validity was promoted through working with experienced professionals in infrastructure implementation and my supervisors. The data was analyzed and presented in tables and figures. The findings by Okello (2011) indicated that there are challenges in implementation of these projects. Delayed payments are the greatest factor influencing implementation followed by Political influence, Technical capacity, community participation and finally monitoring and evaluation system. Recommendations include improved financial management and further legislation to attract sanctions for failure to implement these projects as per requirements has been made.

Thuva (2011) sought to investigate the effects of monitoring and evaluation on the implementation of Community development projects; a case of Bahari Constituency Kilifi County. The study used a cross section survey design in which 43 respondents were purposively selected and responded to questionnaires. The data collected from the respondents was analyzed quantitatively by use of spearman correlation to determine if there existed any positive or negative relationship between the independent variables and dependent variable, and the results were interpreted in line with the objectives of the study. The findings of the study by Thuva (2011) established that CDF project planning was rated above average and that there was a strong correlation (0.975) between project planning and implementation. The study also established that inadequate resources availability negatively impacted on the monitoring and evaluation of community development projects thereby severing the quality of project implementation. It also established that resources availability was strongly correlated with project implementation.

Misigah, Kinyanjui and Oscar (2013) conducted a study on factors affecting the timely completion of CDF projects. The study aimed to assess the extent to which financial procedures used affect the completion of the CDF projects within the Constituencies. The target population for the study was 50 projects funded in the 2009/2010 financial year. Convenience sampling technique was used to select 25 project chairpersons from the entire population. Both quantitative and qualitative data was used to obtain the information about the timely completion of the projects. The result reveals that the main factors affecting the timely completion of CDF projects were; poor planning, poor budgeting, poor scheduling, inadequate and late disbursement of funds, undue political influence, political patronage and poor community participation.

Sileo and Katelyn (2014) carried out a study to investigate the determinants of Family Planning Service Uptake and use of Contraceptives among Postpartum Women in Rural Uganda. The study demonstrated an especially high unmet need (66%) among women approximately three months postpartum attending ANC in a rural Ugandan hospital, indicating high risk for poorly spaced pregnancy. The study concluded that the percentage women of reproductive age who use any family planning method will increase from 30% to 64% if their unmet need for Family Planning is satisfied (UBOS & IFC International Inc., 2012).

Mutisya (2013) sought to fill a knowledge gap that exists on strategy implementation by milk processors in Kenya. The research was conducted as a cross-sectional survey and targeted 54 respondents who included the Chief Executive Officers and the designated members of the senior management of the milk processing firms in Kenya. Primary data was collected using a structured questionnaire which was self-administered on the respondents. Data analysis was done using descriptive statistics technique. The findings indicated that milk processors in Kenya have undertaken the activities of building a capable organization, managing internal operations and corporate culture and leadership in their strategy implementation.

The study by Mutisya (2013) concluded that Milk processors in Kenya had successfully undertaken the strategy implementation activities of building capable organizations, effectively managed their internal operations and have built a strategy implementation supporting culture and leadership. The study recommended enhancement of the alignment of rewards and incentives and strengthen the building of the corporate culture that supports strategy implementation. It is also recommended that milk processors in Kenya improve on their strategy choices, ensure sufficient human resource skills, enhance technical knowhow, ensure well defined responsibility for strategy implementation and enhance their financial resources base. Finally the study recommended that a research be undertaken to establish why many milk processors in Kenya have ceased operations.

According to Odiek (2010) policies are very important in project implementation. In his research on water projects, it was revealed that the possible cause of these challenges to project implementation was lack of clear policies that govern the management of projects. As much as there are policies in place, those charged with this responsibility need clearly set guidelines and responsibilities that go with that.

Okech, Wawire and Mburu (2011) carried out a study on contraceptive use among women of reproductive age in Kenya's city slums. The objective of the study was to examine the utilization level of family planning services and to analyze the determinants of demand for family planning services among women in City slums in Kenya using a survey design. The study revealed low usage of contraceptives among these women in the city slums. The study however failed to indicate the extent to which these factors (unmet needs) affect implementation of Family planning projects.

