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**AN ANALYSIS OF RISK FACTORS
FOR DONOR FUNDED PROJECTS AND PROGRAMS
IN THE HEALTH SECTOR
IN ZIMBABWE**

by

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A Minor dissertation presented to the
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in partial fulfilment of the requirements for the degree
MSc in Project Management.

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Dedication

I dedicate this dissertation to my family; my wife Tafadzwa and my daughters Anenyasha Unathi Thandeka, Lebohang Shekinah Mbali and the latest addition Lineo Iyana Nandi.

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List of Abbreviations

ABI/INFORM	Abstracted Business Information/Inform
AIDS	Acquired Immunodeficiency Syndrome
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
DANIDA	Danish International Development Agency
DFATD	Department of Foreign Affairs, Trade and Development
DFID	Department for International Development
GAVI	Global Alliance for Vaccines and Immunization
HIV	Human Immunodeficiency Virus
ID	International Development
LFA	Logical Framework Approach
MOFED	Ministry of Finance and Economic Development
MOHCC	Ministry of Health and Child Care
NGO	Non-governmental Organizations
NGT	Nominal Group Technique
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Plan for Aids Relief
PHIA	Public Health Impact Assessment
PM	Project Management
PM4NGOs	Project Management for Non-Governmental Organizations
PMBOK	Project Management Body of Knowledge
PMI	Project Management Institute
SIDA	Swedish International Development Cooperation Agency
SWOT	Strengths Weaknesses Opportunities and Threats
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Educational Fund
USAID	United States Agency for International Development
WBS	Work Break down Structure
WHO	World Health Organization

1. Introduction

Like many developing nations, the health sector in Zimbabwe is not adequately funded and has for many years complemented its tight budget with external funding and development assistance (MOHCC, 2016: 11). External funding comes from various partners in the form of donor funds or international development assistance. According to the Ministry of Health and Child Care, for the year 2012, more than 40% of health sector funding was through development assistance (MOHCC, 2016: 11). That corresponds to a dollar value of approximately US\$428 million. Since then, the country has continued to face challenges, which implies that current figures for external funding could be at similar levels or higher.

In the 2017 budget, development partners were projected to contribute a collective figure of US\$229.8 million, complementing US\$318.4 million that was partly allocated from the budget and partly raised through user fees (US\$281.9 million budget allocation, US\$36.5 million user fees) (MOFED, 2016: 86). This would put the proportion of development aid at approximately 42% of the projected expenditure in 2017 (the 2017 budget did not account for the contribution of other levies such as AIDS Levy that usually contribute towards the budget).

For 2018, the national budget projected total health expenditure to amount to US\$729.4 million, made up of US\$489.8 million from budget appropriations and levy funds and US\$239.6 million from development partners (MOFED, 2017: 142). These figures show that development aid was projected to constitute approximately 33% of health expenditure in 2018.

The national budget accounts for monetary and quantifiable support. Development assistance also comes in non-monetary forms such as equipment, drugs, technical assistance and other sponsored projects whose real value is sometimes not captured by budgets or is just difficult to quantify. When looking at development aid, these forms of support also have to be taken into consideration. This could mean that the real figures for development support may be higher than reflected in budgets. The figures above underscore the importance of development aid hence the need to ensure that it is effectively utilised.

Development aid is project oriented business (Ika *et al.*, 2010: 63). Donor funds are commonly channelled into specific purpose programs and projects aimed at achieving specific results in the health sector. This is the common practise with most international development assistance provided to developing countries, it is availed and managed through projects (Diallo and Thuillier, 2005: 237).

1.1 Research Aim

The aim of this research is to create an understanding of risk factors in programs and projects in the Zimbabwean health sector, bringing to light issues that jeopardize and undermine the success of programs/projects. Such an understanding lays the foundation for detailed project risk management activities such as risk assessment and risk responses.

1.2 Research Objectives and Questions

The research seeks to answer the following questions;

1. What are the risk factors for donor funded projects and programs in the Zimbabwean health sector?
2. What are the relationships and patterns among risk factors identified?
3. How do the findings of the research compare to those of similar research in the area of risk factors in development projects?

1.3 Significance of the Research

As the country continues to battle many challenges, donor funded programs and projects have evidently become a very important aspect of the health delivery system in Zimbabwe. These programs have grown tremendously and as highlighted earlier, enormous investments have been made (MOFED, 2016: 11). As both programs and investments grow, complexity creeps in. This calls for a greater awareness and understanding of risks. This research seeks to contribute to better understanding of risk in donor funded projects in the Zimbabwean health sector. Such a contribution helps improve the impact and success of projects and programs. It is this research's submission that, the quest for improved program/project performance is not complete without efforts to better understand program risk.

The issues that undermine the success of projects and programs are essentially threats to the success and existence of these programs. From a project management point of view, these issues are technically regarded as “risks” or “risk factors” (OECD, 2012: 31).

Seeking to understand the “risks” or “risk factors” in donor funded projects and programs is a step in minimizing their impact on projects and programs. Minimizing the impact of risk factors translates to increasing program impact, effectiveness and chances of success to ensure that all stakeholders; the government of Zimbabwe, donors, the people of Zimbabwe, health workers and many others obtain maximum benefits from donor funded programs and projects. Project risk management involves identifying, assessing and responding to risks (Nicholas and Steyn, 2012: 352). Without proper understanding of the risks involved, identification, assessment and responding to project risks can become a guessing game and shooting in the dark.

This research also contributes to bridging the research gap that seems to exist in the area of risk management in development projects in the health sector. As the literature review will show, there is still significant room for research in development projects in the health sector and development projects in general. This research highlights the need for more research in these areas and lays some groundwork for further research.

The context of this research is donor funded programs and projects in the health sector in Zimbabwe. This specific context is important when addressing risks because generic approaches to risk management may overlook specific factors unique to specific project environments. Ika (2012: 33) argues that the “one-size-fits-all” approach to risk management is one reason why international development projects fail. International development projects occur in especially unique environments and are very specific in nature (Ika, 2012: 30). Without examining specific project contexts, it can be difficult to be specific in the management of risks. In the absence of specific facts, practitioners may resort to generic risk management approaches which fall into the “one-size-fits-all” trap. They do not sufficiently address risks or provide program managers with specific risk information for their projects, they generalize. Specific facts can only be obtained from careful, objective studies.

2. Background of Donor funded Projects and Programs in the Zimbabwean Health Sector

2.1 The General Environment in the Health Sector in Zimbabwe

The environment in which programs and projects are executed has a variety of issues which may affect the programs and projects. An appreciation of these issues is important for a study of this kind.

In general, the environment in Zimbabwe has a lot in common with other countries in Sub-Saharan Africa. In particular, Zimbabwe has been seriously affected by the HIV pandemic. The HIV prevalence rate has been on a decline for a number of years but the strain and impact of the pandemic on the health delivery system is huge. Coping with the HIV pandemic has required a lot of adjustments and changes to the health delivery system. The country has also had its share of political and economic challenges. Challenges associated with shortage of health facilities and health workers have also been experienced from time to time. Since independence in 1980, the country has seen an increase in population. That increase has come coupled with an increase in the overall disease burden both of which are important variables in the health delivery system. Evidence from fiscal budget statements shows that the health sector is often underfunded (MOHCC, 2016: 11).

The environment in Zimbabwe also offers some distinct advantages. The literacy rate and the level of education in Zimbabwe are particularly higher than most developing countries. Zimbabwe has produced and continues to produce fine health professionals. The country has good infrastructure for basic services. The road network is in a fair to poor state with a mix of tarred and dust roads. Although the roads generally need attention, most are passable and in a better state relative to other developing countries. Health institutions may not be adequate but most health institutions have solid structures and buildings.

2.2 The Donor Environment in the Health Sector in Zimbabwe

In Zimbabwe, as is the case with most international development aid programs, development assistance funds are usually disbursed for specific purposes (MOHCC, 2016: 11). Programs and projects are then created to meet the intended purposes.

Currently, there are more than fifteen donor organizations partnering with the Ministry of Health and Child Care (MOHCC) to fund the health sector. These include BMGF, CDC,

DFID, European Union, GAVI Alliance, Global Fund, Irish Aid, SIDA, Swiss Embassy, UNDP, UNFPA, UNICEF, USAID, WHO and World Bank.

The donors or development partners work with the MOHCC and selected nongovernmental organizations to implement and execute the programs and projects. There are more than 40 nongovernmental organisations in the health sector in Zimbabwe. These organisations are commonly referred to as implementing partners because they are directly involved with the execution of projects or programs on the ground on behalf of donors or development partners. The size, technical complexity or difficulty varies from project to project. As a result, it is common for one project or program to have more than one implementing partner playing the same role or a complementary one. Implementing partners quite often engage contractors to perform some of the project/program tasks. There are also cases where contractors can subcontract their work.

Donors release funds to implementing partners and MOHCC mainly through grants. Implementing partners are accountable to donors and donors monitor implementing partners' performance against an agreed framework and targets.

2.3 A Quest for better Program success through better understanding of Risks

Although the partnership between the MOHCC, donor organizations and implementing partners has made significant impact such as progress towards the 90-90-90 goals in fighting the HIV epidemic (PHIA, 2016), there is still a lot that can be done to improve program performance. Fighting the HIV epidemic remains a major part of the work stakeholders in the health sector in Zimbabwe are doing but is not all. A national health delivery system focuses on many aspects. The outlook of programs is quite promising but there are challenges that need to be consciously addressed for success to be achieved and sustained. Due to these challenges, the execution of programs and projects has not been smooth. There is still a lot to improve on throughout the lifecycle of programs and projects. As already stated, the view of this research is that the quest for improved program/project performance is not complete without efforts to better understand program risk. The thrust of this research is to improve program performance through improved risk understanding and management which contributes to better program success.

3. Literature Review and Past Research

This research covers a number of areas, project risk management and international development being the main ones. This is illustrated in Figure 3.1.

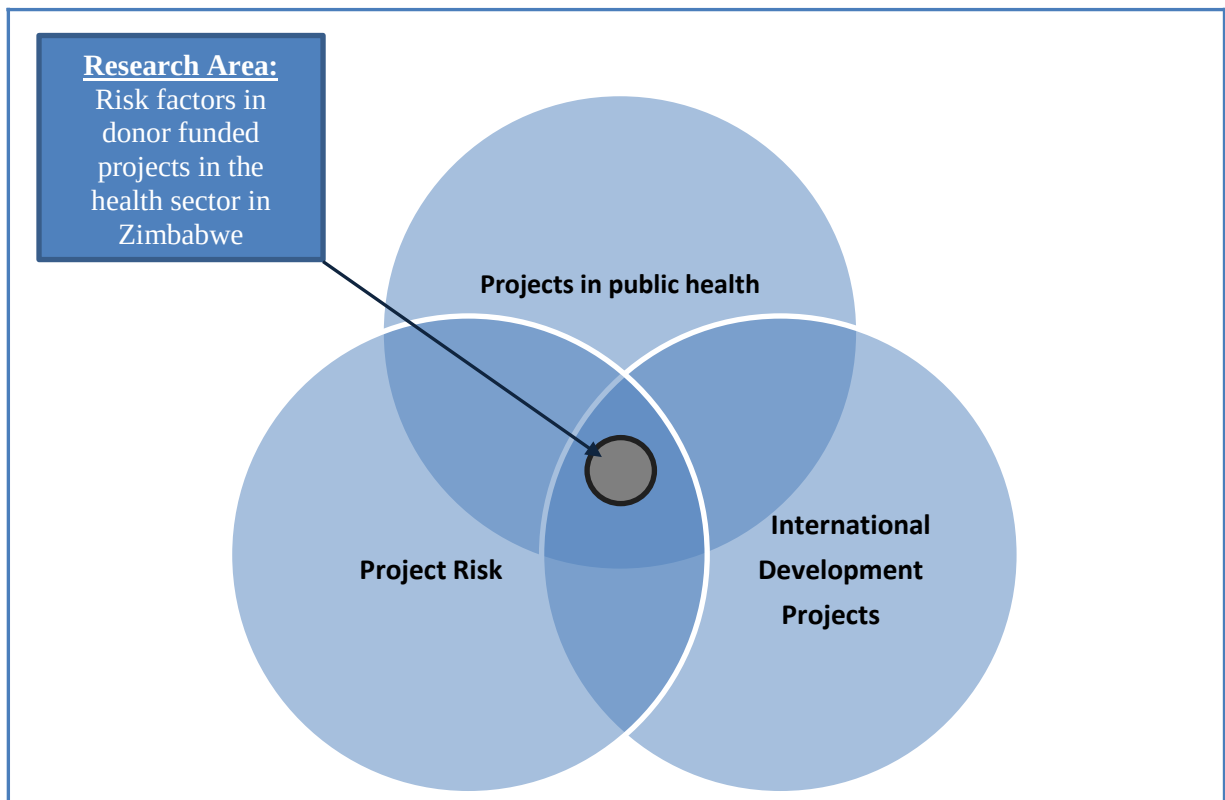


Figure 3.1: Illustration of Research Area

3.1 Project Risk

Risk is an old concept and risk management is not a new field. There is a lot of research and literature on risk and risk management (Lyons and Skitmore, 2003: 51). Risk management is an independent discipline that relates to many fields including project management. The emergence of project management as a profession and the consequent development of its body of knowledge has seen risk management being integrated into project management as a key domain. Project risk has become an integral part of project management literature. For example, since the publication of PMI's first body of knowledge in 1987, risk management was one of the eight core domains initially published (PMI, 1996: viii). At this point, it may be important to define risk, risk outcome, risk factors and risk management as they are commonly used and related.

Risk is "the potential for a defined adverse event or outcome to occur", (OECD, 2012: 31).

Risk outcome is "the adverse event or outcome itself", that is, the result of the risk

occurring, (OECD, 2012: 31). Risk factors are factors that “may cause the risk outcome to occur, or make it more likely.” Multiple factors may interact to give rise to compound risk, (OECD, 2012: 31).

Risk management is “the attempt to manage the future by taking action now to eliminate or mitigate known risk factors”, (OECD, 2012: 31). According to the PMBOK, “project risk management includes the processes of conducting risk management planning, identification, analysis, response planning, and controlling risk on a project”, (PMI, 2013: 307).

Every project is unique. That means every project is by nature risky, because there is always a chance that something may not happen as planned (Nicholas and Steyn, 2012: 351). It is therefore necessary to have a plan to manage risks in a project. One of the biggest challenges in managing risks is in understanding the risk involved. Without this understanding, there cannot be effective measures to minimize exposure and reduce the impact of risks. Risk can only be managed and reduced. It cannot be completely eliminated, (Nicholas and Steyn, 2012: 352).

This research focuses on risk factors in donor funded projects and programs. It may be necessary to discuss the relationship between program risk and project risk. According to Nicholas and Steyn (2012: 30, 31) there are similarities and relationships between projects and programs that have often led to the use of the terms program and project interchangeably. The difference between programs and projects also defines their relationship. A program consists of various related projects that “share common goals and resources, and are often interdependent”, (Nicholas and Steyn, 2012: 31). In addition, projects in a program are coordinated to meet the goals of that program. This intricate relationship means that a program cannot exist without projects. This special relationship translates to the relationship between program risk and project risk. The relationship also demonstrates that program risk is driven by project risk and since the two have a lot in common (PMI, 2013: 3), the risks in a program are largely similar to those in its associated projects. It may be important to note however, that from a systems perspective (Nicholas and Steyn, 2012: 53), it is possible that by bringing together various projects, a program may create new risks that are unique to it. In this research, program and project risks are going to be discussed interchangeably based on the similarities discussed, the relationships

between them and the context of the research. In the context of the research, a distinction between program and project risk may not be necessary because the research is taking a collective view on risk in donor funded projects and programs across the health sector. It is not focussing on just one program and associated projects.

3.2 Research on Project Risk

There is a good amount of research on risk in projects in various contexts (Perminova *et al.*, 2007: 73; Meredith and Mantel, 2009: 58). Risk in international development projects is a specific context of project risk which is best understood in the context of international development projects. This contextualization is necessary because risk is not homogenous across the various projects and project environments. There will be varying extents of similarities in the phenomenon of risk in various project contexts but generalizations should be avoided as they can lead to oversight and oversimplification (Kakonge, 2015).

3.3 Research on Project Management in Public Health

As Figure 3.1 illustrates, issues peculiar to public health projects are also of significance to this research. The research by Afzal and Gauthier (2017) proves there is limited research focusing specifically on public health projects. Afzal and Gauthier (2017) analysed the “importance given to project management in the health sector and the theme of health in project management”, (Afzal and Gauthier, 2017: 1). The authors reviewed eighty one articles published on the ABI/INFORM bibliographical database between 1979 and May 2017. According to the authors, ABI/INFORM is a major bibliographical resource on project management launched in the 1970s, bringing together more than 3 000 international and North American journals, including three leading journals on project management; Project Management Journal, International Journal of Project Management, International Journal of Managing Projects in Business.

Afzal and Gauthier (2017) found that little research on project management in the health sector is published in the main project management journals. This is evidence of limited research in the area of project management in the health sector. It means that, although projects are being performed in the health sector, not much research is being done on health sector project management. Since public health is a subset of the health sector, it expected that there is even less research focusing on public health project management.

It is important to distinguish public health issues from other health issues. The public

health environment is often different from that in private health institutions. As discussed in opening remarks of section 1, in public health delivery there are often unique issues that arise such as national government operations, national politics, national budgets, resource constraints and a different mix of stakeholders.

Currently, there does not appear to be any known published research specific to projects and programs in the health sector in Zimbabwe, but in view of the discussion above this is expected.

3.4 Research in International Development

There is a fair amount of research in the area of international development. According to Ika (2005: 128), as of 2005, research in international development had been going on for almost fifty years. That puts the present day estimate at over sixty years of international development research, but some researchers have argued that the focus of this research has “been very narrow” (Ika *et al.*, 2012: 105). They claim that the research typically examines projects and project management in general without further interrogation of other important issues. At the same time, from a project management point of view, some researchers have also observed that international development projects are rarely covered in project management literature. The literature pays no specific attention to international development projects (Ika and Lytvynov, 2011: 87; Ika *et al.*, 2012: 105; Hermano *et al.*, 2013: 25). Project management literature tends to take a generalised approach to international development projects. These observations reveal two issues of concern; firstly, the narrow coverage of project management issues in international development research as observed by Ika *et al.* (2012: 105) and secondly, the poor coverage of international development projects in project management literature as observed by Ika and Lytvynov (2011: 87); Ika *et al.* (2012: 105); Hermano *et al.* (2013: 25).

The work by Ika *et al* is a significant contribution to the area of international development projects (Ika, 2005; Ika *et al.*, 2010; Ika and Hodgson, 2010; Ika and Lytvynov, 2011; Ika, 2012; Ika *et al.*, 2012; Ika and Saint-Macary, 2012; Ika and Hodgson, 2014; Ika and Donnelly, 2017). There is a considerable amount of work and research that was done by the Organization for Economic Co-operation and Development (OECD) in the area of development assistance in fragile states and conflict affected areas (OECD, 2010; 2012; 2013; 2014; 2016b). OECD is a forum of eighteen European countries plus the United

States and Canada (OECD, 2016a). Zimbabwe is a recipient of aid from donors in the OECD and some OECD research such as OECD (2012) covers Zimbabwe. Additionally, Zimbabwe is a developing country and the OECD research is based on a number of developing countries similar to Zimbabwe. This makes the OECD research relevant to the Zimbabwean context and of interest to this research. The OECD research also relates closely to donor funded projects in the Zimbabwean health sector because these projects are a special case of development aid projects.

The Overseas Development Institute (ODI), “a leading independent think tank on international development and humanitarian issues” has also done some research in the area of development assistance (ODI, 2016). Their research sheds light on the general context within which donor funded programs or international development programs are carried out.

Other noteworthy research includes Khang and Moe (2008), Youker (2003), Moyo (2009), Cobo *et al.* (2010), Diallo and Thuillier (2004), Diallo and Thuillier (2005). The research by Khang and Moe (2008) was on success criteria for international development projects. Youker (2003) discusses the nature of international development projects. Moyo (2009) offers a thought provoking critique on the impact (or lack thereof) of aid in Africa, exposing the imbalance that exists between the investments made in development aid projects in Africa and the impact the investments have made. Cobo *et al.* (2010) analysed the theory and application of the project management methodologies used by development organisations. Their research gives good insights into international development projects. Diallo and Thuillier's work was focused on international development projects' success and makes important contributions to research on international development projects (Diallo and Thuillier, 2004; 2005).

The international development industry has struggled to find a suitable body of knowledge to guide the implementation of its projects (Landoni and Corti, 2011; Hermano *et al.*, 2013) due the uniqueness of international development projects. Traditional frameworks often fall short and will need to be adapted to address the unique issues in the aid sector. In 2011 some non-governmental organizations and project management practitioners in international development came together to try and address the issues to do with the body of knowledge. They created an organization called Project Management for Non-

Governmental Organizations [PM4NGOs] and a body of knowledge called “A Guide to the PMD Pro. Project Management for Development Professionals.” The body of knowledge seeks to address gaps in project management literature in relation to international development projects. Some researchers have hailed this body of knowledge as “good” and “effective” in managing development projects (Hermano *et al.*, 2013) but it is a relatively new body of knowledge and at this point, its impact on the development aid industry is difficult to ascertain.

3.5 Risk Management in International Development Projects

Development projects are by nature risky and carry a significant amount of uncertainty (Kakonge, 2015). The environment in which development projects are carried out often has many emergent issues which are difficult to ascertain, predict or control throughout the project. Against this background, risk management issues should form an integral part of development projects.

