A STUDY OF STAKEHOLDER MANAGEMENT IN HEALTHCARE INFRASTRUCTURE DELIVERY IN GHANA: A STUDY OF SOME SELECTED MUNICIPAL AND DISTRICT ASSEMBLIES IN THE ASHANTI REGION OF GHANA

By

BOA-ANTWI KWAKU

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MASTER OF SCIENCE IN PROJECT MANAGEMENT

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DECLARATION

I hereby declare that this submission is my own work and that, to the best of my Knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any degree or diploma at Kwame Nkrumah University of Science and Technology, Kumasi or any other educational institution, except where due acknowledgement is made in the thesis.

BOA-ANTWI KWAKU (PG 5322818)

(Student Name and ID)   ………..………….   ….…………….…...

                                                 Signature   Date

Certified by:

PROF. EDWARD BADU

(Supervisor)   ……………………….   ..………….………

                                                 Signature   Date

Certified by

PROF. BERNARD KOFI BAIDEN

(Head of Department)   ……………………..   ……………………

                                                 Signature   Date

ABSTRACT

Various stakeholder management frameworks exist however, the appropriateness of these frameworks in health infrastructure stakeholder management is not certain. Therefore, the study aimed at assessing the stakeholder management in district assemblies in healthcare infrastructure development in Ghana. The study had three (3) objectives which were to identify ways of stakeholder engagement in municipal and district assemblies in the delivery of healthcare infrastructure projects, to identify factors that affect stakeholder management in healthcare infrastructure delivery in municipal and district assemblies and to propose measures to improve stakeholder management in municipal and district assemblies in healthcare infrastructure delivery in Ghana. Extensive literature review was conducted based on each objective and a number of variables were identified. The study adopted a quantitative research method and thus, a structured questionnaire was developed and distributed to forty (40) estimated respondents at the District and Municipal assembly department however, thirty-eight (38) were retrieved for the analysis. The data was analyzed using mean score in conjunction with standard deviation. From the analysis, it was realized that, M/D physical planning officer was rated as the most significant stakeholder among the District Assemblies respondents followed by M/D coordinating director and M/D chief executive. However, among the Municipal Assemblies respondents, M/D Works Department was ranked first followed by M/D works engineer and M/D Health Directorate. Also, it was realized that, the most significant methods in stakeholder engagement among District Assemblies were "to consult stakeholders who are most affected by the healthcare project", followed by "Institute effective stakeholder engagement plan" and "Identify initial stakeholders". Finally, it was realized that, the most significant strategy among District Assembly respondents was value the contributions of expertise and time of stakeholders followed by increase professional capacity of municipal and district officers. Based on the findings it was recommended that, project managers at the assembly must be well equipped with effective leadership skills to ensure that, stakeholder management is executed efficiently. [1]

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LIST OF ABBREVIATIONS

FBO   Faith-Based Organisations
CBO   Community-Based Organisations
CHPs   Community Health-Based Planning and Services
CI   Constitutional Instrument
DCE   District Chief Executive
DCD   District Coordinating Director
DCDO   District Community Development Officer
DDH   District Director of Health
DDPO   District Development Planning Officer
DHI   District Health Inspector
DHRO   District Human Resource Officer
DHS   Demographic and Health Services
DPO   District Procurement officer
DWE   District Works Engineer
GDP   Gross Domestic Product
GHS   Ghana Health Service
LI   Legislative Instrument
M/D   Municipal and District
MCE   Municipal Chief Executive
MCD   Municipal Coordinating Director
MCDO   Municipal Community Development Officer
MDH   Municipal Director of Health
MDPO   Development Planning Officer
MHI   Municipal Health Inspector
MHRO   Municipal Human Resource Officer
MMDAs   Metro, Municipal and District Assemblies
MOH   Ministry of Health
MPO   Municipal Procurement officer
MWE   Municipal Works Engineer
PMI   Project Management Institute
SPSS   Statistical Package of Social Scientist
WHO   World Health Organisation

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DEDICATION

This dissertation is dedicated to Jehovah God Almighty and to my entire family

particularly my parents; Dr and Mrs Antwi and my big brother; Kofi Boa-Antwi

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

Healthcare is a very important factor for the economic development of every country. Healthy populations live longer and thus are more productive. Higher productivity by the populace of a country produces economic progress and therefore every country strives to achieve it. Shaban (2008) claims that indigenous construction of infrastructure amounts to one of the critical indicators of economic growth supporting the Ghanaian economy. This means that the construction of healthcare infrastructure and the use of the infrastructure for healthcare delivery coherently contribute to the economic development of a country. Healthcare projects, like most social infrastructure projects are highly complex in nature, requiring large capital investment and associated with a manifold of risks (Lipsitz, 2012). Hence, to deliver a successful health infrastructure project, it is imperative to examine and appreciate a wide spectrum of multi-faceted factors that may impact directly or indirectly on a project. They include but not limited to scope, cost funding, risk and stakeholder management. An integral facet to the success of healthcare projects not discounting the other factors is the stakeholder.

Project stakeholders can be classified into primary and secondary stakeholders. Primary stakeholders are those without their direct involvement or participation, the project cannot succeed (Clarkson, 1995). Primary stakeholders include project promoters, investors, consultants, contractors, suppliers and end users. Primary stakeholders also include public stakeholders such as the government, statutory regulatory authorities who establish the appropriate legal framework within which projects can operate.

Secondary stakeholders, on the other hand, have no direct impact on the project execution and are therefore not vital to its realization. They include, for example, NGOs' and special interest groups. However, though without any direct impact, they can strongly influence or impact a project (Clarkson, 1995).

"Project stakeholder management includes the various processes required to identify the individuals, groups and organisations that could impact or be impacted by a project. To analyse stakeholder requirements, expectation and their impact on the project, and to develop appropriate management measures for effectively engaging stakeholders in project decision-making and execution" (PMBOK Guide, 6th edition).

It is therefore incumbent on any project team to appreciate that the success of any healthcare infrastructure project is contingent on fulfilling the aspirations of every stakeholder (Freeman, 2007). A project team must equally understand the intrinsic motive, power and interest of the various stakeholders in the delivery of healthcare infrastructure projects.

In Ghana, the local government structure as stipulated in the Local Government Act (Act 462), pivots districts as the centre of decentralization. Demographically, rural-district Ghana amounts to 45.3% of Ghana's total population. It is for this reason that greater attention should be given to the impact of stakeholder management at the district level in public health infrastructure projects which takes care of this rural populace. Therefore, it is important to establish the broken linkages between project team implementers and the stakeholder. Ghana currently has a total number of 216 MMDAs'. In 2019, by constitutional instrument (CI), an additional six regions were created to further deepen decentralization. The concept of decentralization is to enhance

stakeholder interaction at lowest level in Ghana's governance structure. It is therefore essential to adequately assess the role of stakeholder involvement in the success delivery of Public Healthcare facilities at the municipal and district level.

1.2 PROBLEM STATEMENT

According to McElroy and Mill; (2000), infrastructure development success rate is largely dependent on the level of stakeholder engagement and management. Stakeholder engagement and management has become a "game changer", in the way projects are conceived from inception to delivery of the project. The lack of comprehensive stakeholder involvement in decision making during the life cycle of projects, has been the cause of many failures in healthcare infrastructure projects. Cost overruns, delays in delivery projects as a result of project scope not fit for purpose and project abandonment as a consequential result' are among the very few failures of lack appropriate stakeholder management. These failures occur throughout the hierarchy of healthcare facility levels across the country; from Health Centres to CHPS compound to Polyclinics to District Hospitals to Regional Hospitals and to the pinnacle, Teaching Hospitals. These failures are particularly more amplified in rural municipal and district areas where bureaucratic bottlenecks and lack of human capital and capacity exist. Various stakeholder management frameworks exist as in Von Meding et al. (2013), Yang and Shen (2015), Lartey (2014), and Molwus (2014). There is therefore the need to study the knowledge of municipal and district assemblies on the concept of stakeholder management and how it ultimately affects the delivery of healthcare infrastructure in these assemblies.

1.3 RESEARCH QUESTIONS

The research seeks to answer the following critical questions:

1. What are the key stakeholder at municipal and district assemblies?

2. What are the effective ways and strategies of engaging stakeholders in municipal and district assemblies?

3. What are the factors influencing stakeholder management in healthcare infrastructure development at the district level in Ghana?

4. What are some of the mitigating measures that can improve the performance of district assemblies as a stakeholder in healthcare infrastructure development in Ghana?

1.4 RESEARCH AIMS AND OBJECTIVES

The research seeks to study stakeholder management in district assemblies in healthcare infrastructure development in Ghana.

The specific objectives needed to be achieved are:

1. To identify key stakeholders at municipal and district assemblies;

2. To identify ways of stakeholder engagement in municipal and district assemblies in the delivery of healthcare infrastructure projects;

3. To identify factors that affect stakeholder management in healthcare infrastructure delivery in municipal and district assemblies; and

4. To propose measures to improve stakeholder management in municipal and district assemblies in healthcare infrastructure delivery in Ghana.

1.5 JUSTIFICATION AND SIGNIFICANCE OF STUDY

According to (GHS, Ghana Health Financing Strategy, 2015), Ghana's total health capital expenditure in 2005 rose from US$680.55million to US$964.68million in 2010.

This amounted to 41.75% US dollar increase in total expenditure. However, over the same period, total government capital investment in the health sector as a percentage to Gross Domestic Product (GDP) has reduced to 3.28% from 6.41% within the same period. This means that direct government funding of Public Healthcare projects is shrinking; it is therefore imperative to ensure the judicious use of public funds in the delivery of healthcare facilities at the municipal and district level. Specific measure needs to be implemented to clearly define the scope of works, quality, cost, risk and execution of health projects. This can only be achieved through comprehensive stakeholder management.

1.6 RESEARCH METHODOLOGY

The research design was deductive; thus quantitative approach was employed for this research work. Secondary data was sought through literature review. Primary data was gathered through questionnaires and structured interviews to elicit information necessary to form the basis of the research analysis. A total number of forty (40) professional and administrator staff from 4 municipal and district assemblies in the Ashanti region were targeted to attain the population size. Structures questionnaires was submitted to the entire targeted population to elicit their response.

The research work also included identification of key stakeholders, strategies and ways of stakeholder engagement, a study of factors that affect stakeholder management and ways to improve stakeholder management in municipal and district assemblies in healthcare infrastructure delivery. Data collected from questionnaires and interviews was generally analysed with mean score using SPSS software to discuss the findings and conclude with recommendations.

