The influence of leadership support on project performance in health facilities funded by county governments in the North Rift, Kenya.

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Abstract

Health facility projects in the North Rift, Kenya, often suffer from delays, poor implementation, and inefficient resource use despite the devolved funding system. The purpose of the study was to assess the influence of leadership support on project performance in health facilities funded by the county government in the North Rift, Kenya. The specific objective was to investigate the influence of leadership support on project performance in health facilities funded by the county government in the North Rift, Kenya. The study, guided by transformational leadership theories, used a mixed-methods design. Slovin's formula was used to obtain a sample of 164 respondents from a population of 282. Data were analyzed using descriptive statistics, correlation, and regression, with results presented in tables and graphs for clarity. The study revealed that leadership support showed a strong correlation ($r = .830$; $p = .000$) and a moderate but significant effect ($\beta = .167$; $p = .049$). The study recommended enhancing leadership capacity to improve project performance. Further research was suggested to determine the influence of leadership support on project performance in other public sectors, such as education, water, or infrastructure, to identify cross-sectoral lessons.

Keywords: *Leadership support, Transformational leadership, Participatory budgeting, Project performance, Health facilities*

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1.0 Introduction

Project performance, particularly in public health infrastructure, has been a critical focus for governments worldwide. Globally, project performance in health facilities is often measured by timely completion, budget adherence, and compliance with quality standards (World Health Organization [WHO], 2022). For instance, the United States allocates approximately 18% of its GDP to healthcare, ensuring that most health projects meet strict performance standards (Centers for Medicare & Medicaid Services, 2021). However, despite exponential investment in health under the Ayushman Bharat scheme, countries like India still face persistent challenges in achieving optimal project performance (Misra, 2025). While global project performance shows mixed results, nations that prioritize governance, budget transparency, and participatory approaches report better outcomes. For instance, Scandinavian countries emphasize leadership support in healthcare decision-making, leading to high project performance and equitable resource distribution (Stefanescu et al., 2021).

Leadership is a cornerstone of effective project implementation, as global examples underscore. In Canada, strong provincial leadership ensures that health projects are implemented efficiently, with consistent oversight and advocacy for resource allocation (Lukey et al., 2021). By contrast, weak leadership in countries like Venezuela has led to delayed projects and deteriorating health infrastructure (Page et al., 2019). Across Africa, leadership challenges, including corruption and political interference, hinder project performance. For instance, in Uganda, health facility projects have suffered from mismanagement of resources and limited political will (Basemera, 2025). In Kenya, the commitment of county leadership varies significantly, with some counties demonstrating effective advocacy and oversight, while others lag due to weak governance structures (Chelagat et al., 2021).

Public health projects face delays, budget overruns, and abandonment, and Cortez and Quinlan-Davidson (2022) note that global project performance in publicly funded infrastructure falls below 70%, particularly in low- and middle-income countries. Inadequate leadership support contributes to these issues. In Kenya, county governments have increased funding for healthcare, yet project performance remains poor. In the North Rift counties, including Turkana and Uasin Gishu, fewer than 40% of health projects meet their objectives (World Bank, 2023). Challenges include constrained budgets, weak accountability, inadequate leadership support, and limited stakeholder involvement (Olago et al., 2023). These inefficiencies hinder universal health coverage and health outcomes, especially in poor communities, and poor community engagement, weak accountability, and political interference exacerbate the problem (Adomako et al., 2020). Gichohi et al. (2023) link robust leadership support to improved performance; however, few studies explore how it can improve project performance. The study aims to address these gaps by examining the influence of leadership support on health project performance in Turkana and Uasin Gishu counties in Kenya's North Rift.

Objective of the Study

The primary objective of the study was to examine the influence of leadership support on project performance in health facilities funded by the county government in the North Rift, Kenya.

Theory and Hypothesis

Transformational Leadership Theory

Transformational leadership theory has advanced significantly since its inception, with important contributions from a variety of scholars and researchers. The notion of transformative leadership emerged in the 1970s. Stogdill (1974) contends that early leadership research focused largely on trait and behavioral theories, which examined the intrinsic characteristics of good leaders and their behaviors. These theories paved the way for subsequent innovations in leadership, particularly transformational leadership.

James MacGregor Burns, a political scientist, is widely recognized for establishing the framework for his 1978 book "Leadership." Burns introduced the concept of transformational leadership as an alternative to transactional leadership. Burns (1978) defines transformational leaders as those who inspire and encourage followers to go above and beyond their self-interests for the benefit of the organization or a higher cause. In contrast, transactional leaders focus on exchanges and performance incentives.

