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Project Planning in Shaping the Performance of NGO-Funded Health Initiatives in Nairobi City County, Kenya

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Abstract: This study examined how project management practices, particularly project planning, influence the performance of NGO-funded health initiatives in Nairobi City County, Kenya. Guided by Goal-Setting and Stakeholder theories, the research adopted a mixed-methods design involving 910 project staff and 10 project managers. Stratified and simple random sampling selected respondents, while key informants were identified purposively. Data were collected using structured and semi-structured questionnaires, validated through a pre-test in Kiambu County, and analyzed using SPSS Version 28 through descriptive statistics and regression analysis. The results indicated that project management practices significantly and positively affect project performance, explaining about 59% of performance variation. Among these practices, project planning had the greatest influence, followed by the utilization of project findings and monitoring systems. Execution and leadership showed minimal impact on performance. The findings highlight that effective planning, robust monitoring, and systematic application of project findings are critical to achieving better health outcomes in NGO-funded initiatives, while mere execution without strategic alignment has limited value. The study recommends that NGOs and policymakers prioritize comprehensive planning frameworks, strengthen monitoring mechanisms, and integrate evidence from past projects to enhance the sustainability, efficiency, and impact of health programs in Nairobi City County.

Keywords: Project Planning, Performance, NGO-funded, Health Initiatives

1.1 Study Background

Non-Governmental Organizations (NGOs) have become pivotal in advancing health systems globally, particularly in resource-limited settings where public health infrastructure faces severe constraints. Globally and in Kenya, NGO-led initiatives such as Amref Health Africa's *Beyond Zero* mobile clinics have significantly improved access to healthcare, reduced disease burdens, and strengthened health systems (Harris, 2024). These interventions are typically community-oriented, targeting underserved populations to reduce health disparities and improve overall well-being. Without such initiatives, vulnerable communities would face higher morbidity and mortality rates, coupled with inadequate preventive and curative measures.

Across Africa, NGOs such as Médecins Sans Frontières (MSF), PATH, and Amref Health Africa have implemented wide-ranging programs in maternal and child health, infectious disease control, and health system capacity building. However, despite substantial donor funding, success is not guaranteed. As Ika and Pinto (2022) note, the performance of health projects depends heavily on the quality of project management practices applied during implementation.

In East Africa, health interventions—such as USAID’s *Afya Jijini* in Kenya and the HPSS project in Tanzania—demonstrate that planning, implementation, and systematic monitoring are critical to achieving meaningful outcomes (Schwalbe, 2021). These projects underscore the importance of local context, stakeholder engagement, and evidence-based decision-making. Even nationally recognized programs, like Amref’s *Beyond Zero* initiative, continue to face challenges stemming from inadequate planning, weak communication, and insufficient integration of monitoring and evaluation data into management processes (Kerzner, 2022).

Nairobi City County presents a particularly complex environment, combining urban affluence with extensive informal settlements where health disparities persist. Targeted NGO interventions—such as Amref’s Leap mHealth platform for community health workers and MSF clinics in Kibera—illustrate both successes and variations in performance, largely determined by the effectiveness of project management. Project management in NGO-funded health initiatives involves four key phases: planning, execution, monitoring, and utilization of findings. Planning establishes a strong foundation by aligning resources, setting clear objectives, involving stakeholders, and assessing risks (Kerzner, 2022). Execution focuses on coordinated implementation, resource control, and clarity of roles (Aremu, 2022). Monitoring ensures progress remains on track and supports timely corrective action (Andreas, 2024; Kasukumya & Haabazoka, 2024), while systematic use of findings promotes accountability, sustainability, and evidence-based programming (Udogbo, 2021).

Overall, while NGO-funded health projects in Nairobi City County have significantly contributed to improving public health, their long-term effectiveness and impact depend on the consistent application of sound project management—particularly robust planning that integrates stakeholder participation, clear objectives, and actionable evidence to guide decision-making.