In project management frameworks such as the PMBOK, project risk management is an integral part of the larger project management approach. The uniqueness of international development projects has rendered frameworks and bodies of knowledge such as the PMBOK inadequate for use in international development projects. For a long time the sector has struggled to find a suitable framework or body of knowledge to guide the implementation of its projects (Landoni and Corti, 2011; Hermano *et al.*, 2013). Pertaining to project risk management, some authors have argued that there are no specific risk management guidelines in international development projects (OECD, 2012: 68). In the literature reviewed for this research, there appears to be gaps in the treatment of risk in international development projects in both past research and project management literature. Ika (2012), OECD (2012; 2014) and Kakonge (2015) are some of the authors who explore the subject of risk in development projects. The relatively new body of knowledge, the PMD Pro Guide by PM4NGOs offers a good discussion on risk management and asserts that risk management is “a core discipline of project management”, (PM4NGOs, 2013: 103). The discussion and guidance in the PMD Pro Guide covers risk identification, risk assessment, risk response and risk monitoring and control. OECD (2014) offers a comprehensive discussion on risk management in development projects however the discussion does not cover much on risk identification. The discussion introduces important concepts on risk categorisation such as the

Copenhagen Circles and how different categories of risk interact. OECD research such as OECD (2010; 2012; 2013; 2014; 2016b) also looks at the risks involved in development projects. The work by Moyo (2009) also exposes various issues relating to risk in development projects.

According to (OECD, 2012: 68), many donors and aid agencies do not have specific frameworks for risk management. The few frameworks that may exist are actually corporate risk management frameworks which are mainly concerned with institutional risk. The lack of a clear risk management approach, guidance or framework has naturally resulted in a situation where donors are expected to set the agenda for risk management in programs and projects. Donors may also struggle to find risk management guidance or approach. This leaves donors, implementers and recipients of aid without clear guidance on how to deal with risk in development projects. This is evidenced by individual efforts that various development organizations have made to create risk management tools for their own use (Hernando *et al.*, 2013: 22; OECD, 2014: 22). Donors such as the World Bank, Canada (Department of Foreign Affairs, Trade and Development, DFATD), Denmark (DANIDA, Ministry of Foreign Affairs of Denmark) and United Kingdom's Department for International Development (DFID) have individually developed risk management tools and guidelines for their own use (OECD, 2014: 22) and they are not the only donor institutions to try to come up with their own tools and frameworks. USAID also developed the Logical Framework Approach [LFA] for use in its projects (Hernando *et al.*, 2013: 22).

At the operational level, each project has specific terms and conditions of engagement that are initially agreed between the donor and the recipient. These terms of engagement between donor and recipient set the tone for risk management and form the basis for monitoring the project or program. Some authors have argued that the agreed terms and conditions, the project indicators and many of the associated tools are biased towards accountability and external reporting and are not very useful in the management of the project (Ika and Lytvynov, 2011: 87). Donors are concerned about accountability and project performance so they establish accountability mechanisms and indicators for them to monitor the performance of the project or program. This is one way of explaining the bias towards accountability as opposed to management of the project. According to Ika and Lytvynov (2011: 87), in international development projects, monitoring and

evaluation is emphasized more than other management processes such as risk management. Monitoring and evaluation constantly determines if set targets are being met and how program performance can be improved while risk management focuses on reducing the impact of adverse events on a project. Both are important and complement each other.

The accountability bias discussed above as argued by Ika and Lytvynov (2011) may result in reduced emphasis on other project management aspects such as risk management. Risk management processes such as risk identification are expected to suffer the same fate, they may be rather obscure and not well defined. While accountability mechanisms and program/project indicators are important for monitoring and actually assist in reducing project/program risk, they should not replace risk management processes. Risk management processes such as risk identification and assessment remain an essential part of project management processes in international development projects.

3.5.1 Risk Identification in International Development Projects

In international development projects, risk identification processes frequently differ from conventional project management. One reason for this difference lies in how development projects are conceived and implemented. Projects may be initiated by donors, host country governments or implementing organisations such as NGOs. In all cases donors evaluate the project before availing funding. Donors usually focus on the technical details of the project, project implementation mechanisms (project costs, who does what and how), targets and performance indicators, not necessarily asking for a structured project risk management plan. While risk considerations definitely play a part in this evaluation, they may remain isolated to the donors and their evaluation processes and not pass on to project implementers on the ground. There seems to be a considerable gap between project evaluation processes by donors and project implementation processes. This observation is supported by OECD researchers' findings that in development projects, there are "discussions of risk at a policy level" but "there is limited evidence of how providers of development assistance manage risk in practice" at project level, (OECD, 2014: 17). This points to a potentially substantive disconnection between donors' approaches to risk management and implementers/recipients' approach. The disconnection can potentially lead to the loss of key risk management details and may introduce oversight. As the project translates from donor review, approval and implementation in recipient countries, key risk

management details may be lost in translation and eventually fall away from development projects. For similar reasons, development projects often don't have a structured risk identification process.

Some researchers have come up with conceptual frameworks to categorize and analyse development aid risks. The Copenhagen Circles is one such framework (OECD, 2012: 16; 2014: 21). The Copenhagen Circles is a framework that “distinguishes between contextual, programmatic and institutional risk, and the links between them”, (OECD, 2012: 16). Figure 3.2 shows The Copenhagen Circles. The Copenhagen Circles are similar to what (Ika, 2012: 31) presented, shown on Figure 3.3. Ika (2012)'s categorization of problems in project management in international development also presents three categories of problems in project management in international development. He calls the three categories structural/contextual problems, institutional/sustainability problems and managerial/organizational problems. These ideas are helpful in identifying and analysing risks in international development projects and provide a structured way to analyse risk, providing a clearer view of how these risks interact with projects.

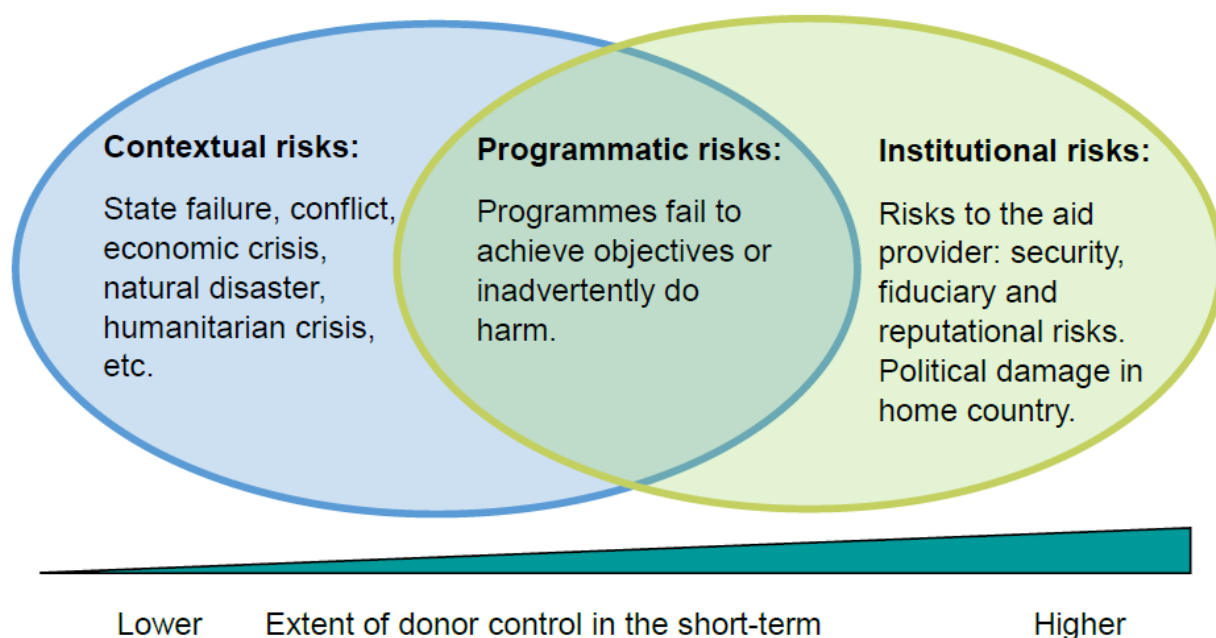


Figure 3.2: The Copenhagen Circles: A Conceptual Framework for Risk Analysis in Development Aid. From OECD (2012: 16; 2014: 31).

It is important to realize the links between programmatic risk and the other two; contextual risk and institutional risk. It is particularly critical to realize that institutional and contextual risks feed into and may drive programmatic risk. The Copenhagen Circles help

in the categorization of risks. There are three overlapping categories that are in constant interaction and may affect one another. Equally, risk responses to one category of risk significantly impact on the management of other categories of risk.

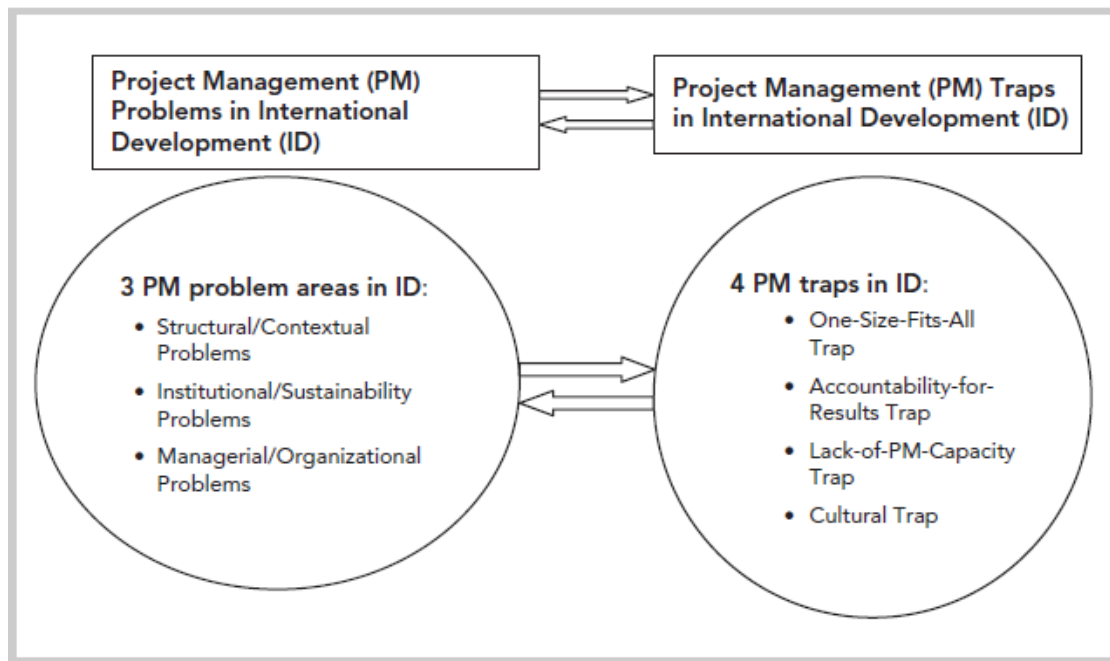


Figure 3.3: Why aid projects fail? Three project management problems and four traps in international development. From Ika (2012: 31).

Ika (2012) suggests that problems in international development projects can be classified into mainly three categories;

1. Structural/Contextual problems - Most development projects are carried out in a broader context and there are common problems within that context. Ika (2012: 31) list the following structural/contextual problems;
 - Political issues manifesting through “contradictions between the political agenda and the development agenda of both donors and recipients.”
 - Economic issues manifesting through resource constraints and macroeconomic issues such as prices and budgetary constraints.
 - Geographic issues such as “climate, location, flora, fauna, terrain, land, and natural resources”.
 - Sociocultural issues such as religion, language, gender roles, and other cultural differences among traditions.

- Historical issues such as “ethnic origins, patterns of collective action, colonialism, and previous experience with development efforts”.
 - Demographic and environmental issues.
2. Institutional/Sustainability problems - Ika (2012: 31) identifies the following;
- Endemic corruption
 - Capacity building problems
 - Recurrent costs of projects
 - Lack of political support and institutional capacity to deliver sustainable outcomes
 - Lack of implementation capacity by donors and recipients
 - Incompatibility between countries and donors’ management systems
 - Overemphasis on highly visible quick results from donors and political actors
 - Risk of collusion between the project supervisors and the implementers
 - Conflict of interest arising from the relationship between project supervisors and implementers potentially detrimental to the effectiveness of aid and rendering the evaluation and supervision of donors and recipients activities difficult.
3. Managerial/Organizational problems – Some of the factors contributing to project failure in development projects are commonly of a managerial/organizational nature (Ika, 2012: 32). These include;
- Poor project design
 - Unclear project objectives
 - Poor beneficiary needs analysis
 - Lack of sensitivity to beneficiary needs by project supervisors and managers
 - Failure of stakeholders to agree on project objectives
 - Differing and conflicting priorities among stakeholders
 - Politics
 - Lack of project management skills
 - Poor stakeholder management
 - Delays between project identification and start-up
 - Delays during project implementation
 - Poor risk analysis
 - Cost overruns

- Monitoring and evaluation failure
- Communication problems
- Coordination problems

3.5.2.1 Common Risk Factors in Development Projects

Although the literature reviewed in this research does not directly identify or enumerate risks factors in international development projects, the risk factors are still identifiable in the discussions. The following are good examples; the discussion above by Ika (2012) in a paper entitled, “Project Management for Development in Africa: Why Projects Are Failing and What Can Be Done About It” covers various problems facing development projects. In discussing these problems, risk factors begin to come out under the same context. Semantically, problems and risks are similar in many ways. OECD papers titled “Managing Risks in Fragile and Transitional Contexts: The Price of Success?, Conflict and Fragility” (OECD, 2012) and “Development Assistance and Approaches to Risk in Fragile and Conflict Affected States” (OECD, 2014) discuss risk in a broad context and risk factors are identifiable in the discussion. There are similar trends in Kakonge (2015), Ika and Saint-Macary (2014), Youker (2003) and others.

The following risks factors in development projects have been identified in literature;

1. Assumption risk – According to Kakonge (2015), one of the major causes of risks and uncertainty in development projects is the tendency by designers to make generalizations and unverified assumptions in project planning. Decisions are often made with “little hard and fast information”. These can backfire badly resulting in project failure, loss of money and embarrassment. The tendency to generalize is based on the mistaken assumption that a “one-size-fits-all approach will work” for all development projects (Kakonge, 2015). Ika (2012: 33) raises the same argument. The assumption “that all types of projects and project models share the same characteristics” is a risky one. The one-size-fits-all approach has its roots in fields such as engineering, architecture and economics but with the specific nature of development projects that assumption becomes even riskier.
2. Risk of poor communication – some authors have observed that in many development projects, there is a considerable geographic and cultural separation among actors (Ika, 2012: 31; Hermano *et al.*, 2013: 23). This kind of setup introduces the possibility of ineffective or challenging communication. While

making the communication happen and maintaining it could be challenging, having the separated parties effectively understand each other could be another challenge. Naturally, it is easier to communicate when all parties fully understand the situation on the ground, when they have the same perspective and experience. In development projects, key decision makers may lack a full appreciation of what would be happening on the ground (which could help them make better decisions on the project) simply because they are out of touch. Another problem that could increase the risk of poor communication is literacy issues (Ika, 2012: 31). Sometimes recipient communities may be not be literate enough to be able to fully understand project objectives and to give meaningful input on the project.

3. Lack of project management skills – According to Diallo and Thuillier (2005: 238), local members of the project management team often have limited project management skills. Ika and Saint-Macary (2014: 153) observe that in Africa, most project managers are accidental and most project management training is either shallow or inadequate. Lack of project management skills relates closely to lack of implementation capacity by donors and recipients because project management capacity is a key component of implementation capacity.
4. Lack of implementation capacity by donors and recipients – Ika (2012: 31) identifies lack of implementation capacity as one of the problems in development projects. Implementation capacity covers a number of things such as project management capacity, technical capacity and institutional capacity which are all needed to ensure project success. If the project is shallow in any of these dimensions, it becomes a considerable risk to the success of the project.
5. Lack of project management guidelines and literature – Hermano *et al.* (2013: 23) claim that “project management literature has focused little attention on international development projects” and “very little has been written on the way project managers should manage international development projects”. This affects the quality of project management knowledge and expertise in international development projects and consequently the success of those projects. According to Muriithi and Crawford (2001), literature to assist project managers in Africa or developing countries is scarce. They argue that most writers on project management in developing countries assume that project management is “necessarily Western” applied to some “remote outpost of poor physical and social

infrastructure.” This does not equip the project manager to deal with practical issues on the ground.

6. Political risk (Diallo and Thuillier, 2005: 238; Hermano *et al.*, 2013: 23; Ika and Hodgson, 2014: 1185) – Political risk can be fuelled by other risks such as conflicting donor/recipient policies (point number 10 on this list) where there are “contradictions between the political agenda and the development agenda of both donors and recipients” (Ika, 2012: 31). These contradictions can lead to tensions if not handled and negotiated properly. This is the first dimension of political risks where there is politicking among project stakeholders. Ika (2012: 30) refers to this as “dirty politics”. The second dimension of political risk arises from bilateral aid settings where one country gives aid to another. In such a setting, there may be differences in the political agendas for the two countries which can put projects at risk or cause tension. The third dimension of political risk arises from fragility or weakness of governments in recipient nations which has a direct effect on projects and the stability of their environment.
7. Reputation risk – donors and their implementing partners have their reputation at stake when they engage in development aid projects. When things go wrong in projects, they may end up being blamed, rightly or wrongly. Due to the complexity of the stakeholder matrix in development aid projects, the inquest into what would have really happened when projects fail may not be an easy one. Reputational risks tends to affect parties’ future involvement in projects. Recipients’ past experiences with development efforts often come in to haunt new projects. Stakeholders (especially donors and implementing partners) might suffer negative perception, lack of trust and other issues (Ika, 2012: 31) which will affect their involvement in future projects.
8. Risk of excessive or prohibitive control mechanisms – excessive control mechanisms can end up being an impediment to the success and smooth running of projects. The effectiveness of aid and decision making in projects can be slowed down by stringent risk averse processes that are often slow and rigid (OECD, 2012: 15). According to OECD (2012: 15) speed and flexibility are often required in project decisions and the presence of many stringent reporting and accountability controls has left many projects and programs with virtually no room for flexibility and innovation. The authors argue that the context in many development projects requires donors to have a different, more flexible approach in the management of

risks and associated control mechanisms (OECD, 2012: 15). It has also been argued that donors set unrealistic accountability expectations (OECD, 2012: 121). In a multi-donor setup, it is possible for various donors to individually ask for the same thing to be reported in a different format and that becomes unnecessarily burdensome to project implementers and recipient institutions. The dilemma is that in the context of other problems in international development such as corruption, donors are reluctant to take risks and naturally find it difficult to allow too much flexibility or relax controls.

9. Lack of funds and resources (Diallo and Thuillier, 2004: 20) – Even though the international development industry is a multi-billion dollar industry (Moyo, 2009: xix; Ika *et al.*, 2012: 105), projects often face serious resource constraints. The complex project environments, the fragile institutions and other factors call for an extraordinary amount of resources in order for development efforts to be effective. While development projects are individually, specific, proper development requires a holistic or broader approach to development issues (OECD, 2016b: 24). This is the challenge, donors and development partners rarely have the luxury and space to fund extra development initiatives outside the scope of their projects even those that are directly linked to the projects they are funding. For example a project that focuses on addressing a health related issue such as cholera or typhoid may find that the cause of those diseases is a dysfunctional or non-existent water and sanitation system. It would be difficult for such a project to afford to fund extra projects or initiatives to improve sanitation because such projects would fall outside its scope and certainly, budget. OECD (2016b: 24) call this challenge “leaving no-one behind”, explaining that development initiatives must strive for a holistic approach to development so that no area is left lagging behind. The areas that are left out often undermine development efforts because of linkages and interrelationships that often exist between communities and program areas. The challenge is to adopt cross-cutting programming to ensure nobody is left behind. This is no small challenge and requires an extraordinary amount of resources. Another need for resources arises from the cost of project monitoring and supervision. When recipient institutions are weak and fragile as is often the case, donors are faced with the challenge of providing key personnel for monitoring and supervising the project (Youker, 2003). This adds other personnel related costs to the project which can be quite significant. Another challenge is the scarcity of

resources in recipient countries (Hermano *et al.*, 2013: 26). Recipient countries often face serious resource constraints to the extent that they are rarely able to contribute financially to projects and programs being sponsored by donors (Youker, 2003). The implication is that donor funds have to stretch to cover a lot of project aspects which is often a challenge.

10. Conflicting donor/recipient policies – According to Ika (2012: 31) there can be “contradictions between the political agenda and the development agenda of both donors and recipients.” These contradictions work against smooth implementation of projects and are a risk that can feed into other risks such as political risk, donor bias and conflicting stakeholder priorities.
11. Conflicting stakeholder priorities (Diallo and Thuillier, 2004: 20; Hermano *et al.*, 2013: 23) – conflicting priorities cause discord in projects. As already discussed, development projects have many stakeholders. The multiplicity of stakeholders increases the chances of stakeholders having differing priorities. This results in some stakeholders lacking commitment to certain aspects of projects which can cause problems for the project.
12. Lack of data – According to Kakonge (2015), lack of background research and baseline data is one problem facing development projects especially in Africa. Sometimes donors may feel that carrying out feasibility studies may require more resources and wastes time but “there are no shortcuts or easy fixes” to unlock the risks and uncertainties projects. Collecting data is an important background activity that is critical in planning and executing various types of projects.
13. Bureaucracy – Authors such as Ika *et al.* (2012: 106), Ika and Hodgson (2014: 1185), Diallo and Thuillier (2004: 20) have noted the prevalence of bureaucratic procedures and rules in international development projects. This can be attributed to the complex web of stakeholders and the complex environments that often exist in development projects. Bureaucracy undermines the efficient operation of project and program processes.
14. Risk of donor bias – Some researchers have observed that donor policies are not always compatible to realities and practises on the ground (OECD, 2016b). They also claimed that donors may be keen to see transformation of recipient institutions but often less willing to examine their own structures and approach (OECD, 2016b). Donors’ emphasis on certain aspect of projects can also amount to bias if overdone. This could come in the form of emphasis on monitoring mechanisms or

certain project objectives. According to Kakonge (2015), donors engage in projects already having set their priorities. This can cause bias especially if the priorities are rigid. This situation poses the risk of overlooking important factors in pursuit of donor priorities. Donor bias may also manifest through too much emphasis on “highly visible quick results” by donors Ika (2012: 31). This can put the project at risk as other aspects of the project such as quality and safety can be sacrificed in an attempt to satisfy donor demands.

