SENSITIZATION PROGRAMMES AND ITS INFLUENCE ON IMPLEMENTATION OF POLIO ERADICATION PROJECT IN SIGOR CONSTITUENCY, WEST POKOT, KENYA

NDETI ANNE MUNYIVA

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DECLARATION

This research project report is my original work and has not been presented for a degree in any other University.

Ndeti Anne Munyiva **SIGN** **DATE**

L50/24498/2019 _____ _____

This research project report has been submitted for examination with my approval as the University supervisor

Dr. Patrick Cheben Simiyu. **Sign** **Date**

_____ _____

Lecturer,

Department of open learning

University of Nairobi

DEDICATION

I am dedicating my study to my husband Luther Nyakundi Oruko whose unyielding love, support and encouragement have nourished my soul and inspired me to pursue my studies.

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LIST OF ABBREVIATIONS & ACRONYMS

CDC	Centers of disease controls
HBM	Health belief model
PWR	Polio Eradication program
M&E	Monitoring and evaluation
NGO	Non-Governmental Organizations
TAG	Technical Advisory Group
US	United States
UNICEF	United Nations International Children Education Fund
WHO	world health organizations

ABSTRACT

Eradication of communicable and non-communicable diseases is a major concern of various countries and states globally. This prompts them to conduct sensitization programmes in ensuring objectives and goals of disease treatment and intervention activities are achieved as per the required plans. It is a big concern that about 88% of the cases of polio are reported in Africa especially in the horn of Africa in which Kenya is part of it. Although Kenya was certified polio-free in 2005, and with several projects, campaigns and agencies working to eradicate polio including the Polio Eradication Programme there are still several cases of the disease outbreaks. The purpose of the study was to establish the influence of sensitization programmes on the implementation of the polio eradication project in Sigor constituency, West Pokot County. The study was guided by the following specific objectives: to establish the influence of community awareness on the implementation of the polio eradication project, to assess the influence of health staff training on implementation of polio eradication project, to evaluate the influence of public information sharing on implementation of polio eradication project, and to establish the influence of multiagency awareness support on the implementation of polio eradication project in Sigor constituency , West Pokot County. The study was guided by the Health Belief Model (HBM) that was developed by US Public Health Service 1950. The study did utilize a descriptive survey research design. Target population of the study was 186 individuals from various fields representing primary and secondary stakeholders to the study. The sample size calculation was173 respondents obtained using Yamane formula. The study used simple random sampling technique to obtain equal representation from the target population. The study did employ two instruments (questionnaire and interviews). The validity of the instruments was achieved by seeking expert advice from the study supervisor, and Pearson Moment Correlation Coefficient formula was to ascertain the reliability of the instruments statistically. Content analysis was used to analyze findings from the interview schedule, and data obtained from questionnaires which were analyzed using descriptive statistics (mean, standard deviation, percentage, and frequencies). The analyzed data was presented in the form of frequency tables and statements. The study finding showed that occasionally shows that; community awareness, health staff training and public information sharing contribute to implementation of the polio eradication programme while multiagency awareness support was found in a moderate amount contributing to implementation of polio eradication programme. The findings from the study is hoped to guide policy formulation and practice in therapeutic and preventive health projects.

CHAPTER ONE

INTRODUCTION

1.1. Background to the study

There have been a unified across countries and states in eradicating some of health diseases that affect the communities. Sensitization programmes have become very useful activities in ensuring objectives and goals of disease treatment and intervention activities are achieved as per the required plans. Sensitization initiatives are specific awareness activities and events meant to achieve specific outcomes over a targeted population (Kariuki, 2012). They are aimed at making the target population respond positively to a particular stimulus through a learning process. Polio is a virus related disease that can cause paralysis and other physical effects on human beings but can be prevented through a vaccine. The Polio Eradication programme is a multi-agency initiative funded through a private-public partnership aimed at eradicating polio across the world. The major partners in this partnership include countries' governments, world health organizations (WHO) centers of disease controls (CDC) and the United Nations International Children Education Fund (UNICEF). Since its inception in the year 1988, each country is tasked to initiate awareness initiatives that would be effective in implementing the project (Musungu, 2019).

Celentano et.al (2018) points out that European member country have reported a 0.1% prevalence rate of poliomyelitis cases since the year 2002. This finding was according to WHO regional certification commission for the disease eradication. The success of these countries is due to its effective sensitization programmes conducted over the last 15 years. Through the European vaccine action plan, communities specifically families were fully sensitized on the importance of immunization, and health workers were trained on improved skills of managing

emerging disease types. Currently, the EU members are using sensitization initiatives to sustain the continent's poliomyelitis free status (Kinsman & Stoven, 2018).

In Latin America and the Caribbean, the prevalence of polio is estimated to have dropped to a lower value of 3% over the last 3 to 4 decades. The reduction is a special achievement because in 1970 and 1980 it was reported that there were about 15000 paralysis and 1750 deaths caused by polio in the region. Since the inception of the Pan American health organization in 1985, several campaigns and sensitization programmes have been conducted leading to the ;reduction of the disease incidences. One campaign was known as ‘operation mop up’ which was constituted to tackle the disease effects through a house to house visits and vaccinations (Center Global Development, 2016). Polio elimination in India has not been a success over the last two decades. There have been 15 cases of vaccine derived polio virus injections which have been reported, and 80% of other cases have been reported in Pradesh. Lopalco, (2017)argues that there is still a big gap in addressing Polio despite them having the India National Surveillance project. Reports have shown poor sensitization framework employed by the project have led to slow mitigation measures to address this cases. Recently 66 cases of wild polio have emerged which has prompted the country to devise ways to address this emerging cases. The Indian Government is taking steps to critically reexamine ways and strategies to eradicate polio in the country (Narendra and Dasgupta, 2016).

Okeibunor. et.al (2017), state that the focus of Nigeria as a country to eradicate polio in recent times has suffered a drastic setback. This is due to the emergence of wild poliovirus cases in certain regions of North Eastern of Borno. The setback emerged due to laxity in the sensitization of immunization programmes and surveillance failure. Relevant authorities and agencies have not developed suitable implementation frameworks to sensitize communities towards

immunization campaigns. Currently, the country is seeking to reduce the number of cases that have emerged in the last two years. This is by identifying suitable strategies that help to enhance its immunization and surveillance initiatives to reduce cases of transmissions (Hamisu, 2018).

The Technical advisory group on polio eradication for the horn of Africa countries which was sponsored by the Polio eradication initiatives conducted a survey of prevalence and measures to address polio eradication. The countries in which the group covered included: Kenya, Somalia, Ethiopia, Sudan, and Yemen. It was found that there is a number of wild polio that has been reported in these countries. The outbreak of a vaccine-derived poliovirus classified as type 2. The report documented by the group shows that the virus is circulating undetected over the years. This outbreak possesses a health risk to the communities and becomes an international concern. The report shows a lack of sensitization programmes with the presence of unreached children with polio vaccines across these countries; despite the presence of the Polio Eradication Project in this region, countries have slower programs set to address the emergence of disease outbreaks (TAG, 2018). In 2019, the Kenyan Ministry of health with collaboration with other multi-agencies rolled out a campaign and vaccination initiatives in some of its counties. Among the targeted counties were Turkana and West Pokot. This is after the mentioned counties faced reported cases of wild polio outbreak which affected children under 5 years of age. This was a remedial response and a sensitization initiative to tackle the emerged problem. Although records showed that the country in 2005 was certified by WHO to be a polio free country there is still few cases of polio reported.

1.2. Statement of the Problem

There are several countries in Europe, Latin America, and America have been able to achieve a polio-free status. This has been dominantly linked with their awareness and sensitization campaigns on immunization and disease management. Morales, Tangermann and Wassilak (2016) report the need to formulate suitable designs that ensure prevention of certain diseases recurring or forming pandemics. The authors mention the need to have suitable sensitization programmes that create awareness initiatives and enhance surveillance. The fruits of sensitization programmes in Europe in eradicating certain diseases like polio bring a different picture in Africa. It is a big concern that about 88% of the cases of polio are reported in Africa especially in the horn of Africa in which Kenya is part of. Although Kenya was certified polio-free in 2005, and with several projects, campaigns and agencies working to eradicate polio including the Polio Eradication Program, there are still several cases of the disease outbreak.

Kariuki (2012) did a study on child immunization coverage in Kianduku slums in Thika, and found that slow polio immunization is rendered in slums. The study points out that sensitization initiative are not being implemented in such areas. The gap of the study is that it did not cover a wider scope to ascertain the claim. The northern part of West Pokot is a region with a high population movement due to the nomadic behavior of the community. The WHO report of 2019 indicates that there was the existence of wild polio in the region, despite the existence of several eradication programmes. This possesses a dangerous threat to the health of infants and small children under the ages of 5 years. There is a need to relook at some of the sensitization programmes to establish their effectiveness in implementing the Polio Eradicating project in the region.

1.3. Purpose of the Study

The purpose of the study was to establish the influence of sensitization programmes on implementation of polio eradication project in Sigor constituency, West Pokot County.

1.4. Research Objectives

The study was guided by the following specific objectives:

i. To establish how community awareness influence implementation of polio eradication project in Sigor constituency, West Pokot County.
ii. To assess how health staff trainings influence implementation of polio eradication project in Sigor constituency, West Pokot County.
iii. To evaluate how public information sharing influence implementation of polio eradication project in Sigor constituency, West Pokot County.
iv. To establish how multiagency awareness support influence implementation of polio eradication project in Sigor constituency, West Pokot County.

1.5. Research Questions

The study was guided by the following research questions:

i. How does community awareness influence implementation of polio eradication project in Sigor constituency, West Pokot County?
ii. How does health staff trainings influence implementation of polio eradication project in Sigor constituency, West Pokot County?
iii. How does public information sharing influence implementation of polio eradication project in Sigor constituency, West Pokot County?
iv. How does multiagency awareness support influence implementation of polio eradication project in Sigor constituency, West Pokot County.