Okello (2011) sought to investigate factors influencing the completion of CDF projects in secondary schools in Rongo District. The study was a descriptive survey that targeted a population of all Project Management Committee members in 40 secondary schools. The research instrument was a questionnaire for Project Management Committees (PMCs) in the secondary schools. Descriptive statistics was employed in data analysis and data presented using frequency tables and percentages. The study established that fund disbursement, monitoring and evaluation, management discipline and project team members influenced completion of projects. The study recommended adequate funding, definite projects, capacity building and recruitment of project managers.

Njau (2012) sought to explore the factors influencing the implementation of the project in order to improve its pace of implementation and to draw important lessons for future projects. The study research design was exploratory. The study findings indicate that; success in any project is subject to management of a number of project constructs which identified as project scope, project budget, project timelines and adherence to set quality standards. An organization that successfully attains these constructs is therefore said to be effective in project implementation. Many factors that influence effective implementation of projects, organizations may focus on factors that seemingly contribute to success of projects, but their actual contribution is low.

The study by Njau (2012) stressed the importance of having a critical assessment provides them with an opportunity to direct energies and resources towards the right strategies. The Project Strategic Planning in donor funded projects focused on defining project goals and ensuring that the goals are well understood among stakeholders. Embracing technology in the implementation of donor-funded projects is vital in to proper completion of such projects. The study recommended that; a need for project organizations to enhance stakeholder involvement, a focus on horizontal as well as vertical communication and monitoring and evaluation be undertaken in every step of project implementation. A further study should be undertaken on the emerging trends in project management and their effect on project implementation as well as effects of globalization on project implementation.

Cleland *et al.*, (2011) conducted a study on barriers to contraceptive use. He explored and identified four key barriers to contraception adoption which were insufficient knowledge about contraceptive methods and how to use them, fear of social disapproval, fear of side-effects and health concerns and women's perceptions of husbands' opposition. The study however failed to find out the extent to which these barriers affect the implementation of Family Planning projects.

Toberet *et al.*, (2012) conducted a study on Contraception: evidence review for newly arriving immigrants and refugees. This was an assessment of evidence on the burden of unmet contraceptive need and on the effectiveness of screening for new immigrant and refugee women among Afghan refugees in Isfahan, Iran. The study revealed that approximately half the Hazara women who had four or five children used Depo-Provera injections, a method not easily detected by their husbands as a way of family planning. This is because women lack the power to make decisions on family planning. Given these findings, he concluded that family planning projects could do much to remove these barriers to contraceptive use with better communication, information and services.

Othieno (2012) sought to investigate the role communication played in the Kenya Slum Upgrading Programme (KENS UP) Kibera Soweto East Zone 'A' pilot housing project. To achieve these objectives data was collected from 94 residents of Kibera Soweto East Zone 'A', eight Key Informants, and eight KENSUP Officials, using interview method. The study used the descriptive survey design. The study used the modernization theory comprising of two essential frameworks: the Modernization framework and the Empowerment framework to illustrate the role of participatory communication in development projects. The conceptual framework was developed which concentrated on five communication roles: advocacy, collaboration, prioritization, participation, and persuasion that promote development of community projects.

Findings of the study by Othieno (2012) confirm the three assumptions that the government used inappropriate communication approaches to mobilize project activities, the slum beneficiaries had negative perception over the communication approach used in the Kibera Soweto East Zone 'A' pilot housing project, and that the government used centralized power whose objective was to control the development process and to exclude the poor. The study therefore recommends changes from the project inception phase to the implementation phase in the Soweto East Zone 'A' pilot housing project to include bottom-up communication. The participatory approach to communication with the community is proposed to fill the current communication for development gap. This will ease the burden on the government, and facilitate targeted development process goals through the concept of popular action with empowerment based on beneficiary needs and choices.

Wachira (2013) sought to examine factors influencing successful implementation of biomedical research projects in Kenya Medical Research Institute (KEMRI). The study used a descriptive research design. The study used questionnaire to collect qualitative and quantitative data. Participants were KEMRI scientific staffs involved in project implementation. The sample size was 90 scientific staff. Data from questionnaires was obtained using Statistical Package for Social Sciences (SPSS version 20.0) and analyzed using descriptive statistics, frequencies and percentages. One sample nonparametric test of significance, using chi-square, was used to determine the statistical significance between the observed distribution frequencies and the expected distribution based on the null hypotheses. The results of Wachira (2013) study indicate that top management support influence successful implementation of the project with 76.3% of the respondent supporting this. 73.7%, of the respondents indicated that organization structure in the institute supports projects implementation. Communication system which was found to be effective and used by both project leader and top management was emails with 73.7% respondents indicating it's effective. All the respondents 100% of indicated that the project leaders are committed to successful implementation of the projects while 57.9% said procurement procedures contribute to successful implementation of the projects. Statistically the study showed a significance relationship between; top management support P value 0.000, organization structure P value 0.008, project leader performance P value 0.003, procurement procedure P value 0.015 and successful implementation of biomedical projects.