1.2 Statement of the Problem

Ideally, NGO-funded health initiatives should be delivered on time, within budget, and at the expected quality standards to ensure improved healthcare outcomes and sustained donor confidence. Effective project planning—through clear goal-setting, resource allocation, stakeholder engagement, and risk assessment—is critical for laying a solid foundation for successful project implementation (Allen & Macomber, 2022; Mogeni, 2022). NGOs in Nairobi City County have invested in planning-related strategies such as capacity building for health personnel, collaboration with technology and pharmaceutical partners, and stakeholder management to ensure inclusivity and project ownership (Kinya, 2021; Panya & Abuya, 2023). Despite these planning efforts, health projects in Nairobi City County continue to face performance challenges. Delays, cost overruns, and inadequate service delivery indicate weaknesses in project preparation and strategic alignment. Time overruns of between 3.7% and 59% (Kioko & Mose, 2024) and cost overruns of between 10.4% and 22% (Okumu, Senelwa & Lang, 2024) suggest that planning processes have not been sufficiently robust to mitigate risks or optimize resources. These shortcomings undermine the ability of projects to meet beneficiary needs, weaken

donor confidence, and threaten the sustainability of health interventions. Although many studies have examined donor-funded health programs in Nairobi County, limited research has focused specifically on how project planning influences the performance of NGO-funded health initiatives. This gap highlights the need to evaluate planning processes as a determinant of project success, providing evidence to guide NGOs and policymakers in enhancing the design and preparation of health projects for maximum impact.

1.3 Literature review

1.3.1 Theoretical review

This study draws on Goal-Setting Theory (Locke, 1968) and Stakeholder Theory (Freeman, 1984) to explain how project planning influences the performance of NGO-funded health initiatives in Nairobi City County. Together, these theories provide a conceptual foundation for understanding how clearly defined objectives and stakeholder engagement contribute to effective planning and sustainable project outcomes. Goal-Setting Theory posits that specific, measurable, attainable, relevant, and time-bound (SMART) goals enhance organizational success by focusing attention, improving commitment, and strengthening feedback mechanisms (Locke & Latham, 2013, 2019). In the context of NGO-sponsored health projects, this theory highlights how structured planning enables effective resource allocation, clear prioritization, and alignment with both donor expectations and community health needs. Empirical evidence shows that setting targeted health objectives—such as maternal and child health goals—combined with planned interventions and staff training, leads to measurable improvements in outcomes (Caballero-Anthony et al., 2022). Moreover, integrating stakeholders into the goal-setting phase builds ownership and accountability, which are essential for developing adaptive evaluation frameworks and refining strategies over time (Sokhela, 2021).

Stakeholder Theory complements this perspective by emphasizing that project success depends on addressing the needs and interests of all groups affected by an organization's activities (Freeman, 1984; Freeman & Phillips, 2002). In project planning, this translates into participatory approaches where donors, local authorities, community leaders, beneficiaries, and implementing staff are actively engaged in defining priorities and shaping interventions. Open communication, collaborative decision-making, and shared responsibility during the planning stage foster trust and ensure that projects are rooted in local health priorities (Freeman, Dmytriiev, & Phillips, 2021; Goyal, 2022). Research indicates that NGOs adopting inclusive planning processes achieve more sustainable outcomes, as joint ownership promotes consistent commitment throughout the project lifecycle (Kivits et al., 2021; Freeman & Velamuri, 2023). Synthesizing these frameworks, the study views project planning as both a technical and relational process. Technically, it involves defining SMART objectives, allocating resources efficiently, and anticipating risks. Relationally, it requires building consensus among diverse stakeholders to ensure that planned interventions reflect contextual realities and shared priorities. Goal-Setting Theory clarifies *what* needs to be planned—specific, measurable targets—while Stakeholder Theory explains *how* this planning should occur—through participatory dialogue and negotiated agreements.

Applying these theories to NGO-funded health projects in Nairobi City County underscores that inadequate or top-down planning may lead to poor alignment with beneficiary needs, fragmented resource use, and reduced project performance. Conversely, comprehensive planning informed by both theories increases the likelihood of timely delivery, efficient budgeting, and high-quality health services. Together, these frameworks guide the present research in evaluating whether NGO project planning

processes adequately integrate goal clarity and stakeholder participation, and how these factors influence project performance.

1.3.2 Empirical review

Project planning is a cornerstone of successful health projects funded by NGOs, as it defines the scope, allocates resources, and sets timelines critical for achieving intended outcomes. Effective planning enables organizations to anticipate potential challenges, prioritize activities, and coordinate stakeholders to ensure smooth implementation. According to Kerzner (2017), project planning provides a framework that enhances decision-making and performance monitoring, while ensuring efficient utilization of resources. In health-focused initiatives, thorough planning aligns interventions with community needs, regulatory requirements, and donor expectations, which ultimately improves project outcomes (PMI, 2021).