15. Fragile institutions – Muriithi and Crawford (2001: 313) observe that in Africa, political institutions are weak and unstable. The political systems tend to depend on patronage. This system of patronage affects the way leaders and managers run institutions, both public and private ones. Ika and Saint-Macary (2014: 153) cite corruption, bad governance, and lack of project management capacity as some of the chief causes of project failure in Africa. Corruption and bad governance are serious drivers of institutional fragility. Fragility significantly heightens other risks. “Contextual, programmatic and institutional risks are significantly higher in fragile settings”, (OECD, 2016b: 15). When recipient institutions are fragile, aid efforts are at risk because the recipients may not be able to make effective use of the aid especially after donors have pulled out. Hermano *et al.* (2013: 23) have linked the effectiveness of aid to the quality of recipient institutions. Ika and Hodgson (2014: 1186) have noted the presence of “institutional and sustainability” problems in the context of development projects. Weak institutions are often plagued by other issues such as corruption, capacity building issues, lack of political support and lack of implementation and institutional capacity (Ika, 2012: 31). As a result, failure in international development projects is often more institutional than technical.
16. Benefit risk – benefit risk comes as a direct consequence of dealing with fragile institutions (number 15 on this list) and issues such as corruption (number 26 on this list). These issues jeopardise the realisation of benefits from completed projects. Sustainability of operations after project completion is very important but it requires recipient institutions to have the capacity to sustain the projects and programs after they are completed and handed over. The challenge is that government ministries and departments that are expected to take over operations are often financially strained (Muriithi and Crawford, 2001: 317). Equally recipient communities may lack the capacity to sustain project operations after

completion. This introduces significant benefit risk. Projects may be completed but recipients may lack the capacity to sustain the outputs from completed projects and hence to reap its benefits. For example, a donor may engage on a project to drill boreholes for a community but after the handover, when donors and the project team have left, the community will need to maintain the boreholes, failure of which may render them unusable.

17. Economic risks (Diallo and Thuillier, 2004: 20; 2005: 238) – economic risks such as inflation come with unstable economies often found in recipient countries. Currency issues, inflation and unstable economies can make planning and execution of projects difficult.
18. Extreme socio-political complexity (Hermano *et al.*, 2013: 23; Ika and Hodgson, 2014: 1186) – while socio-political complexity has become a characteristic of development projects, it is arguably a risk at the same time. Ika and Hodgson (2014: 1186) argue that international development projects are extreme cases of socio-political complexity. As shown on Figure 3.4, Ika and Hodgson (2014: 1186) rank international development projects as having the highest level of socio-political complexity in a pool having international projects, public sector projects, private sector projects and international development projects. International development projects often have many stakeholders (Diallo and Thuillier, 2005: 238; Ika *et al.*, 2012: 106) and the stakeholders usually belong to different cultures (Diallo and Thuillier, 2005: 238). In such cases project stakeholders may struggle to achieve a shared vision and priorities for projects. The complex web of stakeholders can complicate the execution of projects to an extent that the success of the projects gets threatened. Project processes such as communication, stakeholder engagement and stakeholder management can become very difficult. Lack of a shared vision and differing priorities often results in lack of commitment by some stakeholders (Diallo and Thuillier, 2004: 20). Often times the real beneficiaries of projects hardly have a voice on the implementation of the project (Diallo and Thuillier, 2005: 239). This is because development projects are usually for the purposes of benefitting less privileged communities which may not be organized enough to have their own voice in development initiatives. Their interests are then represented by other parties such as political leaders or other government officials. According to Hermano *et al.* (2013: 23), it is the “social” and “political nature” of international development projects which makes them “attract

a complex web of stakeholders.”

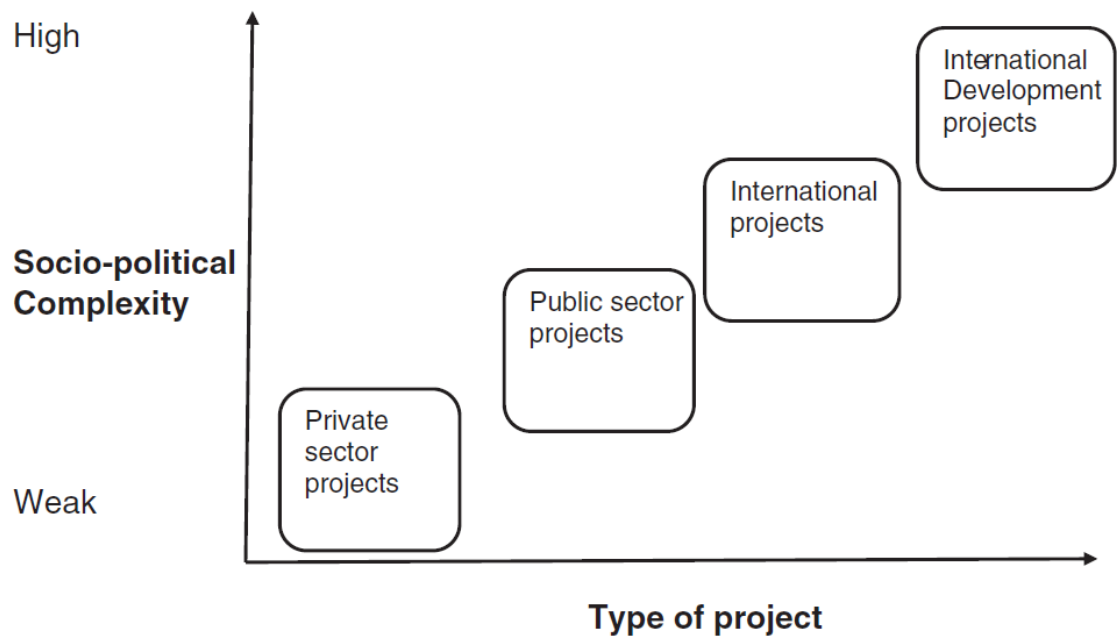


Figure 3.4: International development projects are extreme cases of socio-political complexity. From Ika and Hodgson (2014: 1186).

19. Risk of stakeholder fallout – stakeholder fallout could be a potential consequence of the extreme complexity discussed above (point number 18). When there is a fallout or when stakeholders are at loggerheads, firstly the very existence of the project is at risk and secondly its success.
20. Ineffective project management methods (Khang and Moe, 2008: 74; Hermano *et al.*, 2013: 23) – international development projects have special features not usually found in conventional projects. Careful considerations need to be made on the project management approaches and tools to be used for these projects because some approaches may not work. Some researchers have argued that without a proper adaptation, standardized, traditional project management tools and methods appear unsuitable for managing international development projects (Khang and Moe, 2008: 74; Hermano *et al.*, 2013: 23).
21. Delays during project implementation (Ika, 2012: 31) – delays during project implementation are a risk that affect the project in many ways. Due to the challenging local conditions in development projects, the situation on the ground likely changes from time to time. The delays may render assumptions, forecasts, estimates and plans invalid. Delays are caused by issues such as bureaucracy and stakeholder consensus. Muriithi and Crawford (2001: 317) claim that in Africa some public projects are deliberately made to drag on and on due to the scarcity of

employment and the resultant job losses that may occur at project closure. Consequently those employed by the project may view delays as working in their favour.

22. Poor stakeholder commitment – according to Diallo and Thuillier (2004: 20) evidence gathered from World Bank projects showed poor stakeholder commitment. This was coupled with lack of a shared perception and consensus on project objectives.
23. Unclear lines of authority – Diallo and Thuillier (2004: 20) also noted that there are unclear lines of authority in development projects. There are many stakeholders in development projects and often many donors working in the same space. This can easily result in lack of order and poor organisation which puts projects at risk. In a multi-donor setup, it is critical for recipient institutions to coordinate donor efforts so as to maximize on the aid investments otherwise the poor organisation will likely lead to wastage and inefficient use of aid resources. The handicap is that recipient institutions often lack the capacity to effectively coordinate aid efforts. That lack of capacity also leads to coordination failure and unclear lines of authority and it becomes a vicious cycle.
24. Coordination failure – unclear lines of authority cited by Diallo and Thuillier (2004: 20) often result in coordination failure. The complex mix of stakeholders as discussed by Ika and Hodgson (2014: 1186), Hermano *et al.* (2013: 23) can make coordination efforts difficult.
25. Unrealistic targets – According to Kakonge (2015), another problem often encountered in development projects is the adoption of over-ambitious targets. Ika and Hodgson (2014: 1185) have also reported “over optimism” to be a problem in development projects. When the situation on the ground proves the targets to be unrealistic, a lot of problems may arise in the organization and execution of the whole project.
26. Corruption – According to OECD (2012: 92), “corruption can refer to any situation where entrusted power is abused for private gain”. Corruption has been frequently cited as a big problem in development projects (Ika, 2012: 31; OECD, 2012: 17; Ika and Saint-Macary, 2014: 153). According to Ika (2012: 31), “endemic corruption” is one of the institutional problems facing development projects. Ika and Saint-Macary (2014: 153) also cite corruption as one of the big problems in developing countries. Corruption compromises a lot of things on the project.

Reputation, resources, quality, ethics are all at risk and consequently the whole project is exposed.

27. Stakeholder dishonesty – Ika and Hodgson (2014: 1185), Kakonge (2015) have observed the possibility of stakeholders being dishonest and misrepresenting facts. According to Kakonge (2015), this usually manifests through tinkering with figures so that they reflect a satisfactory position to the donors. Ika and Hodgson (2014: 1185) have noted the possibility of “strategic misrepresentation or misinformation about costs, benefits and risks” and stakeholders “knowingly pitching initial budgets low, and overestimating benefits”.
28. Risk of doing harm (OECD, 2016b: 15) – Risk of doing harm arises when a project produces unintended negative effects on the project environment, stakeholders or anyone involved on the project. An example of an unintended negative result is conflict. Development projects or aid can easily become the cause for conflict and contention. The result is that the project that was meant to benefit the recipients would unintentionally leave them with other problems and potentially serious ones.
29. Risk of abuse of funds and other resources – this risk can manifest in various ways. One way is through corruption. Corruption has been defined as “any situation where entrusted power is abused for private gain”, (OECD, 2012: 92). The “private gain” could be coming from project resources. That means corruption can result in abuse of project funds and resources. Another manifestation of abuse is through diversion of funds (OECD, 2016b: 15). This occurs when resources are not used for their intended purpose. When resources are diverted, the initial purpose for the resources is compromised and this can put the project at risk. Funds may be diverted to meet other seemingly justifiable needs but this may still affect the budget where the funds were diverted from. Many questions may arise when funds are diverted. How much is being diverted? Was the diversion authorised by donors? Why are the funds not being used for their original purpose? Why were the funds in excess? Are the funds going to meet a justifiable cause? How is the use of the diverted funds being monitored and accounted for?
30. Risk of poor project planning – According to Diallo and Thuillier (2004: 20), some organisations in development projects are not “structured for project management” and in those organisations, project planning is weak and lacks realistic detail. This may be linked to lack of project management skills (number 3 on this list) as

discussed by authors such as Diallo and Thuillier (2005: 238) and Ika and Saint-Macary (2014: 153).

31. Poor risk management – authors such as Diallo and Thuillier (2004: 20), Ika and Hodgson (2014: 1185) have observed that risk analysis in development projects is either poor or non-existent. This is a big problem and a huge risk because without proper risk management the project can easily be derailed even by easily avoidable risks.

The risks above are not presented in any particular order.

3.5.2.2 Common Approaches to Risk Identification

As already mentioned, some authors have argued that there are no clear risk management guidelines in international development (OECD, 2012: 68). The PMD Pro Guide (PM4NGOs, 2013) and OECD (2014) contain basic but useful guidelines on risk management in international development. The discussion in OECD (2014) is good but does not seem to tackle risk identification. The Copenhagen Circles discussed in OECD (2012; 2014) and section 3.5.1 of this research are important for risk analysis and help in visualizing where the risks are commonly found but a methodology for identifying individual risks is not discussed. Other researchers who have also made substantial contributions to risk management in development projects such as Ika (2012), Ika and Saint-Macary (2014), Kakonge (2015) also don't seem to suggest approaches or methods for risk identification. This could make the discussion on commonly used risk identification methods in international development a difficult one.

The PMD Pro (PM4NGOs, 2013: 105) discusses approaches for risk identification. According to the PMD Pro (PM4NGOs, 2013: 105) risk identification should involve the following steps;

1. Identification of general risk categories
2. Identification of specific risks from each of the risk categories in collaboration with key stakeholders
3. Identification of the cause or origin of the risk and its impact on the project

It may be worthwhile to discuss generic project risk identification approaches without necessarily restricting the discussion to development aid projects. The project risk identification approaches discussed by various authors and researchers from other sectors look similar.

Similar to the PMD Pro Guide, Chapman (1997: 277) describes risk identification as involving two specific tasks;

1. Search – searching for sources of risk and responses, using techniques “such as pondering, interviewing, brainstorming and checklists”;
2. Classify – providing a “suitable structure for defining risks and responses, aggregating/disaggregating variables as appropriate.”

The following is a summary of risk identification methods discussed in literature;

1. Interviews (Chapman and Ward, 1997; Elkington and Smallman, 2002: 50; Zou and Li, 2010; PM4NGOs, 2013: 105; PMI, 2013: 319, 324; Song *et al.*, 2013; Xu *et al.*, 2015). According to Elkington and Smallman (2002: 50) citing Chapman and Ward (1997) interviews can be group or individual.
2. Focus Groups (PM4NGOs, 2013: 105)
3. Brainstorming (Chapman and Ward, 1997; Elkington and Smallman, 2002: 50; Mañelele and Muya, 2008; Nicholas and Steyn, 2012; PM4NGOs, 2013: 105; PMI, 2013: 319, 324).
4. Checklists (Chapman and Ward, 1997; Elkington and Smallman, 2002: 50; Zou and Li, 2010; Nicholas and Steyn, 2012: 355; PMI, 2013: 319, 324).
5. Root Cause Analysis (PMI, 2013: 319, 324)
6. Site Investigation (Song *et al.*, 2013; Xu *et al.*, 2015).
7. Document Reviews (PMI, 2013: 319, 324; Song *et al.*, 2013; Xu *et al.*, 2015).
8. Literature Review (Chileshe and Yirenkyi-Fianko, 2012; Abd El-Karim *et al.*, 2017).
9. Expert Judgement (PM4NGOs, 2013: 105; PMI, 2013: 319, 324; Abd El-Karim *et al.*, 2017).
10. SWOT Analysis (PMI, 2013: 319, 324)
11. Scenario Planning (PM4NGOs, 2013: 105)
12. Assumption Analysis (PMI, 2013: 319, 324)
13. Work Break Down Structure (WBS) Analysis (Mohammad *et al.*, 2010: 502; Nicholas and Steyn, 2012: 355).
14. Project Analogy (Nicholas and Steyn, 2012: 355)
15. Project Networks (Nicholas and Steyn, 2012: 355). This is based on analysing link points between two or more projects where there are project dependencies or when project outputs have to integrate.

16. Delphi groups or Nominal Group Technique (NGT) (Mohammad *et al.*, 2010: 500; Nicholas and Steyn, 2012: 355; PMI, 2013: 319, 324). The Delphi technique is a special group survey technique “for combining the opinions of several people to develop a single judgment” (Nicholas and Steyn, 2012: 357).
17. Various diagramming approaches such as cause-effect diagrams, systems dynamics and influence diagrams and flow charts, (Mohammad *et al.*, 2010: 500; Nicholas and Steyn, 2012: 355; PMI, 2013: 319, 324).

3.5.2.3 Pros and Cons of Various Risk Identification Approaches

According to Mohammad *et al.* (2010: 501) there is no best method for risk identification but in each situation a suitable combination of techniques should be employed. Some of the risk identification methods proposed have weaknesses which should be borne in mind. For example, risk checklists are not always exhaustive. Their role is to guide the project practitioners on common risks but they may not cover all risks since every project is unique. The use of the work break down structure as a basis for the risk structure as suggested by Mohammad *et al.* (2010: 502) has shortcomings in that project risks do not always originate from project processes and project tasks. Some risks come from the project environment or external factors which means such a structure may not adequately account for project risks. According to Nicholas and Steyn (2012: 355), work packages on the work break down structure can also be assessed for exposure to external risks, for example subcontracting. Work breakdown structure analysis is by nature a task and process oriented technique. That means there could still be problems identifying risks that do not affect specific work packages, tasks or processes. For example it may be difficult to detect high level political issues in the organisation which could affect the project. That type of risk affects the project as a whole not necessarily a specific process.

Expert judgement is an important risk identification method. Experts having relevant experience with similar projects may directly identify risks. Other methods such as brainstorming, Delphi technique and interviews actually rely on expert knowledge to identify risks and to understand their characteristics. Expert judgement is prone to expert bias which needs to be taken into account (PMI, 2013: 327).

Literature review has also been used as a tool for risk identification (Mañelele and Muya, 2008; Abd El-Karim *et al.*, 2017) however not every risk mentioned in literature applies to a project. There remains a need to examine each project individually as a unique entity

in order to avoid making generalizations. Risks identified in literature must reflect the situation on the ground in the project otherwise those risks may not be applicable to the project. Another important consideration to make is to determine if literature has enough coverage of the risks in the area under discussion. If the area is not sufficiently covered in literature it becomes important to use other risk identification methods to assist in the identification of risks. Despite these limitations, literature remains an important guide and reference point to risk identification because naturally literature is the repository of theory which guides practice.

Project analogy involves learning from past projects, identifying risks from past projects. The projects must be significantly similar for the comparison to be meaningful. This method relies on documentation of past projects. If projects are not properly documented, it will be difficult for future projects to learn from them. This could be a concern for international development projects since some researchers have already highlighted the prevalent lack of project management skills (Diallo and Thuillier, 2005: 238; Ika, 2012: 34; Ika and Saint-Macary, 2014: 153). The lack of project management skills will likely impact on the quality of documentation of project processes, record keeping and proper closing out of projects.

3.5.2.4 Risk Identification Approaches in this Research

The methods used in the identification of risks in this research are inspired by the techniques discussed above from past research and literature. Risk identification methods in this research rely on expert knowledge. From the discussion above, expert knowledge is a key element in risk identification. For this research, information on risk factors will be gathered through interviewing project practitioners (the experts) in the implementation of projects in the health sector in Zimbabwe. The discussion above also demonstrates that the use of use of interviews for risk identification is one of the commonly cited risk identification methods in literature. Additionally, a review of common risks in literature has already been performed in this research. As already discussed, literature review is an important tool in risk identification. After the risks are identified from expert interviews, the identified risks are then compared with the risks identified in literature.

This research takes the approach that the identification of risks and risk categories should be informed by the analysis of the data gathered from the interviews. A special analysis is necessary because interviews usually produce subjective responses (MacDonald *et al.*,

2008: 9) and therefore require special procedures for analysis. The rationale and merits for this approach set the stage for the important discussion on research methodology which is fully and specifically dealt with in the next chapter.

This research is not focusing on a specific project. The research is looking at risk factors in aid projects in the Zimbabwean health sector. The risk factors identified and the resultant structure are not definitive for any particular project but serve the purpose of informing and guiding project and program practitioners in risk identification activities (PMI, 2013: 319). Consequently, certain risk identification techniques that are project specific such as work breakdown structure and flowcharts become less effective in this research since the focus is not a specific project.

4. Research Methodology

The selection of a research method largely depends on the research situation. Quite often, research situations do not offer clear cut research choices (Amaratunga *et al.*, 2002: 20). Making that choice is negotiating many complex variables so as to make the research possible (McGrath, 1981: 179).

The research situation and research objectives for this research suggest a qualitative research approach. Qualitative research focuses on analysing words to understand people and situations and bring out relationships. Quantitative research on the other hand focuses on numerical analysis to bring out characteristics and relationships in a study (Amaratunga *et al.*, 2002: 19). Table 4.1, from MacDonald *et al.* (2008: 9) shows key features of quantitative and qualitative research.

	Quantitative	Qualitative
Aim	The aim is to count things in an attempt to explain what is observed.	The aim is a complete, detailed description of what is observed.
Purpose	Generalisability, prediction, causal explanations	Contextualisation, interpretation, understanding perspectives
Tools	Researcher uses tools, such as surveys, to collect numerical data.	Researcher is the data gathering instrument
Data collection	Structured	Unstructured
Output	Data is in the form of numbers and statistics.	Data is in the form of words, pictures or objects.
Sample	Usually a large number of cases representing the population of interest. Randomly selected respondents.	Usually a small number of non-representative cases. Respondents selected on their experience.
Objective/Subjective	Objective – seeks precise measurement & analysis	Subjective – individuals' interpretation of events is important
Researcher Role	Researcher tends to remain objectively separated from the subject matter.	Researcher tends to become subjectively immersed in the subject matter.
Analysis	Statistical	Interpretive

Table 4.1: Key Features of Quantitative and Qualitative Research.

From MacDonald *et al.* (2008: 9).

Hansson (2010) argues that risk consists of both subjective and objective components. Statistical probabilities, expected values and other numeric analyses form the objective side of risk by attempting to quantify it or express it as a physical fact while the subjective nature of risk manifests itself in the different ways people perceive risk (Hansson, 2010:

232). According to Zhang (2011: 6), risk identification falls on the subjective side of risk in the sense that the presence or absence of a certain risk depends on the perception of the actors involved. The focus of this research is on identification of risks and therefore becomes subjective in nature.