1.6. Significance of the Study

The study is hoped to be beneficial to a number of primary and secondary stakeholders. The government through the ministry of health will find the findings useful in drafting or redrafting their strategies and policies in implementing projects related with management of diseases in the country. In addition, other Non-Governmental agencies dealing with projects related with communities' health programmes is hoped to implement viable strategies in executing such projects. The communities and members of public is hoped to benefit from the findings indirectly because better strategies of creating awareness of some of the health programmes are on their reach in an effective way. The findings is hoped to provide empirical facts that would be used for scientific studies and knowledge acquisition.

1.7. Limitations of the study.

The study faced a number of limitations that might influence the outcome of the study. Matters of health are more confidential to the respondents and they might not be willing to provide information during the study. The researcher assured the respondents of their privacy and confidentiality. The second limitation is based on the geographical coverage of the study area which is sparse populated and wide in physical scope. The researcher did cushion this limitation by working with research assistance where possible.

1.8. Delimitations of the study

The researcher did a study on the influence of sensitization programmes on implementation of polio eradication project s. It covered aspects related with community awareness, health staff trainings and multi-agency awareness support. The physical geographical location of the study is in Sigor constituency which is found in West Pokot County. This study is scheduled to be conducted for a period of one year.

1.9. Basic assumptions of the study

The study did make the following assumptions:

i. Those respondents contacted will provide correct, reliable and relevant responses useful in making useful deductions and recommendations.
ii. The study area will not be affected by cases of cattle rustling during the study period.
iii. That the outbreak of Covid 19 will not prolong to affect the study scheduled period.

1.10. Definition of Significant terms

Community awareness: is the knowledge that members of specific families are aware of the Polio disease or programmes to manage it.

Implementation of polio eradication project s- is the extent to which the project is executed to contain transmission; strengthen immunization, and reduction of incidences of Polio in the study location.

Health staff training- is the extent to which the health employees are provided with necessary and current skills and knowledge to implement the project.

Multi-agency awareness support-is the involvement and creation of awareness to relevant ministries, organizations and institutions in the projects implementation.

Public information sharing- it is generalized awareness programmes that are conducted nationally to the public not specific to a community or families.

Sensitization programmes- this is the extent to which knowledge and information is transmitted either through awareness and training programmes.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

The chapter provided related scientific data that is relevant to the purpose of the study. Credible sources of data were reviewed to explain the theoretical, conceptual and empirical reviews of the study. The chapter did further provide the gaps obtained after reviewing the relevant literatures.

2.1. Concept of implementation of polio Eradication Projects

The polio eradication project or initiative was instituted by the World Health Assembly in 1988 working with over 125 countries across the world. It is public-private participation which is led by the National governments and sponsored by other multi-agencies like; World Health Organization, UNICEF, CDC and Rotary international. The aim of the project is to interrupt the wild transmission of poliovirus in some of the member states as soon as possible. Each member state under the programme was required to implement certain activities and policies to ensure that the programme was running effectively and efficiently.

Koopman (2017) states that member states in polio programme were required to formulate and run a campaign for immunization for every child to be immunized against the poliovirus to avoid transmission. Countries were further required to mobilize resources and plan for effective programmes that will be used to reduce the polio incidences and reduce the effects of the disease. They were supposed to engage the community and members of the public in order to embrace polio vaccine initiatives. In their respective disease policy, they were required to formulate and implement a collaborative multi-agency framework to sensitize the communities on the disease. Successful implementation of the polio eradication project will be achieved if countries report

fewer or no cases of polio, immunization initiatives have been successful, and there is a reduction in the prevalence of the disease in the country (Khan *.et al*, 2018).

2.2. Concept of sensitization programmes

According to Maxwel (2014), sensitization is the attempt of making oneself or other individuals be aware and be responsive to certain events, situations, ideas, and phenomenon. In health programmes, sensitization programmes are campaign initiatives intended to bring positive change in behavior towards the negative stimuli. There are a number of activities that can take place in sensitization programmes, and these would include; community awareness outreaches, staff training, public information sharing, and multi-agency awareness support.

Blake et.al (2016) point out that the goal of creating awareness among the communities is to increase knowledge of the existing programmes and services being offered. Health staff training is the provision of skills and knowledge to professionals about existing programmes in order for them to implement sustainable interventions. Awale et.al (2019) state that sharing of information is general which ensures that intended and non-intended audiences are aware of existing programmes and initiatives. Any success of a health campaign or project would be sustainable if every stakeholder is engaged directly or indirectly during the planning and implementation process.

2.3. Theoretical framework

The study is guided by the health belief model (HBM) that was developed by US public health service in the year 1950. It was developed to understand the reasons why there is a failure in the adoption of disease preventive initiatives and treatments. The theory postulates that the main reason is due to cue action among the parties involved. The construct of cue action states that a

stimulus is regarded to be triggered in order for an effective action to be embraced or adopted by the concerned persons. For health programmes or initiatives to be embraced there is need for certain events or actions to be triggered. In this study sensitization or awareness programmes are some of the stimulus initiatives that would ensure implementation of the health programmes. Stakeholders need to provide the required stimulus (cue action) in order for the polio eradication programme to be effective enough. The limitation of the HBM is that it does not take account of personal attitudes, beliefs and behavior towards certain health interventions and programmes.

2.4. Empirical review

The part reviews scientific data that is related with the specific objectives of the study. It identifies the contributions and gaps of the study.

2.4.1. Community awareness and implementation of projects

According to World Health Organization community awareness of health programmes and interventions are targeted to serve communities and other specified population in a particular country. It enables the community to be informed of a particular intervention or programme instituted to help them or to be beneficial within a limited geographical location.

Eskonazi eta.al (2019) did a study on a community-based education programme to reduce insecticide exposure from indoor residual spraying in Limpopo. Findings from the study showed that authorities were able to implement the project successfully. Once the community had been educated and trained on the benefits accruing from the project, and measures to mitigate risks accruing from the project they were able to accept and embrace the project without any difficulty. The findings of the study showed the benefit of educating the community before

implementing projects. The research gap of the study was that it did not fully explain the mode of education approach in which the community received as part of the community awareness.

Barroga eta.al (2018) conducted a study on the project pre and post-implementation based on community awareness on Rabies prevention and control in Bicol, Philippines. The study established that a critical component for a successful Rabies programme was on educating the community on the risks associated with the disease. In their approach, the project was able to use victims of Rabies to educate and provide a learning experience. The use of victims is part of the sensitization programme that would help in convincing and changing the behaviors of the community, the research gap of the study is that it was more qualitative in its approach.

Hassan and Abdullah (2018) study was on community awareness towards oriented community policing development and implementation in Malaysia. The study findings showed that demographic profiling is an important aspect in the process of sensitization programme. Community awareness programmes need to focus on demographic characteristics in order for the information to be transferred effectively. For example the women will be aware of the community policing if only they are informed. The research gap of the study is that it only focused on demographic aspects in creation of awareness projects.

Lemoine (2016) conducted a study in Haiti which was titled controlling neglected tropical diseases; implementation strategies and evidence of their success. The study established the importance of having home care based training to the beneficiaries in order to efficiently implement intervention strategies for the diseases. Rutter. et.al (2017) states that localization of training in homes is important in tackling of tropical disease and has been reported to be a

success. The research gap of the study is that it only focused on tropical diseases which are common and not fearful among the communities.

Carslie et.al (2018) states that community awareness are critical in particular if engagements are done at early planning phases of the project inception. This is according to the study conducted by the authors on evaluating community participation which was a comparison of participatory approaches in planning and implementing of new primary health care services in Northern Australia. The study did provide a wider view of the importance of community awareness in sensitization programmes. The research gap of the study is that it only focused on community involvement activities only.

2.4.2. Health staff training and implementation of projects

Kew and Pallansch (2018) explains that the Health staff or professionals are critical components in any health implementation project. They are expected to participate fully during the planning and execution phase. The success of any intervention will highly depend on the level of training and knowledge of the existing health professionals. Part of the sensitization programmes is to ensure that health staffs are trained on new developments and management of emerging diseases.

Beauchamp (2017) conducted a study on systematic development and implementation of interventions to optimize health literacy and access. The study established that in order to address the problem emerging of disease outbreaks the health staff needs to be equipped with modern disease management skills through continued training. The author mentions the need to have medical and health staff attend training in order to develop and implement interventions. This clearly shows that the trainings of the staff is important as part of the intervention initiatives.

Qarieta (2018) outlines the importance of research and training of health staff as part of being prepared for any disease outbreaks and management. From their study titled overview of the translation, dissemination and implementations of public health preparedness and response research and training initiatives. The study outlines the need for health staff to be engaged in training and research on new incidences of the diseases. The research gap of the study is that it only focused on the general role of training and staff and did not link with projects.

Eisonman et.al (2018) study was advocating on the need of having the staff ready to adapt and implement evidence-based emergency preparedness. From their study titled a programme for local health departments to adapt and implement evidence-based emergency preparedness programmes. The study outlines that emergency preparedness is setting the staff aware of the task to be undertaken through suitable training done early enough. The research gap is that it only centered on the health workers preparedness.

Smith et.al (2017) study mentions the need to have alternative training to be part of improving old techniques and methods of managing diseases. Alternative training to be part of improving old techniques and methods of managing diseases, this is because training are important in providing a wider scope of mitigation measures to address a disease. According to this study titled developing alternative training delivery methods to improve psychotherapy implementation in US department of veteran's offers. Alternative training is important in upgrading skills and help to create awareness among the staff on current issues and problems.

Wolk et.al (2019) study on the implementation of a team training interventions for school mental health in Malaysia, the study shows the importance of professional training conducted before implementation of a given programme or project, the study points out on the success of having

several pieces of training to the member of the staff to capacitate them on new changes and new developments in the environment. The research gap of the study is that it did not outline which type of training is declared to be successful.