III. METHODOLOGY

3.1 Research Design

This study adopted a descriptive survey design. Upagade and Shende (2012) explain that a descriptive survey is mainly concerned with description of facts only. The design is considered suitable as it allows an in-depth study of the factors affecting the implementation of family planning projects and this data can be collected largely with ease from a variety of people.

3.2 Target Population of the Study

Burns and Grove (2010) also describe a target population as the entire aggregation of respondents that meet the designated set of criteria. The population of the study was all the 750 registered NGO's in the health sector in Nairobi, Kenya (KENPO, 2014). This was the unit of analysis. The unit of observation was the top managers who report to the CEO.

3.3 Sampling Frame

The study adopted random sampling technique to select sample size from the Health NGO's to represent the target population. According to Kothari (2004), sampling frame is a physical representation of the target population and comprises all the units that are

potential members of the sample. Subsequently, in each of these organizations there are a number of different professionals who are involved in the operation of the project to ensure project performance is achieved. The study focused on the project manager who is linked to the project and has diverse knowledge on the project outcomes and thus easy to identify the factors that affect the project performance. These teams are charged with the responsibilities of steering project activities in their organizations to achieve project performance.

3.4 Sample and Sampling Techniques

A sampling design is a definite plan for obtaining a sample from a given population upon which data is collected from (Upagade and Shende, 2012). The rationale is to draw conclusions about the entire population. As defined by Mugenda & Mugenda, (2008) any meaningful study of 10% -30% of the sample is adequate.

This implies that a sample size of 30% of the population was adequate for this study. This constituted a sample size of 225 registered NGO's in the health sector in Nairobi, Kenya. One top manager who reports to the CEO was selected to represent each state corporation that was selected. The study adopted simple random sampling technique to select 225 NGOs that are involved in Family Planning projects to represent the target population as shown in Appendix III. Purposive sampling was used to sample one respondent from each of the 225 NGOs that are involved in family planning projects.

3.5 Data Collection Instruments and Procedure

Burns and Grove (2009) define data collection as the precise, systematic gathering of information relevant to the research problems, using methods such as interviews, participant observations, focus group discussion, narratives and case histories. The research used both primary and secondary methods. Primary data was collected using a semi structured questionnaire. Questionnaires are chosen as data collection tools since they are easy to administer and save time.

The questionnaires were self-administered with the help of research assistants. The researcher used self-introduction letters with the help of research assistants. The research assistants were trained on how and to whom to administer the questionnaires randomly to the respondents. The trainings included; listening skills, etiquette and what kind of answers to anticipate following the objectives of the study. The researcher made follow ups to ensure objectivity. Similarly, secondary data sources including journals, reports, magazines and FP Project sites were used as the main sources of actual data that were analysed to enable the researcher make conclusions on the research study.

3.6 Pilot Study

The subjects participating in the pilot study were not included in the final study to avoid survey fatigue. A pilot study of 2 NGO's was conducted in order to establish the validity and reliability of data collection instruments.

3.6.1 Validity Test

The purpose of validity is to measure the accuracy with which the questions measure the factors under study (Elstak, 2013). In other words validity is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. This study used both construct validity and content validity. For construct validity, the questionnaire is divided into several sections to ensure that each section assessed information for a specific objective, and also ensured that the same closely ties to the conceptual framework for this study. To ensure content validity, the questionnaire was subjected to thorough examination by two randomly selected consultants. They were asked to evaluate the statements in the questionnaire for relevance and whether they were meaningful, clear and loaded of offensive. On the basis of the evaluation, the instrument was adjusted appropriately before subjecting it to the final data collection exercise.

3.6.2 Reliability Test

Reliability relates to the precision and accuracy of the instrument. If used on a similar group of respondents in a similar context, the instrument should yield similar results (Georgiadis, 2010). Accurate and careful phrasing of each question to avoid ambiguity and leading respondents to a particular answer ensured reliability of the tool. A measure is considered reliable if a person's score on the same test given twice is similar.