Since this research gathers information on project risk factors; what they are, it is important to get that understanding from the perspective and experience of those involved in the projects, those who have practical first-hand experience dealing with the phenomena under investigation. The research should not suggest to respondents what the risk factors are. Although the researcher will not start the research with a totally blank mind (Lewis, 2003: 49), the idea is to learn about the risks factors from the people involved in the day to day running of health sector projects as opposed to carrying out research with premediated ideas of what the respondents should tell the research. This is one reason why this research would be best performed using a qualitative approach. Qualitative research allows the themes of the issue under investigation to emerge from the research without influence from the researcher. Such an approach gives a more accurate reflection of the issue under investigation and is what this research seeks to achieve. The subjective nature of risk identification requires the use methods that eliminate bias and are capable of extracting meaning out of the subjective expressions expected from the research.

As argued by MacDonald *et al.* (2008: 9) and shown on Table 4.1, the approach to learn about risk factors from the perspective of those involved in projects will necessitate the use of unstructured data collection tools so that the true meaning and expression of research participants' contributions is accurately captured. Such tools and methods produce data in the form of words and descriptions, which are subjective in nature according to the individual's interpretation of events (MacDonald *et al.*, 2008: 9). In addition, when collecting data and processing responses, respondents may use the same words to mean different things and different words to mean the same thing (Saunders *et al.*, 2012: 546). This scenario firmly roots the research in qualitative methods. Qualitative data is known to contain large amounts of text, ambiguity and to be subjective in nature (Saunders *et al.*, 2012: 546). Qualitative data analysis methods are designed to handle such data and through them, the researcher can be able to organize, analyse and draw valid conclusions from such responses while neutralising the ambiguities that may come with such data (Saunders *et al.*, 2012: 546). As contrasted on Tables 4.1 and 4.2, quantitative

methods will be less effective in the gathering and analysis of such data.

The analysis of relationships between risk factors is also part of this research and is necessary to provide a clearer and more complete understanding of the risks involved. Identifying, analysing and understanding relationships and patterns among data is an integral part of qualitative data analysis (Saunders *et al.*, 2012: 557, 560). That is yet another reason for the use of qualitative methods for this research. The relationship patterns among risks can begin to emerge from the links between analytical categories that are developed during the process of data analysis and coding. Qualitative data analysis is iterative but in the end it reveals a picture of the relationships or patterns that may exist among data and help the research to generate conclusions and explanations.

4.1 Research Approach and Design

Qualitative research is premised on inductive rather than deductive reasoning (Williams, 2007: 67) therefore this research takes an interpretivist, inductive approach. Interpretivism places emphasis on understanding the different roles played by the humans involved, who are the social actors in the setting (Saunders *et al.*, 2012: 137). In projects, this is important because people are at the centre of all projects. The way human actors respond and perceive things has a significant impact on the project atmosphere and project outcomes. The perspective of the actors is critical in resolving problems and understanding any phenomena in their setting. That means, as already highlighted, the key to understanding project risk factors is in understanding them from the point of view of those involved with the projects and programs.

Qualitative research can be done in different ways (Williams, 2007: 68). The words “approaches”, “types” and “designs” are often used interchangeably in research literature to describe the various ways of carrying out qualitative research (Williams, 2007: 67; Nieswiadomy, 2008: 172). Other authors also refer to these as “philosophical frameworks” in qualitative research (Hanson *et al.*, 2011: 376). In this research, these words may also be used interchangeably.

Creswell *et al.* (2007) present a detailed discussion of five common qualitative research designs namely; narrative research, case study, grounded theory, phenomenology, participatory action research. Other authors such as Nieswiadomy (2008: 171), Hanson *et*

al. (2011: 376), Bhattacharjee (2012: 38) and Williams (2007: 67) also discuss the same methods with slight variations.

Table 4.2 shown below, from Creswell *et al.* (2007: 241) summarizes these research designs.

This research seeks to understand and analyse the essence of project risk factors from the perspective and experiences of the actors involved, therefore, in the sense of research designs, it takes the phenomenology approach. Phenomenology refers to the way humans understand and “make sense of the world” (Saunders *et al.*, 2012: 137). Edmund Husserl (1859 – 1938) is acknowledged for laying the groundwork for phenomenological traditions and its emphasis on returning to the thing or phenomenon (Grbich, 1999: 167). He also emphasized the need to try and understand the phenomenon from “within” and considered the individual to be “originator of meaning and the central point for social analysis.” Staff involved with programs and projects are a good source of information related to the phenomenon of program risk because they interact with and experience the phenomena directly on a day to day basis. They therefore become the “central point” of the research.

Characteristics	<i>Narrative Research</i>	<i>Case Study</i>	<i>Grounded Theory</i>	<i>Phenomenology</i>	<i>Participatory Action Research</i>
Type of problem best suited for design	When detailed stories help understand the problem	When researcher has a case bounded by time or place that can inform a problem	When no theory exists or existing theories are inadequate	When the researcher seeks to understand the lived experiences of persons about a phenomenon	When a community issue needs to be addressed so that change can occur
Discipline Background	Humanities	Psychology, law, political science, medicine	Sociology	Psychology, education	Philosophy, broadly in the social sciences
Unit of Analysis	One or more Individuals	An event, program, activity, or more than one individual	A process, action, or interaction involving many individuals	Several individuals who have shared the experience	An entire community
Data collection forms	Interviews, Documents	Multiple forms: interviews, observations, documents, artefacts	Primarily interviews	Primarily interviews, although documents, observations, and art may also be considered	Depends on the community needs; can be both quantitative and qualitative
Data analysis Strategies	Chronology, elements of a story, restorying	Description of the case and themes of the case as well as cross-case themes	Open coding, axial coding, selective coding	Bracketing, statements, meaning units or themes, textual description, structural description, essence of the phenomenon	Involve the community in decisions as to how to analyse the data
Degree of structure in methods	Little set structure	Some structure	High level of structure depending on “camp”	Structured approach in data analysis	Little set structure

Table 4.2: Contrasting Characteristics of Five Qualitative Designs.

Taken from Creswell *et al.* (2007: 241)

4.2 Data Collection Methods

In-depth interviews and focus groups are the most common methods of gathering qualitative research data (Lewis, 2003: 57). Secondary data may also be used for qualitative research provided the data is considered adequate for the purposes of the research (Lewis, 2003: 61). In the case of this research, secondary data may be difficult to obtain and may be inadequate. Availability of secondary data depends on good archiving systems and for this research, such systems may not be in a good state due to resource constraints and other challenges. In this context there are also many stakeholders and that makes it difficult to piece together meaningful secondary data suitable for qualitative analysis. Data from the field would be more credible than secondary data.

Noting the guidance given by Creswell *et al.* (2007: 241) as shown on Table 4.2, the data collection method for phenomenological studies is primarily interviews. The data will be collected through interviews. The research setting also makes it difficult to gather participants for focus group discussions because they are at different places in different organizations. The researcher may not be able to conduct focus group discussions. In addition to this limitation, focus groups do not offer a good opportunity for “detailed individual accounts” (Lewis, 2003: 58), which will be useful in unpacking the subject matter under research. Interviews are the main data collection tool for this research.

Qualitative research interviews are either structured or semi-structured (Donalek, 2005: 124; Saunders *et al.*, 2012: 374). In a semi-structured interview, the researcher asks respondents a series of pre-planned, open-ended questions focusing on various areas of the research whereas an unstructured interview may start with one question and unfold freely from there under the guidance of the researcher (Donalek, 2005: 124). Unstructured interviews are used to explore general areas of interest and are also commonly referred to as in-depth interviews (Saunders *et al.*, 2012: 375). As stated in Chapter 1, the aim of this research is to create an understanding of risk factors in programs and projects in the Zimbabwean health sector. The specific research objectives being;

1. What are the risk factors for donor funded projects and programs in the Zimbabwean health sector?
2. What are the relationships and patterns among risk factors identified?
3. How do the findings of the research compare to those of similar research in the area of risk factors in development projects?

The first and second objectives suggest a guided discussion or interview, one that focuses on the specific objectives. For that reason, semi-structured interviews will be used for this research because they offer better focus on specific issues as compared to in depth interviews which are more generalised.

Depending on the availability of respondents, interviews will be either telephonic or face to face. All interviews will be recorded. Respondents will be made aware of this and will be notified when recording starts and when it stops.

4.3 Sample Selection and Research Participants

There are mainly two types of sampling, probability sampling and non-probability sampling (Merriam and Tisdell, 2016: 96). Probability sampling is mostly used in quantitative research where the research seeks to make inferences and generalizations about the population based on the sample studied (Saunders *et al.*, 2012: 262). Likewise, non-probability sampling mostly applies to qualitative research where the research seeks to discover “what occurs, the implications of what occurs and the relationships linking occurrences,” (Merriam and Tisdell, 2016: 96). As already discussed, this research takes a qualitative approach and identifies with the later where it seeks to identify risk factors in projects and their relationships therefore non-probability sampling will be used to select the sample of research participants.

There various types of non-probability sampling. These include quota, purposive or purposeful, volunteer, haphazard and quota sampling (Saunders *et al.*, 2012: 262). Purposeful sampling is the most common type of non-probability sampling (Mistry, 2012: 521; Merriam and Tisdell, 2016: 96). In purposeful sampling, participants are selected based on their experience, knowledge and insights that they have on the research area hence their ability to provide the research with rich, meaningful information.

Purposeful sampling will be used in this research because it is important for research participants to be well versed with the research topic and be able to provide meaningful information. Qualitative researchers look for cases that have rich, specific information therefore qualitative research participants are chosen based on “their ability to provide insight into the phenomenon under investigation,” (Ayres, 2007: 242).

Some authors further divide purposeful sampling into various types (Merriam and Tisdell, 2016: 97). Merriam and Tisdell (2016: 97) list and discuss the following types of purposeful sampling; “typical, unique, maximum variation, convenience and snowball or chain sampling.” The authors describe convenience purposeful sampling as selecting a sample “based on money, time, location, availability” among other factors. They also describe typical purposeful sampling as selecting a sample that typifies “the average person, situation, or instance of the phenomenon of interest.” This research will use typical purposeful sampling. Therefore respondents selected must reflect the typical informed respondent on the research subject.

Since this research is about risk factors in programs and projects in the health sector, the purposeful sample will be composed of staff involved with these programs in the Ministry of Health and Child Care (MOHCC), donor organisations such as UNDP, PEPFAR, Global Fund, DFID and their implementing partners. The choice of respondents from these organisations is based on the organisations’ involvement with donor funded programs hence their relevance to the research. The Ministry of Health and Child Care (MOHCC) is at the centre of all activity around donor funded programs and the organisations mentioned above have been among the top donors in the Zimbabwean health sector for quite some time. The contribution by these organisations and their countries is also acknowledged and reflected accordingly in the National Budget for 2019 (MOFED, 2018: 222). The combination of these respondents is a potential treasure of information on the subject area and makes quite a good sample for this research.

4.4 Sample Size

The determination of the sample size in non-probability sampling is hardly predetermined. There are many factors that influence sample size and many of them are dynamic throughout the research. These factors include the length of time it takes to conduct interviews, the amount of data gathered, the depth of the data gathered, and the type of non-probability sampling used. This means the real size of the sample can only be known at the end of the research. Due to these issues, sample size can be viewed as “emergent and flexible”, (Patton, 2014: 313). In most non-probability sampling, the question of sample size is not important; instead, the relationship between the sample selection technique and the purpose or focus of the research is more important (Saunders *et al.*, 2012: 283). Notwithstanding these facts, for purposeful sampling, a guideline of between

5 and 25 interviews is given by some researchers to try and help guide researchers on the number of interviews to conduct (Saunders *et al.*, 2012: 283).

Although the sample size for this research is estimated to fall well within the above guidance, the number of interviews to be conducted will be determined by the point of data saturation (Saunders *et al.*, 2012: 283; Saunders and Rojon, 2014: 7). Data collection and analysis will continue until data saturation is achieved. At the data saturation point, new data coming in will not reveal anything new which the research would not have already found, signifying that the research has gathered enough data and continuing with data collection may not add value to the research.

It is important that at each stage the researcher is fully aware of the themes emerging from the data collection process because that is the only way he/she will gauge whether saturation has been reached. This brings out another critical aspect of qualitative research; data collection and analysis should be done simultaneously. Data analysis should start the very moment the first set of data is collected and continue throughout the data collection process (Basil, 2003: 144; Merriam and Tisdell, 2016: 195).

4.5 Interview Design

The choice of interview questions, probe questions, timing, the interview environment and recording of responses are critical aspects of the interviewing process (Tollefson *et al.*, 2001: 259; Knox and Burkard, 2009: 566). The skills of the interviewer are equally important. Some important aspects of the interview are discussed below.

Interview Duration

The interviews were designed to take between 30 minutes and an hour depending on interviewee responses and emerging issues to be probed.

Interview Environment

The interviews will be done at a place and time of the interviewee's choice so that responses will not be influenced by other factors such as the environment.

Recording

The interviews will be recorded using a digital voice recorder. The recordings will be

transcribed for analysis using NVivo. Interviewees will be made aware that they will be recorded and will be notified when recording starts and when it stops.

Participant Selection

Participants were selected from staff involved with programs at the Ministry of Health and Child Care (MOHCC), donor organizations such as UNDP, PEPFAR, Global Fund and implementing partners.

Pre-Interview Briefing

Participants will be given information about the research together with consent forms in advance so that they have an idea what the research is about and be able to make a decision on their participation in the research (Knox and Burkard, 2009: 572).

Ethical Considerations

It is essential for any research to be conducted responsibly and to protect participants from harm or potential repercussions. Several steps were taken to ensure the research conforms to these requirements.

The following are some of the considerations that have been made.

1. **Written Assurance**

The researcher will assure respondents in writing before they participate in the research that confidentiality will be maintained and all information gathered will be used for purely academic purposes.

2. **Information Consent**

The researcher shall also brief participants on the research topic and the purpose of the research prior to obtaining their consent. All research participants will take part freely, with full signed consent.

3. **Recording of Interviews**

Interviews will be recorded but the research shall notify participants when recording starts and when it stops.

4. Anonymity and Confidentiality

The conducting of interviews and the subsequent processing of interview data must demonstrate support for anonymity and confidentiality to respondents. While interviews will be recorded, recordings will remain anonymous and interview transcripts will not identify participants by name. Only the researcher will know the identities of the participants.

5. Right to Withdraw

Participants reserve the right to withdraw their participation from the research at any point during the research.

6. Research Clearance

The researcher obtained clearance from the Ministry of Health and Child Care to conduct this research in the ministry. Ethics clearance has also been obtained from the University of Cape Town.

Interview Questions

The interview questions were developed from the research questions (Agee, 2009: 434). The questions have been designed to be jargon free and to allow the discussion to flow naturally without introducing any thoughts or bias into the interviewee's minds (Saunders *et al.*, 2012: 397).

The interview questions are composed of main or open ended questions and probe questions. Each open ended or main question will have follow up or probing questions. The table below shows the interview questions, purpose of each question and probe question for each question.

OPEN ENDED INTERVIEW QUESTION	PURPOSE OF QUESTION	POSSIBLE FOLLOW UP/PROBING QUESTIONS
1. Thank you for taking part in this interview. Can you begin by telling me the areas you have worked in the health sector?	This question is intended to classify the work area of the respondent. It is possible that specific areas may have similar risks and such patterns are only discoverable if the researcher is aware of the respondents' backgrounds.	
2. As a professional who has been working on donor funded projects and programs in the health sector, can you briefly describe from your experience what is; a) working well b) not working so well (In projects and programs?)	This question is intended to be an icebreaker, to get the discussion going. The idea is to start picking some of the issues and concerns raised by the interviewee on what is not working so well. There are risks lurking in some of the small impediments which often grow bigger to threaten whole programs.	• Be on the lookout for keywords in the interviewee's responses that may need further probing for clarification. • Ask the interviewee why they think the aspects they raised as not working so well are the way they are.
3. What are some of the challenges experienced in running donor funded programs and projects in the health sector?	This question is an attempt to get around the technical routine and jargon of describing risks and identifying them by simply asking the interviewee to identify challenges, something that the interviewee can relate to and imagine so easily without having to think too hard and technically about the mechanics and phenomenon of risk. It can be easier to identify challenges than identifying risks because risk can be technical while challenges are general. It makes it easier for interviewees to respond. In Chapter 3 of this research, risk has been defined as risk is "the potential for a defined adverse event or outcome to occur" and risk factors as factors that "may cause the risk outcome to occur, or make it more likely" (OECD, 2012: 31). Therefore an analysis of challenges that are found in projects can lead to the identification of risks. This approach also opens up the interview for more specific follow up questions. From analysing interviewee responses to this question, the researcher should be able to bring the risks out.	• Be on the lookout for keywords in the interviewee's responses that may need further probing for clarifications. • Ask if interviewee can give specific examples of these challenges. • Ask if the interviewee can give any first hand experiences with these challenges and how they resolved them. • Depending on whether the interviewee has already touched on these perspectives or not, ask the interviewee if he/she can describe the challenges from the specific perspective of different stakeholders (donors/sponsors, implementing partners, host government and the public) but avoid naming them as this may introduce bias.

4. Of the issues we discussed on the challenges, in your opinion, to what extent would you say these challenges have an impact on the success and proper delivery of these programs?	This question attempts to get to the central issue of risk factors in a non-technical way.	• Ask interviewee if they can explain how the challenges raised can impact or threaten the success of projects or programs.
5. In brief, what would you say are some of the causes of the challenges you just raised?	The question allows the interviewee to give their opinion on the source and causes of these threats/risks. Since multiple risk factors may interact to give rise to compound risk (OECD, 2012: 31), one risk may lead to another. The interviewee can actually identify more risks through identifying factors that contribute to the risks that they would have brought up.	• Be on the lookout for keywords in the interviewee's responses that may need further probing for clarifications.
6. If you had power to make changes to health sector programs and projects in Zimbabwe with the aim of making them more successful, what would you change?	This question is a change of perspective to allow the interviewee to use their imagination to bring out issues then try to capture the issues and impediments to programs and projects from the user's imagination.	• Ask the interviewee why they would want those aspects changed. • Be on the lookout for keywords in the interviewee's responses that may need further probing for clarifications.
7. Is there anything else you can add to the discussion?	To avoid an abrupt end to the interview by allowing the interview to gracefully come to an end. This can also gather a few more insights from the interviewee that may not have been covered.	• Be on the lookout for keywords in the interviewee's responses that may need further probing for clarifications.

Table 4.3: Interview Questions

4.6 Data Analysis

Data analysis is “the process of making sense” out of the data. The process involves consolidation, reduction and interpretation of what was gathered during data collection (Merriam and Tisdell, 2016: 202).

Qualitative data analysis software will be used to help analyse data from interviews. Data from the interviews will be transcribed then analysed using NVivo software. After an analysis of the risk factors, the research will then compare and contrast the findings to other research that has been done on risk factors in related contexts, for example the research that has been done in other international development projects as discussed in the literature review.

Data analysis can be a complex and challenging part of qualitative research (Basit, 2003: 143). A thorough understanding of the qualitative data analysis processes is critical in the production of reliable research findings. The role of software is to aid the researcher by automating some of the data analysis tasks and providing tools for exploring the data. The data analysis process starts as soon as the first set of data is collected and continues throughout the research. It is not a “separate self-contained” stage from the other stages of the research (Basit, 2003: 144; Merriam and Tisdell, 2016: 195).

4.6.1 Approaches to Qualitative Data Analysis

There is no single way to work with qualitative data (Dierckx de Casterle' *et al.*, 2011: 361; Saunders *et al.*, 2012: 556). A number of approaches to qualitative research are discussed in literature however some authors observe lack of clear guidance when working with these methods especially at the data analysis phase (Dierckx de Casterle' *et al.*, 2011: 360). Despite this problem, most of the approaches discussed in literature are slight variations of each other. Although these variations may be seen as compounding the lack of clarity, they enable the researcher to apply a method that best suits their research. The underlying concepts in qualitative data analysis remain largely the same. Qualitative data analysis involves, iterative processes of categorizing data, “coding, sorting and sifting” (Chowdhury, 2015: 1135). It involves “identifying themes, categories, patterns or answers to research questions”, (Merriam and Tisdell, 2016: 216).

The task that the researcher faces is selecting a suitable and feasible data analysis approach for their research. In choosing this approach, considerations to be made include time frames, the

skills of the researcher and resources available (Endacott, 2008: 51).

Merriam and Tisdell (2016: 195) offer a comprehensive discussion on data analysis which arguably demystifies some of the often confusing aspects and terminology on data analysis. Some of the critical aspects in qualitative data analysis include coding, the development of themes or categories and categorizing codes (coded data) into the developed themes or categories. The authors explain what is involved in coding and category building and describe stages involved in data analysis.

Coding is the use of shorthand notation to represent certain segments of data for ease of reference, retrieval and management (Merriam and Tisdell, 2016: 199). These segments of data are “responsive” to the research questions. They are units of data that may answer part of the research questions. Codes also summarize data and reduce text. The shorthand notation can be in the form of words, letters, numbers, phrases, colours or combination of these.

Similar codes are grouped together to form categories. The categories mirror the themes coming out of the research. The naming of the categories and the scheme used to categorize the data depends on the research topic. Some authors treat categories and themes as the same thing and view categories as part of an answer to research questions (Merriam and Tisdell, 2016: 204). Categories should accommodate multiple codes or chunks of data.

Merriam and Tisdell (2016: 212) urge caution on the use of priori coding because it can introduce bias into the data analysis. The use or application of categories generated outside the research often hinders the generation or discovery of new categories within the data collected. Emergent categories are usually more relevant and best fitted to the data.