1.7 SCOPE OF STUDY

Project stakeholders can be affected by several factors during the life cycle of a project. The research study sought to examine the knowledge of four (4) municipal and district assemblies in the Ashanti region with regards to stakeholder managements. These four (4) district assemblies included two (2) recently elevated municipal assemblies and two (2) district assemblies after the inception of the 4th Republic. The research study further examined the human capacity level in the selected municipal and district assemblies. It also studied the knowledge base of staff from the selected municipal and district assemblies, on their understanding of stakeholder identification and engagement. Additional consideration was given to factors that affect municipal and district assemblies in stakeholder management as well as measures to improve it.

1.8 STRUCTURE OF RESEARCH

Chapter 1 which is the 'Introduction', captures the general overview of the research topic; discussing the problem statement, research aim, objectives and justification as well as scope of the research study. Chapter 2 consist of the 'Literature Review'; this chapter details the various theories and concepts on the subject matter. This chapter forms the theoretical base for the research study. Chapter 3 on the other hand is the 'Research Methodology'; this chapter explains research approaches and techniques employed to achieve the aims and objectives of research topic. It also gives an indication as to how data gathered will be analysed in subsequent chapters. Chapter 4; embodies the 'Findings and Discussion' in this chapter, actual analysis and discussion of the data gathered will be executed. The final chapter is the 'Conclusion', Chapter 5; this chapter entails the summary of the findings with concrete conclusion and

recommendation which will be added to the body of knowledge of project

management.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter seeks to present to readers, a conceptual and theoretical review of prevailing relevant literature on the research topic; "*a study of stakeholder management in healthcare infrastructure in Ghana; a study of selected municipal and district assemblies in the Ashanti region of Ghana*". The literature primarily consists of the concept and theory of stakeholder management. However, additional insight included general overview of healthcare infrastructure in Ghana and local government decentralization policy of Ghana.

Literature on stakeholder management describes the general history of stakeholder management and its underpinning theories and conceptual frameworks. These conceptual frameworks included strategies of stakeholder identification and engagement as well as the management and monitoring of it. The literature also seeks to understand success criteria in stakeholder management basic to healthcare infrastructure delivery. Consequently, various stakeholder management concepts were examined and explored in this chapter.

The research will also lend to give insight into healthcare infrastructure in Ghana including existing stakeholder frameworks in healthcare infrastructure in Ghana. It will also include healthcare policy goals from the Ministry of Health (MOH) relevant to the research topic.

Finally, the literature review will seek to understand the mechanism of the local government act and its effects on the decentralization policy for Metropolitan, Municipal and District Assemblies (MMDAs'). Particular insight will be shed on

stakeholder management at the district level; that is, MMDAs' in general healthcare delivery and the consequential importance of stakeholder management.

2. 2. ANTECEDENTS OF STAKEHOLDER CONCEPT AND THEORY

The concept of stakeholder management is a fairly recent phenomenon. Until the mid-20th century, the term stakeholder was not a household name. Its roots date back to the 1960s where academics from Stanford Research Institute (SRI International Inc.) first formulated or considered the very thought of a stakeholder (Stoney and Wistanley, 2001).

The stakeholder concept gained wides traction and acceptance in the mid-1980s' with the publication of Freemans book in 1984 titled; "strategic management: a stakeholder approach". This research work ushered in several theoretical and empirical studies on the concept of stakeholder management as a main theme.

In the early 1970s, increased degrees of change in external operating environment of corporate firms became very prevalent. Organisations had to react to an ever-changing corporate external environment by formulating formal environmental scanning systems (Preble, 1978). These systems formed a scientific basis for pre-emptive warning systems that could detect changes, events, and emerging issues early on in their development so that organizations could prepare effective and timely responses.

Most of the changes detected by these systems according to Freeman (1984), underpinned his call for managers to revise their conceptual maps and use the stakeholder framework to help interpret external events. Freeman noted a number of external changes in his seminal work were as follows:

- the emergence of consumer, environmental, and other activist groups;

- an increase in the scope of government (role as a watchdog);

- a global marketplace and increased foreign competition;

- an increasingly hostile media; and

- a loss of confidence in business (p. 246).

In his land mark strategic management book, Freeman (1984) defined stakeholders as "those groups who can affect or is affected by the achievement of the firm 'so objectives" (p.49). This book is widely acknowledged for its ground breaking effort in strategic management research and globally cited by many. Afterwards, new perspectives came to popularity where strategic management theory is discussed under descriptive, instrumental and normative approaches (Jones, 1995), stakeholder environment is viewed as dynamic rather than static (Freeman, 1984), and also stakeholder's salience and typology has been explored (Mitchell et al., 1997). Subsequently, more empirical investigations in the construction field have been conducted based on the underlying theory and models (e.g. Olander & Landin, 2005, 2008; Yang et al., 2010, 2011).

2. 3. PROJECT STAKEHOLDER DEFINITION

2.3.1. What is a Project

According to (PMBOK Guide, 6th edition), a project is any temporary endeavour to create a unique product, service or result. It further explains that its uniqueness can be quantified in the fulfilment of objectives by producing specific deliverables. Beyond

the basic definition a project, it is imperative to understand that a project necessarily delivers a change in state (Cleland, 1999).

In an attempt to have an expanded definition of "a project", (Turner, 1993) defined a project as an undertaken in which human, machine, material and financial resources are harnessed to achieve a beneficial change with quantitative and qualitative objectives.

Turner and Muller (2003) sought to narrow the definition a project to exclusively include features of project and not its production features. They identified similar nuances shared by projects in achieving consequential change as follows:

1. It is unique: no two projects by definition of nature can be the same;

2. It is achieved using peculiar processes specific to that undertaken. In that, the approach to any project cannot explicitly the same; and

3. It is short-term: ultimately not perpetual with a start and eventual finish and eventual finish.

Ultimately, this research concurs with assertions of Turner and Muller (2003) which considers project as a temporary organisation, allowing for theoretical analysis of a project's organisation.

However, in any human endeavour, in order to achieve a successful project, management of risk and uncertainties as well as relationship is crucial (Bourne & Walker, 2005). It is for this reason that stakeholders are ultimately imperative to the success of projects.

2.3.2 Who is a Stakeholder

Freeman (1984), the pioneer in promoting the phenomenon of a stakeholder described stakeholder as an organization / any group or individual who can affect or is affected by achieving the organization's objectives''. Though the definition of Freeman is widely accepted by scholars, the definition of "a stakeholder" has nonetheless over the

years expressed diverse meanings by different scholars and institutions. Cleland (1986) provided a narrower view defining project stakeholder as individuals or institutions that are either under or beyond project manager's authority, and directly or indirectly get affected by the project's outcome, and have share or stake or an interest in project. Expanded definitions include that of (Boonstra, 2006), who asserts that beyond stakeholders such as individuals and groups inside an organisation; entities outside an organisation can equally affect or be impacted by an organisation.

Other school of thought on the definition of a stakeholder also identify interest and power to influence as key indicators of a stakeholder. (Nilsson & Fagerstrom, 2006) for instance argues that stakeholders act depending on their interest and use their power to influence a product in the direction that they wish.

This research agrees with the combines meanings of the above purported scholarly definitions of a stakeholder. Ultimately, a stakeholder is that individual or group, internal or external to an organisation who can affect or can be impacted by achieving organisational objectives; and who by their interest and power consciously or unconsciously can influence the direction of an organisation's objectives. Acknowledging the significance of a stakeholder to the success of an organisation, it is imperative to implement measure to harness their positive attributes and contain their negative constraints with appropriate management frameworks and strategies.

2.4. PROJECT STAKEHOLDER MANAGEMENT

Researchers described project stakeholder management as a process in which project team facilitates the needs of stakeholders to identify, discuss, agree, and contribute to achieve their objectives (Brammer & Millington, 2004; Pajunen, 2006; Rowlinson & Cheung, 2008).

"Project stakeholder management includes the various processes required to identify the individuals, groups and organisations that could impact or be impacted by a project. To analyse stakeholder requirements, expectation and their impact on the project, and to develop appropriate management measures for effectively engaging stakeholders in project decision-making and execution" (PMBOK Guide, 6th edition).

Stakeholder management has been regarded as the key skills for project managers, which require strong capacity for stakeholder analysis Olander, (2007); Bourne and Walker, (2005). Identifying the purpose of a project is regarded as a very important activity and aids in the effective management of stakeholders (Cleland & Ireland, 2002). Prior to any stakeholder management process, the project manager must get a better comprehension of the activities for a specific stage like issues on cost and schedule. Moodley et"al. (2008) proved further that "setting common goals, objectives and project priorities" is significant for improving stakeholder management. The successful delivery of any project deliverables highly depends on stakeholder engagement and management (Chang et al., 2013), and the effective engagement and management of stakeholder relies on project manager's ability to identify stakeholders' expectations from the beginning to close-up (Cleland, 1999). If there is no plan for stakeholder management in projects then it creates not only the unexpected problems but also causes uncertainty to the project (Karlsen, 2002). Karlsen (2002) further emphasizes that these problems and uncertainty can contribute to project failure.

2.4.1. Project Stakeholder Conceptual Framework

Efficient stakeholder management requires specific logical and sequential strategies or frameworks to achieve its goals. Over the years, several stakeholder conceptual frameworks and strategies have been developed to help organizations effectively manage their stakeholders effectively and productively. Miles and Huberman (1994)

explained a conceptual framework as either graphically or in a narrative form depicting the main ideas to be studied together with the key factors, variables or concepts and the supposed relationship among them.

This literature will review a number of stakeholder conceptual frameworks to understand their underpinning theories.