Clear planning processes reduce risks of duplication, delays, and budget overruns by setting realistic objectives and defining responsibilities among stakeholders (Meredith & Mantel, 2020). Studies have shown that health projects with well-developed planning mechanisms tend to record higher levels of goal attainment and sustainability (Baccarini, 1999). Additionally, involving key beneficiaries and implementing partners in the planning stages promotes ownership and accountability, which strengthens project delivery and long-term impact (Bryson, 2018).

Inadequate planning, on the other hand, is linked to poor coordination, misallocation of resources, and limited responsiveness to emerging challenges in dynamic health environments (Lock, 2020). NGO-funded health projects in Kenya often face issues such as shifting donor priorities, regulatory changes, and evolving health crises, making comprehensive planning even more essential (USAID, 2022). Strategic planning tools such as logical frameworks, Gantt charts, and risk assessment matrices have proven effective in improving implementation efficiency and performance monitoring (PMI, 2021).

Ultimately, project planning serves as the foundation on which performance is built. It enables systematic alignment of resources, timelines, and objectives, ensuring that project activities produce measurable outcomes. When planning is treated as a continuous process rather than a one-time activity, organizations can adapt to contextual changes while staying focused on their core goals. This proactive approach not only enhances project success but also contributes to sustainable health improvements in the communities served by NGO-funded initiatives (Kerzner, 2017; Bryson, 2018).

1.4 Methodology

Research Design: This study adopted a convergent parallel mixed-methods design to collect quantitative and qualitative data simultaneously, analyze them separately, and integrate findings during interpretation (Mulisa, 2022; Aramide, 2023). The approach enabled triangulation of statistical patterns with contextual insights, thereby enhancing validity and depth of conclusions (Ghanad, 2023). The choice of design was guided by the nature of the research questions, the theoretical orientation of the study, and practical considerations.

Study Area: Nairobi County was selected due to its concentration of diverse NGO-funded health initiatives in both urban and informal settlement settings. The area presents unique healthcare challenges—including high population density, socioeconomic disparities, and infrastructural

constraints—making it suitable for assessing project management dynamics (Kerzner, 2022; Mogeni, 2022). Compared to counties such as Kisumu or Mombasa, Nairobi offers a broader scope of health programs, documented performance data, and accessible informants, allowing for a more comprehensive analysis of project performance in complex environments.

Target Population: The target population comprised 910 staff working across ten NGO-funded health projects, alongside ten project managers as key informants. Projects included mobile health clinics, maternal and child health programs, HIV and TB initiatives, research collaborations, and community health services. Project managers were chosen for their strategic roles in planning, implementation, monitoring, and evaluation. *Inclusion criteria* required participants to have served for at least one year in health-related roles and to provide informed consent. *Exclusion criteria* eliminated temporary, non-health-related, or unavailable staff to ensure data relevance.

Sample Size: Using Slovin's formula with a 5% margin of error, a sample size of **278 staff** was determined from the 910-person population, complemented by **10 project managers** for qualitative interviews (Anugraheni, Izzah, & Hadi, 2023; Taherdoost, 2021). This balance provided statistical reliability while maintaining feasibility.

Sampling Procedures: A stratified random sampling technique was used to ensure fair representation of all project categories. Proportional allocation generated project-specific subsamples (e.g., 46 respondents each from maternal health and community health services, 30 from research projects). Stratification improved validity and generalizability by reflecting the heterogeneity of NGO interventions. For the qualitative strand, purposive sampling identified ten project managers, each with at least three years of service and direct involvement across project phases. Data saturation was confirmed when no new themes emerged after interviewing all ten managers, indicating adequacy of the qualitative sample.

Instrument Reliability: Internal consistency reliability was assessed using Cronbach's Alpha, with results exceeding the minimum acceptable threshold of 0.70 across all constructs (Sisaye, 2021). The Project Execution scale recorded the highest reliability ($\alpha = 0.958$), indicating exceptional homogeneity among its eight measurement items. Project Performance similarly demonstrated excellent reliability ($\alpha = 0.906$), confirming the robustness of indicators for evaluating implementation quality and outcomes. Constructs related to Project Planning ($\alpha = 0.898$), Project Monitoring ($\alpha = 0.893$), and Project Leadership ($\alpha = 0.892$) exhibited strong reliability, while Findings Utilization ($\alpha = 0.846$) was also well within the acceptable range. These findings confirm that the measurement tool consistently captured the intended constructs, ensuring confidence in subsequent analyses and conclusions.