In this study four questionnaires were piloted by issuing them to 2 NGOs which were randomly selected. The questionnaires were coded and responses input into SPSS which was used to generate the reliability coefficient. The researcher used the most common internal consistency measure known as Cronbach's Alpha (α) which was generated by SPSS version 21. The acceptable value of 0.7 was used as a cut-off of reliability for this study.

3.7 Data Analysis and Presentation

Burns and grove (2010) define data analysis as a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher. Quantitative data gathered from the questionnaires were analyzed quantitatively using statistical package for social sciences (SPSS) computer software. SPSS generated both descriptive and inferential statistics. Descriptive statistics included the mean and standard deviation used to capture the characteristics of the variables under study. Inferential statistics included a multiple linear regression and bivariate correlation.

The multiple linear regression and bivariate correlation was used to analyze the relationship of the dependent variable; implementation of family planning project and independent variables which are; technical capabilities, planning about family planning projects, financial controls and communication about family planning. Data presentation was done by the use of pie charts and frequency tables.

The purpose of presentation of data was to highlight the results and to make data or results more illustrative. The multiple linear regressions to be used in this model were:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_5 * X_6 + \epsilon$$

Where:

Y= Family Planning Project Implementation

α =Constant Term,

X₁= Technical capability

X₂= Planning

X₃= Financial Controls

X₄= Communication about Family Planning

X₅= Culture

In the model, β_0 = the constant term while the coefficient $\beta_i = 1 \dots 5$ was used to measure the sensitivity of the dependent variable (Y) to unit change in the predictor variables. μ is the error term which captured the unexplained variations in the model.

Test for Moderation

The moderating effect was the joint effect of culture and factors affecting the implementation of family planning projects. The joint effect is a product of culture composite and factors affecting the implementation of family planning projects composite. The significance of the joint/interaction effect was evaluated for significance at a p value of 0.05. If reported p value is less than 0.05, the moderating effect was considered to be significant. For qualitative data, which was mainly gathered from open ended questions a qualitative data checklist was developed. The checklist was clustered along main themes of the research to ease consolidation of information and interpretation and then analysed through content analysis. Content analysis is the process of analysing verbal or written communications in a systematic way to measure variables qualitatively. The data was presented in continuous prose form.

IV. FINDINGS AND DISCUSSION

This section presents the key findings that relate to specific objectives of the study.

4.1 Technical Capability

Results indicated that trainings on project management were low. Results also showed that the number of training in communication was still low. Further, results indicated that the number of trainings on family planning and budget allocated on family planning was low. The correlation results revealed that technical capability had a positive and significant effect on implementation of family planning projects in Kenya as supported by a p value 0.000. Further regression results revealed that technical capability had a positive and significant effect on implementation of family planning projects in Kenya. This was supported by a beta coefficient of 0.306 and a p value of 0.000.

This implies that technical capability would result to increased implementation of FP projects by 0.306 units. These results agree with those of Kimwele (2011) who in his study established that effective use of the system is affected largely by sabotage and resistance. The study also established that management support is lacking and top management does not inspire the user. The capacity and technical knowhow was found to be low due to lack of training and the hurried implementation of the system. The study recommended that the Government employs a change agent to oversee the implementation of the IFMIS system and those users of the system to undergo on the job training in order to improve their skills and capabilities to use the system.

4.2 Project Planning

Results indicated that the personnel allocation to the evaluation and monitory department was still very low. This is supported by the fact that most respondents indicated that less than 10% of the personnel were in the monitoring & evaluation department. Results also indicated that the amount of budget allocation to the coordination department was still very low. This is supported by the fact that majority of the respondents 51.4% said less than Ksh 50,000 was allocated to the coordination department. Further, results revealed that majority 56.6% acknowledged that less than 25% of the personnel were given job description in the implementation of FP in their organization. The correlation results revealed that project planning had a positive and significant effect on implementation of family planning projects in Kenya as supported by a p value 0.000. Further regression results revealed that project planning had a positive and significant effect on implementation of family planning projects in Kenya.

This was supported by a beta coefficient of 0.333 and a p value of 0.000. This implies that project planning would result to increased implementation of FP projects by 0.333 units. These results are consistent with those of Misigah, Kinyanjui and Oscar (2013) whose study result revealed that the main factors affecting the timely completion of CDF projects were; poor planning, poor budgeting, poor scheduling, inadequate and late disbursement of funds, undue political influence, political patronage and poor community participation.