4.6.2 Steps in Qualitative Data Analysis

Qualitative data analysis is “primarily inductive and comparative”. At a later stage, when a framework of themes or categories has been constructed from the data, the analysis begins to switch to deductive reasoning as researcher tries to fit remaining segments of data into the developed framework of categories. As the analysis continues, the researcher may discover data that may need new categories so the analysis switches back to inductive mode. As the research progresses, the process becomes iterative and will keep switching back and forth between inductive and deductive reasoning (Merriam and Tisdell, 2016: 201). The iteration produces successive refinements of research findings.

Merriam and Tisdell (2016: 195) explain the steps involved in qualitative data analysis. Data analysis starts with identifying segments of data that are “responsive” to the research questions and breaking the text down into those segments. The segments are units of data that may answer part of the research questions. The research text or transcripts are continually broken down into units or interesting chunks and coded accordingly. Initially, the entire text is openly broken down into chunks so the process is sometimes referred to as “open coding”, (Merriam and Tisdell, 2016: 204). The coded chunks of data begin to fall under various categories depending on the phenomena under investigation. After the entire transcript has been coded, the codes are then grouped into similar categories. This process is sometimes referred to as axial or analytical coding, (Merriam and Tisdell, 2016: 206). Figure 4.1 summarises Merriam and Tisdell’s presentation.

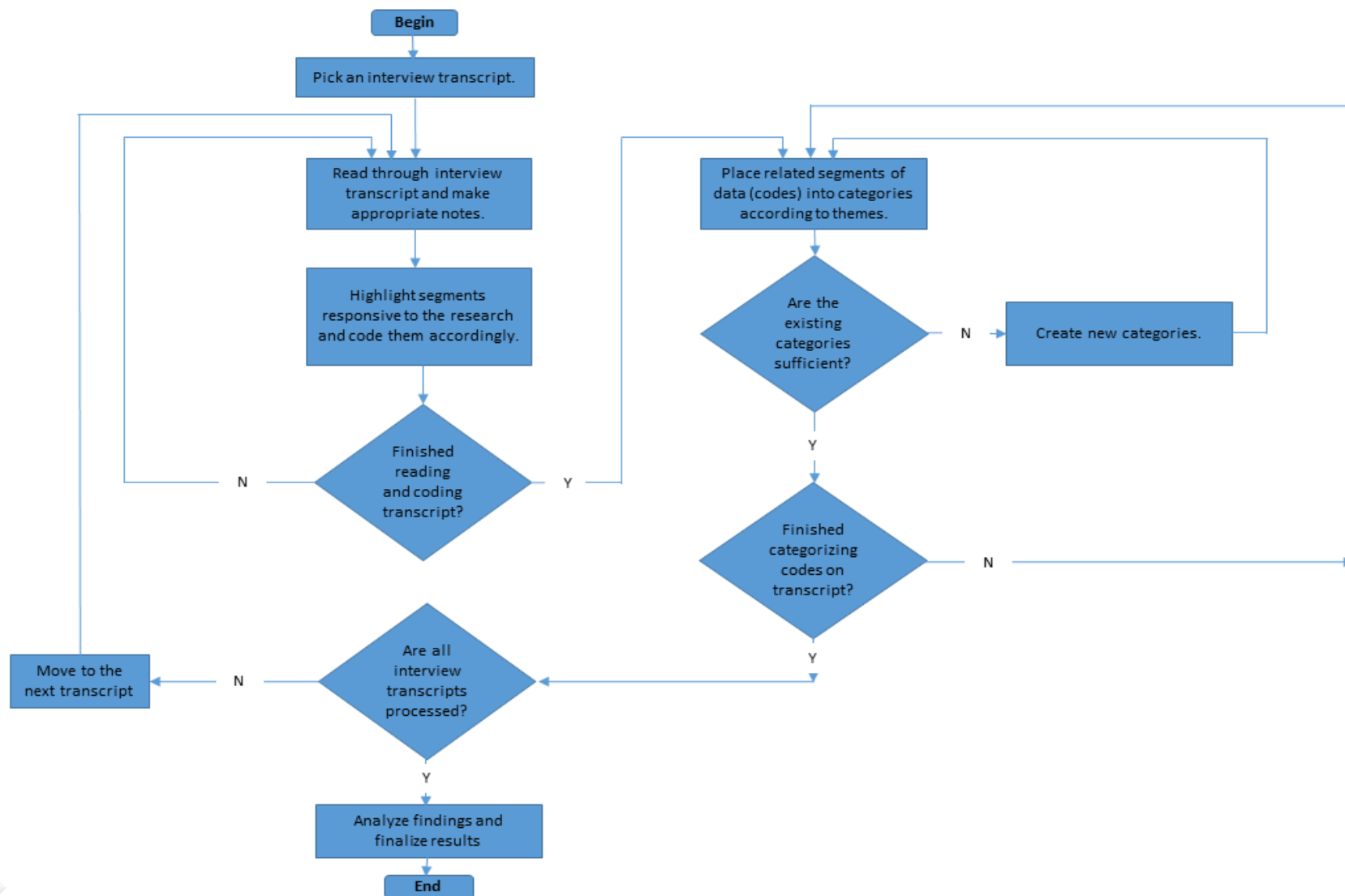


Figure 4.1: Steps involved in Qualitative data analysis

The above processes are performed iteratively from transcript to transcript. While the iterations are happening, categories get refined and re-organized.

Data analysis stops when all data have been broken into segments (open coding), all segments or codes have been fitted into categories and no new categories or themes are emerging from the data.

4.7 Trustworthiness of Research Findings

The “academic rigor” of research commonly referred to as its “validity and reliability” is as important in qualitative research as it is in quantitative research (Erlingsson and Brysiewicz, 2013: 97). Noble and Smith (2015: 34) further highlight the importance of an independent researcher being “able to arrive at similar or comparable findings” for the same qualitative research.

According to Erlingsson and Brysiewicz (2013: 97), there are various approaches to addressing the quality or rigor of qualitative research and the approaches depend on the type of qualitative research. The qualitative analysis in this research as described above and by nature of the research objectives falls along the lines of thematic analysis or content analysis or both. According to Vaismoradi *et al.* (2013: 400), content analysis is “a systematic coding and categorizing approach used for exploring large amounts of textual information unobtrusively to determine trends and patterns of words used, their frequency, their relationships, and the structures and discourses of communication.” Maguire and Delahunt (2017: 3352) define thematic analysis as “the process of identifying patterns or themes within qualitative data.” Thematic analysis and content analysis are similar in many ways with only subtle differences (Vaismoradi *et al.*, 2013: 398; Patton, 2014: 453). For the purposes of this research, it may not be necessary to delve deeper into the differences between thematic and content analyses since the two approaches will complement each other in this research. The discussion on thematic and content analyses here is important for clarifying the nature and approach of the data analysis so as to establish how trustworthiness can be achieved.

According to Bengtsson (2016: 13) researchers do not agree on the concepts that should be used to judge the quality of qualitative research based on content analysis, neither do they agree on how it should be done. Researchers appear to be in two camps; those who believe that same criteria and concepts used in quantitative research such as validity, reliability and generalizability should be applied to qualitative research based on content analysis and those who believe in the use and application of a different criteria and concepts. Those who believe in the use and application of different criteria have argued that credibility, dependability, transferability and confirmability

ought to be the main concepts for judging the quality of qualitative research based on content analysis (Bengtsson, 2016: 13). Lincoln and Guba (1985) are credited for coming up with this criteria for judging the trustworthiness of qualitative research. The criteria consists of four components; credibility, transferability, dependability and confirmability (Thomas and Magilvy, 2011: 152; Bengtsson, 2016: 13). Bengtsson (2016: 13) defines these concepts as follows;

- Credibility is defined as a reflection on the research process, “to establish how the data and the analysis procedures are carried out and to ensure that no relevant data have been excluded.” According to the author, this can be achieved through “getting agreement from co-investigators or colleagues or a panel of experts or from the research participants” on the research output and the categories generated.
- Dependability is “the extent to which data change over time and the alterations made in the researcher’s decisions during the analysing procedure.” According to the author, dependability can be achieved through keeping track of coding decisions, and keeping track of all changes as re-coding and relabelling often occur during analysis.
- Transferability “refers to the degree to which the results maybe applicable to other settings or groups and to the number of informants or study objects.” Transferability is enhanced through the use of credible sampling techniques and samples that are representative of the population being studied such that results can remain valid for a greater part or the entire population.
- Confirmability “refers to the objectivity or neutrality of the data” and is “an issue of presentation.”

It is interesting to note that Ryan and Bernard (2003: 103) make similar arguments regarding thematic analysis to those made by Bengtsson (2016) regarding content analysis. The approaches for ensuring trustworthiness are also in line with the Lincoln and Guba (1985) criteria. According to Ryan and Bernard (2003: 103), “there is no ultimate demonstration of validity” in thematic analysis, instead researchers should focus on maximizing “clarity and agreement and make validity more, rather than less, likely.”

Ryan and Bernard (2003: 103) suggest three approaches to use for judging the quality or trustworthiness of qualitative research based on thematic analysis;

1. To make judgement based on how clearly and detailed the research and data analysis techniques have been presented by the researcher such that given the details of the methods used, readers can “argue with” or challenge the researcher’s conclusions.
2. To make judgement based on the agreement among coders and among researchers on the

themes produced and their validity.

3. To judge the research based on the feedback received from the research respondents on the finding of the research. This involves going back to respondents for validation as the research report is being concluded, the authors warn that this is not always feasible.

Burnard (1991) describes a research approach and data analysis procedure similar to this research and offers ways to validate the research findings. Burnard (1991: 464)'s methods of validating qualitative research agrees with what has been presented above from Ryan and Bernard (2003) and Bengtsson (2016). According to Burnard (1991: 464) the validity of qualitative research per his research approach can be checked as follows;

1. Asking a colleague who is "familiar with the process of category generation" but not involved in the research to independently identify a category system. The two categories are then discussed and compared to ensure there is similarity and agreement.
2. Returning to three of the people interviewed and asking them to read through their interview transcripts then asking them to write down what they think are the main points from the interview. The list of main points are then compared with the researcher's and the two lists can be further discussed with the respondents. If necessary, the category system can then be adjusted accordingly.

Cook (2012)'s findings seem to further corroborate the arguments and approaches presented by the researchers above. Cook (2012) analysed 64 qualitative or mixed-methods articles published in the Health Promotion International journal from 2003 to 2009, and found that 20 articles or 31.3% used some form of reliability assessment. The author further analysed the reliability assessments used in the 20 qualitative or mixed-methods research articles and classified the reliability assessment in those articles into four broad "types" (Cook, 2012: 92). In the author's words, the categories are as follows;

- Type 1 - multiple coders confirming the coding of the data into a coding framework or the 'accuracy' of themes
- Type 2 - statistics reporting the percentage of coder agreement
- Type 3 - multi-site research where coding consistency was sought across sites
- Type 4 - team research where coding congruence was sought between teams members

Fourteen of the twenty articles (70%) used "Type 1" reliability assessment where multiple coders verify the accuracy of their coding. Out of the 14 "Type 1" studies, 'thematic analysis was the dominant analytic technique (8 studies), followed by content analysis (4 studies) and a

combination of the two (2 studies) (Cook, 2012: 96). It is important to note that the 14 articles that used “Type 1” reliability assessment use similar analytic techniques as this research; that is thematic analysis, content analysis or both.

4.7.1 Trustworthiness of this Research

The concepts used in this research to ensure trustworthiness are informed by the discussions above on the trustworthiness of qualitative research and are based on the Lincoln and Guba (1985) criteria.

4.7.1.1 Credibility and Dependability

To ensure credibility and dependability the coding scheme used in data analysis will be confirmed by at least one independent researcher and likewise, confirmation of themes emerging from the research. Where there are material differences, the researchers will further engage with the goal of coming up with a common position on the coding and themes. This process will be documented in the research findings. Cook (2012: 96) demonstrated above through his research that confirmation of the coding framework by multiple coders remains the dominant technique used to ensure credibility and dependability. The more the number of independent researchers confirming the coding scheme and themes the better, but due to the scope of this research it may not be practical to involve more than one researcher for confirmation. The research methodology is discussed in detail here to ensure transparency of the research process so that as suggested by Ryan and Bernard (2003), readers are able to independently assess the credibility of the research and to follow the process that produced its findings.

4.7.1.2 Transferability

As discussed above, transferability is the extent to which research results can be applied to other settings (Bengtsson, 2016: 13) and is highly dependent on the sampling strategy used for the research. The sampling techniques used in this research are discussed in sections 4.3 and 4.4. The sampling techniques are clearly documented so that the reader is able to make their own assessment of the effectiveness of the techniques. The techniques have been designed to ensure that the results are applicable to similar settings and especially that the results should reflect the true picture of the phenomenon under investigation across the entire population. For this research it means that the results must reveal and reflect the risk factors for donor funded projects and programs in the entirety of the health sector in Zimbabwe. The research further makes an assessment of how the results of the research compare to those of similar research in the area of risk factors in development projects. This comparison helps to ensure that research results are not viewed in isolation but rather to give the reader a full view of the phenomenon by comparing with

similar settings.

4.7.1.3 Confirmability

Confirmability reflects on “the objectivity or neutrality” of the research (Bengtsson, 2016: 13). It refers to the potential for agreement between two or more independent researchers “about the data’s accuracy, relevance, or meaning”, (Polit and Beck, 2010: 492). The idea is to establish that the data is a correct representation of the information gathered from research participants and that the resultant interpretations are free of any bias.

This research achieves that by documenting the research process so that the reader is aware of research decisions and assumptions. The entire research process is documented so that other researchers and readers can follow how research findings came about. An important way of achieving confirmability is by going back to a section of respondents for confirmation of the research data and its findings as the research report is being concluded (Ryan and Bernard, 2003: 103). Although the scope of this research is limited, the research report and results will be availed to respondents so that their feedback is also factored in the final report.

5. Findings

As discussed in the methodology chapter, selected respondents were interviewed, the interviews were recorded, transcribed and analyzed for results. Recording was done using two voice recorders. Transcription was done using NVivo online transcription service. The transcribed interviews were finally analyzed using NVivo Qualitative Analysis software.

5.1 Research Respondents

A total of nine respondents were interviewed as shown on the Table 5.1. As discussed in section 4.3, the respondents constitute a purposeful sample of professionals who have worked on various projects in the health sector in Zimbabwe. They are well versed with the research topic and can provide relevant information to the research. Although the research could not get responses from people currently affiliated to other key stakeholder organizations such as Global Fund as discussed in section 2.2, the strategy used in the selection of respondents is expected to compensate for this. The researcher identified a pool of experienced professionals who work on donor funded projects and are currently affiliated to some of the stakeholder organizations. These professionals were requested to participate in the research and research respondents were selected from those who were available from the pool to participate in the research. In selecting respondents, the researcher also considered the diversity of the respondents' experience and the richness of their backgrounds in effort to obtain data that was representative of the situation in donor funded programs. The respondents selected currently work with or have previously worked with key stakeholders such as PEPFAR, Global Fund and the Ministry of Health and Child Care. At least seven of the nine respondents selected have solid, cross cutting experience working in at least two stakeholder organizations such as Global Fund, the Ministry of Health and Child Care or other PEPFAR affiliated organizations. The diverse and inclusive nature of respondents' experience is meant to reduce bias in the data gathered. The research is ethically limited in the discussion of respondents' details because of the anonymity arrangements agreed with the respondents. Saturation, as discussed in the Methodology chapter and also by Saunders *et al.* (2012: 283) was achieved on or about the seventh interviewee at which point the interviews seemed to be dwelling on the same or similar themes. Table 5.1 shows the respondents interviewed and their backgrounds.

RESPONDENT	BACKGROUND AND EXPERIENCE
R1	PEPFAR HIV Services Programs (Senior Program Officer)
R2	PEPFAR Strategic Information Programs and Ministry of Health (Senior Program Officer)
R3	PEPFAR Interagency Program Coordination and Global Fund programs (Senior Program Coordinator)
R4	PEPFAR HIV Services Programs – Voluntary Male Circumcision and Ministry of Health (Senior Program Officer)
R5	CDC/PEPFAR Program Communications and Stakeholder Coordination
R6	Ministry of Health (Program Officer)
R7	PEPFAR HIV Services and Ministry of Health (Senior Program Officer)
R8	PEPFAR Implementing partner (Program Manager)
R9	Local Municipality Health Department and Ministry of Health (Senior Health Officer)

Table 5.1: Research Respondents

5.2 Interview Transcription

Interview times ranged from about 17 minutes to just over 30 minutes. The researcher spent most of the data analysis and collection time on interview transcription. This was by far the most demanding task of the analysis. It took a lot of time to get the interviews into a state where they could be analyzed. More than fifty pages of text in total were generated by the interviews. With the interviews dealing with information that was bordering on being sensitive, the researcher decided not to hire transcribers to assist with the task but instead to use the NVivo online service and further edit the transcripts generated. The transcription service had a fair level of accuracy, but it also resulted in a lot of corrections having to be made to the online transcripts. The accuracy of the NVivo transcription service seemed to depend on the following factors among others;

1. The quality of the recorded audio – high quality audio seemed to produce better results than lower quality audio.
2. Background noise – the presence of background noise on some recordings seemed to affect the accuracy of the transcription.
3. The proximity of the speakers to the voice recorder – in interviews where speakers were not close enough to the voice recorder, the sound quality and hence the accuracy seems to be affected.
4. The accents of the speakers – where the speaker's accent was significantly different from the one used in the voice recognition service, there seemed to be less accuracy.

5.3 Coding Scheme and Results

Table 5.2 shows the codes that were picked from the data analysis. The codes represent the risk factors that came out of the analysis. Most of the codes or risk factors that were picked by the analysis were discussed in the literature review. Definitions are included for the less obvious codes or risk factors. The codes were developed as the researcher was reading through and analyzing the interviews.

Code (Risk Factor)	Definition
Fragile institutions and structures	When institutions are weak, exposed or compromised such that their weaknesses affect the proper running of programs or projects.
Poor or inefficient use of resources	
Abuse of funds	
Economic issues	Problems that relate to the economy that affect projects and programs.
Sustainability problems	Problems that might arise due to poor or missing sustainability planning in donor funded projects.
Donor bias	When donors make decisions based on preconceived ideas.
Lack of consultation and imposition of donor ideas	When donors make plans and decisions and implement them without consulting the recipients.
Donors' general lack of agreement on critical issues	When donors in the same space don't agree on their approach to critical issues.
Donors' lack of shared accountability framework	When donors in the same space don't have the same or similar accountability requirements.
Difficulties in donor collaboration due to differing approaches on accountability	
Lack of financial transparency	When donors or recipients don't disclose resources available in the area of focus or fail to account for finances given to them.
Poor accountability standards by some donors	When donors fail to enforce basic accountability standards.
Corruption	
Lack of trust between donors and recipients	When donors and recipients simply do not trust each other.
Stakeholder dishonesty	When donors, recipients or other stakeholders are not honest or misrepresent their plans, motives or agenda.
Donor mistrust	When recipients or other stakeholders don't trust the genuineness of a donor. When recipients or other stakeholders are not convinced, suspicious or question the authenticity of a donor's agenda but still receive the donor's contribution.
Lack of a comprehensive approach	When programs or projects only address part of the problem or scratch the surface as opposed to seeking to have a wider impact.
Fragmented programs	When the programs being implemented in one area appear isolated and fail to complement each other.
Differing donor and recipient priorities	Conflict of priorities.
Socio political complexity	When the mix of players or stakeholders and the project environment introduces complexity to projects and programs.
Conflict between development aid approach and the problem solving approach	The problem solving approach is keen on solving the problem and moving on while the development aid approach seeks to solve the problem while doing other things like capacity building and sustainability programs. The two approaches are often in conflict.
Lack of resources	The scarcity of finances and other resources required in the execution of programs or projects.
Tight host or recipient country budgets	Country budgets that offer little or no allocation in the project or program area and are generally tight.
Poor coordination	When stakeholders in a program or donors in the same space fail to coordinate their activities.
Poor stakeholder commitment	
Lack of project ownership by recipients	When recipients of aid show no commitment to the projects donors are assisting them with.

Risk of doing harm	Risk of a donor funded program having unintended, adverse effects on the project environment, recipients or other stakeholders.
Risk of excessive or prohibitive control	Risk of having too much control on a project or program resulting in the program suffering due to little or no space to maneuver.
Project delays	
The elephant in the room	When there is an almost obvious problem that stakeholders notice or have knowledge of but choose to ignore it for various reasons. They may lack the capacity to address the problem or feel that attempting to address that problem could kill or jeopardize the project altogether or feel that the issue is too sensitive to be addressed or simply don't want to ruffle feathers. Stakeholders then choose to carry on with a project or program while there are certain known issues that continue to threaten its existence and success. A good example is corrupt governments or government officials where donors may have little or no leverage at all to address the issue.
Differences in management culture	Donors may have a management culture that is significantly different from recipients. This may result in clashes of expectations and disharmonious relationships between donors and recipients.
Host country politics	Political bickering, jostling, tensions, posturing in recipient institutions that often affects projects.
Political differences between donor institutions and recipient government	
Assumption risk	The risk that is introduced by unverified assumptions being made usually in the planning phase.
Conflicting donor, recipient and stakeholder policies	
Infrastructural challenges	
Shallow exploitation of project benefits	When benefits are not fully exploited after a program or project is completed.
Poor project planning	
Slow decision making processes	

Table 5.2: Codes and their Definitions

The structure of the codes or risk factors in NVivo is shown on Figure 5.1.