2.4.1.1. Project Management Institution (PMI) stakeholder management framework.

Project management institute (PMI) has over the years developed several frameworks for optimizing stakeholder management in projects. These frameworks are not sacrosanct; it however serves as an effective guide to stakeholder management. The ethos of (PMI) is that projects are flexible and iterative requiring adaptability to succeed.
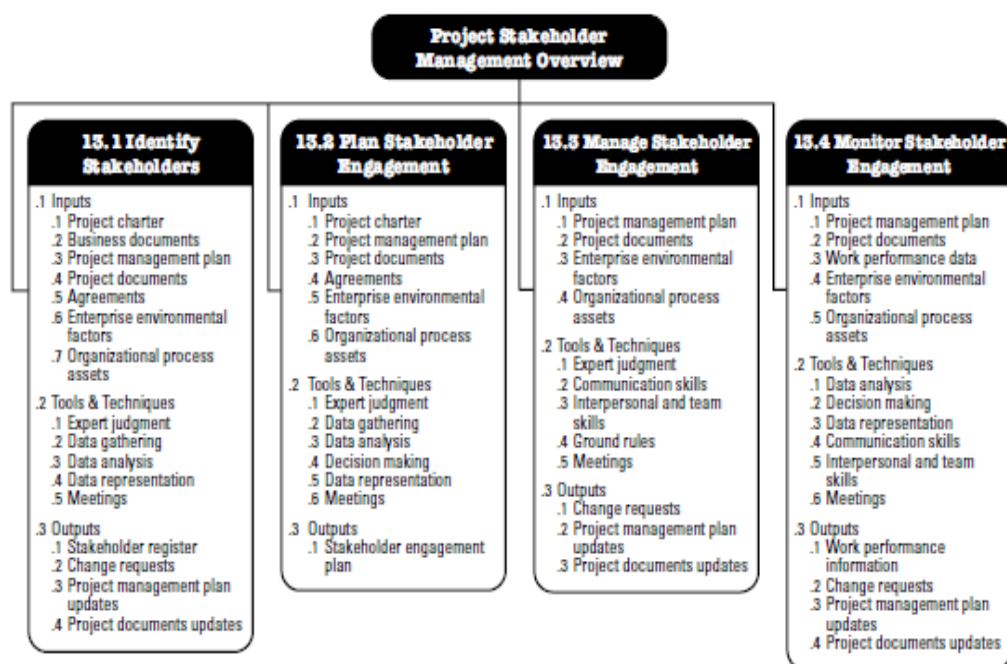
Figure 2.1 stakeholder management chart

Source: PMBOK Guide 6th edition, (2017).

The PMBOK stakeholder management chart as shown in **figure 2.1,** has been developed into 4 processes. The processes though sequential in order, its application is very agile. That is to say, any of these processes can occur at any stage of a project cycle. These conceptual frameworks or strategies have 3 basic similarities in terms of processes despite difference in approach and philosophy. They include:

1. stakeholder identification; and

2. stakeholder engagement.

2.4.2. Stakeholder Identification

Most scholars studying stakeholder management (Olander 2006; Walker et al. 2008; Jepsen & Eskerod 2008) have pointed out the significant importance of identifying stakeholders. The stakeholder identification is one of the stakeholder theory shortcomings Phillips (1997). Stakeholder identification is generally considered as the first step in stakeholder analysis (McElroy and Mills, 2000; Cleland and Ireland, 2007; Jepsen & Eskerod, 2008). Project and its stakeholders are tied in such a way that they transform necessary information, experiences and resources at start, during and end of the project (Milosevic, 1989). Project stakeholders have decisive role during each phase of the project. Some stakeholders have so much power that they can disturb, change and interfere at any time during project. Some can create a great change at any time in the project which can affect both the project and other stakeholders (Karlsen, 2002). Stakeholder on the basis of consequences also determines whether the project is successful or not (Jergeas et al. 2000). Though the project stakeholders can be divided into different types, according to various criteria in Pinto (998), the question of "who are stakeholders?" (Freeman et al. 2007) should be answered first before classifying and managing stakeholders. To assure timely verification of main stakeholders during the life cycle of any endeavour, district assemblies needs to categories a significant

stakeholder who governs the project's outcome. This appreciates the role of power as a factor to rank stakeholders' significance.

2.4.2.1. Primary and Secondary Stakeholders

Project stakeholders can be classified into primary and secondary stakeholders. Primary stakeholders are those without their direct involvement or participation, the project cannot succeed (Clarkson, 1995). Primary stakeholders include project promoters, investors, consultants, contractors, suppliers and end users. Primary stakeholders also include public stakeholders such as the government, statutory regulatory authorities who establish the appropriate legal framework within which projects can operate. Secondary stakeholders, on the other hand, have no direct impact on the project execution and are therefore not vital to its realization. They include, for example, NGOs' and special interest groups. However, though without any direct impact, they can strongly influence or impact a project (Clarkson, 1995).

Figure 2.2. typical primary and secondary stakeholder identification

Source: Clarkson, (1995)

Stakeholder identification can further be expanded by extent of claim or ownership of a project. This is one of the common indices for identifying stakeholders; their intrinsic involvement in the project including the nature of their connection with the project as

shown in **figure 2.2**. It also involves the extent of responsibility of stakeholders to the project and ultimately to which degree such behavioural patterns can be readily mapped out. In that regard, stakeholders' ca either be internal or external to project.

2.4.2.2. Internal and External Stakeholders

The description of internal and external stakeholders can be taken literally; that is, within or outside a project. (Winch &and Bonke, 2002) "describes internal stakeholders as official members of a project who consequently support the project". Though primarily different, internal and primary stakeholders are often used complementarily (Atkin & Skitmore, 2008) or business actors (Cova and Salle, 2005) in modern project management literature. Typically, internal stakeholders have contractual obligation and liabilities to a project or organisation (Winch, 2004) and are often decision makers within the project organisation (Atkin & Skitmore, 2008).

Internal stakeholders may include the following; clients, sponsors, contractors, experts, designers and suppliers (Nilsson & Fagerstrom, 2006)
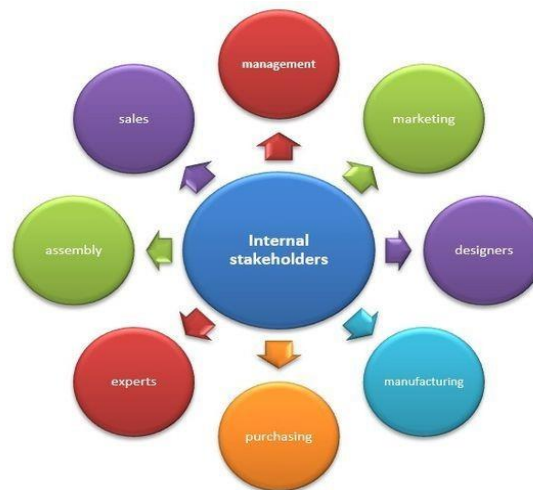
Figure 2.3 Typical internal stakeholders of an organisation

Source: Nilsson and Fagerstrom, (2006).

As depicted in **figure 2.3**; external stakeholders are the opposite of internal stakeholders in terms of direct participation on a project or organisation. Though external

stakeholders are unofficial entities of a project organisation, they may be affected or have consequential impact on the project (Cova & Salle, 2005). External stakeholders may exist in private and public sectors including; local communities, community-based organisations, religious and traditional rulers, faith-based organisations and activists as in private stakeholders; and regulatory agencies, local government commissioners and local government agencies as in public sector stakeholders. External stakeholders though secondary to internal stakeholders' exercise direct statutory and legal authority over the project by statute or customary law.

2.4.3. Factor to enhance stakeholder management

A study conducted by El-Gohary et al. (2006) indicated that, the processes involved in stakeholder management has an effect on the results of a project. Therefore, the process of stakeholder management has been seen as a critical activity in project management in recent times. Consequently, the mere identification of project stakeholders is no long sufficient, however, it is significant to effectively manage stakeholders so as to ensure the success of projects (Zou, 2012). According to Aaltonen (2010), the expections of stakeholders are very high, therefore, project managers must develop appropriate tools to effectively manage their expectations. Thus, the need to develop an effective stakeholder engagement strategy. Notwithstanding, without appropriate identification and classification of stakeholders, no meaningful stakeholder engagement can reasonably be undertaken.

The Project Management Institution (PMI) guide (PMBOK Guide 6th edition, 2017) describes stakeholder engagement as crafted strategies of involving project stakeholders on the basis of their needs, interest, expectations and potential impact on the project; as shown in **figure 2.4**. These stakeholder attributes provide the basis

developing actionable plans in anticipation of those stakeholder attributes (PMBOK Guide 6th edition, 2017).

Plan Stakeholder Engagement

Inputs	Tools & Techniques	Outputs
.1 Project charter	.1 Expert judgment	.1 Stakeholder engagement
.2 Project management plan	.2 Data gathering	plan
• Resource management plan	• Benchmarking	
• Communications	.3 Data analysis	
management plan	• Assumption and constraint	
• Risk management plan	analysis	
.3 Project documents	• Root cause analysis	
• Assumption log	.4 Decision making	
• Change log	• Prioritization/ranking	
• Issue log	.5 Data representation	
• Project schedule	• Mind mapping	
• Risk register	• Stakeholder engagement	
• Stakeholder register	assessment matrix	
.4 Agreements	.6 Meetings	
.5 Enterprise environmental		
factors		
.6 Organizational process assets		

Figure 2.4: Typical stakeholder engagement plan

Source: PMBOK Guide 6th edition, (2017).

A very important aspect of stakeholder engagement process is to assess the influence level of the stakeholders and their probable view of the project (Olander, 2007). Strategic project management ensures that, conflicts are eradicated among stakeholders consequently encouraging support between stakeholders. Kivits (2013), cited by Ekung et al. (2014) indicated that, the stakeholder salience describes the engagement approach to adopt.

Ekung et al. (2014), opined that, forming alliance with stakeholders is important to ensure that the needs of the stakeholder are met. Buckley (2012), alluded that, the factors that can enhance stakeholder engagement process includes trust, teamwork, understanding and respect. According to Ekung et al. (2014), there are three (3) basic levels of stakeholder engagement and they include;

1. Provision of information aimed at ensuring that stakeholders are updated on project progress;

2. Establishment of a two-way path interaction which includes information release and listening to obtain feedback

3. There must a relationship which is based on alliance with stakeholders and embraces information disclosure and cooperation with stakeholders.

2.5 WAYS TO IMPROVE STAKEHOLDER MANAGEMENT

Project management demands strategies in handling and managing the several stakeholders. Knowledge about stakeholder's interest is vital in the establishment of stakeholder management strategies. According to Jawahar and McLaughlin (2001) the construction industry demands different strategies so as to manage the several types stakeholder. This requires a project manager to analyse and focus on only one stakeholder at each stage of the project's lifecycle. A construction project should in actual sense engage and inform stakeholders who are in active support of the project's objectives and outcomes. There are some recommendations Tasmanian Government (2005) that need to be tactically followed to achieve and sustain stakeholder commitment.