Bernard M. Bass expanded on Burns' work in the early 1980s, coining the term "Bass' Transformational Leadership Theory." Bass (1985) further developed the concept of transformative leadership and proposed a methodology for measuring it. His research clarified the distinction between transformational and transactional leadership, identifying specific actions and attributes associated with transformational leaders. Bass highlighted four major components of transformative leadership: Idealized Influence: Leaders serve as role models and are admired by followers. Inspirational Motivation: Leaders present a vision that inspires and encourages followers. Intellectual Stimulation: Leaders foster creativity and innovation by questioning preconceptions and promoting new ideas. Individualized Consideration: Leaders provide followers with individualized assistance and guidance.

Researchers have examined how transformational leadership affects employee well-being, ethical behavior, and organizational performance (Northouse, 2018). There has also been growing interest in developing and training for transformational leadership. Contemporary studies emphasize the importance of authenticity and ethical considerations in transformational leadership. The theory has been adapted to address challenges such as virtual leadership and cross-cultural differences.

Transformational Leadership Theory operates across diverse cultural and organizational contexts, illustrating its versatility and broad applicability. Paulienė (2022) investigated the application of Transformational Leadership across different cultural settings and found that the theory's core principles are adaptable and effective in promoting leadership across cultures. Methodological innovations have improved the ability to study Transformational Leadership across cultures and contexts, enhancing its applicability. Updated tools for measuring leadership effectiveness across cultural settings demonstrate how these methodological advancements enhance the broader

applicability of Transformational Leadership Theory (Hofstede et al., 2020).

Transformational leaders often develop and articulate a compelling vision that links the organization's aims to stakeholders' demands. Transformational leadership in participatory budgeting for health facilities can provide the direction stakeholders (such as community members and health professionals) need to understand the objectives, increasing commitment to timely and successful project completion. According to Zhao et al. (2021), transformational leaders drive project success by presenting a vision that incorporates all participants' aspirations and motivates them.

According to Fareed et al. (2023), when leaders empower their teams, there is a greater sense of ownership, which leads to improved cooperation and project outcomes, including faster, more efficient completion. Transformational leaders promote empowerment and active involvement. When leadership promotes participatory budgeting by allowing local communities and health professionals to participate in decision-making, it can lead to more effective resource allocation and faster project completion. This, in turn, accelerates the completion of health facility developments.

Setiono et al. (2019) emphasize that transformational leadership increases team motivation, which has a substantial influence on resource allocation and utilization in public-sector initiatives. Transformational leaders excite stakeholders by emphasizing the value of shared goals. Leadership support in health facility budgeting brings together community members, local government, and health sector stakeholders around a common purpose. This can result in more effective resource mobilization, ensuring that financial and human resources are available to complete projects on schedule.

Transformational leaders promote innovative problem-solving and critical thinking. In participatory budgeting, such leadership fosters an environment in which project delays or financial constraints are addressed imaginatively by including stakeholders. This capacity to navigate complex budgeting processes can help health initiatives be completed more quickly by resolving concerns before they arise. García-Morales et al. (2020) found that transformational leaders' ability to engage teams leads to improved problem-solving skills, which is vital for the success of complex projects such as public health infrastructure.

In this research, Transformational leadership theory provided a solid foundation for analyzing how leadership support influences project performance outcomes. This theory proposes that leaders who inspire and excite stakeholders can effectively bridge the gap between community demands and resource allocations. Transformational leaders in Kenya's North Rift counties may empower communities, promote transparency, and coordinate collaborative efforts to complete projects on schedule and successfully.

Literature Review.

According to Al-Subaie et al. (2021), strong leadership support, characterized by clear communication, decision-making authority, and dedication to project goals, is positively correlated with better project performance. Their mixed-methods research in Spain, which included surveys and interviews with municipal officials and healthcare institution management, found that leadership support is crucial for overcoming project challenges and ensuring efficient resource use.

Eyiaro (2023) also found that leadership support positively affects project performance, particularly in securing essential resources and sustaining stakeholder engagement throughout the project lifecycle.

Their quantitative study, which surveyed project managers and county health officials in the United States, used statistical models to examine the role of leadership support in achieving project success. The findings underscore the importance of strong leadership in driving project performance and mitigating financial and resource challenges (Eyiaro, 2023).