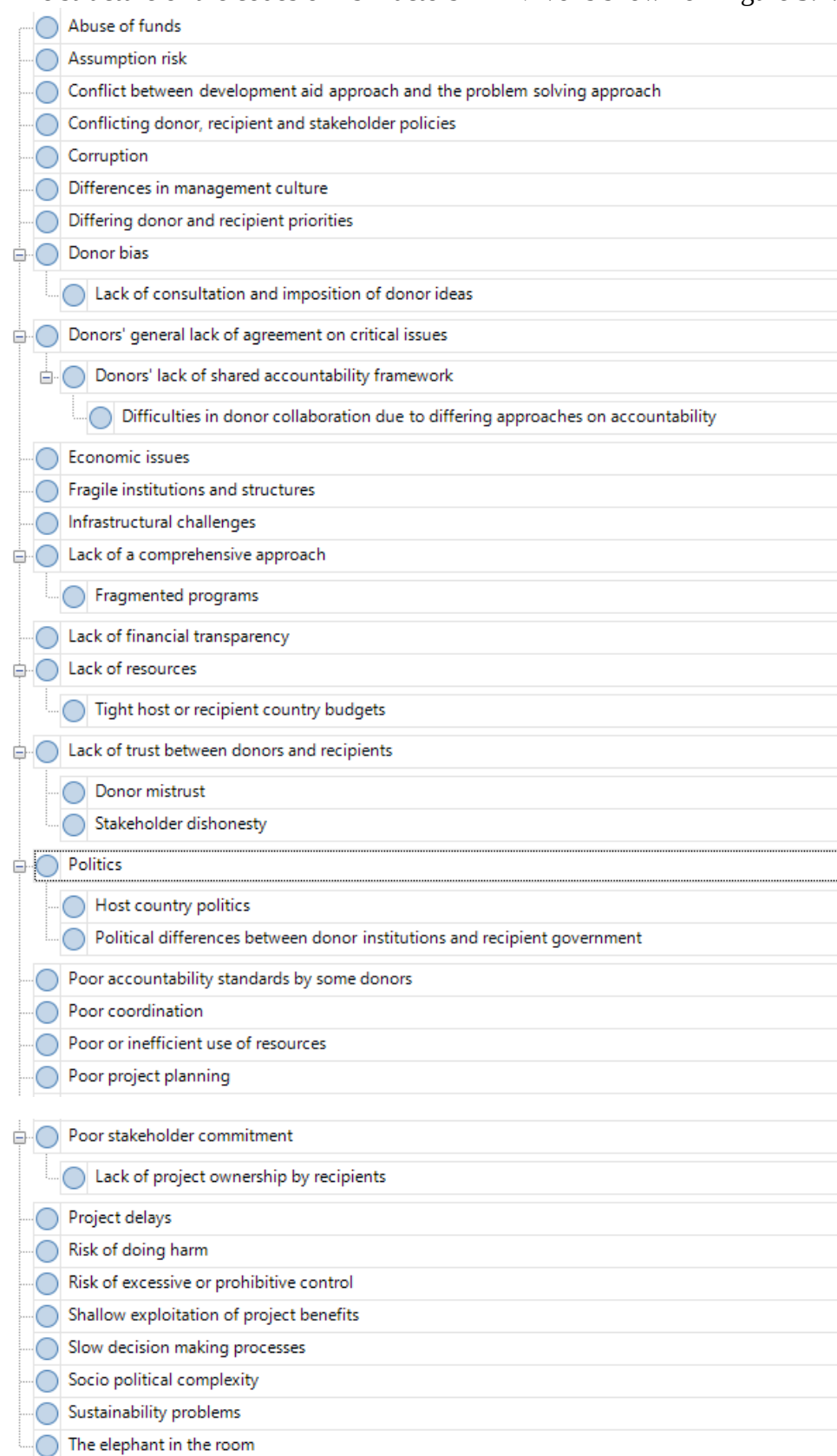


Figure 5.1: Node Structure in NVivo

Where applicable the codes have been grouped. As shown in Figure 5.1, some nodes are grouped or have children while others are single. Nodes with children can either be viewed as aggregated; that is combined together and appearing as a single node or disaggregated; that is split into individual nodes. For the sake of clarity, the analysis took into account the outcome with both aggregated nodes and disaggregated nodes.

5.3.1 Number of References and Number of Respondents

The number or frequency of references to certain risk factors found in the analysis can be an important metric. The number of references is the frequency of a risk factor being mentioned directly or something linked to, related to, pointing to, implying or that can be interpreted as that risk factor. This can be a good indicator of the prevalence of a risk factor but it should be read together with the number of respondents mentioning it. The number of respondents or interviewees mentioning something directly or linked to, related to, pointing to, implying or that can be interpreted as a certain risk factor can be an equally important metric in this analysis. The analysis found that certain factors were mentioned repeatedly by different respondents and that the number of respondents mentioning specific risk factors varied from one risk factor to another. That can also be a good indicator to the prevalence of the risk factors under discussion. This means for example, the results would not make sense if a risk factor scores the highest number of references yet it was only mentioned by one or two respondents. The two factors can be viewed as supporting each other and this phenomenon was captured in the results of the analysis. Figures 5.2 and 5.3 are a graphical representation of the results showing aggregated and disaggregated nodes respectively.

Analysis of Coded Responses (Aggregated)



Figure 5.2: Analysis of Coded responses (Aggregated)

Table 5.3 shows the data presented by the graph on Figure 5.2.

Risk Factor		Respondents	References
1.	Fragile institutions and structures	7	38
2.	Poor or inefficient use of resources	9	33
3.	Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty	6	26
4.	Abuse of funds	5	25
5.	Economic issues	6	23
6.	Donor bias/Lack of consultation	7	20
7.	Lack of resources/Tight host or recipient country budgets	8	20
8.	Lack of a comprehensive approach/Fragmented programs	6	17
9.	Sustainability problems	6	17
10.	Poor stakeholder commitment/Lack of project ownership by recipients	6	16
11.	Donors' lack of agreement/ lack of shared accountability framework/Difficulties in collaboration	4	15
12.	Lack of financial transparency	4	14
13.	Poor accountability standards by some donors	3	14
14.	Corruption	6	13
15.	Differing donor and recipient priorities	4	11
16.	Socio political complexity	5	11
17.	Conflict between development aid approach and the problem solving approach	3	10
18.	Politics - Host country politics/Political differences between donor and host government	5	10
19.	Poor coordination	7	10
20.	Risk of doing harm	6	10
21.	Risk of excessive or prohibitive control	5	10
22.	Project delays	4	6
23.	The elephant in the room	5	6
24.	Differences in management culture	3	5
25.	Assumption risk	4	4
26.	Conflicting donor, recipient and stakeholder policies	3	3
27.	Infrastructural challenges	2	3
28.	Shallow exploitation of project benefits	2	3
29.	Poor project planning	2	2
30.	Slow decision making processes	1	1

Table 5.3: Analysis of Coded Responses (Aggregated)

For the sake of clarity, disaggregated results are also presented on Figure 5.3 and Table 5.4. Table 5.4 shows the data shown on the graph on Figure 5.3. Child nodes are prefixed by an asterisk (*).

Analysis of Coded Responses (Disaggregated)

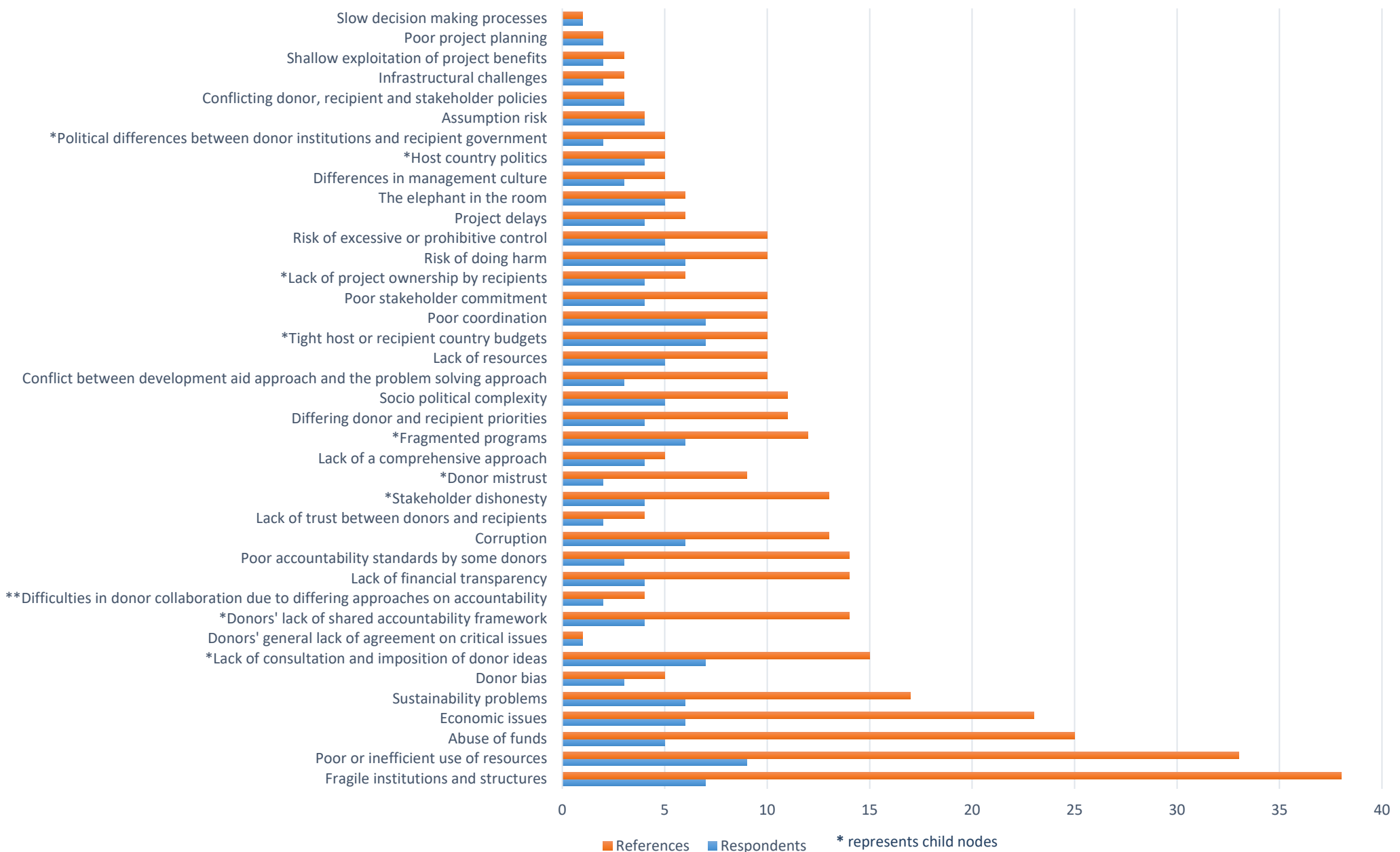


Figure 5.3: Analysis of Coded Responses (Disaggregated)

Risk Factor		Respondents	References
1.	Fragile institutions and structures	7	38
2.	Poor or inefficient use of resources	9	33
3.	Abuse of funds	5	25
4.	Economic issues	6	23
5.	Sustainability problems	6	17
6.	Donor bias	3	5
6a.	*Lack of consultation and imposition of donor ideas	7	15
7.	Donors' general lack of agreement on critical issues	1	1
7a..	*Donors' lack of shared accountability framework	4	14
7b.	**Difficulties in donor collaboration due to differing approaches on accountability	2	4
8.	Lack of financial transparency	4	14
9.	Poor accountability standards by some donors	3	14
10.	Corruption	6	13
11.	Lack of trust between donors and recipients	2	4
11a.	*Stakeholder dishonesty	4	13
11b.	*Donor mistrust	2	9
12.	Lack of a comprehensive approach	4	5
12a.	*Fragmented programs	6	12
13.	Differing donor and recipient priorities	4	11
14.	Socio political complexity	5	11
15.	Conflict between development aid approach and the problem solving approach	3	10
16.	Lack of resources	5	10
16a.	*Tight host or recipient country budgets	7	10
17.	Poor coordination	7	10
18.	Poor stakeholder commitment	4	10
18a.	*Lack of project ownership by recipients	4	6
19.	Risk of doing harm	6	10
20.	Risk of excessive or prohibitive control	5	10
21.	Project delays	4	6
22.	The elephant in the room	5	6
23.	Differences in management culture	3	5
24.	Politics		
24a.	*Host country politics	4	5
24b.	*Political differences between donor institutions and recipient government	2	5
25.	Assumption risk	4	4
26.	Conflicting donor, recipient and stakeholder policies	3	3
27.	Infrastructural challenges	2	3
28.	Shallow exploitation of project benefits	2	3
29.	Poor project planning	2	2
30.	Slow decision making processes	1	1

Table 5.4: Analysis of Coded Responses (Disaggregated)

5.3.2 Top Risk Factors

If the results are to be analyzed in terms of top risk factors, using an arbitrary figure of ten, Figure 5.2 and Table 5.3 show the top ten risk factors for donor funded projects in the health sector in Zimbabwe based on both frequency of references and the number of respondents.

Based on the frequency of references found in the analysis, the list is as follows;

1. Fragile institutions and structures
2. Poor or inefficient use of resources
3. Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty
4. Abuse of funds
5. Economic issues
6. Donor bias/Lack of consultation
7. Lack of resources/Tight host or recipient country budgets
8. Lack of a comprehensive approach/Fragmented programs
9. Sustainability problems
10. Poor stakeholder commitment/Lack of project ownership by recipients

Based on the number of respondents, the list is as follows;

1. Poor or inefficient use of resources
2. Lack of resources/Tight host or recipient country budgets
3. Fragile institutions and structures
4. Donor bias/Lack of consultation
5. Poor coordination
6. Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty
7. Economic issues
8. Lack of a comprehensive approach/Fragmented programs
9. Sustainability problems
10. Poor stakeholder commitment/Lack of project ownership by recipients
11. Corruption
12. Risk of doing harm

The above lists are based on aggregated results as shown on Figure 5.2 and Table 5.3. The second ranking has twelve risk factors due to the fact that the last seven all came from six respondents as shown on Table 5.3.

The following observations can also be made from the analysis;

1. The analysis shows that all nine respondents made reference to the risk of poor or inefficient use of resources. The same risk factor was the second frequently found in the analysis.
2. The risk posed by fragile institutions and structures was the most frequently found in the analysis. The same risk factor was referenced by seven out of nine respondents, the third highest number of respondents.
3. Eight out of nine respondents made reference to lack of resources or tight recipient country budgets. The same risk factor had a frequency of 20, which is above the average frequency of 13.
4. Nine out of ten of the risk factors on the first list (based on frequency of reference) appear on the second list (based on number of recipients).

It can be shown from Figure 5.3 and Table 5.4 that the disaggregated results show similar trends as discussed.

5.3.3 The Use of Weighted Scores for Risk Factors

As discussed above, the number of respondents referring to a risk factor can be an important indicator. This number can be taken to represent the proportion of respondents referring to a risk factor. For example, the risk posed by fragile institutions and structures was referenced by 7 out of a total of 9 research respondents so that represents 78% of the respondents. The proportion is the number of respondents referencing a risk factor divided by the total number of respondents in the research. Following an approach similar to Gharaibeh (2014: 34), if the proportion of respondents can be used as a weight, it is possible to come up with a weighted score for each risk factor by multiplying the frequency or number of references to a risk factor by the associated proportion of respondents.

The weighted score for a risk factor can be calculated as follows;

$$\frac{\text{Number of Respondents for the Risk}}{\text{Total Number of Research Respondents}} \times \text{Frequency of References} = \text{Weighted Score}$$

For example, for the risk posed by fragile institutions and structures, the frequency of references was **38**, the number of respondents making reference to that risk factor was **7**, and the total number of research respondents was **9**.

$$\begin{aligned} \text{The weighted score} &= 7/9 \times 38 \\ &= 29.56 \end{aligned}$$

The weighted score would therefore take into account both the number of respondents per risk factor and the frequency of the risk factor in one metric. Using this approach, Table 5.3 and the

graph on Figure 5.2 can be reconstructed using the weighted score. Table 5.5 shows the risk factors and their weighted scores.

	Risk Factor	Weighted Score
1	Poor or inefficient use of resources	33.00
2	Fragile institutions and structures	29.56
3	Lack of resources/Tight host or recipient country budgets	17.78
4	Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty	17.33
5	Donor bias/Lack of consultation	15.56
6	Economic issues	15.33
7	Abuse of funds	13.89
8	Lack of a comprehensive approach/Fragmented programs	11.33
9	Sustainability problems	11.33
10	Poor stakeholder commitment/Lack of project ownership by recipients	10.67
11	Corruption	8.67
12	Poor coordination	7.78
13	Donors' lack of agreement/ lack of shared accountability framework/Difficulties in collaboration	6.67
14	Risk of doing harm	6.67
15	Lack of financial transparency	6.22
16	Socio political complexity	6.11
17	Politics - Host country politics/Political differences between donor and host government	5.56
18	Risk of excessive or prohibitive control	5.56
19	Differing donor and recipient priorities	4.89
20	Poor accountability standards by some donors	4.67
21	The elephant in the room	3.33
22	Conflict between development aid approach and the problem solving approach	3.33
23	Project delays	2.67
24	Assumption risk	1.78
25	Differences in management culture	1.67
26	Conflicting donor, recipient and stakeholder policies	1.00
27	Infrastructural challenges	0.67
28	Shallow exploitation of project benefits	0.67
29	Poor project planning	0.44
30	Slow decision making processes	0.11

Table 5.5: Weighted Risk Scores

5.4 Interactions among Risk Factors

The risk factors identified by the research could be seen as part of a complex system (Nicholas and Steyn, 2012: 47) which means systems thinking could be employed to explore their linkages and relationships. Kapsali (2011: 399) has argued that systems thinking provides “understanding of individual and collective behavior, human and technical alike, that cannot be obtained by analysis alone”.

The risk factors identified can fit into four broad categories namely donor issues, issues with the recipient government, issues in the project environment and project management issues. The fifth category, other issues caters for other factors which may not fit into the four broad categories. These categories are in line with the Copenhagen Circles, a model discussed in OECD (2012: 16; 2014: 31), also section 3.6.1 of this research and shown on Figure 3.2. From the Copenhagen Circles it was shown that contextual risk, programmatic risk and institutional risk are three overlapping categories that are in constant interaction and may affect one another. Fitting into that model, some risk factors such as poor or inefficient use of resources could fit into multiple categories.

The following is how the risk factors may be distributed into these categories;

Donor Issues

1. Poor or inefficient use of resources
2. Donor bias/Lack of consultation
3. Lack of a comprehensive approach/Fragmented programs
4. Sustainability problems
5. Poor coordination
6. Donors' lack of agreement/ lack of shared accountability framework/Difficulties in collaboration
7. Risk of doing harm
8. Politics - Host country politics/Political differences between donor and hosts governments
9. Risk of excessive or prohibitive control
10. Differing donor and recipient priorities
11. Poor accountability standards by some donors
12. Slow decision making processes

Issues with the Recipient Government

1. Poor or inefficient use of resources

2. Fragile institutions and structures
3. Lack of resources/Tight host or recipient country budgets
4. Abuse of funds
5. Lack of a comprehensive approach/Fragmented programs
6. Sustainability problems
7. Corruption
8. Poor coordination
9. Lack of financial transparency
10. Politics - Host country politics/Political differences between donor and hosts governments
11. Differing donor and recipient priorities
12. Slow decision making processes

Issues in the Project Environment

1. Economic issues
2. Abuse of funds
3. Lack of a comprehensive approach/Fragmented programs
4. Corruption
5. Politics - Host country politics/Political differences between donor and hosts governments
6. Infrastructural challenges
7. Conflicting donor, recipient and stakeholder policies

Project Management Issues

1. Donor bias/Lack of consultation
2. Sustainability problems
3. Poor stakeholder commitment/Lack of project ownership by recipients
4. Poor coordination
5. Risk of doing harm
6. Socio political complexity
7. Differing donor and recipient priorities
8. The elephant in the room
9. Project delays
10. Assumption risk
11. Differences in management culture
12. Shallow exploitation of project benefits

13. Poor project planning

Other Issues

1. Conflict between development aid approach and the problem solving approach
2. Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty

Multiple factors may interact to give rise to compound risk, (OECD, 2012: 31). Having risk factors in these categories helps in visualizing how they may interact and link together to contribute towards the larger picture of project risk. These interactions may be illustrated by an Ishikawa diagram as shown on Figure 5.4.