The early stage of the project calls definition calls for the active participation of all stakeholders who can be influenced and influence the project. Also, legitimize the project manager's action in the realization of the project's benefits and outcomes. Creditability and trust should be stimulated by establishing good personal relationships, illustrating that project actions are being seriously driven by the stakeholders' needs, using consultant's recommendations or the established formal methodologies to support the project and involving senior executives as project champions in lending the

project authority. Furthermore, implement early communication and persuasion. The communication strategy should appreciate stakeholders' differences and cater for their requirements.

According to Manowong and Ogunlana (2006), adequate communication about the project to external stakeholders creates a level of satisfaction for them. There should be effort by project managers to acknowledge the essence of the project to all related stakeholders through every means so as to ensure satisfaction of all parties. Early acknowledgement of Stakeholders' expectations helps in fulfilment and satisfaction. Keeping key stakeholders updated on project information and in decision-making is useful approach in satisfying project stakeholders especially project that has an influence on the public. Olander and Landin (2005) stated that the use of open and effective communication with the use of media with the affected stakeholders is also a vital strategic in satisfying the people with necessary information. The right management techniques help in managing and preventing conflict so as to help encourage the commitment and to ensure the satisfaction of stakeholders.

2.6 HEALTHCARE INFRASTRUCTURE IN GHANA

2.6.1. Overview of health sector in Ghana.

In Ghana, healthcare systems come under the administration of Ministry of Health (MOH) and the Ghana Health Service (GHS). Until the mid- nineties, the Ministry of Health (MOH) was solely responsible for drafting policies, implementation and subsequent evaluation as well as manage human capital require to facilitate the operations of health services.

In 1996, by Act of parliament, Act 525 was passed to establish the Ghana Health Service (GHS) as the implementing entity for services rendered by the public health

centre (DHS, 2014). Under this Act, Ministry of Health (MOH) exercises general oversight responsibilities including policy direction, financing monitoring and evaluation.

2.6.2. types of healthcare infrastructure in Ghana

Ghana has a '4 tier' health infrastructure facility hierarchy depending on socio-economic, geographical and demographical factors. These healthcare facilities include Health Centres, District Hospitals, Regional Hospitals and Teaching Hospitals.

Health centres is the most basic form of healthcare facilities in Ghana and is usually the first point of call for primary healthcare; typically, in rural area of Ghana. The district hospital is the first point for clinical care in Ghana health infrastructure delivery system. A typical district hospital serves a population between 100,000 and 200,000 with a bedding capacity from 40 to 120 beds. The third tier is the regional hospital which forms the secondary point of call for patients from District hospitals. A Regional hospital generally serves a geographical area of approximately 1.2 million inhabitants. It is the primary referral point for District hospitals with a bedding capacity of 150 to 200 beds. The pinnacle of all healthcare infrastructure facilities in Ghana is the Teaching Hospital; it the premiere referral point for all hospitals in Ghana and often involves highly complex services.

TABLES 2.1 and 2.2 respectively gives indication of healthcare infrastructure distribution in all regions and their bedding capacity.

TABLES 2.1; indication of healthcare infrastructure distribution in all regions.

Region	CHPS	Clinic	District Hospital	Health Centre	Hospital	Maternity Home	Mines	Polyclinic	Psychiatric Hospital
Ashanti	1122	149	25	164	128	69	1	1	0
Brong Ahafo	665	74	20	131	19	39	0	4	0
Central	364	78	12	75	17	36	0	3	1
Eastern	747	81	18	131	18	29	0	3	0
Greater Accra	498	322	8	40	99	104	0	14	2
Northern	459	57	17	105	16	8	0	5	0
Upper East	255	46	6	55	4	2	0	0	0
Upper West	256	13	1	71	11	5	0	4	0
Volta	454	44	17	154	11	14	0	4	0
Western	601	134	16	78	34	40	10	0	0
National	5421	998	140	1004	357	346	11	38	3

Source; Ghana Health Service (DHIMS2)

TABLE 2.2; indication of healthcare infrastructure bedding capacity in all regions.

Organisation unit	CHAG	Government	Private	Quasi-Government	Total	% by Region
Ashanti	1274	1543	879	0	3696	15.5105
Brong Ahafo	1611	973	366	0	2950	12.3799
Central	491	1357	232	0	2080	8.72886
Eastern	895	1816	1017	0	3728	15.6448
Greater Accra	68	1882	99	0	2049	8.59877
Northern	394	1452	0	0	1846	7.74686
Upper East	388	925	50	0	1363	5.71992
Upper West	404	629	0	0	1033	4.33505
Volta	875	1500	60	0	2435	10.2186
Western	580	1487	478	104	2649	11.1167
Ghana	6980	13564	3181	104	23829	100
% by Ownership	29.292	56.9222	13.3493	0.43644	100	

Source; Ghana Health Service (DHIMS2)

2.7 CONCEPT OF DECENTRALISATION IN LOCAL GOVERNANCE

In Ghana, the local government structure was administered under the Local Government Act (Act 462) until recently. In 2016, Local Governance Act was passed to replace Act 462 to further deepen the concept of decentralisation in Ghana's local governance. Demographically, according to (World Bank Report, 2016), rural-district Ghana amounts to 45.3% of Ghana's total population. It is for this reason that greater attention should be given to the impact of stakeholder management at rural municipal and district level in public health infrastructure projects which takes care of this rural populace. Ghana currently has a total number of 216 MMDAs'. In 2019, by constitutional instrument (CI), an additional six regions were created to further deepen

decentralization. The concept of decentralization as depicted in **figure 2.5** below, is to enhance stakeholder interaction at lowest level in Ghana's governance structure.
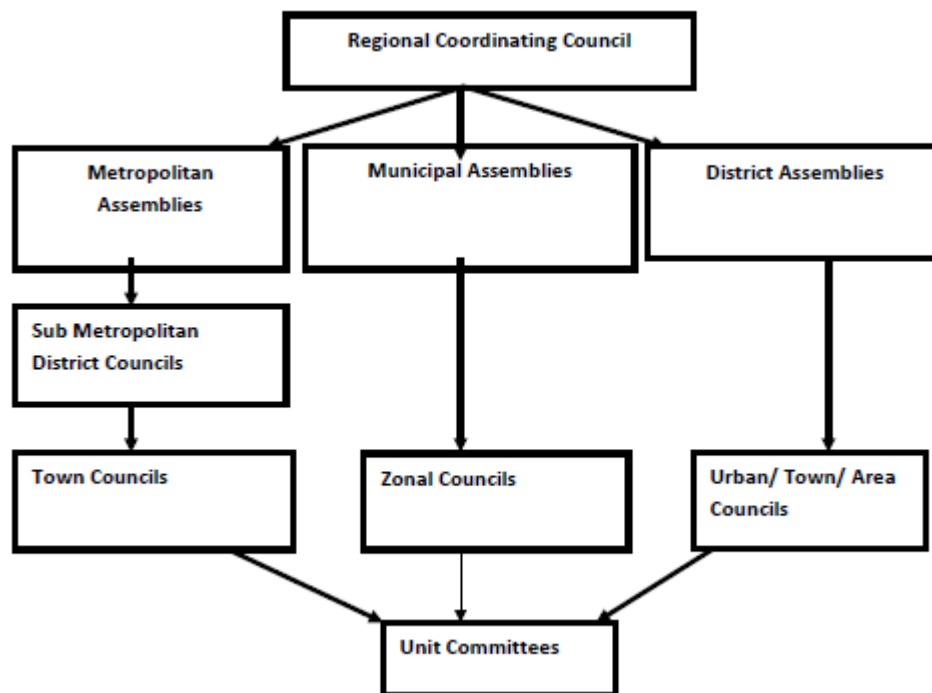
Figure 2.5 Organisational structure of Ghana's Local Government system.

Source; ILGS (2008) Introduction to Ghana's Local Government system

Critical to the success of decentralisation is the degree of public and stakeholder participation in decision making at the local level. The mode for engaging the general public and stakeholders is enshrined in Ghana constitution. They include town hall meetings, public education campaigns and faith-base and community-based group meetings to address specific needs of primary and secondary stakeholders. Typically, governmental stakeholders at the assembly level include the following:

1. Assemblies;

2. Members of Parliament;

3. National Association of Local Authorities; and

4. District Assembly Common Fund Secretariat (DACF).

Non-governmental stakeholders include:

1. Traditional leaders;

2. Faith-Based Organisation (FBO);

3. Community-Based Organisations (CBO);

4. Civil Society Organisations; and

5. Non- Governmental Organisation (NGO).

2.8 CHAPTER SUMMARY

The review begun with the theory of stakeholder. From the theory, it was realized that, stakeholders are those groups who can affect or is affected by the achievement of the firm 'so objectives. Subsequently, the concept of project management was reviewed. This involved the review on the conceptual framework of project stakeholders, a description of internal and external stakeholders and factors to enhance stakeholder management. From the review, it was observed that, to further enhance the effective engagement of stakeholders, it is imperative to form project alliance with the stakeholders as a significant measure in the stakeholder needs pyramid. Key factors during stakeholder engagement processes must include trust, teamwork, understanding, and respect (Buckley, 2012). This ensures that stakeholder engagement is tailored towards interest resolution on a mutual rostrum. The final aspect of the review under stakeholder management concentrated on ways to improve stakeholder management. From the review, it was realized that, the construction industry demands different strategies so as to manage the several types stakeholder. This requires a project manager to analyse and focus on only one stakeholder at each stage of the project's lifecycle. A construction project should in actual sense engage and inform stakeholders who are in active support of the project's objectives and outcomes.

The literature review also captured the basic hierarchy as well as systems of healthcare infrastructure delivery in Ghana. Available literature portrayed a basic lack of adequate infrastructure particularly at the district level.

Finally, the review sought to shed light on the concept of local governance and decentralisation policy in Ghana. It was realized that lack of stakeholder engagement was inimical to the success of projects at the local level.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the research methodology adopted for the study to enable the researcher to achieve its aim and objectives. It includes the approach and philosophy underpinning this research. The chapter presents the study population and sample size as well as the sampling technique adopted. It also deals with the methods used to analyse the data gathered. The chapter also deals with the presentation of data gathered, instruments for data collection and sources of data, as well as scope and limitations of the methodology.