Micah and Luketero (2017) study on monitoring and evaluation systems and programme of NGO maternal health programmes in Bungoma sub-county mentions the need for training staff to implement the M&E system. To establish an effective implementation framework the staff were required to be trained and given the required knowledge of how the system works before it is rolled out. The research gap of the study is that it only focused mainly on the life cycle of implementing a system.

2.4.3. Public information sharing and implementation of projects

Cochi et..al. (2016) explains that general awareness programme is sometimes effective especially when there is no specific target group. National awareness programmes form sensitization initiatives that are conducted to a wider geographical region to create awareness among masses of persons. The approach is an effective initiative approach to cover the marginalized and forgotten communities.

Mueller eta.al (2017) study on teen pregnancy prevention: implementation of a multi-component, community-wide approach outlines the importance of having a wide national campaign in implementing a project. According to the study, a wide number of recipients and stakeholders are observed in the programme. The study further brings out positive contributions from a wider scope of recipients. The use of National campaigns is suitable for generalized problems according to the authors. The research gap of the study is that it did not mention the extent to which campaigns were related to the implementation of projects.

Dambach et.al (2016) mentions the need to have National promotions against diseases specific to a given population. The study was titled as challenges of implementing a large scale larviciding campaign against malaria in rural Burkina Faso lessons learned and recommendations from EMIRA project. The study outlined the limitations of promoting health programmes through the media has it may lead to general ignorance, and it is a costly endeavor. The study further recommended that the community awareness programme would be more effective in effecting National promotions via media. The research gap is that it only focused on the limitations of the promotions and their strength.

Abrahamson (2020) outlines the importance of national campaigns in addressing a particular problem facing the majority of the audiences. Through the study lessons have been learnt during its implementation process this was reflected in the SMART campaign to reduce nursing home poly-pharmacy in United Nation. The study points out that the national campaign takes a major role in providing information to a wider audience within a short period of time. During the SMART national campaign, there were more positive responses across the country. The research gap is that the study applied a more descriptive approach when gathering information.

Candraningrum (2019) conducted an empirical study on the digital political party campaign which was aimed at attracting young voters in the US. The study used a campaign awareness initiative that was fully aided with social media platforms. The campaigns were broadcasted through National platforms. The success of the digital platform was reported among the authorities that the majority of the youth had enrolled to become voters. This shows the importance of sensitization programmes when they are conducted through wider approaches like social media. The research gap of the study is that it did not mention the study approach that was employed by the researcher.

Yang and XU (2018) conducted an empirical study to establish the privacy concerns emerging from pubic sharing of information through China smart city campaigns on implementation of cyber security law. The study showed that information shared publically would lose meaning because of distortions that would emerge from external sources. The sharing of information through sensitization programmes using campaigns sometimes raises privacy concerns. The research gap of the study did not mention how it was affected by the campaigns.

Moro et.al (2017) opined that promotional campaigns have become important approaches used to conduct sensitization initiatives. They further mentioned that public events are also important initiatives to bring sensitization of outlined programmes. The authors conducted a study to assess the determinants of success and sustainability of the WHO multimodal hand hygiene promotion campaign. The findings showed that beneficiaries were able to adopt the project successfully once a public event campaign was conducted. The research gap is that the study focused on the success of the project and did not focus on the implementation of it.

2.4.4. Multi-agency awareness support and implementation of Projects

The success of programmes and projects is highly depended on stakeholder's involvement during the implementation of the project. Studies indicate the need to have multi-dimensional support from different agencies to address different health initiatives or programmes. Sensitization of the various multi-agencies needs to take place that will help to achieve a good implementation framework. Some of these agencies would provide additional support to the project for example enforcements, financial aids and leadership.

Tudor, Gomez and Denby (2017) did a study to establish the lessons learnt from the DREAM project which was through assessing empirically the role of multi-agency collaborators on public

child welfare programmes. The study findings showed that another multi-agency is part of the sensitization initiatives of the programme in achieving positive outcomes. They needed to be informed and integrated during the planning and execution phases of the project. Sensitization of the multi-agencies bear's fruits for more support is gained during the process. The gap of the study is that it did not provide the design employed by the study.

Cleavor (2019) did conduct an empirical study in US to establish the effect of multi-agency approach on early intervention of domestic abuse. Findings from the study showed that majority of multi-agencies are involved in later stages of domestic abuse cases, only few cases where they are involved early during the intervention planning phases. As a result of this there is a slow rate of intervention mechanism and proactive solutions to the problem. The study points out the importance of creating awareness and informing the multi-agencies at early stages of intervention process. The gap of the study is that it did not directly link the implementation of the project and sensitization of the multiagency.

Ryan (2018) conducted a study outlining the importance of adopting a multi-agency awareness interface in governance arrangements, preparedness and implementation of sustainable projects. The study points out the unique support that emerges once multi-agencies are sensitized and allowed to take part during the implementation of the project. The negative consequences emerging from poor multi-agency sensitization is blame games among those represented. The research gap of the study is that it did not link multiagency sensitization and implementation of projects.

Korir (2017) did a survey study to establish some of the determinants that influence the implementation of successful child programmes in Kilifi County. The author found that lack of multi-agency sensitization initiatives is one of the determinants of poor implementation of the

children programme in the region. In its recommendation, the author opines that all stakeholders, organizations, and institutions need to be sensitized earlier enough during the initiation phase of the project to ensure successful implementation of the project. The gap of the study is that it only utilized descriptive statistics during its data analysis.

2.5. Knowledge gap

A critical review of the empirical studies showed several related studies in which they provided valuable information relevant to the study. But there are several gaps that were identified in these studies in which the current study will be seeking to fulfill. Eskonazi eta.al (2019) did a study on a community-based education programme to reduce insecticide exposure from indoor residual spraying in Limpopo. Findings from the study showed that authorities were able to implement the project successfully. The research gap of the study was that it did not fully explain the mode of education approach in which the community received as part of the community awareness. Lemoine (2016) conducted a study in Haiti which was titled controlling neglected tropical diseases; implementation strategies and evidence of their success. The study established the importance of having home care based training to the beneficiaries in order to efficiently implement intervention strategies for the diseases. The research gap of the study is that it only focused on tropical diseases which are common and not fearful among the communities. Qarieta (2018) outlines the importance of research and training of health staff as part of being prepared for any disease outbreaks and management. The research gap of the study is that it only focused on the general role of training and staff and did not link with projects and implementations of public health preparedness and response research and training initiatives. The study outlines the need for health staff to be engaged in training and research on new incidences of the diseases.

2.6. Conceptual framework

The framework explains the relationship between the variables of the study. This relationship is between the independent variables and dependent variables. Figure 2.1 shows the conceptual framework.

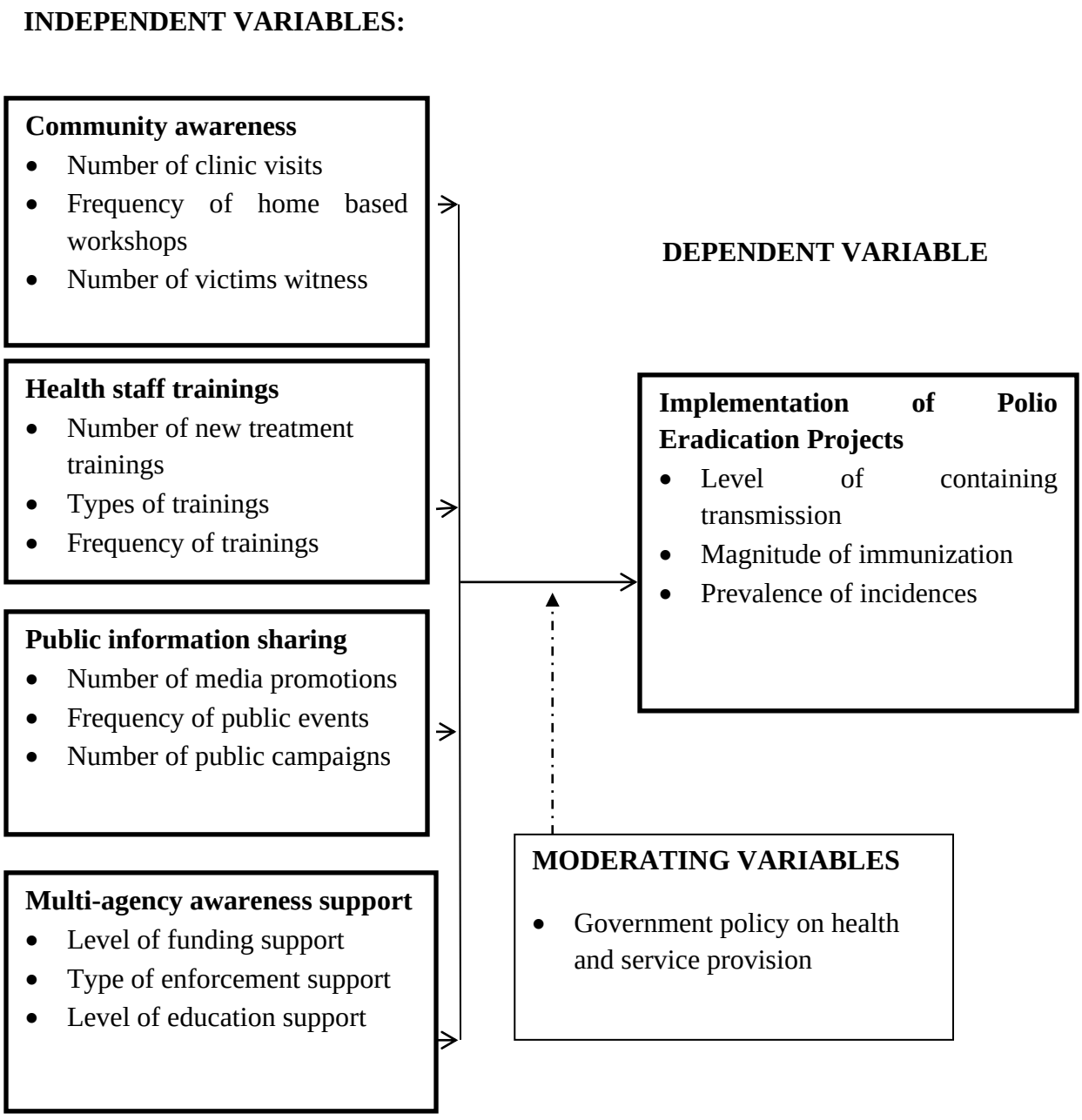

Figure 2.1: Conceptual framework

Source: Author 2020

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

The chapter outlines the guideline that the researcher employed to obtain answers to the research objectives. It outlines the design, target population, sample size and sampling procedure, instruments to collect data, process for collecting and analyzing data. The chapter further outlines operationalization of variables.