Data Collection Instruments: Quantitative data were collected through structured questionnaires divided into seven sections covering demographics, planning, execution, monitoring, data use, leadership, and performance. Standardization minimized researcher bias and simplified data processing (Pandey & Pandey, 2021; Sobrino-García, 2021). Qualitative data were obtained through semi-structured interviews with project managers, enabling flexible yet systematic exploration of experiences, perceptions, and operational challenges. The instrument avoided leading questions, preserved confidentiality, and used reflexivity and triangulation to enhance credibility.

Pilot testing in Kiambu County assessed instrument clarity and reliability in a comparable environment (Hu, 2024). Content validity was established through expert review to ensure full coverage of project management practices (Rusticus, 2024), while construct validity aligned items with theoretical principles (Flake et al., 2022). Reliability was evaluated using Cronbach's Alpha, with scores above 0.7 confirming internal consistency (Ahmed & Ishtiaq, 2021; Kalkbrenner, 2023).

Data Collection Procedures: Data collection occurred after obtaining institutional ethical clearance and NACOSTI research permits. Questionnaires were self-administered following informed consent procedures, while project manager interviews were conducted face-to-face in private settings to reduce social desirability bias. Purposive sampling ensured that key informants represented a cross-section of project types. Consent procedures emphasized autonomy and voluntary participation, with respondents informed of their right to withdraw at any stage.

Data Analysis Techniques: Quantitative data were processed using SPSS version 30.0. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarized demographic and performance data, while inferential statistics—including correlations, t-tests, ANOVA, and multiple regression—examined relationships between project management practices and performance outcomes. The empirical model evaluated the effects of planning, execution, monitoring, data utilization, and leadership on project performance. Qualitative data underwent thematic analysis (Braun & Clarke, 2006), involving verbatim transcription, initial coding, and grouping into themes such as stakeholder engagement, adaptive planning, and evidence-based decision-making. Triangulation compared qualitative insights with quantitative patterns, increasing validity by confirming areas of convergence or divergence. Member checking with informants validated preliminary interpretations. The convergent parallel design integrated both strands during interpretation. Quantitative findings on planning's significant impact were reinforced by qualitative narratives highlighting the importance of early stakeholder involvement and risk assessment. Conversely, qualitative insights revealed execution challenges (e.g., unclear roles, team capacity gaps) not fully captured in the quantitative data, providing richer context.

Ethical Considerations: The study adhered to principles of respect, beneficence, and justice (Prakash, 2021). Respondents' anonymity and confidentiality were guaranteed, and participation was voluntary with no coercion. Written consent was obtained for interviews, and participants could decline audio recording or specific questions.

To reduce bias, reflexivity was maintained through field journaling, while interviews were structured to avoid leading questions and conducted in neutral locations. The study also ensured participants faced no emotional, social, or physical harm. Ethical clearance was secured from the Catholic University of Eastern Africa and NACOSTI.

Limitations of the Study: Despite the methodological rigor, certain limitations were recognized. First, reliance on self-reported data posed a risk of response bias, although anonymity and confidentiality measures mitigated this. Second, restricted access to project-level financial and performance records in some NGOs limited data triangulation, requiring reliance on participant perceptions. Third, purposive sampling of project managers, while necessary for depth, reduced the generalizability of qualitative findings beyond the studied projects.

Nonetheless, the study offers significant insights into how project management practices influence the performance of NGO-funded health initiatives in Nairobi County. The mixed-methods approach provided a comprehensive perspective and established a foundation for future research using broader data access and diversified sampling.

1.5 Results and Discussion

Survey Response Rate

The study distributed 278 questionnaires to personnel engaged in NGO-funded health projects in Nairobi County, of which 245 were successfully retrieved, yielding a response rate of **88.1%**. This exceptionally high rate is attributed to proactive follow-up mechanisms, early engagement with participating NGOs, and the topical relevance of project management practices to respondents' professional roles. The non-response rate of **11.9%** was primarily associated with staff absenteeism and limited interest from certain respondents. According to Vomberg and Klarmann (2021), response rates above 80% are considered excellent in survey research, as they mitigate non-response bias and enhance the generalizability of findings.