3.2 RESEARCH DESIGN

Research design describes the plan the guides a study (Adams & Schvaneveldt, 1985). Research design incorporates the process of organizing, collecting and analysing of data. Knowledge from literature review creates the need to outline the specific research strategies and approaches, time lines and data collection and analysis modes. The research onion by Saunders et al. (2007) details out the various processes needed the achieve objectives of a research. Figure 3.1 presents the research onion. The research design adopted for the study was the "case study" research design. This was deemed most suitable for the study as it is aimed at assessing the stakeholder management in specific district and municipal assemblies in the Ashanti region of Ghana in healthcare infrastructure development in Ghana.
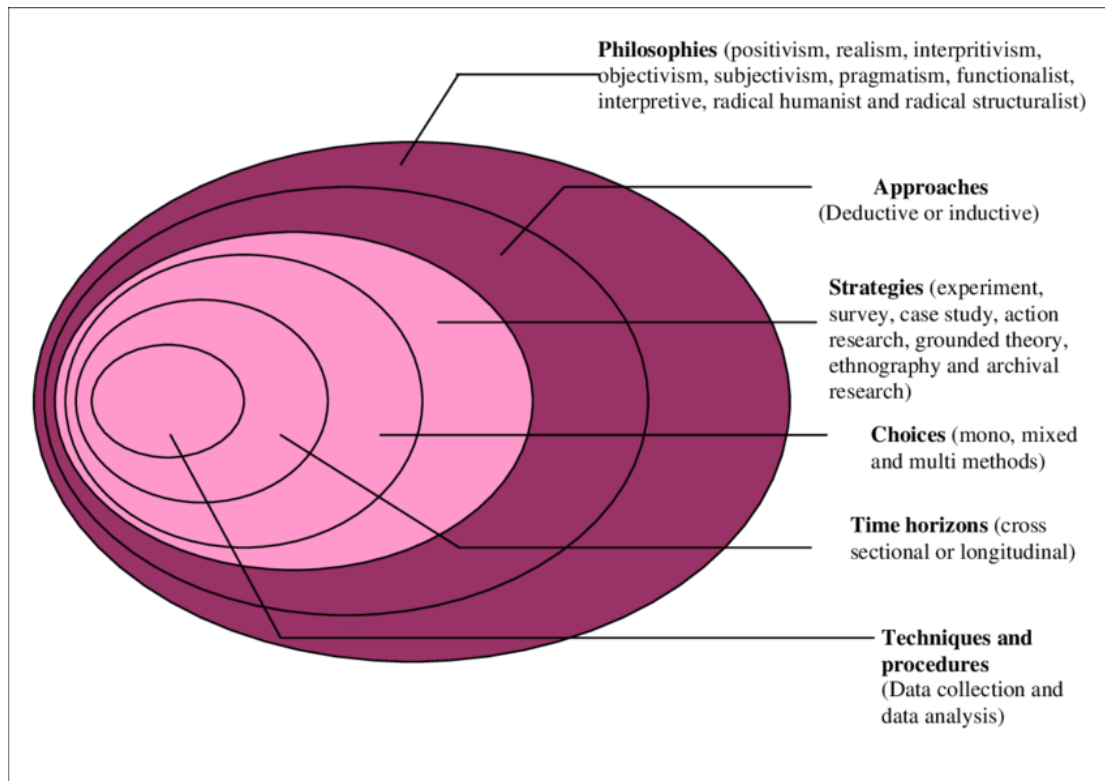
Figure 3.1 Research Onion

Source: Saunders et al., (2007)

3.3 RESEARCH PHILOSOPHIES AND APPROACHES

Every research has an aim and set of objectives thriving on to add unto the body of knowledge. As a researcher, stating a knowledge claim means stating certain assumptions regarding how the researcher will learn and what they will find during the enquiry (Creswell, 2003). These claims might be called paradigms (Lincoln & Guba, 2000); philosophical assumptions; epistemologies and ontologies (Crotty, 1998) or a broadly conceived research methodology.

This research seeks knowledge and experience on specific issues from respondents from municipal and district assembles regarding healthcare infrastructure delivery. The prime objective of the research is to study the knowledge base of municipal and district assemblies in stakeholder management, identify gaps and propose measures to improve

stakeholder management in healthcare infrastructure delivery. This requires pragmatism as a philosophical approach to obtain the needed results for this research.

Pragmatism is primarily concerned with application of 'what works' and solutions to problems (Patton, 1990). It is as such most conducive for the research topic philosophically. It adopts mixed method studies, (Tashakkori & Teddlie, 1998) and (Patton, 1990) to convey the significance for focusing lenses on research problems in social science issues using pluralist approach to ascertain the knowledge underpinning a problem (Creswell, 2003).

The research philosophy also required further strategy of enquiry (Creswell, 1998) that explains specific pathways for procedures in a research design. In that regard, both qualitative and quantitative strategies otherwise known as mixed method was used for this research. Quantitative methods will include measuring attitudes and ranking opinions of respondents from municipal and district assemblies; while qualitative method will include field observations and interviews at various municipal and district assemblies.

Finally, a case study approach will be employed to narrow the research scope specific to selected municipal and district assemblies in the Ashanti region; using deductive method for data collection, analysis and validation.

3.4 POPULATION AND SAMPLING

The case research covers selected municipal and district assemblies in the Ashanti region. The current population of the Ashanti region constitutes 19.4% of Ghana's total population (according to census figure, 2011). It is the largest region and accounts for the largest number of (MMDAs'); 30 in all. The research is based on a case study of 4 randomly selected assemblies in the Ashanti region including 2

municipal assemblies in Atwima Nwabiagya and Kwadaso municipal assemblies; and 2 district assemblies in Bosomtwi and Atwima Kwanwoma district assemblies.

The research work targeted administrative and professional staff in four (4) municipal and district assemblies in the Ashanti region; who had experiential knowledge on the research topic. The total number of targeted administrative and professional staff added up to forty (40). In view of the small population size of forty (40), the entire population was used as the sample size using population census strategy. The questionnaires were submitted to the entire population size of forty (40) individuals. The questionnaires were distributed equally among the selected municipal and district assemblies. Table 3.1 shows a summary of the composition of the selection. From Table 3.1, there were forty (40) estimated respondents in all representing the population and the sample size simultaneously. In total, forty (40) questionnaires were distributed and thirty-eight (38) were retrieved representing a response rate of 95%.

Table 3.1: Study respondents

NO.	SELECTED ASSEMBLY	NUMBER
Bosomtwi and Atwima Kwanwoma District Assemblies		
1	District Chief Executive (DCE)	2
2	District Coordinating Director (DCD)	2
3	District Development Planning Officer (DDPO)	2
4	District Director of Health (DDH) *District Health Inspector (DHI)*	2
5	District Procurement officer (DPO)	2
6	District Works Engineer (DWE) • *Principal Technical Engineer* • *Senior Technical Engineer* • *Technical Engineer*	6

7	District Human Resource Officer (DHRO)	2
8	District Community Development Officer (DCDO)	2
	TOTAL	**20**
Atwima Nwabiagya and Kwadaso Municipal Assemblies		
1	Municipal Chief Executive (MCE)	2
2	Municipal Coordinating Director (MCD)	2
3	Municipal Development Planning Officer (MDPO)	2
4	Municipal Director of Health (MDH) *Municipal Health Inspector (MHI)*	2
5	Municipal Procurement officer (MPO)	2
6	Municipal Works Engineer (MWE) • *Principal Technical Engineer* • *Senior Technical Engineer* • *Technical Engineer*	6
7	Municipal Human Resource Officer (MHRO)	2
8	Municipal Community Development Officer (MCDO)	2
	TOTAL	**20**

Source: Author's construct, (2019).

3.5. DATA COLLECTION

The data was collected using close-ended questionnaire and open-ended interviews and observations to enquire the views of administrators and professional at the selected assemblies in Ashanti region on the various modules and workings of municipal and district assemblies as stakeholders on healthcare infrastructure projects. This method thus enabled the researcher to use smaller groups of people to make inferences about larger groups which was prohibitively expensive to study (Holton & Burnett, 1997).

3.5.1 Primary and Secondary Data

The process of data gathering is a very significant tool in research studies. Furthermore, (Bernard, 2002), indicated that, to better understand the theoretical background of a study, data gathering is very significant. Hence the significance of selecting an

appropriate method of data gathering cannot be over-emphasized (Tongco, 2007). There are two (2) forms of data used for research studies. They include primary and secondary data.

3.5.1.1 Primary Data

Primary data collected was essentially in the form of a social survey where close ended questionnaires were submitted to respondents to elicit their opinion. Basically, primary sources of data were gathered for this research. Primary data are data that were previously unknown and which have been obtained directly by the researcher for a particular research project (Currie, 2005).

Respondents included administrators and professional in the selected municipal district assemblies with insight on the research topic.

3.5.2 Questionnaire Design

A detailed survey questionnaire was designed and developed on the basis of a comprehensive literature review in the research area. The questionnaires conducted consisted of closed-ended whilst making provision for space to cater for respondents to add where applicable, supplementary data.

A Likert scale of 5-point was used since it was deemed to be an excellent method of measuring the attitude of respondents towards an attribute. The 5-point Likert scale measuring from '1' (Strongly Disagree) to '5' (Strongly Agree) was adopted. According to Yin (2003), the Likert scale is easy to use and also decreases doubt, misunderstanding and error.

The questionnaire was structured into five (4) main sections, which includes the following; Section 'A', examined the respondents 'background or personal information such as highest educational qualification, years of practice, professional affiliations and

involvement in building construction projects as well as the district of practice. These questions were included in order to assess each respondents' educational and professional capacity with respect to Healthcare infrastructure delivery.

Section 'B' requires respondents to rank the identification of key stakeholders as well as rank predetermined ways or strategies of engaging stakeholders in each of the 4 selected assemblies. They were expected to use a **5-point** Likert scale rank the influence of each determinant from 1 – strongly agree to 5 – strongly disagree. Additional, allocation was given to respondents to add any other determinant deemed supplementary and also rank them using the same **5-point** Likert scale.

Section 'C' required respondents to rank some predetermined factors that influence stakeholder management in healthcare infrastructure delivery in each of the selected municipal and district assemblies. They were expected to use a **5-point** Likert scale rank the influence of each determinant from 1 – strongly agree to 5 – strongly disagree. Additional, allocation was given to respondents to add any other determinant deemed supplementary and also rank them using the same **5-point** Likert scale.