3.1. Research design

The study did utilize descriptive survey research design. Kothari (2014) defines descriptive survey to be a design that seeks to gather information by seeking descriptive responses from specific chosen key informants. The research design was used in the study because it seeks in bringing the understanding between the relationship between sensitization programmes and implementation of the polio eradication project by seeking comprehensive responses from an given chosen population.

3.2. Target population

Sekaran (2009) describes the target population is the key informants or units of the study. The target population of the study was 186 respondents representing primary and secondary stakeholders to the study. The primary stakeholders are those that directly involved with the implementation of the project. They include: 85 Health staff (63 National Government and 22 County Government) from the department of communicable and non-communicable diseases, 42

representatives (28 Heath church missionaries, 14 NGO's representatives) from multi-agency institutions and organizations.

The secondary stakeholders are those that are involved indirectly involved with implementation of the project. They include: 59 respondents (1 ward administrator, 3 chiefs, 6 sub-chiefs, 18 village elders, 31 county social workers). The information was obtained from conducting a pre-visit to the study location, reviewing human resource documents from public service commission records of 2020. The target population is summarized in table 3.1.

Table 3.1 Target population

Target group	**Frequency**	**Source**
Health staff (Department of communicable/non-communicable diseases 63 National health staff 22 County health staff	85	Public service commission records 2020 (county/regional offices).
Enforcement and support respondents 3 Local chiefs 6 Sub- Chiefs 18 Village elders 1 sub-county administrator 31 County social workers	59	Provisional Office of the president 2020, County Public service commission 2020.
Multi-agency church missionaries 28 Health church missionaries 14 NGO representatives	42	Pre-survey of the agencies
Total	**186**	

3.3. Sample size and sampling procedure

The section outlined the sample size and sampling procedure for the study. This enables the research to conveniently obtain the number of representation for the study.

3.3.1. Sample size

The sample size is a statistical representation of the unit of the study (Kothari, 2014). Sample size determination for the study was obtained using Yamane formula. The formula is suitable for smaller population below 10000. The sample size was determined as follows:

Yamane formula (1967:886) below 98% confidence level and 2% error is assumed.

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

Where:
n = sample size
e = sampling error (2%)
N= Population size

$$= \frac{186}{1+186\,(0.02)^2}$$

$$=173$$

The sample size obtained from the calculation was 173 respondents.

3.3.2. Sampling procedure

The study employed simple random sampling technique to obtain equal representation from the target population. According to Co-opers (2011) simple random sampling is a method that provides each respondent a chance to be selected. For the chiefs and ward representation the study employed purposive sampling technique due to their specific nature of information. In order to obtain a proportional representation of each type of respondents a statistical proportionate methodology was used as shown in table 3.2.

Table 3.2 Sampling design

Respondents	Target	Sample size representation
NGO representatives	14	14/186 *173=13
Health church missionaries	28	28/186 * 173=26
County social workers	31	31/186 * 173=28
Sub-county administrator*	1*	1/186 *173=1
Sub- Chiefs	6	6/186 *173=6
Local chiefs	3*	3/186 *173=3
Village elders	18	18/186 *173 =17
County health staff	22	22/186 *173=20
National health staff	63	63/186 *173=59
Totals	**186**	**173**

3.4. Data collection instruments

According Co-opers (2011) data collection instruments are techniques used to obtain information from the respondents. The study did employ two instruments (questionnaire and interviews). They were structured in a way to obtain answers in respect to research questions. The questionnaires' contained closed questions, and was structured according to Linkert scale to assess the level of responses. The questionnaire was chosen because it covers a wider scope of respondents within a limited time period (Kothari, 2014). The questionnaire was given to the health workers, multi-agency representatives and county social workers.

The interview was used to gather qualitative data through open ended questions. It provides an open avenue for the respondents to give a wider scope of responses (Sekaran, 2009). It was structured according to the study research questions. Interviews were conducted to chief, sub-chiefs, village elders and ward representatives.

3.4.1. Piloting of the research instruments

The piloting of the research instruments was conducted before the actual study in order to validate them (Kothari, 2014). The study pilot study was conducted in North Pokot which is a neighboring Sub-county of West Pokot. A number of respondents (10% of the study target population) formed the respondents during the piloting process. The data collected from the pilot study was used for validity and reliability tests.

3.4.2. Validity of research instruments

Validity of the research instruments explains the content accuracy of the questions drafted (Kothari, 2014). Validity was achieved by seeking expert advice from the study supervisor and subject lecturers. They helped in scrutinizing the nature of the questions formulated in the research instruments for content and construct validity.

3.4.3. Reliability of research instruments

Reliability of the research instruments describes the consistency of them to give same results severally (Sekaran, 2009). The researcher conducted a test-retest method for reliability. It involved giving similar respondents the same type of questions after a different time intervals. The research used Pearson moment correlation coefficient to ascertain reliability of the instruments statistically. The pair of scores was correlated and a value of more than 0.65 was accepted to be reliable.

3.5. Data collection procedure

The process of collection of data began by seeking authorization and relevant permits from required agencies and institutions (University of Nairobi, NACOSTI, and West Pokot County). That was followed by making bookings for interview dates. During data collection process the instruments issued with the aid of trained research assistants. Fill and take approach was used during the process of issuing questionnaire's. The process of data collection took 3 weeks. Data obtained was arranged and stored for the next research step.

3.6. Data analysis techniques

Data analysis is a transformation technique used to convert data into useful information using a tool of analysis (Co-opers, 2011). Data collected was coded into the computer software SPSS windows 23 for analysis. Content analysis was used to analyze findings from the interview schedule. It will involve arranging responses to form logical and meaningful statements. Data obtained from questionnaires was analyzed using descriptive statistics (mean, standard deviation, percentage, frequencies). The analyzed data was presented in form of frequency tables and statements. Finally a final report was drafted deducting findings and recommendations obtained from the study findings.

3.7. Ethical consideration

The researcher focused on ensuring ethical issues are managed during the study process. Respondent's privacy and confidentiality was safeguarded and assurance was given to them to participate in the study. That meant that no names of identification numbers of the respondents will be used. During sample selection only those respondents willing or consented to participate were allowed to continue with the study. No respondents was forcefully be lured to participate

with the study. The researcher further ensures that authorization, permits and licenses are obtained before conducting any data collection process. Lastly, the researcher did distance from any issues of plagiarism and data malpractice.

3.8. Operationalization of variables

This part shows the conceptual illustration of the research methodology based on the objectives of the study. Table 3.3 shows the operationalization of the variables.

Table 3.3 Operationalization of variables

Objective	Variable	Measuring Indicators	Data collection	Scale	Method of data analysis
To establish how community awareness influence implementation of polio eradication project in Sigor constituency, West Pokot County.	Community awareness	• No. of clinic visits • Frequency of home based workshops • No of victims witnessing	-Questionnaire -Interview	-Nominal -ordinal	Descriptive and content analysis
To assess how health staff trainings on implementation of polio eradication project in Sigor constituency, West Pokot County.	Health staff trainings	• No of new treatment trainings • Types of trainings • Frequency of trainings	Questionnaire Interview	Nominal Ordinal	Descriptive Content analysis

To evaluate how public information sharing on implementation of polio eradication project in Sigor constituency, West Pokot County.	Public information sharing	•No of Media promotions •Frequency of Public events •Number of Public campaigns	Questionnaire	Nominal Ordinal	Descriptive and content analysis
To establish the how multiagency awareness support on implementation of polio eradication project in Sigor constituency, West Pokot County.	Multi-agency awareness support	• Level of funding support • Types of enforcement support • Level of education support	Questionnaire	Nominal Ordinal	Descriptive and content analysis

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, DISCUSSION AND INTERPRETATION

4.0. Introduction

This section outlines findings obtained by analyzing research questions provided to the respondents. Inferential and descriptive statistics was used to analyze quantitative data while content analysis was used to analyze qualitative data. Categorization and presentation of data was according to the themes of the study answering the study aim of sensitization programmes influence on implementation of polio eradication programme in Sigor Constituency, West Pokot.

4.1. Research instruments response rate

The total of 146 questionnaires were issued to Non-Governmental organization representatives, health church missionaries, county social workers, county health staff and national health staff of which 137 of them were correctly filled and returned. This represented a 93.8% questionnaires response rate. The study aimed to conduct 27 interviews to the sub chiefs, local chiefs, village elders, and sub county administrator. But only 24 interviews were conducted successfully and this represented a 88.9% interview response rate. According to Kothari and Garg (2014) stated that a general research instrument response rate of more than 75% of the targeted sample is sufficient for the study to be conducted.

4.2. General information

The general information provides details regarding demographic data and experiences of the respondents towards the Polio eradication programme. The information are important in assessing the entry knowledge and characteristics of the respondents towards study objectives.

4.2.1. Demographic information

Demographic information provided details relating to age, gender and education level of the respondents. Questions requiring the respondents to indicate their age, gender and education were suitable in providing empirical data for justifying diversity in responses to the research objectives. They further provide demographic empirical data that is related to the aim of this study. Table 4.1 presents a summary of the demographic information.