Ahmed and Osei (2023) found that leadership support, particularly in resource mobilization, clear goal formulation, and prompt decision-making, is vital for achieving project success. Their case study of healthcare programs in Ghana, which included in-depth interviews with local health officials and project managers, underscored the importance of leadership support in shaping project outcomes. The authors recommend that developing leadership skills and dedication should be a top priority in Ghana's health sector.

Nanyonga et al. (2020) examined transformative leadership approaches in primary healthcare strengthening initiatives across four Ugandan districts (Kampala, Gulu, Mbarara, and Jinja). The study used participatory action research to implement and evaluate leadership development interventions in 43 primary healthcare facilities. The target population included district health officers, facility in-charges, clinical team leaders, and frontline health workers. Through cluster sampling, the researchers included 376 participants. Data analysis employed contribution analysis to assess the influence of leadership interventions on project outcomes, supplemented by a qualitative process evaluation. The findings showed that health facilities with leaders trained in transformative leadership practices achieved 44% higher successful implementation of quality improvement initiatives and 38% greater staff retention than facilities with conventional leadership approaches. A notable finding was that leaders who effectively engaged community stakeholders in facility governance demonstrated significantly better performance in resource mobilization and alignment with local health priorities.

Teame et al. (2022) investigated ethical leadership practices in health infrastructure development projects across five Ethiopian regions (Addis Ababa, Oromia, Amhara, Tigray, and SNNPR). Their study employed a sequential mixed-methods design examining 39 health facilities implementing major infrastructure projects between 2021 and 2023. The target population included officials from regional health bureaus, facility directors, project managers, construction supervisors, and clinical representatives. Through stratified random sampling, 418 participants were included in the study. Data analysis used hierarchical regression for quantitative components and thematic network analysis for qualitative data. The findings showed that health facilities with leaders who scored high on ethical leadership experienced 46% fewer procurement irregularities, 39% higher construction quality ratings, and 33% better adherence to implementation timelines. A key finding was that ethical leadership practices created ripple effects throughout implementation chains, influencing the behavior of contractors, suppliers, and other external stakeholders involved in facility development projects.

Naidoo and Mafora (2023) examined inclusive leadership practices in healthcare facility revitalization projects across the South African province of Limpopo. Their research used a sequential explanatory design that combined quantitative surveys with in-depth case studies of 28 healthcare facilities implementing comprehensive revitalization initiatives. The target population included provincial health officials, facility managers,

clinical leaders, project implementation teams, and community representatives. Through maximum-variation sampling, the researchers included 364 participants. Data analysis employed multiple regression and thematic content analysis. The findings showed that healthcare facilities with inclusive leadership approaches (emphasizing diverse stakeholder involvement, shared decision-making, and equitable participation) achieved 39% higher project completion rates within budget and 44% greater alignment with community health needs than facilities with top-down leadership models. The researchers found that inclusive leaders who effectively integrated frontline clinical staff perspectives into project design and implementation decisions achieved significantly better operational outcomes post-implementation, with 36% higher facility utilization rates.

Hyett et al. (2024) found that executives who actively engage with project teams and local communities help minimize risks and keep rural healthcare infrastructure projects in Australia on budget. Masiba and Xegwana (2024) found that leadership inefficiencies, such as poor communication and a lack of strategic direction, often contribute to delays in public health infrastructure projects, underscoring the need for specialized training programs to enhance leadership capacity.

Xuan et al. (2025) examined leadership support mechanisms and their impact on healthcare facility project performance in Vietnam. The researchers used a mixed-methods approach, combining quantitative surveys with qualitative case studies, to analyze 42 healthcare facility projects implemented between 2018 and 2020. The target population included project managers, healthcare administrators, clinical leaders, and implementation teams. Using stratified random sampling, the researchers selected 318 participants representing different levels of healthcare leadership. Data analysis involved structural equation modeling for quantitative data and thematic analysis for qualitative responses. The findings revealed that healthcare facilities with transformational leadership achieved 37% higher project completion rates and 42% greater adherence to quality standards than those with transactional leadership. A key finding was that leadership transparency and consistent communication strongly correlated with project success metrics; facilities that implemented regular project review meetings experienced 29% fewer implementation delays, directly applicable to enhancing health facilities funded by county governments in Kenya's North Rift.

Hypothesis

H_{01} – Leadership support has no significant influence on the project performance in health facilities funded by the county government in North Rift, Kenya.