Section 'D' sought the respondents' opinion on possible measures to improve healthcare infrastructure delivery in the selected assemblies. Proposed measures were ranked using a **5-point** Likert scale rank the importance of these measures to mitigate bottlenecks in healthcare infrastructure from 1 – strongly agree to 5 – strongly disagree. Additional, allocation was given to respondents to add any other determinant deemed supplementary and also rank them using the same **5-point** Likert scale.

3.6. DATA ANALYSIS

According to Strydom et al. (2005) as cited by Umar and Khamidi (2012) data analysis is simply a means of finding answers by way of interpreting the data gathered, then

further stated that to interpret is also simply to explain and find meaning. In pursuant of the data analysis stage, two (2) data analysis strategies were employed namely; descriptive statistics and mean scores in conjunction with standard deviation. Mean Score simply refers to average and it is a highly effective tool for quantifying the most repeated index in a stream of data. The Statistical Package for Social Science (SPSS) software version 20 was used to analyse the above data analysis strategies. Descriptive statistical analysis factors like frequency tables, and percentages were also generated to describe the data obtained on the field.

3.7 ETHICAL CONSIDERATIONS

Informed consent: The researcher ensured to provide all relevant information about the research that participants needed to know which included the purpose and aim of the research as well as what is expected of them during the data collection process. No form of deception was used during the process.

Anonymity and confidentiality: To ensure anonymity, respondents were not required to provide any form of identification such as their name, the name of their firm or address. All responses were duly kept confidential and used only for the purpose of this research. Presented findings were solely as a result of the objective analysis of the data gathered.

3.8 CHAPTER SUMMARY

This chapter presented an overview of the research methodology with regards to the appropriate application of the research design or approach, sample technique and procedures in dealing with the research problem. A Pragmatic Philosophical Approach was adopted; taking advantages from both Quantitative and Qualitative methods. Thus providing a wide spectrum of research strategies to best facilitate the research findings and discussion. The purpose of this form of research approach was to provide a better

understanding of the research problem. A variety of analytical techniques were also employed to aid in the analysis of the various data that was collected the structured questionnaire administered. The chapter preceding this chapter will present the analysis and findings of the research.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

This section analyzes and discuss data collected from the respondents. The analysis was done based on the three (3) objectives of the study which were to identify ways of stakeholder engagement in municipal and district assemblies in the delivery of healthcare infrastructure projects, to identify factors that affect stakeholder management in healthcare infrastructure delivery in municipal and district assemblies; and to propose measures to improve stakeholder management in municipal and district assemblies in healthcare infrastructure delivery in Ghana. The data collected was categorized into two (2) parts. The first part was directed to two (2) district assemblies whiles the second part was directed to two (2) municipal assemblies. With the District Assemblies, 20 questionnaires were distributed and all were retrieved whiles for the municipal assembly, 18 were retrieved out of the 20.

The data analysis was done using frequencies and mean score ranking in conjunction with standard deviation. The frequencies were used to analyse the background of respondents and presented in the form of tables while the mean score ranking was used to analyse the three (3) objectives of the study. The data were presented using tables.

4.2 BACKGROUND OF THE RESPONDENTS

Ascertaining the demographic features of a population is crucial for every study. For this study, the respondents were asked to indicate their highest level of education, level of experience, type of projects they supervise and their level of knowledge in s stakeholder management. Table 4.1 shows a summary of the results.

4.2.1 Academic qualification

The respondents were asked to indication their highest level of academic qualification. This question was significant in ascertaining the academic knowledge attained by the respondents. From the results, it was realized that, none of the respondents had a doctorate degree in the District Assembly however, one (1) respondent had a doctorate degree in the Municipal assembly. Generally, the respondents in the Municipal Assembly had higher academic qualification than that of the District Assembly

4.2.2 Level of experience

The respondents were further asked to indicated their level of experience. This question aided the researcher in ascertaining the level of familiarity the respondents were with the systems of the department. In the District Assemblies, most of the respondents has between 11-15 years of experience whiles for the Municipal Assemblies, the majority had between 5-10 years of experience. In general, the level of experience of the respondents in the District Assembly were higher than that of the Municipal Assembly.

4.2.3 Project undertaken

The respondents were also asked to indicate the type of projects they are involved in their assembly. The options given were civil, building works and both. Majority of the respondents for both the District and Municipal Assemblies were all involved in building works. However, none of the respondents for the District Assemblies indicated civil projects whiles six (6) indicated civil projects for municipal assemblies.

4.2.4 Knowledge in stakeholder management

The respondents were asked to finally indicate their level of knowledge in stakeholder management. This was essential in assessing the reliability of the responses given by the respondents. Based on the responses, the District Assemblies had a generally higher knowledge in stakeholder management compared to that of the Municipal Assemblies.

Table 4.1: Background of the respondents

DESCRIPTION	DISTRICT ASSEMBLY	MUNICIPAL ASSEMBLY
	FREQUENCY	FREQUENCY
Educational level		
HND	5	0
BSC	9	10
Masters	6	7
Doctorate	0	1
Experience level		
Less than 5 years	0	1
5-10 years	3	10
11-15 years	8	1
16-20 years	7	4
Above 20 years	2	2
Projects undertaken		
Civil	0	6
Building works	16	8
Both	4	4
Stakeholder management knowledge		
Low	0	9
Medium	11	6
High	9	3

Source: Field survey, (2019).

4.3 MEAN SCORE RANKING

The mean score ranking technique was used to analyze the three (3) objectives of the study. The mean scores were calculated based on the formula M= $\frac{\sum s}{n}$ (Cheung and Chan, 2011). Where "M", depicts the mean score, "s" is the respondents' score based on a five-point Likert scale, and "n" is the total number of respondents. However, the SPSS was used in establishing the mean values and standard deviation values. The standard deviation gives an indication of the level of variability between the responses.

Standard deviation values above 1 depicts higher variation whiles below 1 depicts lower variability. Table, 4.2,4.3,4.4 and 4.5 shows a summary of the results.

4.3.1 Stakeholders in healthcare

With the objective one, the respondents were asked to rate their level of agreement on identification of stakeholders in healthcare infrastructure delivery and ways of stakeholder engagement. With the first question in objective one, the respondents were asked to rate their level of agreement on identification of stakeholders in healthcare infrastructure delivery using a Likert scale of 1= Strongly agree, 2= Agree, 3= Fairly agree, 4= Disagree, 5= Strongly disagree. The responses were analysed using mean score ranking conjunction with standard deviation. The summary of the responses is shown in Table 4.2

From the responses, M/D physical planning officer was rated as the most significant stakeholder among the District Assemblies respondents followed by M/D coordinating director and M/D chief executive. However, among the Municipal Assemblies respondents, M/D Works Department was ranked first followed by M/D works engineer and M/D Health Directorate. Hence. there was a significant difference in the opinions between District Assemblies and Municipal Assemblies.

Table 4.2: Mean scores of stakeholders in healthcare infrastructure delivery

DESCRIPTION	DISTRICT ASSEMBLY		MUNICIPAL ASSEMBLY	
	MEAN	ST. D	MEAN	ST. D
Municipal and District (M/D) assembly officers				
M/D chief executive	1.30	0.657	1.28	0.575
M/D coordinating director	1.30	0.470	1.33	0.485
M/D development planning officer	1.45	0.826	1.56	0.705
M/D physical planning officer	1.15	0.489	1.50	0.514
M/D director of health	1.40	0.681	1.39	0.502
M/D health inspector	1.70	1.261	1.61	0.916
M/D procurement officer	1.45	0.826	1.61	0.778

M/D works engineer	2.00	1.338	1.22	0.428
M/D Principal technical engineer	1.95	0.999	2.06	0.725
M/D community development officer	2.60	1.569	2.33	0.840
M/D human resource officer	2.00	1.556	2.56	0.922
Municipal and District (M/D) Assembly Departments				
M/D Central Administration Assembly	1.60	1.231	1.39	0.608
M/D Health Directorate	1.60	1.046	1.22	0.548
M/D Works Department	1.55	0.826	1.17	0.383
M/D Town and Country Planning Department	2.20	1.399	1.56	0.705
Stool Lands Administration	2.10	1.021	2.44	1.097
Department of Social Welfare	1.85	0.875	2.28	0.895
Environmental Health and Sanitation Department	2.15	1.226	1.61	0.778
District Governmental Agencies (external stakeholders)				
Ghana Fire Service	2.20	1.240	1.94	0.802
Environmental Protection Agency	2.35	1.268	2.06	1.056
Electricity Company of Ghana (ECG)	2.35	1.268	1.94	0.802
Ghana water and sewerage corporation (GWSC)	1.95	1.050	1.94	0.725
Community Leaders (external stakeholders)				
Member of Parliament	2.00	1.124	1.44	0.705
Traditional Leaders (Chiefs)	1.85	0.875	1.39	0.608
Assembly Members	1.95	0.945	1.33	0.594

Source: Field survey, (2019).

4.3.2 Stakeholders engagement

With the second question in objective two (2), the respondents were asked to rate the

significance of the methods used for stakeholder engagement using a five-point Likert

scale of 1 = extremely low significance; 2 = very low significance; 3 = Moderate

significance; 4 = Very significant; 5 = extremely significant. Similarly, their responses

were analyzed using mean score ranking and standard deviation and the results are summarized in table 4.3.

From the results, it was realized that, the most significant method in stakeholder engagement among District Assemblies were consult stakeholders who are most affected by the healthcare project, followed by Institute effective stakeholder engagement plan and Identify initial stakeholders. Similar outcome was realized for the municipal assemblies as the relative significance of the variables were very close.

Most scholars studying stakeholder management (Olander 2006; Jepsen & Eskerod; 2008) have pointed out the significant importance of identifying stakeholders. The stakeholder identification is one of the stakeholder theory shortcomings Phillips (1997). Stakeholder identification is generally considered as the first step in stakeholder analysis (McElroy & Mills, 2000). Project and its stakeholders are tied in such a way that they transform necessary information, experiences and resources at start, during and end of the project (Milosevic, 1989).

Generally, it can be realized that, the standard deviations of the factors were above 1 depicting high variability. This can be attributed to the generally difference in opinion among the significance of the stakeholder engagement methods. There are individual opinions on which stakeholder engagement method is most appropriate, hence the high variability in responses.