Table 4.1.Demographic information

Category		Frequency	Percent	Valid Percent	Cumulative Percent
Age categories:					
Valid	18- 29 years	18	13.1	13.1	13.1
	30 -39 years	58	42.3	42.3	55.5
	40 -49 years	55	40.1	40.1	95.6
	Over 50 years	6	4.4	4.4	100.0
	Total	**137**	**100.0**	**100.0**	
Gender type:					
Valid	Male	73	53.3	53.3	53.3
	Female	64	46.7	46.7	100.0
	Total	**137**	**100.0**	**100.0**	
Level of education:					
Valid	Certificate	34	24.8	24.8	24.8
	Diploma	64	46.7	46.7	71.5
	Degree	29	21.2	21.2	92.7
	Masters	10	7.3	7.3	100.0
	Total	**137**	**100.0**	**100.0**	

Table 4.1 showed that 13.1% of the respondents were aged between 18 to 29 years, 42.3% of the respondents were aged between 30 to 39 years, 40.1% of the respondents were aged between 40-49 years, and about 4.4% of the patients were aged 50 years and over. This finding shows that majority of the respondents of the study (82.4%) were aged between 30 to 49 years. Kariuki (2012) justifies the finding by stating that the average age for workers is between 30 to 40 years across several sectors in the country. In respect to the gender of the respondents, the study

established that 53.3% of the respondents were male while 46.7% of the respondents were female. This finding particular showed that there were slightly more male than female. Musungu (2019) agrees with the finding by stating that majority of projects in arid and semi-arid areas the male gender is found to be more than the females. Furthermore, the study found that 24.8% and 46.7% of the respondents had certificate and diploma level of education respectively while 21.2% and 7.3% of the respondents had degree and masters level of education. This finding indicated that a significant more number of respondents had diploma level of education. Musungu (2019) further provides the explanation to this finding by stating that majority of the Kenyan jobs is technical in nature requiring diploma level of education as the entry point.

4.2.2. Work experience of the respondents

Work experience is important in ascertaining the respondent's knowledge towards activities and performances. Employees who are more experienced are more likely to understand the processes and activities conducted at work. To ascertain the level of experience of the respondents, the study asked them to state the number of years they have worked. Finding to this question was presented in table 4.2.

Table 4.2 Number of years worked

Years category		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 -5 years	68	49.6	49.6	49.6
	6 -10 years	51	37.2	37.2	86.9
	Over 11 years	18	13.1	13.1	100.0
	Total	**137**	**100.0**	**100.0**	

Table 4.2 shows that 49.6% of the respondents had worked for a period of 5 years and below, 37.2% of the respondents had worked for a period between 6 to 10 years, 13.1% of the respondents had worked for a period of 11 years and over. The finding shows that a slightly more number of respondents have worked below 5 years of age and 50% had more than 6 years of experience. This shows majority of the respondents were experienced and this proves that they understand the aspects and activities of the polio eradication programme. Kariuki (2012) mentions that the more years an employee spends working the more he/she obtains experience and knowledge related to the particular assignment.

4.2.3. Participation in Polio eradicated programme

The respondents were asked whether they have ever participated in any activity in the polio eradication programme and the number of times they have done so. This question was important in assessing the understanding of the respondents towards the programme. Those who have participated have a higher knowledge of the activities that take place than those that have never participated. Table 4.3 summarizes findings of the two questions.

Table 4.3 Participation in Polio eradicated programme

Question?		Frequency	Percent	Valid Percent	Cumulative Percent
Participated in any Polio eradication programme					
Valid	Yes	88	64.2	64.2	64.2
	No	49	35.8	35.8	100.0
	Total	**137**	**100.0**	**100.0**	
If yes, how often have your participated?					
Valid	Once	24	27.0	27.0	27.0
	Twice	28	32.1	32.1	59.1
	More than twice	36	40.9	40.9	100.0
	Total	**88**	**100.0**	**100.0**	
Which particular area have you participated in the programme?					
Valid	Immunization	28	31.4	31.4	31.4
	Campaigns	15	17.5	17.5	48.9
	Education & trainings	17	19.0	19.0	67.9
	Social work	28	32.1	32.1	100.0
	Total	**88**	**100.0**	**100.0**	

Table 4.3 shows that 64.2% of the respondents stated that they have participated in Polio eradication programme while 35.8% of the respondents stated that they have never participated in the programme. This finding shows that majority of the respondents have participated in the polio eradication programme which is significant step in justifying the study outcomes. Of those who participated the study established that 27% and 32.1% of the respondents have participated once and twice respectively in the programme while 40.9% of the respondents have participated more than twice. This finding shows majority of the respondents have participated more than

twice which is a good indication assessing their understanding of the programme. Lopalco (2017) study defined a positive close relationship existing between number of times a participant participates in vaccine immunization and performance. The more an employee participate the more chance no errors are committed and thus increased performance.

The study further found that 31.4% and 17.4% of these respondents had participated in immunization and campaigns respectively in the programme while 19% and 32.1% of the respondents agreed to have participated in education & trainings and social work respectively. The finding shows that respondents have divergently participated in different areas of the programme which indicates their suitability in answering the different areas of the polio eradication programme. Korir (2017) states diversity of respondents is important in obtaining a wide of responses regarding study variables and objectives.

4.3. Community awareness and implementation of Polio eradication programme

Community awareness is the knowledge that members of specific families are aware of the Polio disease or programmes to manage it. The section represents the first objective of the study in which the study sought to establish the influence of community awareness in implementation of polio eradication programme. Respondents were asked to state their level of agreement on statements describing the relation between community awareness and implementation of polio eradication programme. The scores grading the statements were as follows: 1=never, 2=rarely, 3=occasionally, 4=moderate amount, 5=A great deal. Findings were summarized in table 4.3.

Table 4.4 Community awareness and implementation of Polio eradication programme

Statements	**1 (F, %)**	**2 (F, %)**	**3 (F, %)**	**4 (F, %)**	**5 (F, %)**	**Mean**	**SD**
The number of clinical visits are effective in containing polio transmission	35(25.5)	44 (32.1)	4 (2.9)	26 (19)	28(20.4)	2.7664	1.52075
The frequency of home based workshops has been useful in increasing immunization of polio.	16(11.7)	23(16.8)	6(4.4)	34(24.8)	58(42.3)	3.6934	1.453
The number of victims witnesses used have been useful in containing transmission of polio	27(19.7)	18(13.1)	10(7.3)	35(25.5)	47(34.3)	3.4161	1.54654
Community awareness programmes are useful in eradicating polio disease.	24(17.5)	18(13.1)	3(2.2)	39(28.5)	53(38.7)	3.5766	1.5326
		Composite mean and SD=				**3.7631**	**1.51322**

Findings from 4.3 statistically showed that 25.5% and 32.1% of the respondents stated that never and rarely respectively as the number of clinical visits have been effective in containing polio transmission, 2.9% of the patients stated that it does occasionally while 19% and 20.4% of the respondents stated that on moderate amount and a great deal respectively does the number of clinical visits have been effective in containing polio transmission. The generalized mean of 2.766 (SD=1.521) shows that occasionally the number of clinical visits have been effective in containing polio transmission. Hassan and Abdullah (2018) study contradicts the finding by illustrating the significance of targeting women in informing them of the importance of their health and of their children thus enhancing performance of a programme.

The finding is supported by this qualitative finding obtained from the interview which states:

> '*Majority of the health care workers and social workers do not visit the communities, they usually use mobile clinics which reduces accessibility to deal with polio. Moreover few health workers are found in the locality which limits accessibility of services* [Interview: Chiefs and ward administrator}.

The study specific responses showed that 11.7% and 16.8% of the respondents stated that never and rarely respectively as the frequency of home based workshops has been useful in increasing immunization of polio, 4.4% of the respondents stated that it does occasionally while 24.8% and 42.3% of the respondents stated that on a moderate amount and on a great deal does frequency of home based workshops has been useful in increasing immunization of polio. The generalized mean of 3.693 (SD=1.453) showed that respondents stated that in a moderate amount the frequency of home based workshops has been useful in increasing immunization of polio.

Baroga et al (2018) supports the findings by stating a critical component for success of the project is educating the recipients on the risks associated with the disease.

Qualitative findings from the interview schedule reported that;

> '*Administrators within the localities, wards and constituency in general are required to attend awareness programmes. This awareness programmes are in form of workshops and seminars once health national programmes are launch before implementation takes place' [Interview: Chiefs, Sub-chiefs, and Village elders].*

The specific responses showed that 19.7% and 13.1% of the respondents stated that never and rare situation respectively has the number of victims witnesses have been useful in containing transmission of polio, 7.3% of the respondents stated that it does occasionally while 25.5% and 34.3% of the respondents stated that on moderate amount and on a great deal respectively have the number of victim witnesses been useful in containing transmission of polio. The generalized mean of 3.4161(SD=1.5465) shows that respondent stated that occasionally the number of victims witnesses have been useful in containing transmission of polio. Barroga et al (2018) confirms the finding by stating that the use of victims is part of the sensitization programme that help in convincing and changing the behaviors of the community.

The study established that17.5% and 13.1% of the respondents stated that never and rarely respectively does community awareness programmes have been useful in eradicating polio disease, 2.2% of them stated that it does occasionally while 28.5% and 38.7% of the respondents stated that it does so in a moderate amount and in a great deal respectively. The general mean of 3.5766(SD=1.5326) shows that community awareness programmes in a moderate amount has been useful in eradicating polio disease. The composite mean of 3.7631 (SD=1.51322)

additionally shows that in moderate amount the community awareness programmes have been useful in eradicating polio disease. Carslie et al (2018) upholds the finding by stating the importance of community awareness in sensitization programmes.