4.3 Financial control

The descriptive results indicated that most family planning projects was funded by donors at 50.9%. The descriptive results also indicated that the government was only funding projects between 10%-20%. Further the descriptive results indicated that audits on family planning projects were low at 50.3%. The correlation results revealed that financial controls had a positive and significant effect on implementation of family planning projects in Kenya as supported by a p value 0.002. Further regression results revealed that financial controls had a positive and significant effect on implementation of family planning projects in Kenya. This was supported by a beta coefficient of 0.104 and a p value of 0.011. This implies that financial controls would result to increased implementation of FP projects by 0.104 units. These findings concur with those of Okello (2011) who sought to investigate factors influencing the completion of CDF projects in secondary schools in Rongo district. The study established that fund disbursement, monitoring and evaluation, management discipline and project team members influenced completion of projects.

4.4 Communication about family planning

The descriptive results revealed that the budget on marketing and awareness was still low where majority 54.3% indicated than less than 10% of the budget was in the marketing and awareness department. The descriptive results also revealed that majority 54.3% indicated than less than 10% of the personnel were in the marketing and awareness department. Further, the descriptive results revealed that Radio and Television was the most used media to communicate information about family planning at 62.9% and 61.1% respectively. The correlation results revealed that project communication had a positive and significant effect on implementation of family planning projects in Kenya as supported by a p value 0.000. Further regression results revealed that project communication had a positive and significant effect on implementation of family planning projects in Kenya.

This was supported by a beta coefficient of 0.507 and a p value of 0.000. This implies that how communication about family planning would result to increased implementation of FP projects by 0.507 units. These findings are consistent with those of Wachira (2013) who sought to examine factors influencing successful implementation of biomedical research projects in Kenya Medical Research Institute (KEMRI). The study results indicated that top management support through effective communication influence successful implementation of the project.

4.5 Culture

The fifth objective was to determine the moderating effect of culture on the factors affecting implementation of family planning projects by non-governmental organizations in Nairobi, Kenya. The descriptive results revealed that cultural norms influenced the implementation of family planning projects. The descriptive results also revealed that cultural beliefs influenced the implementation of family planning projects in Kenya. Further, the descriptive results revealed that cultural taboos influence the implementation of family planning projects. This implies that culture has a very high impact on the implementation of FP projects in Kenya.

The regression results revealed that culture has negative and significant moderating effect on the relationship between factors affecting implementation of family planning projects and implementation of family planning projects. This is supported by a beta coefficient of -0.070 and a p-value of -0.025. This implies that embracing cultural norms, beliefs and taboos would result to a decrease in the implementation of family planning projects by 0.07 units. These results agree with those of WHO & USAID (2010) who posited that traditional beliefs favoring high fertility, religious barriers, and lack of male involvement have weakened family planning interventions. The combination of these factors has led to low contraceptive use, high fertility rates in many countries, and high unmet needs for family planning throughout the region.

V. CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.1 Conclusions

Based on the findings the study concluded that technical capability has an effect on the implementation of family planning projects in Kenya. The study also concluded that project planning also influence the implementation of family planning projects in Kenya. Further, it was possible to conclude that project communication and financial controls influenced implementation of family planning projects in Kenya.

5.2 Recommendations

From the study findings, it is recommended that technical capability in terms of training should be increased. Strategies include increasing number of trainings on project management, increasing number of communication on family planning. In addition, increase the budget on trainings of family planning programs in Kenya. It is also recommended that planning about family planning projects should be emphasized. This can be achieved through increasing the personnel who are involved in the monitoring and evaluation department.

This can also be achieved by increasing the amount of money budgeted for coordination and ensuring that personnel have clear job description. The study also recommended that proper financial control mechanisms should be put in place. Further, the study also recommended that communication about family planning should be improved so as to increase the level of implementation of family planning projects in Kenya.

5.3 Suggestions for Further Research

The study recommends that future studies should aim to broaden the causes of low implementation of family planning projects not identified in this study. The study also suggests that a study on the factors that affect the use of family planning among women should be conducted. This would assist to establish more factors that family planning projects implementers should take into consideration for enhanced family planning project implementation.

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