Table 4.3: Mean scores of stakeholder engagement methods

DESCRIPTION	DISTRICT ASSEMBLY		MUNICIPAL ASSEMBLY	
	MEAN	ST. D	MEAN	ST. D
Engagement should start immediately after a healthcare project is identified	2.40	1.392	3.17	1.689
Identify initial stakeholders	3.10	1.252	3.28	1.602
Institute effective stakeholder engagement plan	3.20	1.361	3.50	1.543
Consult stakeholders who are most affected by the healthcare project	3.50	1.318	3.44	1.464
Ensure involvement of experts with previous experience in healthcare infrastructure	3.00	1.124	3.44	1.464
Continuously review stakeholder community	2.60	1.046	3.11	1.641
Use effective communication tools such as town hall, meetings, focus group meetings and workshops	2.90	1.483	3.28	1.809
Focus on continuous communication with stakeholders	2.65	1.137	3.33	1.609
Identify potential risk in stakeholder engagement as early as possible	2.45	1.468	3.44	1.464
Establish appropriate communication channels	2.85	1.089	3.39	1.539
Continuously build trust and understanding	2.95	1.146	3.22	1.555

Source: Field survey, (2019).

4.3.3 Factors that affect Stakeholder management

With the second objective, the respondents were asked to indicate their level of agreement on the factors that influence stakeholder management on projects using a five-point Likert scale of 1= Strongly agree, 2= Agree, 3= Fairly agree, 4= Disagree, 5= Strongly disagree. Fifteen (15) variables were identified and the data was analysed using mean score ranking in conjunction with standard deviation. The summary of the results is shown in table 4.4.

Table 4.4: Mean scores of factors that influence stakeholder management

DESCRIPTION	DISTRICT ASSEMBLY		MUNICIPAL ASSEMBLY	
	MEAN	ST. D	MEAN	ST. D
Team Work	2.10	1.744	1.72	1.274
Managing stakeholders with social responsibilities	2.05	0.945	1.89	0.832
Project Manager competences	2.20	1.152	1.67	1.138
Project Organizational structure	2.00	1.170	1.67	0.970
Formulating a clear project mission statement	1.95	1.050	1.78	1.114
Proper identification of project stakeholders	1.95	1.356	1.67	0.970
Stakeholder attributes assessment	1.85	0.988	2.06	1.162
Evaluating stakeholder legitimacy	2.30	1.081	2.06	1.211
Keeping and promoting good relationships	1.95	0.945	2.11	1.023
Formulating strategies to manage stakeholders	1.80	0.696	1.89	1.132
Predicting stakeholder's reaction	1.90	0.912	2.17	1.150
Stakeholder involvement in decision making	1.85	0.988	2.00	1.188
Maintaining alignment within stakeholders	2.15	0.933	1.89	0.758
Communicating with stakeholders frequently	1.75	0.967	2.00	0.970
Good leadership	1.65	0.933	1.78	1.114

Source: Field survey, (2019).

From the analysis, it was realized that, good leadership was ranked as the factor that influence stakeholder management the most among District Assemblies, however, proper identification of project stakeholders was ranked as the most significant among the Municipal assemblies. A study conducted by El-Gohary et al. (2006) indicated that, the processes involved in stakeholder management has an effect on the results of a project. Therefore, the process of stakeholder management has been seen as a critical activity in project management in recent times. Notwithstanding, without appropriate identification and classification of stakeholders, no meaningful stakeholder engagement can reasonably be undertaken.

Furthermore, Buckley (2012), opined that the significant factors that enhance stakeholder engagement are trust, teamwork, understanding and respect.

These are the typical traits of a good leader. Hence, good leadership ultimately is a significant way to enhance stakeholder management and thus ranked as most significant by the District Assembly respondents. Also, communication with stakeholders frequently was ranked second by the District Assembly respondents whiles the organizational structure of the firms was deemed by the Municipal Assemblies as the second significant factor. Communication is of key importance to stakeholder management, but if the organizational structure is not favourable to stakeholder management, the whole process will be defeated. Olander and Landin (2005) stated that the use of open and effective communication with the use of media with the affected stakeholders is also a vital strategic in satisfying the people with necessary information.

4.3.4 Measures to improve stakeholder management

With the third objective, the respondents were asked to rate the significance of the strategies to improve stakeholder management using a five-point Likert scale of 1 = extremely low significance; 2 = very low significance; 3 = Moderate significance;

4 = Very significant; 5 = extremely significant. Table 4.5 shows a summary of the responses.

Table 4.5: Mean scores of measures to improve stakeholder management

DESCRIPTION	DISTRICT ASSEMBLY		MUNICIPAL ASSEMBLY	
	MEAN	ST. D	MEAN	ST. D
Value the contributions of expertise and time of stakeholders	3.65	1.348	4.06	0.938
Stakeholder management should be characterized by active listening, cultural and political awareness and leadership	2.95	1.276	4.17	0.707
Continuously strengthen relationship with stakeholders to build mutual trust and respect	3.60	1.314	4.17	0.618
Stakeholder management plans should be reviewed and updated regularly	3.35	1.496	4.00	0.907
Increase professional capacity of municipal and district officers	3.64	1.496	4.00	0.907
Continuous stakeholder management training and education	3.35	1.040	3.89	0.963
Developing specific stakeholder strategy peculiar to the needs of your municipal or district assembly	3.60	1.392	4.17	1.043
Increased financial and political autonomy of municipal and district assemblies	2.95	1.191	3.83	1.098

From the analysis, it was realized that, the most significant strategy among District Assembly respondents to improve stakeholder management was the value the contributions of expertise and time of stakeholders followed by increase professional capacity of municipal and district officers. However, among Municipal Assembly respondents, continuously strengthen relationship with stakeholders to build mutual trust and respect was ranked first followed by active listening and leadership.

The early stage of the project calls definition calls for the active participation of all stakeholders who can be influenced and influence the project. Also, legitimize the project manager's action in the realization of the project's benefits and outcomes. Credibility and trust should be stimulated by establishing good personal relationships, illustrating that project actions are being seriously driven by the stakeholders' needs, using consultant's recommendations or the established formal methodologies to support the project and involving senior executives as project champions in lending the project authority. Furthermore, implement early communication and persuasion. The communication strategy should appreciate stakeholders' differences and cater for their requirements.

SUMMARY OF CHAPTER

This chapter focused on the analysis of discussion of data collected from the respondents. The analysis was done based on the three (3) objectives of the study. The data collected was categorized into two (2) parts. The first part was directed to two (2) district assemblies whiles the second part was directed to two (2) municipal assemblies. With the District Assemblies, 20 questionnaires were distributed and all were retrieved whiles for the municipal assembly, 18 were retrieved out of the 20.

The data analysis was done using frequencies and mean score ranking in conjunction with standard deviation. The frequencies were used to analyse the background of respondents and presented in the form of tables while the mean score ranking was used to analyse the three (3) objectives of the study. The data were presented using tables. From the analysis, it was realized that, M/D physical planning officer was rated as the most significant stakeholder among the District Assemblies respondents followed by M/D coordinating director and M/D chief executive. However, among the Municipal Assemblies respondents, M/D Works Department was ranked first followed by M/D works engineer and

M/D Health Directorate. Also, it was realized that, the most significant method in stakeholder engagement among District Assemblies were consult stakeholders who are most affected by the healthcare project, followed by Institute effective stakeholder engagement plan and Identify initial stakeholders. Similar outcome was realized for the municipal assemblies as the relative significance of the variables were very close. Furthermore, it was realized that, good leadership was ranked as the factor that influence stakeholder management the most among District Assemblies, however, proper identification of project stakeholders was ranked as the most significant among the Municipal assemblies. Finally, it was realized that, the most significant strategy among District Assembly respondents was value the contributions of expertise and time of stakeholders followed by increase professional capacity of municipal and district officers. However, among Municipal Assembly respondents, continuously strengthen relationship with stakeholders to build mutual trust and respect was ranked first followed by active listening and leadership.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter provides a summary of how the aim of the study was achieved. Various stakeholder management frameworks exist however, the appropriateness of these frameworks in health infrastructure stakeholder management is not certain. There is therefore the need to study the suitability of current strategies and frameworks in health care infrastructure delivery in these areas for this research. Therefore, the study aimed at assessing the stakeholder management in district assemblies in healthcare infrastructure development in Ghana. The study had three (3) objectives which were to identify ways of stakeholder engagement in municipal and district assemblies in the delivery of healthcare infrastructure projects, to identify factors that affect stakeholder management in healthcare infrastructure delivery in municipal and district assemblies and to propose measures to improve stakeholder management in municipal and district assemblies in healthcare infrastructure delivery in Ghana. Extensive literature review was conducted based on each objective and a number of variables were identified. The study adopted a quantitative research method and thus, a structured questionnaire was developed and distributed to forty (40) respondents at the District and Municipal assembly department however, thirty-eight (38) were retrieved for the analysis. The data collected was coded and entered into the Statistical Package of Social Scientist (SPSS) version 20. The data were analyzed using mean score in conjunction with standard deviation. The summary of findings is discussed in subsequent section.

5.2 SUMMARY OF FINDINGS

This section discusses the various findings realized for each of the three objectives. The objectives were achieved through extensive literature review followed by data analysis from data collected from the District and Municipal departments. The analysis was done based on the three (3) objectives of the study. The data collected was categorized into two (2) parts. The first part was directed to two (2) district assemblies whiles the second part was directed to two (2) municipal assemblies. With the District Assemblies, 20 questionnaires were distributed and all were retrieved whiles for the municipal assembly, 18 were retrieved out of the 20.

The data was analysed using mean score ranking in conjunction with standard deviations and were presented using tables. From the analysis, it was realized that, M/D physical planning officer was rated as the most significant stakeholder among the District Assemblies respondents followed by M/D coordinating director and M/D chief executive. However, among the Municipal Assemblies respondents, M/D Works Department was ranked first followed by M/D works engineer and M/D Health Directorate. Also, it was realized that, the most significant method in stakeholder engagement among District Assemblies were consult stakeholders who are most affected by the healthcare project, followed by Institute effective stakeholder engagement plan and Identify initial stakeholders. Similar outcome was realized for the municipal assemblies as the relative significance of the variables were very close. Furthermore, it was realized that, good leadership was ranked as the factor that influence stakeholder management the most among District Assemblies, however, proper identification of project stakeholders was ranked as the most significant among the Municipal assemblies. Finally, it was realized that, the most significant strategy among District Assembly respondents was value the contributions of expertise and time of stakeholders followed by increase professional capacity of municipal and district officers. However, among Municipal Assembly respondents,

continuously strengthen relationship with stakeholders to build mutual trust and respect was ranked first followed by active listening and leadership.