These findings were supported by qualitative data obtained from interviews where the study found out that;

> *'54% of the interviewees stated that the community is aware of the polio programme this is because they visit the village for 'Barazas' to inform them of the programme while 47% of them refuted by stating that because of the pastoralist nature of the community it is difficult to reach them.'* [Chiefs, ward administrator, and sub-chiefs].

4.4. Health staff training and implementation of Polio eradication programme

The second objective was to establish how health staff trainings influence implementation of polio eradication programme. Health staff training is the extent to which the health employees are provided with necessary and current skills and knowledge to implement the polio eradication. Staff training is part of sensitization initiatives that equip them with necessary knowledge to implement the required programmes.

4.4.1. Health workers trainings

The study did seek to find from the health workers whether they have received new trainings, the number of times they have received training and the particular area in which they were trained on polio disease and management. This was ascertaining the extent to which sensitization of programmes of polio eradication takes place through staff new trainings. Finding to these questions were presented in table 4.4.

Table 4.5 Health workers trainings

Received new trainings on polio disease management		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	35.8	35.8	35.8
	No	66	64.2	64.2	100.0
	Total	**99**	**100.0**	**100.0**	

Number of times you have received new training?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Once	16	19.0	53.1	53.1
	Twice	10	10.2	28.6	81.6
	More than twice	7	6.6	18.4	100.0
	Total	**33**		**100.0**	

Indicate which form of new training did you receive?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	New polio vaccinations	9	10.2	28.6	28.6
	Methods administering vaccines	8	7.3	20.4	49.0
	Polio knowledge disseminations	14	14.6	40.8	89.8
	New trends of polio disease	2	3.6	10.2	100.0
	Total	**33**		**100.0**	

Findings in table 4.4 shows that among 35.8% of the health workers had received new trainings on polio disease management while 64.2% of the health workers had not received any form of new trainings. The finding shows that majority of the health workers have never received any form of new trainings on polio disease management. Among the health workers who had received the new trainings the study established that 53.1% of the health workers had received it

once, 28.6% of the health staff had received it twice while 18.4% of the health staff had received more than twice. This finding shows a slightly more number of health staff have received the training once. Qarieta (2018) supports the finding on the importance of training by stating that research and training of health staff is a critical component in management of disease outbreaks. Therefore health staff are required to undergo trainings related to the programmes.

In terms of training area received, the study found that 28.6% of the health staff had been trained on new polio vaccinations, 20.4% of the health staff were trained on methods of administering vaccines, 40.8% of the health staff had been trained on polio knowledge disseminations while 10.2% of the health staff had been trained on new trends of polio disease. The study shows that majority of the workers have been trained on vaccinations and general knowledge while a few have been trained on new trends of polio disease which is very important. The finding of importance of having staff trained on new trends of polio disease is supported by a study by Kew and Pallansch (2018) which states that part of the sensitization programmes is to ensure that health staffs are trained on new developments and management of emerging diseases.

4.4.2. Health staff trainings and implementation of polio eradication programme

The respondents were provided with statements describing the linkage between health staff trainings and implementation of polio eradication programme. Based on the linkert scale; 1=never, 2=rarely, 3=occasionally, 4=moderate amount, 5=A great deal they need to provide their level of agreement with the statements provided. Table 4.5 shows a summary of the responses.

Table 4.6 Health staff trainings and implementation of polio eradication programme

Statements	1 (F, %)	2 (F, %)	3 (F, %)	4 (F, %)	5 (F, %)	mean	SD
Number of new treatments trainings has been effective in strengthening immunizations.	28(20.4)	24(17.5)	6(4.4)	39(28.5)	40(29.2)	3.2847	1.54324
The types of trainings have been useful in managing polio incidences.	26(19)	24(17.5)	12(8.8)	36 (26.3)	39(28.5)	3.2774	1.50846
The frequency of trainings has enhanced level of containing transmission of polio.	38(27.7)	43(31.4)	12(8.8)	21(15.3)	23(16.8)	2.6204	1.45588
Health staff training is important in eradicating polio disease.	37(27)	38(27.7)	8(5.8)	31(22.6)	23(16.8)	2.7445	1.48537
		Composite mean and SD=				**2.9818**	**1.49824**

Table 4.5 shows that 20.4% and 17.5% of the respondents stated that never or rarely respectively situation does the number of new treatments trainings has been effective in strengthening immunizations, 4.4% of the respondents stated that it does occasionally while 28.5% and 29.2% of the respondents stated that in a moderate amount and in a great deal respectively does the number of new treatments trainings has been effective in strengthening immunizations. The generalized mean of 3.2847 (SD=1.5432) shows that occasionally the number of new treatments trainings has been effective in strengthening immunizations. Although the new trainings are done occasionally Beauchamp (2017) state that to address the problem of emerging of disease outbreaks the health staff need to be equipped with modern disease management skills through refresher trainings.

The study established that 19% and 17.5% of the respondents stated that never and rarely does the types of trainings have been useful in managing polio incidences, 8.8% of the respondents stated that it does occasionally, while 26.3% and 28.5% of the respondents stated that in a moderate amount and in a great deal the types of trainings have been useful in managing polio incidences. The generalized mean of 3.2774 (SD=1.5085) showed that occasionally the types of trainings have been useful in managing polio incidences. Although few trainings are conducted on the types of trainings to manage polio incidences, Smith et al (2017) affirms the need to provide alternative types of trainings which would be useful in improving old techniques and methods of managing diseases.

The study further established that 27.7% and 31.4% of the respondents stated that never and rarely respectively have frequency of trainings has enhanced level of containing transmission of polio, while 8.8% of the respondents stated that it does occasionally while 15.3% and 16.8% of the respondents stated that in moderate in amount and in a great deal respectively the frequency of trainings has enhanced level of containing transmission of polio. A general mean of 2.6204 (SD=1.4559) stated that never the frequency of training has enhanced level of containing transmission of polio. To illustrate the importance of frequency in training Wolk et. al (2019) states that it is important for professional training conducted before any programme or project is implemented.

The study found that 27% and 27.7% of the respondents stated that never and rarely respectively does the health staff training is important in eradicating polio disease, while 5.8% of the respondents stated that it does occasionally, while 22.6% and 16.8% of the respondents stated that in a moderate amount and a great deal respectively does the health staff training is important in eradicating polio disease. The general mean of 2.775 (SD=1.485) shows that occasionally the

health staff training is important in eradicating polio disease. This concurs with the combined mean of 2.9818 (SD=1.498) shows that occasionally the health staff training is important in eradicating polio disease. The following are qualitative responses that were obtained related with challenges facing community awareness in eradicating polio is that; 45% of the respondents agreed that there is an inadequate resource to conduct visits especially non availability of vehicles and funds. Micah and Luketero (2017) affirms the importance of training staff this is because it provides them with the required knowledge of how the system works before it is rolled out and reduces risks associated with the implementation process.

4.5. Public information sharing and implementation of Polio eradication programme

The study third objective was to assess the influence of public information sharing on implementation of polio eradication programme. Public information sharing is generalized awareness programmes that are conducted nationally to the public not specific to a community or families. The respondents were asked to state their level of agreement to statements defining the link between public information sharing and implementation of polio eradication programme. The findings we presented in table 4.6.

Table 4.7 Public information sharing and implementation of Polio eradication programme

Statements	1 (F, %)	2 (F, %)	3 (F, %)	4 (F, %)	5 (F, %)	Mean	SD
The number of media promotions are effective in reducing polio incidences	33(24.1)	37(27)	11(8)	28(20.4)	28(20.4)	2.8613	1.50089
Frequency of public events have been useful in decreasing the magnitude of polio transmission	38(27.7)	31(22.6)	8(5.8)	27(19.7)	33(24.1)	2.8978	1.58246
The number of public campaigns have been effective in containing polio transmission	29(21.2)	44(32.1)	7(5.1)	29(21.2)	28(20.4)	2.8759	1.48247
Public information sharing have been effective in polio Eradication	39(28.5)	38(27.5)	12(8.8)	21(15.3)	27(19.7)	2.7007	1.51155
			Composite mean			**2.8339**	**1.51934**

Table 4.6 presents findings that shows 24.1% and 27% of the respondents stated never and rarely respectively have the number of media promotions are effective in reducing polio incidence, 8% of the respondents stated that it does occasionally while 20.4% and 20.4% of the respondents stated that in a moderate amount and a great deal have the number of media promotions are effective in reducing polio incidence. A general mean of 2.8613 (SD=150089) shows that occasionally the number of media promotions are effective in reducing polio incidences. Although media promotions are conducted occasionally, Dambach et al (2016) supports the finding by explaining that national media promotions against diseases need to be specific to a population to be effective.

The finding is supported by the responses from the interview which were as follows;

> *'Majority of the interviewees agreed that use of media or social media is not effective in transmitting information to the communities. This is because communities lack electricity to access media channels, and they are illiterate to understand the language transmitted through the channels.'* [Interview: Chiefs, Sub-chiefs and ward administrator].

The study established that 27.7% and 22.6% of the respondents stated that never and rarely respectively does frequency of public events been useful in decreasing the magnitude of polio transmission, 5.8% of the respondents agreed that it does occasionally while 19.7% and 24.1% of the respondents stated that in a great deal and in a moderate amount does frequency of public events have been useful in decreasing the magnitude of polio transmission. The general mean of 2.8978 (SD=1.58246) shows that occasionally the frequency of using public events have been useful in decreasing the magnitude of polio transmission.

Public events were found not to be effective this is according to the interview findings where respondents stated that;

> *'The population in the area is sparse and majority of the communities are pastoralists where they move from one region to another. This makes it difficult to mobilize them through public events or access them to share the information's.* [Interview: Ward administrator, Village elders and Chiefs].