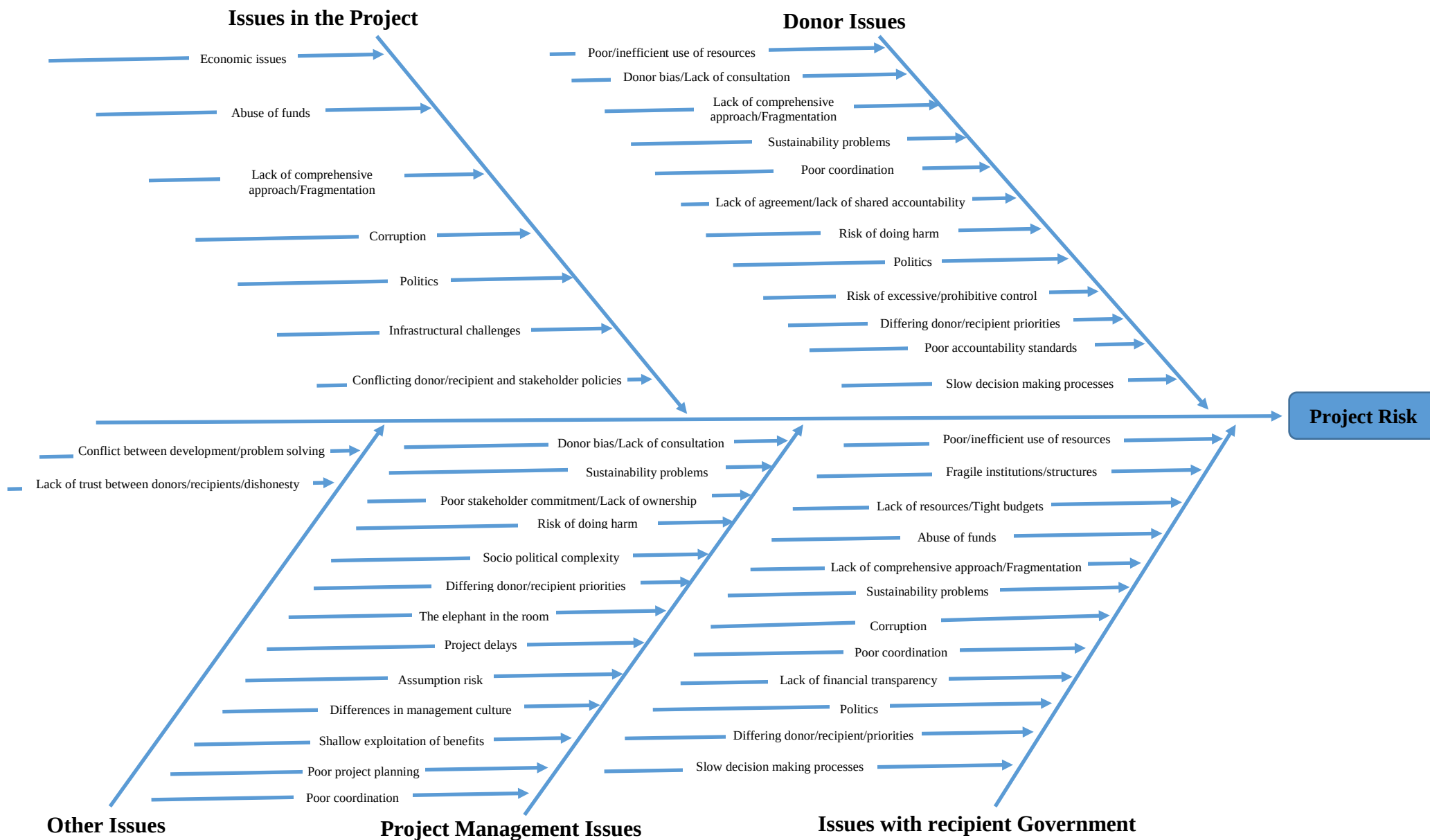


Figure 5.4: Ishikawa Diagram to Illustrate Interactions among Risk Factors

The illustration above presents one way of looking at the linkages and relationships among risk factors but there could be various other ways of exploring the same relationships. For example, risk factors that fall into separate categories can still interact directly with each other, something that may not be easily reflected by the above presentation. For instance, most of the issues in the project environment could actually be caused by issues in the other categories especially donor issues and issues with the recipient government. From a system dynamics approach, causal loop diagrams can be used as an alternative way of exploring or modelling these relationships (Nicholas and Steyn, 2012: 341).

Information for building system dynamics models can come from “mental, written and numerical” databases (Forrester, 1992: 56). According to Forrester (1992: 55, 56), mental data exists as knowledge stored in people's heads. Since the research interviewed experts involved in donor funded projects in the health sector in Zimbabwe, it can be argued that the researcher got insight into the qualitative data that could be used to construct a basic system dynamics model such as a causal loop diagram. The researcher has “probed” and interacted with the mental databases during the research (Forrester, 1992: 57). Through the researcher’s interaction with the mental databases and the insights acquired, a preliminary model was constructed and demonstrated using a causal loop diagram to express how risk factors may interact with each other. The construction of a more complete model would be more involving than what is presented here.

From the perspective of a causal loop diagram, the risk factors can be seen as having either a reinforcing effect or negative effect on each other. A number of relationships and interactions can be identified. Some of these relationships are shown on the list below;

The signs $-(-)\rightarrow$ and $-(+)\rightarrow$ represent diminishing and reinforcing effects respectively.

Reinforcing Relationships

1. Abuse of funds $-(+)\rightarrow$ Lack of resources
2. Assumption risk $-(+)\rightarrow$ Project delays
3. Donor bias $-(+)\rightarrow$ Lack of consultation/imposition of ideas
4. Donor bias $-(+)\rightarrow$ Lack of project ownership by recipients
5. Donor bias $-(+)\rightarrow$ Poor stakeholder commitment
6. Donor mistrust $-(+)\rightarrow$ Stakeholder dishonesty
7. Economic Issues $-(+)\rightarrow$ Lack of resources
8. Economic issues $-(+)\rightarrow$ Project delays
9. Fragile institutions/structures $-(+)\rightarrow$ Poor coordination
10. Fragile institutions/structures $-(+)\rightarrow$ Project delays

11. Fragile institutions/structures -(+)-> Sustainability problems
12. Host country politics -(+)-> Project delays
13. Host country politics -(+)-> Socio political complexity
14. Lack of financial transparency -(+)-> Abuse of funds
15. Lack of financial transparency -(+)-> Corruption
16. Lack of financial transparency -(+)-> Poor/Inefficient use of resources
17. Lack of shared accountability framework -(+)-> Abuse of funds
18. Lack of shared accountability framework -(+)-> Poor/Inefficient use of resources
19. Lack of shared accountability framework -(+)-> Risk of doing harm
20. Lack of trust between donors/recipients -(+)-> Stakeholder dishonesty
21. Political differences between donor/hosts government -(+)-> Project delays
22. Poor accountability standards by some donors -(+)-> Abuse of funds
23. Poor accountability standards by some donors -(+)-> Corruption
24. Poor accountability standards by some donors -(+)-> Poor/Inefficient use of resources
25. Poor accountability standards by some donors -(+)-> Risk of doing harm
26. Poor project planning -(+)-> Project delays
27. Stakeholder dishonesty -(+)-> Donor bias
28. Stakeholder dishonesty -(+)-> Lack of consultation/imposition of ideas
29. Tight host country budgets -(+)-> Project delays

Negative Relationships

1. Risk of excessive/prohibitive control -(-)-> Abuse of funds
2. Risk of excessive/prohibitive control -(-)-> Corruption
3. Risk of excessive/prohibitive control -(-)-> Fragile institutions/structures
4. Risk of excessive/prohibitive control -(-)-> Poor/Inefficient use of resources
5. Risk of excessive/prohibitive control -(-)-> Risk of doing harm

A causal loop diagram is then drawn based on these relationships. Following the reasoning above, that risk factors identified by the research could be seen as part of a complex system (Nicholas and Steyn, 2012: 47), a causal loop diagram can be useful in graphically portraying interactions, cause-effect relationships or the influence of risk factors in a complex system such as a project (Nicholas and Steyn, 2012: 341). Such a picture enhances understanding of the interactions and relationships among risk factors and their influence on the larger picture of project risk. Figure 5.5 shows a causal loop diagram for the top ten risks based on weighted scores as shown on Table 5.5.

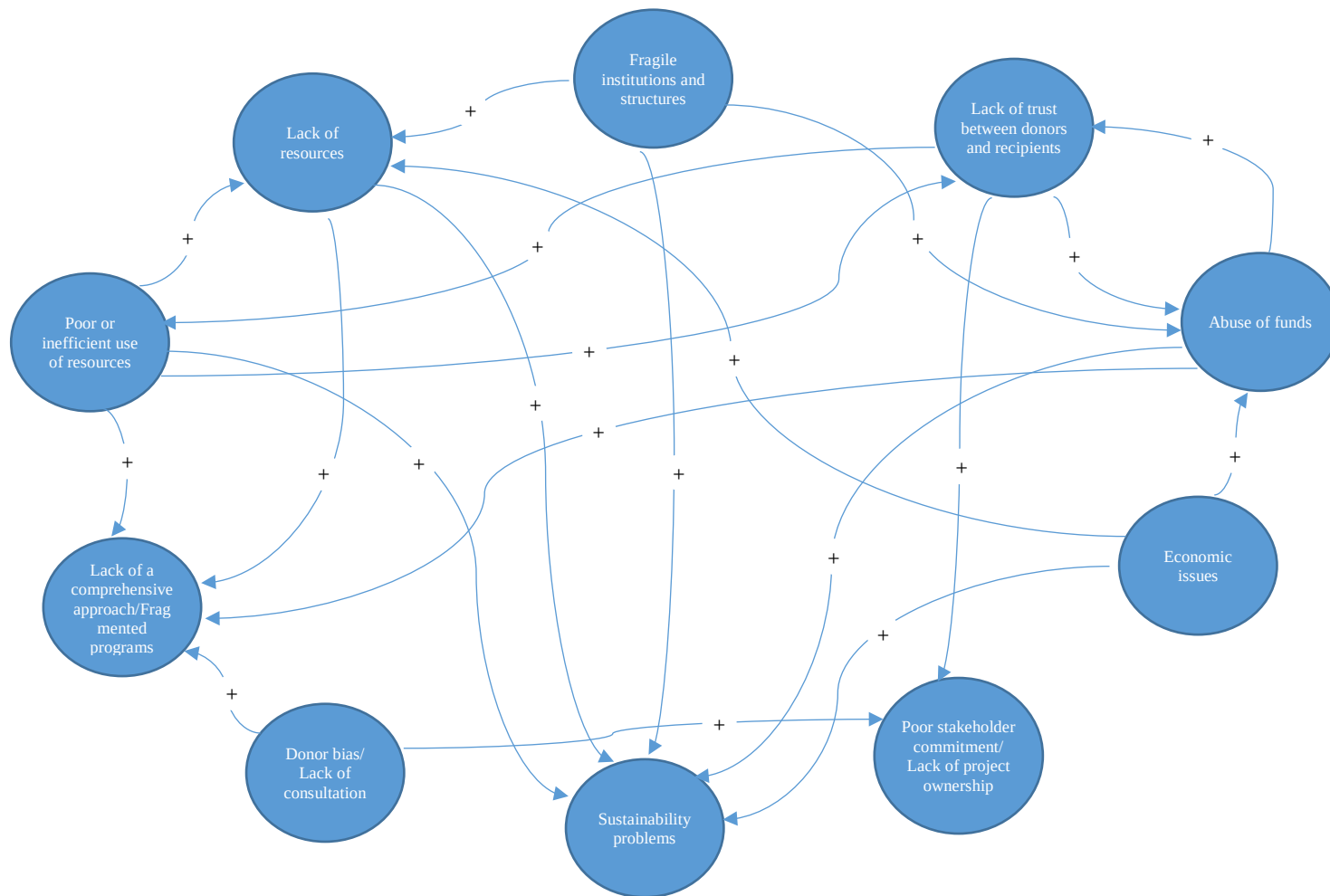


Figure 5.5: Causal Loop Diagram for Top 10 Risk Factors

5.5 Trustworthiness of Research Findings

The discussion on trustworthiness of research findings mirrors section 4.7.1 where the grounds for establishing trustworthiness were established. These are based on the Lincoln and Guba (1985) criteria as discussed.

5.5.1 Credibility and Dependability

As discussed in section 4.7.1.1, confirmation of the coding framework by multiple coders remains the dominant technique used to ensure credibility and dependability (Cook, 2012: 96). For purposes of confirmation and comparison of the coding scheme and themes emerging from the research, this research sought the independent opinion of a second researcher. The second researcher was given the interview transcripts and was then asked to independently identify themes emerging from the data. The second researcher identified themes related to the research objectives and placed them under two categories namely barriers/risk factors and issues/recommendations as shown;

Barriers/Risk Factors

1. Lack of support to donors by host government
 - ☐ human resources for health not well supported by host government
2. Sustainability of programmes by host government
 - ☐ Solutions to sustainability issues
3. Political interference by host government
4. Economic climate of the host country
5. Political interference by donors/partners in recipient countries
6. Lack of capacity by host country to provide other services not offered by donors/partners
7. Overdependence on donor funding by the host government.
8. Inadequate funding
9. Staff shortage
10. Lack of long term results and benefits to project beneficiaries
11. Poorly integrated donor programmes
 - ☐ Fragmentation in service delivery
12. Duplication of programmes by partners/donors and focus limited to HIV services only
13. High cost of running programmes
14. Reckless spending of funds
15. Lack of transparency and accountability in some programmes

Issues/Recommendations

1. Host government needs to be more accountable for funds from donors
2. There is need for increased sense of ownership of projects by host countries
3. Need for better resource tracking
4. Host government to put systems in place to avoid duplication of programmes
5. Need for better coordination between donors/partners and ministry of health/host government in programme planning
6. Need to advocate for more funding
7. Develop a better way of sustainably engaging with development partners
8. Economic situation needs to improve
9. Ensure accountability, responsibility and transparency in the use of the funds and monitor implementation and evaluate results for impact
10. Need for capacity building in host countries so that they do not rely on donor funding.
11. Need for more transparency on the budgetary process.

The two lists above and the coding scheme used in this research as shown on Table 5.2 can be compared to investigate common themes and the extent of the agreement. Table 5.7 is a comparison of the themes. As Table 5.7 shows, most of the themes identified by the second researcher have a matching theme from the research. This should demonstrate the soundness of the coding scheme used, however there are few themes from the second researcher that have not been matched as shown on the table. It is also noted that the research also has more themes than the second researcher possibly due to the level of detail and refinement on the coding scheme. The degree of immersion of the researchers in the data and subject area could also be a factor to consider. Some differences on the themes found by the two researchers should be expected. The significance of this exercise is that the second researcher's findings and opinion serve to confirm the coding scheme used in this research. This should enhance the credibility and dependability of this research. As Ryan and Bernard (2003) argued, the research has documented these processes so that the reader is able to independently assess the credibility and dependability of the research.

Themes identified by Second Researcher	Common Themes from this Research
Lack of support to donors by host government, human resources for health not well supported by host government.	Poor stakeholder commitment/Lack of project ownership by recipients
Sustainability of programmes by host government, solutions to sustainability issues	Sustainability problems
Political interference by host government	Politics - Host country politics/Political differences between donor and host government
Economic climate of the host country	Economic issues
Political interference by donors/partners in recipient countries	Politics - Host country politics/Political differences between donor and host government
Lack of capacity by host country to provide other services not offered by donors/partners	Lack of resources/Tight host or recipient country budgets
Overdependence on donor funding by the host government.	Fragile institutions and structures
Inadequate funding	
Staff shortage	
Lack of long term results and benefits to project beneficiaries	Shallow exploitation of project benefits
Poorly integrated donor programmes, fragmentation in service delivery	Lack of a comprehensive approach/Fragmented programs
Duplication of programmes by partners/donors and focus limited to HIV services only	Poor or inefficient use of resources
High cost of running programmes	
Reckless spending of funds	Abuse of funds
Lack of transparency and accountability in some programmes	Lack of financial transparency
Host government needs to be more accountable for funds from donors	Poor accountability standards by some donors
There is need for increased sense of ownership of projects by host countries	Poor stakeholder commitment/Lack of project ownership by recipients
Need for better resource tracking	Poor accountability standards by some donors
Host government to put systems in place to avoid duplication of programmes	
Need for better coordination between donors/partners and ministry of health/host government in programme planning	Donors' lack of agreement/ lack of shared accountability framework/Difficulties in collaboration/ Poor coordination
Need to advocate for more funding	
Develop a better way of sustainably engaging with development partners	Sustainability problems
Economic situation needs to improve	
Ensure accountability, responsibility and transparency in the use of the funds and monitor implementation and evaluate results for impact	Poor accountability standards by some donors
Need for capacity building in host countries so that they do not rely on donor funding.	Fragile institutions and structures
Need for more transparency on the budgetary process.	Lack of financial transparency

Table 5.6: Comparison of Themes identified by two Researchers

5.5.2 Transferability

Transferability is the extent to which research results can be applied to other settings (Bengtsson, 2016: 13) and highly depends on the sampling strategy. The sampling techniques used in this research are discussed and documented in sections 4.3 and 4.4 for the reader to make their own assessment of the effectiveness of the techniques hence the transferability of the research. For this research it means that research results must reveal and reflect the risk factors for donor funded projects and programs in the entirety of the health sector in Zimbabwe. It can be argued that the methods applied in the research demonstrate commitment to achieving this goal and that the researcher has demonstrated effort to reduce and eliminate bias in the research. Further to this, because the research makes an assessment of how the results of the research compare to those of similar research in the area of risk factors in development projects, this ensures balance by contrasting findings with past research in similar contexts. The comparison is a way of giving the reader a balanced, holistic view of the phenomenon which helps in achieving transferability.

5.5.3 Confirmability

As discussed under section 4.7.1.3, confirmability reflects on “the objectivity or neutrality” of the research (Bengtsson, 2016: 13). The research needs to demonstrate that there is a high likelihood of independent researchers agreeing on “the data’s accuracy, relevance, or meaning”, (Polit and Beck, 2010: 492). The idea is to establish that the data is a correct representation of the information gathered from research participants and that the resultant interpretations are free of any bias.

The research achieves confirmability by documenting the research process so that the reader is aware of research decisions and assumptions and by soliciting for feedback on the research findings. The entire research process is documented so that other researchers and readers can follow how research findings came about. According to Ryan and Bernard (2003: 103) confirmability can be achieved by going back to a section of respondents for confirmation of the research data and its findings while the research report is being concluded. After the research, all the nine research respondents were furnished with the findings and a transcript of their interview. They were then asked to take part in a short survey with the following questions;

1. My interview was correctly and accurately transcribed. (Response Options - **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree**)
2. The themes identified in the research are a true representation of issues I have experienced in donor funded projects and programs in the health sector in Zimbabwe.

(Response Options - **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree**)

3. In my opinion the ranking of the risk factors reflects what is happening in donor funded projects in the health sector in Zimbabwe. (Response Options - **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree**)
4. Overall, I believe the findings of the research are trustworthy. (Response Options - **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree**)
5. Any other comments and feedback. (Freestyle response in a textbox).

The survey was administered through Survey Monkey and eight out of the nine research respondents responded to the survey giving a response rate of 88.9%. The responses are summarized on Table 5.7, Table 5.8 and Figure 5.6.

	SURVEY QUESTION	RESPONSE					TOTAL RESPONSES
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1.	My interview was correctly and accurately transcribed.	0	0	0	2	6	8
2.	The themes identified in the research are a true representation of issues I have experienced in donor funded projects and programs in the health sector in Zimbabwe.	0	0	0	4	4	8
3.	In my opinion, the ranking of the risk factors reflects what is happening in donor funded projects in the health sector in Zimbabwe.	0	0	0	5	3	8
4.	Overall, I believe the findings of the research are trustworthy.	0	0	0	3	5	8

Table 5.7: Summary of Survey Responses

COMMENT NUMBER	COMMENT
1.	Accurately and comprehensively articulated! Well done.
2.	Useful review.
3.	A good analysis and synopsis of the risk factors in relation to donor funded projects and programs in the health sector in Zimbabwe.
4.	Well articulated.
5.	Great analysis of funding landscape.

Table 5.8: Comments and Feedback on Research Findings

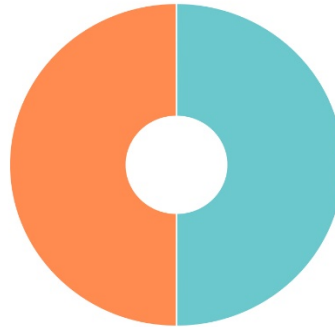
1. My interview was correctly and accurately transcribed.



Answered: 8 Skipped: 0

Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	25%	2
Strongly Agree	75%	6

2. The themes identified in the research are a true representation of issues I have experienced in donor funded projects and programs in the health sector in Zimbabwe.



Answered: 8 Skipped: 0

Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	50%	4
Strongly Agree	50%	4

3. In my opinion, the ranking of the risk factors reflects what is happening in donor funded projects in the health sector in Zimbabwe.



Answered: 8 Skipped: 0

Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	62.5%	5
Strongly Agree	37.5%	3

4. Overall, I believe the findings of the research are trustworthy.



Answered: 8 Skipped: 0

Strongly Disagree	0%	0
Disagree	0%	0
Neutral	0%	0
Agree	37.5%	3
Strongly Agree	62.5%	5

Figure 5.6: Summary of Feedback Responses

According to the guidance from Ryan and Bernard (2003: 103), based on the above results it can be argued that the research achieved a good degree of confirmability. The above survey also gives the reader important feedback which they can use to independently judge the confirmability of the research.

6. Conclusion

To conclude the research, it has to be ascertained if the research questions which were presented in Chapter 1 have been answered. The research questions are;

1. *What are the risk factors for donor funded projects and programs in the Zimbabwean health sector?*
2. *What are the relationships and patterns among risk factors identified?*
3. *How do the findings of the research compare to those of similar research in the area of risk factors in development projects?*

6.1 Identifying Risk Factors

What are the risk factors for donor funded projects and programs in the Zimbabwean health sector? This is the first research question. The question focuses on identifying risk factors. The research successfully identified risk factors from the data gathered. The discussion on risk factors identified was quite sufficiently dealt with in section 5.3. An interesting observation that may be worth noting here is that most of the top risk factors particularly in the top 10 are related to the project environment. Issues relating to project management such as time, cost, scope and quality seem to be overshadowed by what is happening in the project environment. This may not necessarily mean that the problems or risks related to these issues are not important. It could be taken to mean that these issues may have been clouded by what is happening in the project environment.

6.2 Relationships and Patterns among Risk Factors

What are the relationships and patterns among risk factors identified? This is the second research question. The discussion in section 5.4 answered this question. From this discussion, one can argue that relationships among risk factors are not cast in stone and can manifest in many ways. Perhaps an important part of this discussion is the understanding that risk factors in the same context often interact with each other and therefore should not be viewed in isolation. The relationships further support the argument that projects should be viewed as a complex system where parts on the system affect each other and are affected by the system itself (Nicholas and Steyn, 2012: 47) and further to that, it supports the argument that international development projects are in fact extreme cases of socio-political complexity (Ika and Hodgson, 2014: 1186).