Respondent Demographics

Demographic profiling, guided by Creswell and Creswell (2018), provided contextual insights into workforce composition and potential sources of variation in perceptions of project management. Of the respondents, 62.9% were female, highlighting a female-dominated operational environment consistent with Lewis, Kanji, and Themudo (2020), who note women's predominance in community health programs due to caregiving traditions and strong representation in social development sectors.

Age distribution revealed a predominantly youthful workforce, with 50.2% aged 26–35 years, 26.5% aged 18–25 years, and only 5.3% aged above 46 years. This mirrors Aigbe (2023), who identified development organizations' reliance on young professionals for their adaptability and openness to innovation. However, this demographic structure may limit accumulated institutional experience in strategic planning and long-term project continuity, as noted by Eremugo and Okoche (2021).

Regarding project involvement, 45.3% of respondents had 1–3 years of experience, while 22.0% had less than one year, reflecting the time-bound nature of donor-funded programs. Such short engagement periods correspond with fixed-term grant cycles (Kimani, 2021), where staffing patterns are synchronized with specific project phases rather than long-term institutional needs. Only 7.8% reported more than six years of involvement, reinforcing the observation that rotational, short- to mid-term staffing is a deliberate strategy to inject new expertise and maintain programmatic flexibility (Nginya, 2024). While this approach enhances adaptability to shifting donor priorities, it may constrain institutional learning and strategic continuity (Hussein, 2020).

Project Planning Practices

Respondents' perceptions of project planning were evaluated using indicators addressing goal clarity, stakeholder involvement, goal alignment with organizational objectives, and risk management strategies. The composite results indicate strong project planning practices ($M = 3.83$; $SD = 0.61$), with high consensus and low variability.

Goal definition and alignment. A significant majority (60.1% agreement; 15.2% strong agreement) affirmed that project goals are clearly defined at inception ($M = 3.83$; $SD = 0.86$), supporting Mugo and Muchelule (2024), who emphasized goal clarity as a driver of implementation focus. Similarly, 62.7% agreed that project goals are consistently aligned with organizational objectives ($M = 3.93$; $SD = 0.83$), corroborating Ntinyari and Nyang'au (2024), who linked goal alignment to enhanced project performance. Key informant interviews confirmed this practice: *"We never write a proposal or start a project without ensuring our goals support the main organizational mandate"* (KII_002, Female, 20th May 2025).

Stakeholder participation. Engagement of stakeholders in goal setting was moderate ($M = 3.71$; $SD = 0.89$), indicating variability in participatory planning. While some project managers actively involved local actors, others reported top-down directives from donors: *"Sometimes the donors or headquarters dictate the goals, and we have limited flexibility to consult communities"* (KII_006, Female, 20th May 2025). This suggests that while goal clarity is high, community ownership may be unevenly integrated into planning processes.

Goal review practices. Notably, 58.6% of respondents agreed that project goals are rarely revised mid-cycle ($M = 3.85$; $SD = 0.91$), revealing a gap in adaptive planning. One manager observed: *"We hardly revise the goals even when there are obvious changes in community needs or project scope"* (KII_003, Male, 20th May 2025). Such rigidity may undermine responsiveness and reduce sustainability, especially in dynamic healthcare contexts where community needs evolve rapidly.

Risk management. Risk assessment practices demonstrated both strengths and weaknesses. A large proportion (64.3%) agreed that risk assessment is prioritized throughout project phases ($M = 3.97$; $SD = 0.77$), reflecting strong integration of risk considerations in the project lifecycle. Respondents highlighted systematic inclusion of risk checks in budgeting, implementation, and monitoring phases: *"Each phase includes risk checks... we never ignore it"* (KII_007, Female, 20th May 2025). This finding aligns with Nyamutera and Warue (2021), who reported that Nairobi-based WASH projects embed risk monitoring at every stage.

However, variability appeared in the formal documentation of risk plans ($M = 3.80$; $SD = 1.05$). Some projects lacked comprehensive risk assessments before initiation due to tight timelines: *"We often begin projects before formalizing a risk plan, especially when timelines are tight"* (KII_006, Male, 20th May 2025). Moreover, 55.4% of respondents indicated that potential risks are seldom identified during early planning ($M = 3.74$; $SD = 0.96$), reflecting a tendency toward reactive rather than proactive risk management. As one manager candidly noted: *"Most risks are discovered during implementation... we are not good at forecasting challenges upfront"* (KII_004, Female, 20th May 2025). This observation mirrors Munjua and Muna (2022), who found that Nairobi-based NGOs often prioritize risk responses rather than early detection.