The study further established that 21.2% and 32.1% of the respondents stated that never and rarely respectively have the number of public campaigns been effective in containing polio transmission, 5.1% of the respondents stated that it does occasionally while 21.2% and 20.4% of

the respondents stated that in a moderate amount and in a great deal respectively the number of public campaigns have been effective in containing polio transmission. The average mean of 2.875 (SD=1.4825) shows that occasionally the number of public campaigns have been effective in containing polio transmission. This finding shows that public campaigns occasionally is effective to contain polio transmission, and this is explained further by Abrahamson (2020) who states that the importance of national campaigns in addressing a particular problem is depended on the size of the audience in which in most cases it should be large enough.

This finding is supported by finding from the interview which reports that;

> *'The public campaigns are not effective because it doesn't reach the intended audiences. This is because majority of these public campaigns do not use local language to transmit the required information which means language is a barrier to access information's.'*[Interview: Ward administrator and chiefs].

Furthermore, the study established that 28.5% and 27.5% of the respondents stated that never and rarely does public information sharing have been effective in eradicating polio, 88% of the respondents stated that it does occasionally while 15.3% and 19.7% of the respondents stated that in a moderate amount and in a great deal respectively does public information sharing have been effective in eradicating polio. This finding coincides with the composite mean of 2.8339 which shows that occasionally the public information sharing have been effective in eradicating polio. The findings contradict those of Moro et al (2017) who stated that beneficiaries were able to adopt the project successfully once a public event campaign was conducted.

Qualitative findings related to the challenges facing information sharing on implementation of polio eradication programme is reported as follows; 23% of the respondents stated that in the region there is high illiteracy among the communities which hinders dissemination of information. Furthermore 23% and 34% of the respondents stated that cultural factors take a lead in hindering uptake of medical services and that is compounded by the poor geographical conditions in the region. Yang and Xu (2018) affirms the weaknesses of information sharing as part of the sensitization programmes by stating that it is affected by privacy issues and other externalities beyond the control of implementers.

4.6. Multi-agency awareness support and implementation of Polio eradication programme

The fourth objective of the study was to establish the extent to which multi-agency awareness support influences implementation of polio eradication programme. Multi-agency awareness support is the involvement and creation of awareness to relevant ministries, organizations and institutions in the projects implementation. Table 4.7 shows findings that defines the respondent's level of agreement on the link between multi-agency awareness support and implementation of polio eradication programme.

Table 4.8 Multi-agency awareness support and implementation of Polio eradication programme

Statements	1 (F, %)	2 (F, %)	3 (F, %)	4 (F, %)	5 (F, %)	Mean	SD
Frequency of other agencies and organizations services provide useful support in containing polio transmission	18(13.1)	34(24.5)	3(2.2)	46(31.9)	36(26.3)	3.7774	1.5009
The type of enforcements among multi-agencies have provided have been useful in increasing immunization of polio	16(11.7)	31(22.6)	5(3.6)	33(24.1)	52(38%)	3.6774	1.5824
The level of education support by other agencies have enabled to contain the transmission of polio	33(24.1)	19(13.9)	3(2.2)	39(28.5)	43(31.4)	3.8774	1.4825
Multi agency support provided has been effective in eradicating polio	26(19)	21(15.3)	9(6.6)	52(38)	29(21.2)	3.5774	1.5116
		Composite mean				**3.7274**	**1.5193**

Findings in table 4.7 shows that 13.1% and 24.5% of the respondents stated that never and rarely respectively have frequency of other agencies and organization services provided a useful support in containing polio transmission, 2.2% of respondents agreed to occasionally doing so, furthermore 31.9% and 26.3% of the respondents stated that in moderate amount and in a great deal respectively that frequency of other agencies and organizations services have provided useful support in containing polio transmission. Averages mean of 3.7774 (1.5009) ascertains that in moderate amount the frequency of other agencies and organization services provide useful

support in containing polio transmission. Tudor, Gomez and Denby (2017) affirms by stating that sensitization of the multi agencies bears fruits in obtaining more support towards the programme and getting positive outcomes.

Findings that support the role played by other agencies and organization were as follows;

> '*Administrators are required to enforce national programmes and initiatives where they are required to accompany the social workers and medical staff during vaccination activities. They are required to participate in the process of mapping settlements during polio eradication execution plans.'* [Interview: Chiefs, Sub-chiefs and village elders].

The study further established that 11.7% and 22.6% of the respondents stated that never and rarely respectively does the type of enforcements among multi-agencies have provided useful means of increasing immunization of polio, 3.6% of the respondents stated that it does occasionally, 24.1% and 38% of the patients stated that in moderate amount and in a great deal respectively that the type of enforcements among multi-agencies have provided have been useful in increasing immunization of polio. The average mean of 3.6774 (SD=1.5824) shows that in a moderate amount the type of enforcements among the multi-agencies have been useful in increasing polio immunization. Korir (2017) upholds the finding by stating that it is important to engage some of the multi-agencies at early stages this is because they will later been involved with its implementation directly or indirectly and this helps to increase sustainability of many projects.

The type of enforcement is important in implementing the programme this is illustrated by responses from the interview which states that;

'*Administrators are required to be mobilizers where they are required to visit the communities and inform them of the programmes to be conducted. In addition they are given the power to report any cases of misconducts or violence related to the implementation of polio eradication programme.*'[Interview: Chiefs, Sub-chiefs and Village elders].

The study did establish that 24.1% and 13.9% of the respondents stated that never and rarely respectively does the level of education support by other agencies have enabled to contain the transmission of polio, 2.2% of the respondents agreed that it does occasionally while 28.5% and 31.4% of the respondents stated that in moderate amount and in a great deal respectively does the level of education support by other agencies have enabled to contain the transmission of polio. The average mean of 3.8774 (SD=1.4825) shows that in a great deal does the level of education support by other agencies have enabled to contain the transmission of polio.

The importance of education in implementation of Polio eradication programme is supported by the following findings from the interviewees which states that;

'Schools and learning institutions offer a key supportive contribution in the polio eradication programme. Students are taught about the polio disease as part of the learning process. [Interview: Ward administrator]. *The students are used as agent to transmit information to their respective homes. Additionally, some of the schools form vaccination centers during the programme* [Interview: Chief].

The study further established that 19% and 15.3% of the respondents stated that never and rarely respectively does multi agency support provided has been effective in eradicating polio, while 6.6% of the respondents stated that it does occasionally. Furthermore 38% and 21.2% of the

respondents stated that in moderate amount and in a great deal respectively does multi agency support provides an effective way of eradicating polio disease. The average mean of 3.577 (SD=1.5116) shows that in moderate amount multi-agency support provides an effective way of eradicating polio disease. This is further confirmed by the general composite mean of 3.7274 (SD=1.5193). Cleavor (2019) supports the importance of engaging multi agency in any programme by stating that some of these agencies would provide additional support to the project for example enforcements, financial aids and leadership. Qualitative findings related to multiagency support the study found the following; a significant number of respondents 8% stated that poor co-ordination between implementing units affect the implementation of the polio eradication programme in the region.

To illustrate the importance of other multi-agency support in the programme the following findings from the interview reported that;

> '*Some of the NGO, missionaries, police and churches offer basic needs including food, water, security and shelter to the communities. These provisions are critical in implementing programmes in the region. Because communities gather around during such avenues of provisions and it becomes to administer health programme.*' [Interview schedule: Ward administrator, Chiefs].

The findings show that the success of programmes and projects is highly depended on stakeholder involvement through multi agency support in implementation process. This particular is important in executing the polio eradication programme.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

The chapter provides a summary of the key findings obtained in chapter four; what's more it provides the study conclusion which was based on identifying the gaps after discussion, interpretation of the findings with empirical studies reviewed in chapter two. Recommendations are presented for policy and theoretical knowledge to various stakeholders.

5.1. Summary of the findings

The summary of the findings in this section is based on the study themes of the study. These findings were derived from data analysis findings found in chapter four.

5.1.1. General information of the respondents

The research instrument response rate for the interview schedule and questionnaire was above 75% which was sufficient for the study to be undertaken. The study established that respondents were aged between 30 to 40 years, and there were slightly more males than females among the respondents. In respective to education the study found that more of the respondents had diploma level of education, and furthermore majority of the respondents had more than 5 years' work experience. The study further found that more respondents have participated in polio eradication programme with majority having participated more than twice in different areas of the programme.

5.1.2. Community awareness and implementation of Polio eradication programme

Findings on the first objective which states that influence of community awareness on implementation of the polio eradication programme was as follows; occasionally the number of clinical visits and the number of victims witnesses is effective and useful in containing polio

transmission in the area. The study further found that in moderate amount the frequency of home based cares has been useful in increasing immunization of polio eradication programme. Generally the study based on the composite mean the study established that in moderate amount the community awareness is useful in eradicating polio disease in the study locality.

The study further found that mobile clinics are majorly used although their few health workers are available to serve the community needs. The administrators including the Chief, Sub-chiefs, Ward administration representative, and village elders are part of the community awareness programmes where they help in disseminating information to the communities through barazas and home visits. The pastoralist's nature of the communities is found to be the main challenge that hinders the execution of community awareness programmes in implementing polio eradication programmes.

5.1.3. Health staff trainings and implementation of Polio eradication programme

The second objective of the study was to establish the extent to which health staff trainings influences implementation of polio eradication programme. The findings of the objective were as follows; majority of the health workers have never received any new trainings related to polio eradication programme. Among the health worker who were trained the study established that majority of have received training once and more related to vaccination and general knowledge of polio disease and management. Few of the health workers have been trained on new trends of polio disease and management. The study further established that occasionally the number of new trainings and the types of trainings have been effective in strengthening immunization and managing polio incidences respectively. Furthermore, the study found that rarely does frequency of trainings have enhanced level of containing transmission of polio. Lastly, based on the

composite mean the study found that health staff training in rare occasion is important in eradicating polio disease in the area.