6.3 Comparing Research Findings to those of Similar Research

How do the findings of the research compare to those of similar research in the area of risk factors in development projects? This is the third research question.

The risk factors from similar research in the area of development projects were identified in the literature review in section 3.6.2.1. Some observations could be made if those risks factors are compared to the ones identified by this research. Table 6.1 is a comparison of the two. All the risks factors identified from literature as discussed in section 3.6.2.1 are listed on the left and on the right, a matching risk factor from the research is identified and paired with the corresponding risk factor from literature. Where a risk factor from literature could not be matched to one from the research, the right column was left blank.

Risk Factors from Literature Review	Matching Risk Factors from the Research
Assumption risk	Assumption risk
Benefit risk	Shallow exploitation of project benefits
Bureaucracy	Slow decision making processes
Conflicting donor/recipient policies	Conflicting donor, recipient and stakeholder policies
Conflicting stakeholder priorities	Differing donor and recipient priorities
Coordination failure	Poor coordination
Corruption	Corruption
Delays during project implementation	Project delays
Economic risks	Economic issues
Extreme socio-political complexity	Socio political complexity
Fragile institutions	Fragile institutions and structures
Ineffective project management methods	
Lack of data	
Lack of funds and resources	Lack of resources/Tight host or recipient country budgets
Lack of implementation capacity by donors and recipients	Poor accountability standards by some donors
Lack of project management guidelines and literature	
Lack of project management skills	
Political risk	Politics - Host country politics/Political differences between donor and host government
Poor risk management	
Poor stakeholder commitment	Poor stakeholder commitment/Lack of project ownership by recipients
Reputation risk	
Risk of abuse of funds and other resources	Abuse of funds
Risk of doing harm	Risk of doing harm
Risk of donor bias	Donor bias/Lack of consultation
Risk of excessive or prohibitive control mechanisms	Risk of excessive or prohibitive control
Risk of poor communication	
Risk of poor project planning	Poor project planning
Risk of stakeholder fallout	Donors' lack of agreement/ lack of shared accountability framework/Difficulties in collaboration
Stakeholder dishonesty	Lack of trust between donors and recipients/Donor mistrust/Stakeholder dishonesty
Unclear lines of authority	
Unrealistic targets	

Table 6.1: Comparison of Risk Factors in Literature and in the Research

The literature review had 31 risk factors and the research has 30. The result of the comparison

was that 22 of the 30 risk factors identified from the research could be matched with a risk factor from literature. As shown in Table 6.1, of these matches, 20 are almost direct matches having almost exactly the same meaning. Two of the matches (highlighted in the table) were interpreted as closely related to the corresponding risk factor. Eight risk factors remained unmatched. These are;

- Conflict between development aid approach and the problem solving approach
- Differences in management culture
- Infrastructural challenges
- Lack of a comprehensive approach/Fragmented programs
- Lack of financial transparency
- Poor or inefficient use of resources
- Sustainability problems
- The elephant in the room

On this list of unmatched risk factors, it was noted that at least three namely, “differences in management culture, infrastructural challenges and lack of financial transparency” can be linked to the discussion under section 3.5.1. The discussion highlighted the work done by Ika (2012) on why international development projects fail. This leaves only five out of the 30 risk factors from the research with no perceived link with literature. There are some risk factors such as “poor or inefficient use of resources” which may not appear to be directly mentioned in literature. Such risk factors may be taken to be more context specific but in a broad sense are related to other factors that the literature review identified, for example in this case “poor or inefficient use of resources” can be linked to stakeholder dishonesty, abuse of funds, lack of resources, lack of a comprehensive approach and fragile institutions which were discussed in literature. It is also important to note that this research cannot claim to have reviewed all the literature available on the subject. While every effort was made to do a thorough literature review, the chance of missing or overlooking certain issues in the literature review cannot be dismissed.

From this analysis it can be argued that there are significant similarities between the findings of this research and those of similar research as identified in the literature review. In view of these observations, it can be concluded that the donor funded projects and programs in the Zimbabwean health sector largely face the same risks and challenges as discussed in literature. This observation seems to confirm that donor funded projects and programs in the Zimbabwean health

sector are just a special case of international development projects and therefore are affected by similar issues.

6.4 Concluding Remarks

6.4.1 Challenges Encountered and Lessons Learnt

The following challenges were encountered during the research;

1. Time – the research took more time than had been anticipated mainly because the focus of the research required the use of demanding research methods. As discussed in the methodology section, qualitative research had to be used as it was deemed the best way to explore the research. Qualitative research involves a lot of processes such as interviews, transcription, analysis and coding then interpretation. This means the research demanded a lot of time. The transcription process particularly took a lot of time to complete. The interviews produced recorded audio files which were in a raw state and not suitable for proper analysis, so they had to be transcribed in order to be fit for meaningful analysis. Each interview was approximately 30 minutes and generated five pages of text on average. Though the transcription was first done using NVivo transcription, an automated online service, the service produced transcripts that still required a significant amount of time and effort to edit and correct.
2. Software – the research mainly used NVivo transcription service and NVivo Qualitative Analysis software. The transcription service is an online service that also stores data online. There was an incident where some of the research data on the transcription service got corrupted and it had to take NVivo support to resolve the issue. Although the scale of the data corruption was not significant enough to materially impact the research, it highlights what could potentially derail the research.
3. Respondents – the research did not interview some respondents who were of interest because they were not available due to various reasons however the data gathered from the respondents who participated appears to be consistent and coherent enough for purposes of the research.

6.4.2 Constraints and Limitations of the Research

The following constraints and limitations can be noted;

1. The risk factors identified are generalised for all donor funded projects and programs in the health sector in Zimbabwe. The risk factors are therefore not specific to particular projects. While the research serves as an important guide, project managers need to analyse their specific projects for risk factors specific to those projects.
2. Due to scope limitations, the research could not directly engage experts on the

investigation of relationships among risk factors. This information was indirectly acquired from the interviews based on the Forrester (1992: 55, 56) approach. The analysis of relationships was based on the researcher's insights into the issues raised by the experts during the interviews.

3. The research mainly focused on the identification of risks factors. Due to scope limitations, the research did not look at the impact and likelihood of the associated risks. Such a dimension may be needed to provide a fuller picture of risks in donor funded projects in the health sector in Zimbabwe.
4. As discussed in section 6.3, naturally the research cannot presume to have reviewed all the literature available on the subject. While every effort was made to do a thorough review, the review could still have gaps on certain issues. That becomes a limitation of the research.

6.4.3 Recommended Future Research

The gaps in literature and past research which have been discussed in this research seem to show that risk management in development projects is an emerging discipline. There seems to be several budding efforts to highlight the importance of risk management in this billion dollar industry and to enhance practice but most of those efforts seem to be in their infancy. The following areas can be recommended for future research;

1. Firstly, as mentioned above, the research did not look at the impact and likelihood of the associated risks which may provide a fuller picture of risks. This is recommended for future research.
2. Secondly, as this research unfolded, one big questions was “how much risk management is being done in donor funded projects and how is it being done?” This is not very clear therefore an investigation on risk management in development projects in general or in Zimbabwe or in the health sector is recommended.
3. Thirdly, it was discussed in section 3.5 that a body of knowledge called the PMD Pro. Project Management for Development Professionals was developed to address gaps in project management literature in relation to international development projects. It was also mentioned that some researchers have hailed this body of knowledge as “good” and “effective” in managing development projects (Hermano *et al.*, 2013) but it is a relatively new body of knowledge and at this point, its impact on the development aid industry is difficult to ascertain. Research into the impact of new bodies of knowledge such as the

PMD Pro Guide and their adoption by project practitioners in the development aid industry could also be of interest.

References

- Abd El-Karim, M.S.B.A., Mosa El Nawawy, O.A. and Abdel-Alim, A.M. (2017) Identification and assessment of risk factors affecting construction projects. *HBRC Journal*, **2017**(13), 202–216.
- Afzal, A. and Gauthier, J.-B. (2017) Project management and practitioners in the health sector: From the Quebec healthcare system perspective to project management literature review. In: *Hyper Articles en Ligne*.
- Agee, J. (2009) Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education*, **22**(4), 431–447.
- Amaratunga, D., Baldry, D., Sarshar, M. and Newton, R. (2002) Quantitative and qualitative research in the built environment: Application of 'mixed' research approach. *Work Study Journal*, **51**(1), 17–31.
- Ayres, L. (2007) Qualitative Research Proposals—Part III. Sampling and Data Collection. *Journal of Wound Ostomy and Continence Nursing*, **34**(3), 242–244.
- Basit, T.N. (2003) Manual or electronic? The role of coding in qualitative data analysis. *Educational Research*, **45**(2), 143–154.
- Bengtsson, M. (2016) How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, **2**, 8–14.
- Bhattacharjee, A. (2012) *Social Science Research: Principles, Methods, and Practices. Textbooks Collection. Book 3*.
- Burnard, P. (1991) A method of analysing interview transcripts in qualitative research. *Nurse Educ Today*, **11**(6), 461–466.
- Chapman, C. (1997) Project risk analysis and management-PRAM the generic process. *International Journal of Project Management*, **15**(5), 273–281.
- Chapman, C.B. and Ward, S.C. (1997) *Project risk management, processes techniques and insights*. Chichester: John Wiley and Sons Ltd.
- Chileshe, N. and Yirenkyi-Fianko, A.B. (2012) An evaluation of risk factors impacting construction projects in Ghana. *Journal of Engineering, Design and Technology*, **10**(3), 306–329.
- Chowdhury, M.F. (2015) Coding, sorting and sifting of qualitative data analysis: debates and discussion. *Quality and Quantity*, **49**(3), 1135–1143.
- Cobo, J.R., Ortiz, I. and Mataix, C. (2010) International cooperation for development: Design of a competence based model for managing programmes and projects. *Project Perspectives*, **2010**, 15–19.
- Cook, K.E. (2012) Reliability assessments in qualitative health promotion research. *Health Promotion International*, **27**(1), 90–101.
- Creswell, J.W., Hanson, W.E., Plano Clark, V.L. and Morales, A. (2007) Qualitative Research Designs: Selection and Implementation. *The Counseling Psychologist*, **35**(2), 236–264.
- Diallo, A. and Thuillier, D. (2004) The success dimensions of international development projects: The perceptions of African project coordinators. *International Journal of Project Management*, **22**(2004), 19–31.

- Diallo, A. and Thuillier, D. (2005) The success of international development projects, trust and communication: an African perspective. *International Journal of Project Management*, **23**(2005), 237–252.
- Dierckx de Casterle, B., Gastmans, C., Bryon, E. and Denier, Y. (2011) QUAGOL: A guide for qualitative data analysis. *International Journal of Nursing Studies*, **49**(3), 360-371.
- Donalek, J.G. (2005) The Interview in Qualitative Research. *Urologic Nursing*, **25**(2), 124-125.
- Elkington, P. and Smallman, C. (2002) Managing project risks: a case study from the utilities sector. *International Journal of Project Management*, **20**(2002), 49-51.
- Endacott, R. (2008) Clinical research 4: Qualitative data collection and analysis. *International Emergency Nursing*, **2008**(16), 48–52.
- Erlingsson, C. and Brysiewicz, P. (2013) Orientation among multiple truths: An introduction to qualitative research. *African Journal of Emergency Medicine*, **3**(2), 92-99.
- Forrester, J.W. (1992) Policies, decisions and information sources for modeling. *European Journal of Operational Research*, **59**(1), 42-63.
- Gharaibeh, H.M. (2014) Developing a Scoring Model to Evaluate Project Management Software Packages Based on ISO/IEC Software Evaluation Criterion. *Journal of Software Engineering and Applications*, **7**(1), 27-41.
- Grbich, C. (1999) *Qualitative Research in Health, An Introduction*. Sage Publications.
- Hanson, J.L., Balmer, D.F. and Giardino, A.P. (2011) Qualitative Research Methods for Medical Educators. *Academic Pediatrics*, **11**, 375–386.
- Hansson, S.O. (2010) Risk: objective or subjective, facts or values. *Journal of Risk Research*, **13**(2), 231-238.
- Hermano, V., López-Paredes, A., Martín-Cruz, N. and Pajares, J. (2013) How to manage international development (ID) projects successfully. Is the PMD Pro1 Guide going to the right direction? *International Journal of Project Management*, **31**(2013), 22–30.
- Ika, L. and Saint-Macary, J. (2014) Special Issue: Why Do Projects Fail in Africa? *Journal of African Business*, **15**(3), 151-155.
- Ika, L.A. (2005) The management of development assistance projects: Past, present, and future. *Perspective Africaine*, **1**(2), 128–153.
- Ika, L.A. (2012) Project Management for Development in Africa: Why Projects Are Failing and What Can Be Done About It. *Project Management Journal*, **43**(4), 27–41.
- Ika, L.A. and Hodgson, D. (2010) Towards a critical perspective in international development project management. In Proceedings of *Making Projects Critical 5*, Bristol Business School, Bristol, England.
- Ika, L.A. and Lytvynov, V. (2011) The “management-per-result” approach to international development project design. *Project Management Journal*, **42**(4), 87–104.
- Ika, L.A. and Saint-Macary, J. (2012) The project planning myth in international development, *International Journal of Managing Projects in Business*, **5**(3), 420-439.

- Ika, L.A. and Hodgson, D. (2014) Learning from international development projects: Blending Critical Project Studies and Critical Development. *International Journal of Project Management*, **32**(2014), 1182–1196.
- Ika, L.A. and Donnelly, J. (2017) Success conditions for international development capacity building projects. *International Journal of Project Management*, **35**(2017), 44–63.
- Ika, L.A., Diallo, A. and Thuillier, D. (2010) Project management in the international industry: The project coordinator's perspective. *International Journal of Managing Projects in Business*, **3**(1), 61–93.
- Ika, L.A., Diallo, A. and Thuillier, D. (2012) Critical success factors for World Bank projects: An empirical investigation. *International Journal of Project Management*, **30**(1), 105–116.
- Kakonge, J.O. (2015) *Addressing uncertainties and risks in development projects in sub-Saharan Africa* [Online]. Available: <http://www.pambazuka.org/governance/addressing-uncertainties-and-risks-development-projects-sub-saharan-africa> [Accessed 2017, April 2].
- Kapsali, M. (2011) Systems thinking in innovation project management: A match that works. *International Journal of Project Management*, **29**(4), 396–407.
- Khang, D.B. and Moe, T.L. (2008) Success Criteria and Factors for International Development Projects: A Life-Cycle-Based Framework. *Project Management Journal*, **39**(1), 72–84.
- Knox, S. and Burkard, A.W. (2009) Qualitative research interviews. *Psychotherapy Research*, **19**(4-5), 566–575.
- Landoni, P. and Corti, B. (2011) The management of international development projects: Moving toward a standard approach or differentiation? *Project Management Journal*, **42**(3), 45–61.
- Lewis, J. (2003) Design Issues. In: Lewis, J. and Ritchie, J. (Eds.), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. London: Sage Publications.
- Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lyons, T. and Skitmore, M. (2003) Project risk management in the Queensland engineering construction industry: a survey. *International Journal of Project Management*, **22**(2004), 51–61.
- MacDonald, S., Headlam, N. and CLES (2008) *Research Methods Handbook: Introductory Guide to Research Methods for Social Research*. Manchester M4 5DL: Centre for Local Economic Strategies (CLES).
- Maguire, M. and Delahunt, B. (2017) Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *2017*, **9**(3).
- Mañelele, I. and Muya, M. (2008) Risk identification on community-based construction projects in Zambia. *Journal of Engineering, Design and Technology*, **6**(2), 145–161.
- McGrath, J.E. (1981) Dilemmatics: The Study of Research Choices and Dilemmas. *American Behavioral Scientist*, **25**(2), 179.
- Meredith, J.R. and Mantel, S.J., Jr. (2009) *Project Management: A Managerial Approach*. 7th ed. New Jersey: John Wiley & Son.
- Merriam, S.B. and Tisdell, E.J. (2016) *Qualitative Research: A Guide to Design and Implementation*. 4th ed. San Francisco, California: Jossey-Bass.

- Mistry, K.B. (2012) Research and Statistics: Qualitative Research Methods. *Pediatrics in Review*, **33**(11), 521-523.
- MOFED (2016) *Zimbabwe. The 2017 National Budget Statement*. Harare: ZIMBABWE. Ministry of Finance and Economic Development.
- MOFED (2017) *Zimbabwe. National Budget Statement for 2018*. Harare: ZIMBABWE. Ministry of Finance and Economic Development.
- MOFED (2018) *Zimbabwe. National Budget Statement for 2019*. Harare: ZIMBABWE. Ministry of Finance and Economic Development.
- Mohammad, S., Mojtahedi, H., Meysam Mousavi, S. and Ahmad Makui, C. (2010) Project risk identification and assessment simultaneously using multi-attribute group decision making technique. *Safety Science*, **48**(2010), 499–507.
- MOHCC (2016) *The National Health Strategy for Zimbabwe 2016-2020. Equity and Quality in Health: Leaving No one behind*. Harare: ZIMBABWE. Ministry of Health and Child Care Retrieved from https://www.unicef.org/zimbabwe/resources_19420.html.
- Moyo, D. (2009) *Dead Aid. Why aid is not working and how there is a better way for Africa*. New York: Farrar, Straus and Giroux.
- Muriithi, N. and Crawford, L. (2001) Approaches to project management in Africa: Implications for international development projects. *International Journal of Project Management*, **21**(2003), 309–319.
- Nicholas, J.M. and Steyn, H. (2012) *Project Management for Engineering, Business and Technology*. 4th ed. Routledge.
- Nieswiadomy, R.M. (2008) *Foundations of Nursing Research*. Pearson/Prentice Hall.
- Noble, H. and Smith, J. (2015) Issues of validity and reliability in qualitative research. *Evidence Based Nursing*, **18**(2), 34-35.
- ODI (2016) *About ODI* [Online]. Available: <https://www.odi.org/about-odi> [Accessed 2017, March 29].
- OECD (2010) *Monitoring the Principles for Good International Engagement in Fragile States and Situations. Country Report 5: Sierra Leone*. OECD Publishing.
- OECD (2012) *Managing Risks in Fragile and Transitional Contexts: The Price of Success?, Conflict and Fragility*. Paris: OECD Publishing.
- OECD (2013) *Fragile States: Resource Flows and Trends, Conflict and Fragility*. OECD Publishing.
- OECD (2014) *Development Assistance and Approaches to Risk in Fragile and Conflict Affected States*. OECD Publishing.
- OECD (2016a) *About the OECD* [Online]. Available: <http://www.oecd.org/about/> [Accessed 2017, March 29].
- OECD (2016b) *Good development support in fragile, at-risk and crisis affected contexts. OECD Development Policy Papers, No. 4*. Paris: OECD Publishing
- Patton, M.Q. (2014) *Qualitative Research and Evaluation Methods*. 4th ed. Thousand Oaks, CA: Sage.

- Perminova, O., Gustafsson, M. and Wikstrom, K. (2007) Defining uncertainty in projects – a new perspective. *International Journal of Project Management*, **26**(2008), 73–79.
- PHIA (2016) *Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA)* [Online]. Available: <http://phia.icap.columbia.edu/> [Accessed 2017, March 29].
- PM4NGOs (2013) *A Guide to the PMD Pro. Project Management for Development Professionals*. 1.7 ed. United States of America: California: Project Management for Non-Governmental Organizations [PM4NGOs].
- PMI (1996) *A Guide to the Project Management Body of Knowledge*. United States of America: Pennsylvania: Project Management Institute.
- PMI (2013) *A Guide to the Project Management Body of Knowledge (PMBOK Guide)*. Project Management Institute.
- Polit, D.F. and Beck, C.T. (2010) *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 7th ed. Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Ryan, G.W. and Bernard, H.R. (2003) Techniques to Identify Themes. *Field Methods*, **15**(1), 85-109.
- Saunders, M., Lewis, P. and Thornhill, A. (2012) *Research Methods for Business Students*. 6th ed. Essex CM20 2JE: Pearson Education Limited.
- Saunders, M.N.K. and Rojon, C. (2014) There's no madness in my method: explaining how your coaching research findings are built on firm foundations. *Coaching: An International Journal of Theory, Research and Practice*, **7**(1), 74-83.
- Song, J., Song, D., Zhang, X. and Sun, Y. (2013) Risk identification for PPP waste-to-energy incineration projects in China. *Energy Policy*, **61**(2013), 953–962.
- Thomas, E. and Magilvy, J.K. (2011) Qualitative Rigor or Research Validity in Qualitative Research, **16**(2), 151-155.
- Tollefson, J., Usher, K., Francis, D. and Owens, J. (2001) What you ask is what you get: Learning from interviewing in qualitative research. *Contemporary Nurse*, **2001**(10), 258-264.
- Vaismoradi, M., Turunen, H. and Bondas, T. (2013) Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, **15**(3), 398-405.
- Williams, C. (2007) Research Methods. *Journal of Business & Economic Research*, **5**(3), 65-72.
- Xu, Y., Chan, A.P.C., Xia, B., Qian, Q.K., Liu, Y. and Peng, Y. (2015) Critical risk factors affecting the implementation of PPP waste-to-energy projects in China. *Applied Energy*, **158**(2015), 403–411.
- Youker, R. (2003) The nature of international development projects. In *Proceedings of PMI Conference*, Baltimore, MD.
- Zhang, H. (2011) Two Schools of Risk Analysis: A Review of Past Research on Project Risk. *Project Management Journal*, **42**(4), 5–18.
- Zou, P.X.W. and Li, J. (2010) Risk identification and assessment in subway projects: case study of Nanjing Subway Line 2. *Construction Management and Economics*, **December 2010**(28), 1219–1238.