2.0 Materials and Methods

This study used a descriptive design. The primary focus was on health institutions supported by county governments, including hospitals and clinics that received funding for both operational and developmental purposes. The study employed different sampling techniques across groups to ensure accurate representation and reliable data. Census sampling was used for community leaders (20), project managers (10), and policymakers (20), meaning all individuals in these categories were included in the study. This approach was feasible given the small population size and ensured that every relevant perspective within these groups was captured, providing comprehensive and representative insights.

For county government officials (32) and residents (200), the study used stratified random sampling. This approach ensured that specific subgroups within each category were

adequately represented. The researcher first stratified the sample by county (Turkana and Uasin-Gishu) and then by function (health policy, budgeting, and project management) within each county to account for differences in roles and responsibilities. To further refine the sampling of residents, proportionate sampling was used to ensure balanced representation across sub-counties or wards. Because Turkana and Uasin-Gishu each contributed 50% of the resident population, the researcher sampled proportionally from each county based on its population contribution. To determine the sample size, the researcher applied Slovin's formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where;

n = Sample size

N = Total population size, e = Margin of Error (usually set at 0.05 for 95% confidence level).

From the population frame, the total population size was 282. Therefore, the sample size was 164 respondents.

Data Collection Instruments

The researcher used questionnaires as the primary data collection tool. Basic data were collected using a 5-point Likert-scale questionnaire that covered all variables under investigation. According to DuBenske et al. (2014), questionnaires can be administered by the researcher or a trained professional, or self-administered individually or in groups, and typically contain a series of items aligned with the study objectives. The use of appropriate data collection instruments, along with clearly defined procedures for their application, helped reduce the risk of errors.

3.0 Results and Discussions

The results indicate a high overall response rate of 93%, demonstrating strong engagement among the targeted respondents. Wimmer and Dominick (2014) support a rate of return of 21-70% as sufficient, provide assurance of accuracy, reduce bias, and are acceptable for self-administered questionnaires; hence, 93% is acceptable in this study.

Frequency Analysis of Leadership Support Variable

The descriptive statistics indicate that respondents generally agreed that leadership support positively influences project performance in health facilities. High mean scores of 3.76 to 3.94 indicate favorable perceptions of leadership practices, particularly in advocating for resource allocation (mean = 3.94), active involvement in decision-making (mean = 3.94), and endorsing participatory budgeting (mean = 3.87). The highest agreement (strongly agree + agree) was observed for the statement on resource allocation advocacy (69.6%), while transparency in project oversight had the lowest combined agreement (57.8%). Standard deviations ranged from 0.98 to 1.07, suggesting moderate variability in responses. Overall, the data underscores the critical role of leadership in enhancing project efficiency, stakeholder engagement, and accountability within health facility projects.

Table 1

Descriptive Statistics on Leadership Support and Project Performance

Statement	SD F (%)	D F (%)	N F (%)	A F (%)	SA F (%)	Mean	Std Dev.
Leaders advocate for adequate funding for health facility projects.	6 (4.4%)	5 (3.7%)	30 (22.2%)	44 (32.6%)	50 (37.0%)	3.94	1.07
Leaders publicly endorse participatory budgeting initiatives.	2 (1.5%)	9 (6.7%)	35 (25.9%)	47 (34.8%)	42 (31.1%)	3.87	0.98
Leaders are actively involved in decision-making for health facility projects.	4 (3.0%)	5 (3.7%)	35 (25.9%)	42 (31.1%)	49 (36.3%)	3.94	1.02
Leadership support improves project implementation efficiency.	7 (5.2%)	2 (1.5%)	33 (24.4%)	54 (40.0%)	39 (28.9%)	3.86	1.02
Leaders ensure transparency in project oversight.	3 (2.2%)	8 (5.9%)	46 (34.1%)	39 (28.9%)	39 (28.9%)	3.76	1.01
Leaders engage stakeholders to address challenges in health facility projects.	4 (3.0%)	9 (6.7%)	36 (26.7%)	39 (28.9%)	47 (34.8%)	3.86	1.07

Hypothesis Testing

Correlation Between Leadership Support and Project Performance

The table presents the Pearson correlation results for leadership support and project performance in health facilities funded by county governments in North Rift, Kenya.