5.3 LIMITATIONS AND FURTHER STUDIES

The study was limited to only four (4) assemblies. Thus, two (2) district and two (2) municipal assemblies. Further studies can incorporate other district assemblies to expand to the study.

Also, the assemblies serve as clients and consultants in projects executed in their jurisdiction. Hence, the study was limited to only consultants. Further studies can look the external stakeholder perspective.

Lastly, further studies can employ the mixed research method to further expand the study.

5.4 CONCLUSION

Stakeholder engagement and management is very crucial to every project, hence as representatives of the Government in project execution, it is very crucial to be equipped to significant stakeholder management strategies as public projects are executed with public funds. Hence, there must be a level of involvement of these stakeholders in public projects. The study showed that, numerous stakeholders are involved in the delivery healthcare infrastructure hence, it is crucial for the assemblies to consult the stakeholders who are affected most by such health care projects. Furthermore, the study realized that, good leadership is a key component of stakeholder management and engagement and finally, it was realized that, the most significant strategy among District Assembly respondents was value the contributions of expertise and time of stakeholders followed by increase professional capacity of municipal and district

officers. However, among Municipal Assembly respondents, continuously strengthen relationship with stakeholders to build mutual trust and respect was ranked first.

5.5 RECOMMENDATIONS

Based on the findings and conclusion of the study, the following recommendations were made;

1. Project managers at the assembly must be well equipped with effective leadership skills to ensure that, stakeholder management is executed efficiently.

2. Project managers at the assembly level must develop efficient communication lines to ensure that the various stakeholders are engaged effectively.

3. Stakeholder management must be well-planned by project managers at the assembly level and executed according to documented plan.

4. Stakeholder assessment must be done regularly by project managers so as to ensure they do not loose track of stakeholder requirements.

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APPENDIX

To whom it may concern

Dear Sir/Madam,

<u>Invitation to participate in a research into Stakeholder Management of Healthcare Infrastructure Delivery in Ghana: A Study of some Selected Municipal and District Assemblies in the Ashanti Region of Ghana".</u>

I write to request your assistance as an experienced practitioner with substantial knowledge in construction project success to complete the attached questionnaire. Currently, I am undertaking a Master of Science (MSc.) in the Department of Building Technology of the Kwame Nkrumah University of Science and Technology under the supervision of Prof. Edward Badu. This research is entitled "**A Study of Stakeholder Management of Healthcare Infrastructure Delivery in Ghana: A Study of some Selected Municipal and District Assemblies in the Ashanti Region of Ghana".**

The research seeks to assess the role of municipal and district assemblies as a stakeholder in healthcare infrastructure development in Ghana. Hence, your expert knowledge and experience will be extremely useful for this research in identifying and establishing the success of healthcare infrastructure at the municipal and district level.

The questionnaire will take 10 to 15 minutes. All your responses will be treated with strict confidentiality and used only for academic purpose. Your views are valuable for the success of this research. After the research, we are willing to share a summary of the outcomes with practitioners in Ghana and anyone who shows interest. For any enquiries, please contact Boa-Antwi, Kwaku {Tel.: **0261010909**; & email: 88kantwi@gmail.com}.

Sincerely,

BAK

Boa-Antwi Kwaku, MSc. Student
Prof. Edward Badu, Supervisor
Department of Building Technology
The Kwame Nkrumah University of Science and Technology, Ghana

A STUDY OF STAKEHOLDER MANAGEMENT OF HEALTHCARE INFRASTRUCTURE DELIVERY IN GHANA: A STUDY OF SOME SELECTED MUNICIPAL AND DISTRICT ASSEMBLIES IN THE ASHANTI REGION OF GHANA.

Questionnaire Survey

Important Instructions:

1. Please duly fill this questionnaire with reference to your latest experience about contractor pre-qualification and construction project success.

2. Please answer the questions by ticking {such as "✓"} or checking {such as "☒"}.

3. Section C of the questionnaire involves writing of appropriate rate (Details in section D)

4. If you wish to have a copy of the report on research findings, please provide your email address:

SECTION A:
<u>BACKGROUND OF RESPONDENT</u>

Q1. What is your highest academic qualification?

HND [ ] Bachelor's Degree [ ] Master's Degree [ ] Doctorate degree [ ] other, please specify

…………………………..…

Q2. Level of experience in years

Less than 5 [ ] 5-10 [ ] 11-15 [ ] 16-20 [ ] > 20 [ ]

Q3. Which of the following project do you undertake or supervise?

Civil work [ ] Building work [ ] Both [ ]

Q4. Please rate your knowledge on stakeholder management

Low [ ] Medium [ ] High [ ]

SECTION B:

IDENTIFICATION AND WAYS OF ENGAGING STAKEHOLDERS IN HEALTHCARE INFRASTRUCTURE DELIVERY

Q5. The following municipal and district assembly officers and departments' have been identified as key stakeholders in healthcare infrastructure delivery; what is your opinion using the scale below?

NOTE: Use a scale of **1= Strongly agree, 2= Agree, 3= Fairly agree, 4= Disagree, 5= Strongly disagree**

	IDENTIFICATION OF STAKEHOLDERS **District Assembly Administrators and Professionals (internal stakeholders)**	**Level of importance**				
	Municipal and District (M/D) assembly officers	1	2	3	4	5
1.	M/D chief executive					
2.	M/D coordinating director					
3.	M/D development planning officer					
4.	M/D physical planning officer					
5.	M/D director of health					
6.	M/D health inspector					
7.	M/D procurement officer					
8.	M/D works engineer					
9.	M/D Principal technical engineer					
10.	M/D community development officer					
11.	M/D human resource officer					
	Municipal and District (M/D) Assembly Departments					
1.	M/D Central Administration Assembly					
2.	M/D Health Directorate					
3.	M/D Works Department					
4.	M/D Town and Country Planning Department					
5.	Stool Lands Administration					
6.	Department of Social Welfare and Community Development					
7.	Environmental Health and Sanitation Department					
	District Governmental Agencies (external stakeholders)					
1.	Ghana Fire Service					
2.	Environmental Protection Agency					
3.	Electricity Company of Ghana (ECG)					
4.	Ghana water and sewerage corporation (GWSC)					
	Community Leaders (external stakeholders)					
1.	Member of Parliament					
2.	Traditional Leaders (Chiefs)					
3.	Assembly Members					
	If there are any other stakeholders in your municipal or district who have not been capture in relation to healthcare infrastructure delivery, please write and rank them accordingly	1	2	3	4	5
1.						
2.						
3.						

Q6. The following methods and strategies have been identified as ways of engaging stakeholders in municipal and district assemblies with respect to healthcare infrastructure; what is your opinion using the scale below?
Using a scale of **1** = extremely low significance; **2** = very low significance; **3** = Moderate significance;
 4 = Very significant; **5** = extremely significant,** *to answer the following questions.*

	WAYS OF STAKEHOLDER ENGAGEMENT	Level of importance				
		1	2	3	4	5
1.	Engagement should start immediately after a healthcare project is identified					
2.	Identify initial stakeholders					
3.	Institute effective stakeholder engagement plan					
4.	Consult stakeholders who are most affected by the healthcare project					
5	Ensure involvement of experts with previous experience in healthcare infrastructure					
6.	Continuously review stakeholder community					
7.	Use effective communication tools such as town hall, meetings, focus group meetings and workshops					
8.	Focus on continuous communication with stakeholders					
9.	Identify potential risk in stakeholder engagement as early as possible					
10.	Establish appropriate communication channels					
11.	Continuously build trust and understanding					
	If there are any other effective ways of engaging stakeholders in your municipal or district in healthcare infrastructure delivery, please write and rank them accordingly					
1.						
2.						

SECTION C:

INFLUENCE OF STAKEHOLDER MANAGEMENT ON PROJECTS

NOTE: Use a scale of **1= Strongly agree, 2= Agree, 3= Fairly agree, 4= Disagree, 5= Strongly disagree**

Q10. **To what extent do you think the following factors influence project stakeholders in healthcare infrastructure delivery in your municipal or district?**

		Level of importance				
	Factors which influence stakeholder management in your district	1	2	3	4	5
1.	Team Work					
2.	Managing stakeholders with social responsibilities					
3.	Project Manager competences					
4.	Project Organizational structure					
5.	Formulating a clear project mission statement					
6.	Proper identification of project stakeholders					
7.	Stakeholder attributes assessment (power, urgency & proximity)					
8.	Evaluating stakeholder legitimacy					
9.	Keeping and promoting good relationships					
10.	Formulating appropriate strategies to manage stakeholders					
11.	Predicting stakeholder's reaction for implementing strategies					
12.	Stakeholder involvement in decision making					
13.	Maintaining alignment within stakeholders					
14.	Communicating with and engaging stakeholders frequently					
15.	Good leadership					
	If there are any other factors which may influence stakeholder management in healthcare infrastructure in your municipal or district, please write and rank them accordingly	1	2	3	4	5
1.						
2.						
3.						

SECTION D:

MEASURES TO IMPROVE STAKEHOLDER MANAGEMENT IN HEALTHCARE INFRASTRUCTURE DELIVERY

The overall objective of this research is to study and propose measure to improve the success of healthcare delivery within the selected district assemblies for this survey. It is therefore essential to ascertain responses to the following questions.

Q11. To what extent will the following measures improve stakeholder management in healthcare infrastructure delivery in your municipal or district assembly.

Using a scale of **1** = extremely low significance; **2** = very low significance; **3** = Moderate significance;
4 = Very significant; **5** = extremely significant**, *to answer the following questions.*

	PROPOSED MEASURES FOR IMPROVING STAKEHOLDER MANAGEMNET IN HEALTHCARE INFRASTRUCTURE	Level of significance Low<<<--- >>>Extreme				
		1	2	3	4	5
1.	Value the contributions of expertise and time of stakeholders					
2.	Stakeholder management should be characterized by active listening, cultural and political awareness and leadership					
3.	Continuously strengthen relationship with stakeholders to build mutual trust and respect					
4.	Stakeholder management plans should be reviewed and updated regularly					
5.	Increase professional capacity of municipal and district officers					
6.	Continuous stakeholder management training and education					
7.	Developing specific stakeholder strategy peculiar to the needs of your municipal or district assembly					
8.	Increased financial and political autonomy of municipal and district assemblies					
	If there are any other measures that in your opinion may improve the delivery of healthcare infrastructure in your municipal or district, please write and rank them accordingly	1	2	3	4	5
1.						
2.						
3.						