5.1.4. Public information sharing and implementation of Polio eradication programme

The third objective of the study was to establish the extent to which public information sharing influences implementation of polio eradication programme. The study findings in respect to the objective were as follows: occasionally, the number of media promotions is effective in reducing polio incidences and frequency of public events has been useful in decreasing the magnitude of polio transmission in the region. Additionally, the study established occasionally the number of public campaigns have been effective in containing polio transmission. The composite mean generally showed that occasionally public information sharing have been effective in Polio eradication.

The study further established that a number of factors or challenges hinder the effective use of public information sharing in implementation of Polio eradication programme. some of the challenges including; lack of electricity makes media not effective in the region, the sparse population makes it difficult to access the population, lack of use of local languages makes the public campaigns not effective, and lastly majority of the population are illiterate this makes it difficult to transmit information to the intended audiences. These challenges hinder the process of using public information sharing as one of the sensitization programmes.

5.1.5. Multi-agency awareness support and implementation of Polio eradication programme

The fourth objective of the study is to assess the influence of multiagency awareness support on implementation of polio eradication programme. The study found that in moderate amount the

frequency of other multi agencies and organizations services provide useful support in containing polio transmission and the type of enforcements among multi-agencies have provided has been useful in increasing immunization of polio. Furthermore, the level of education support by specific multi-agencies has enabled to contain the transmission of polio in the region. The general composite mean shows in moderate amount the multiagency awareness support provided has been effective in implementation of polio eradication programme.

The study found that Chiefs, Sub-chiefs, ward administrator, and village elders are engaged in mobilizing the communities, mapping of settlements for easy rolling of the programme, and they offer protection to the health workers during the implementation process. Schools were found to be useful agents in transmitting information of the polio programme and they provide suitable grounds to conduct polio vaccinations. Furthermore, the study found that the missionaries, NGO and the church provide basic needs which attracts and mobilizes the local communities. This makes it possible to implement the polio programme hence forth.

5.2. Conclusion

The study makes conclusion based on the several key findings. The study concludes that occasionally the use of community awareness is useful in implementation of polio eradication programme in the study region. Adequate facilities, pastoralist nature of communities, and inadequate health staff have hindered the use of community awareness being part of the sensitization programmes. The study further concludes that health workers have never been trained on new trends of polio disease management and transmission. Furthermore, the use of health staff training occasionally influences implementation of polio eradication programme. This because the health staffs are few in number and a few has received new trainings related to the programme.

The study further concludes that use of public information sharing is occasionally useful in implementation of the polio eradication programme. The use of public events, media campaigns and national campaigns has occasionally contributed to implementation of the programme. This is because of certain factors hindering its use for example; lack of electricity, language barrier and high illiteracy levels. The study lastly concludes that in moderate amount use of multiagency awareness support contributes to implementation of polio eradication programme. Multi agencies provide additional support for example mobilizing communities, dissemination of information and protection that is useful in implementation of the programme.

5.3. Contribution to body of knowledge

Table 5.1 shows a summary of the contribution to the body of knowledge which is categorized as per the objectives of the study.

Table 5.1 Contribution to the body of knowledge

Objectives of the study	Main contribution to the body of knowledge
To establish how community awareness influence implementation of polio eradication project in Sigor constituency, West Pokot County.	Occasionally, clinical visits, victim witnessing and home based workshops contribute to implementation of polio eradication programme in the study location. Adequacy of resources and nature of communities hinders the use of community awareness programmes.
To assess how health staff trainings influence implementation of polio eradication project in Sigor constituency, West Pokot County.	Occasionally, new trainings, frequency and types of trainings contribute to implementation of polio eradication programme in the study location. Little new training has been conducted on polio disease trends and management. Adequate number of staff and resources

	hinders the use of health staff training as part of sensitization to implement programme in the study locality.
To evaluate how public information sharing influence implementation of polio eradication project in Sigor constituency, West Pokot County**.**	Occasionally, media promotions, public events and national campaigns contribute to implementation of polio eradication programme in the study locality. Lack of electricity, language barrier, and sparse population hinders the use of public information sharing as part of sensitization to implement the programme in the study location
To establish how multiagency awareness support influence implementation of polio eradication project in Sigor constituency, West Pokot County.	In moderate amount, frequency of using multiagency, level of education support and enforcements contribute to implementation of the polio eradication programme. Multi agencies help in disseminating information, mobilizing communities and enforcing the programme activities. This makes the multi-agency awareness support effective in implementing the programme.

5.4. Recommendations

In order to provide significant contribution to therapeutic and theoretical scientific inferences the study will recommend to the following individuals and institutions.

- Ministry of health and its department- they need to relook at the some of the sensitization initiatives from their health programmes. Formulation of the sensitization programme policies need to be guided by the nature of the population, and availability of resources.

The use of multiagency awareness support is effective in implementation of health programmes. They need to train staff on new disease trends and management. Public information awareness programmes should specific to a population and moreover local languages can be utilized when transmitting messages.

- The Government both national and county-they need to provide necessary support to other agencies for example the administrators, NGO and churches. These agencies provide direct and indirect support to the implementation of the programme.

- Education institutions and its agencies- need to formulate policies in their education curriculum that disseminate information related to diseases. Schools are found to be significant contributors in sensitization programmes.

5.5. Suggestions of further studies

The study suggests the following based on the gaps identified from the current study. Future researchers can conduct studies in other regions to ascertain the findings from the current study. Study topics like factors influencing uptake of polio vaccinations can be conducted in future. Future studies can use a different research methodology to ascertain the study findings.

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APPENDIX: I LETTER OF TRANSMITTAL

UNIVERSITY OF NAIROBI
ODeL CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
ELDORET LEARNING CENTRE

Telephone: +254-773215904
Our Ref: Uon/Odel/Eld/2/5/(58)

P.O. Box 594 - 30100
ELDORET
KENYA

3rd June, 2020

TO WHOM IT MAY CONCERN

REF: NDETI ANN MUNYIVA - L50 /24498/2019

The above-named person is a bonafide student at the University of Nairobi, ODeL Campus, School of Open and Distance Learning, Department of Open Learning, Eldoret Learning Centre, pursuing Postgraduate Studies leading to the award of Master of Arts in Project Planning Management (MAPPM). She has completed her course work and now working on her Project Paper entitled **"SENSITIZATION PROGRAMMES AND ITS INFLUENCE ON IMPLEMENTATION OF POLIO ERADICATION PROJECT IN SIGOR CONSTITUENCY, WEST POKOT, KENYA"**

Any assistance accorded to her will be appreciated

Dr. Joash Migosi
Regional Coordinator (Learner Support)
NORTH RIFT REGION

APPENDIX II: QUESTIONNAIRE

Kindly Tick where relevant [ ]

PART I: General information

1. Age bracket:

   20-29yrs [ ]
   30-39 yrs [ ]
   40-49yrs [ ]
   Over 50 yrs [ ]

2. Gender:

   Male [ ] Female [ ]

3. Education level:

   Certificate [ ]
   Diploma [ ]
   Degree [ ]
   Masters [ ]
   Others specify_____

4. Number of years worked

   0-5 yrs [ ]
   6-10 yrs [ ]
   Over 11 yrs [ ]

5. a. Have you participated in any polio eradication programmes?

   Yes [ ] No [ ] (if no skip to question 6)

   b. If yes, how often have you participated?

   Once [ ]
   Twice [ ]
   More than twice [ ]

6. Indicate which particular area have you participated during the polio eradication project?

   Immunization [ ]
   Campaigns [ ]
   Education and trainings [ ]
   Social works [ ]

Question 7: To be filled by Health professional (county/National) (Only)

7. A. Have you received new trainings on polio disease management? Yes [ ] No [ ]

   B. Indicate how many times?

   Once [ ]

   Twice [ ]

   More than twice [ ]

   C. Indicate which form of training did you receive?

   New polio vaccinations [ ]

   Methods administering vaccines [ ]

   Polio Knowledge disseminations [ ]

   New trends of polio diseases [ ]

8. To what extent are you in agreement with the following statements on sensitization and implementation of the Polio Eradication Project? KEY: 1=never, 2=rarely, 3=occasionally, 4=moderate amount, 5=A great deal.

No	**Statement**	**1**	**2**	**3**	**4**	**5**
Community Awareness And Polio Eradication						
1A	The number of clinical visits are effective in containing polio transmission					
1B	The frequency of home based workshops have been useful in increasing immunization of polio					
1C	The number of victims witnesses used have been useful in containing transmission of polio					
1D	Community awareness programmes are useful in eradicating polio disease.					
Health workers training and Polio Eradication						
2A	Number of new treatments trainings have been effective in strengthening immunizations					
2B	The types of trainings have been useful in managing polio incidences					
2C	The frequency of trainings has enhanced level of containing transmission of polio.					

2D	Health staff training is important in eradicating polio disease.					
Public sharing information and Public eradication						
3A	The number of media promotions are effective in reducing polio incidences					
3B	Frequency of public events have been useful in increasing the magnitude of polio transmission					
3C	The number of public campaigns have been effective in containing polio transmission					
3D	Public information sharing have been effective in eradicating polio Eradication					
Multi agency awareness support and Polio Eradication						
4A	Frequency of other agencies and organizations provide useful support in containing polio transmission					
4B	The type of enforcements provided have been useful in increasing immunization of polio					
4C	The level of education support have enabled to contain the transmission of polio					
4D	Multi agency support provided has been effective in eradicating polio					

9. What are the challenges facing management of polio in your area?

_____

APPENDIX III: INTERVIEW SCHEDULE

The interview is schedule for duration of 15-25 minutes in which the respondents will respond to the questions qualitatively.

1. Are you sensitized on the issues of polio eradication in your area?
2. Are the communities aware of the polio eradication in your area?
3. In your opinion is the health staff equipped to handle polio outbreaks?
4. The use of media, public events and promotions are useful in managing polio in the area?
5. Which form of support do you offer in polio eradication project?
6. What other support is offered by other agencies?
7. What are challenges facing implementation of polio eradication project?

APPENDIX IV: RESEARCH PERMIT

APPENDIX V: PLAGIARISM REPORT