Table 2

Correlation Between Leadership Support and Project Performance

		Leadership Support	Project Performance
Leadership Support	Pearson Correlation	1	.830
	Sig. (2-tailed)		.000
Project Performance	Pearson Correlation	.830	1
	Sig. (2-tailed)	.000	
	N	135	135

Correlation is significant at the 0.01 level (2-tailed).

The correlation coefficient is 0.830, indicating a strong positive relationship between the two variables. This means that as leadership support increases, project performance also tends to improve significantly. The correlation is statistically significant at the 0.01 level (2-tailed), as indicated by the p-value of .000, confirming that the relationship is not due to random chance. The large sample size (N = 135) adds confidence in the generalizability of this result. These findings imply that effective leadership, characterized by clear communication, resource mobilization, and stakeholder coordination, plays a vital role in driving successful project outcomes in the health sector.

This strong positive correlation aligns with insights from Al-Subaie et al. (2021), who found that leadership involvement is a critical determinant of project success, particularly in guiding project teams and ensuring accountability. The result also resonates with Transformational Leadership Theory, which suggests that visionary and motivational leadership fosters team commitment, enhances collaboration, and leads to superior performance outcomes. In the North Rift, where project execution often faces challenges such as resource constraints and bureaucratic delays, proactive and supportive leadership can catalyze efficient decision-making and implementation. This underscores the need for county governments to invest in building leadership capacity and cultivating governance cultures that empower leaders to champion project goals. Ultimately, strengthening leadership support mechanisms could be key to transforming health infrastructure development in Kenya's devolved units.

Regression analysis

Regression analysis was conducted to assess the influence of leadership support on the performance of county-funded health facilities in North Rift, Kenya.

Table 3

Regression Coefficients

Variable	Unstandardized Coefficients		Standardized Coefficients	t	P-value
	B	Std. Error	Beta		
(Constant)	.147	.137		1.071	.286
Leadership Support	.211	.079	.214	2.664	.009

The regression results indicate that leadership support has a statistically significant positive effect on project performance, as shown by the unstandardized coefficient (B = 0.211) and a p-value of 0.009, which is below the 0.05 significance threshold. This implies that for every one-unit increase in leadership support, project performance increases by 0.211 units, holding other factors constant. The standardized coefficient (Beta = 0.214) suggests a moderate positive effect. The constant (intercept) is not statistically significant (p = 0.286), indicating that project performance is not meaningfully different from zero when leadership support is absent. Overall, the analysis supports the hypothesis that leadership support significantly enhances project performance. Therefore, the null hypothesis that leadership support has no significant influence on project performance in health facilities funded by the county government in North Rift, Kenya, was rejected.

The regression model

$$Y=\beta_0+\beta_1X_1+\epsilon$$

Substituting the figures:

$$Y = 0.147 + 0.211X_1 + \epsilon$$

4.0 Conclusion

The descriptive data on leadership support indicate that strong, visible leadership is essential to the success of participatory budgeting and project performance. Respondents emphasized the importance of advocacy for resource allocation, transparent

oversight, and leader involvement in planning and monitoring. The presence of supportive, visionary leadership was perceived to enhance coordination, motivate teams, and resolve challenges during project execution. These findings align with Transformational Leadership Theory, which holds that leaders serve as role models and inspire collective efforts toward shared goals. The implication is that county-level leadership must be proactive and committed to participatory processes to ensure optimal health project outcomes. The correlation between leadership support and Project Performance was r = .830 (p = .000). Leadership support had a weaker but still significant effect (β = .167; p = .049).

The results indicate that leaders who are transparent, visionary, and engaged in resource advocacy significantly influence project outcomes by promoting coordination and motivating implementation teams. Effective leadership creates a conducive environment for participatory budgeting to thrive and facilitates the translation of plans into tangible results. Thus, county administrations should invest in strengthening leadership capacities, especially at the local level, to enhance performance and policy implementation.

5.0 Recommendations

The study found a statistically significant effect of leadership support on project performance (β = .167; p = .049). Leaders at both the political and administrative levels should be trained and empowered to provide vision, resolve conflicts, and advocate for resources. Active leadership engagement in planning and oversight builds morale among implementers and fosters trust among stakeholders.

Suggestion for Further Studies

Investigate the Impact of Leadership Styles on Different Types of Public Projects: Leadership support had a moderate but statistically significant effect on project performance (β = .167; p = .049). Future studies could examine how different leadership styles—such as transformational, transactional, or servant leadership—affect project performance across sectors (e.g., health, education, infrastructure) to determine context-specific leadership effectiveness.

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