Synthesis of Key Findings

The combined results reveal a generally strong planning culture among NGO-funded health projects in Nairobi County, particularly regarding goal clarity, organizational alignment, and risk awareness. These practices are reinforced by high instrument reliability scores, which lend confidence to the findings.

However, notable planning challenges remain, including limited stakeholder participation, insufficient mid-project goal review mechanisms, and inconsistent early-stage risk documentation.

Demographic patterns suggest that the workforce is young, female-dominated, and engaged primarily on short-term contracts, reflecting structural features of donor-driven programming. While this staffing model supports agility and the infusion of new skills, it may constrain institutional memory and strategic continuity in complex health interventions. The high response rate further strengthens the credibility of these findings, ensuring minimal non-response bias and supporting generalization to similar NGO health project contexts in urban Kenya. The robust reliability measures confirm that the study instruments effectively captured the intended constructs, enhancing the validity of subsequent interpretations.

Overall, the study highlights a planning environment characterized by strong alignment and risk prioritization, yet tempered by operational constraints, donor-driven directives, and limited adaptive flexibility. These insights point to the need for institutional mechanisms that balance donor requirements with community engagement, promote periodic goal reviews, and formalize risk assessment processes at the earliest stages of project design.

1.6 Conclusion

This study examined how project planning influences the performance of NGO-funded health initiatives in Nairobi City County. Findings reveal that while most projects demonstrate strong planning practices—particularly in goal clarity, alignment with organizational objectives, and integration of risk considerations—critical gaps persist. Stakeholder participation in planning remains inconsistent, mid-project goal reviews are infrequent, and risk assessments are often reactive rather than proactive. These shortcomings hinder adaptability in dynamic health contexts, reducing responsiveness to evolving community needs and increasing exposure to cost and time overruns. Theoretical insights from Goal-Setting Theory and Stakeholder Theory emphasize that comprehensive planning must combine clear, measurable objectives with inclusive decision-making. Quantitative results confirmed planning's significant impact on project performance, while qualitative narratives illustrated how donor-driven directives and tight timelines limit local ownership and flexibility. Additionally, the demographic structure of NGO staff—youthful, female-dominated, and frequently engaged on short-term contracts—enhances agility but may constrain institutional memory and long-term strategic continuity. Overall, the study concludes that robust, participatory, and adaptive planning is a decisive factor in ensuring timely delivery, budget efficiency, and high-quality service provision in NGO-funded health initiatives. Strengthening these planning processes is essential to sustaining donor confidence and maximizing health outcomes for underserved populations.

1.7 Recommendations

Enhance stakeholder engagement at the planning stage: NGOs should institutionalize participatory planning frameworks that actively involve community representatives, local authorities, and frontline staff. This approach will foster shared ownership, ensure interventions reflect local priorities, and strengthen sustainability.

Institutionalize mid-cycle goal reviews: Health projects should incorporate periodic reassessments of goals and performance indicators to remain responsive to emerging needs and contextual shifts. This adaptive planning process will allow for timely adjustments in strategy and resource allocation.

Strengthen early-stage risk assessment and documentation: Comprehensive risk identification and mitigation plans should be formalized before project initiation rather than developed reactively during

implementation. Tools such as risk matrices and scenario planning can improve forecasting and minimize disruptions.

Balance donor directives with local flexibility: NGOs should negotiate for planning autonomy that allows adaptation of donor requirements to on-the-ground realities. Joint planning sessions with donors can align expectations while safeguarding contextual relevance.

Build institutional memory and strategic continuity: Organizations should address the short-term staffing cycle by creating knowledge management systems—such as centralized planning databases and structured handover protocols—to preserve lessons learned and best practices across project cycles.

Integrate evidence from monitoring and evaluation into planning: Systematic use of data from previous and ongoing projects should guide new project designs. Evidence-based planning will improve decision-making, enhance accountability, and increase program effectiveness.

Capacity-building for project planning: Continuous training of project teams on planning tools—such as logical frameworks, Gantt charts, and adaptive management approaches—will equip staff with skills to improve strategic alignment, resource optimization, and implementation efficiency.

By adopting these measures, NGO-funded health initiatives in Nairobi City County can improve project performance, ensure better health outcomes, and reinforce donor trust in their capacity to deliver sustainable, high-impact programs.

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