FACTORS INFLUENCING SUSTAINABILITY OF CONSTITUENCY DEVELOPMENT FUNDED PROJECTS IN THE DEVOLVED GOVERNMENT IN KENYA: A CASE OF HEALTH FACILITIES IN RUARAKA CONSTITUENCY, NAIROBI COUNTY

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DECLARATION

This research project report is my original work and has never been submitted to any other university or institution for examination.

Signature …… Date…….....

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This research project report is being submitted for examination with my approval as the University supervisor of the Candidate.

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DEDICATION

This project report is dedicated to my parents Mr. Jackson and Mrs. Eunice Malika for their enthusiasm and moral support during the project undertaking.

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ABBREVIATIONS AND ACRONYMS

CDF	**:**	Constituency Development Fund
CDFB	**:**	Constituency Development Fund Board
CDFC	**:**	Constituency Development Fund Committee
IEBC	**:**	Independent Electoral & Boundaries Commission
KIPPRA	**:**	Kenya institute for public policy Research and Analysis
MDG	**:**	Millennium Development Goal
M.P	**:**	Member of Parliament
NARC	**:**	National Alliance of Rainbow Coalition
PMC	**:**	Project Management Committee.
SPSS	**:**	Statistical Package for Social Sciences

ABSTRACT

CDF is a development initiative that was created by the NARC government in 2003(CDF Act 2003) to address poverty and development at grassroots level. For the purpose of this study, the researcher sought to investigate why the noble idea of decentralizing funds through CDF for development has not been sustainable despite the huge a location of funds by the government with focus on health facilities projects funded by CDF in Ruaraka Constituency .CDF was intended to transform the economic wellbeing of local communities hence leading to poverty reduction. In addition the CDF and devolvement of funds in general will enhance people's participation in the decision making processes promote good governance and promote transparency and accountability. Studies indicated however that most CDF developed projects had stalled and therefore were not helping the community in any way of improving their lives. The purpose of this study was to examine factors that influence sustainability of CDF funded health facilities in Ruaraka constituency Nairobi County. Specifically, aimed to study four objectives: Stakeholder involvement, Funding, Accountability and Political factors. The study was based on descriptive survey research design. This study was carried out in Ruaraka constituency and targets 57 respondents from a target Population of 287 respondents who were beneficiaries of CDF funded projects in the five wards that form Ruaraka Constituency. Purposive sampling was be used in order to get targeted groups in the research who is the medics, PMCs, accountants and the local people. Questionnaires were used to collect primary data; the data was analyzed quantitatively using SPSS where the result were presented in terms of tables.The study revealed that stakeholder involvement in health facilities projects funded by CDF was being done as indicated by 66% of the respondent who were satisfied in the manner in which they were involved.It was established that political factors played a role in sustainability of health projects as indicated by 46.8% who strongly agreed that area Member of parliament influenced projects undertaken.It was also established that CDF funds were not timely disbursed with only 31.9% of the respondent agreeing that it was timely disbursed.The research also revealed that majority of the respondent agreed that information regarding CDF projects was readily available as indicated by 55.3% which enhance sustainability.The recommendations of the study were ;project sustainability will call for all inclusive with PMCs,CDFCs and community members all involved failure to do will lead to failure of many projects.There should be adequate funding for CDF health projects to enable them to be completed and fully operational and there should be capacity building for CDFCs and PMCs committee members and the community in general through training to equip the with skills and knowledge related with implementation of these projects.The researcher hoped that the findings of the study will be useful to formulation of relevant policies which may address the difficulties facing sustainability of CDF health funded projects inRuaraka and Kenya in general.

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

The constituency development fund, here in referred to as CDF, was created in 2003 under the CDF Act 2003, Kenya Gazette Supplement No. 10 of (Act No. 11), with the aim of addressing poverty at grassroots level brought about by patronage politics, TISA (2009). It provides funds to parliamentary jurisdiction (constituencies) decentralized funds targeting to address regional disparities include Local Authorities Transfer Fund (LATF) and Roads Maintenance Level Fund (RMIF), among others. All these funds are based on different legal frameworks and managed by various government agencies: CDF is managed by the Constituencies Development Fund Board (CDFB). The program comprises of an annual budgetary allocation equivalent to 2.5% of the national revenue. In January 2013, the CDF Act 2003 (as amended in 2007) was repeated and replaced with CDF Act 2013 that aligned to the Constitution of Kenya 2010, specifically in compliance with principles of transparency and accountability, separation of powers participation of the people, KIPPRA (2013). The new law also aimed to align the operations of the fund to the new devolved government structure: allocation to the 290 constituencies (Article 89, 2010 Constitution of Kenya) and clearly spelled out in CDF Act, where 75% of the funds allocated equally among all the constituencies (Republic of Kenya 2003).

CDF can be construed as a delegated form of fiscal decentralization, because the program allow local people to make their own expenditure decision that reflect their tastes and preferences and maximizes their welfare (World Bank, 2000). According to Bagaka (2008), a look at the implementation of CDF to recent years reveals a mismatch between the local nature of capital expenditure decisions and financing for the operations and maintenance of such projects with local benefits. Given the discretionary nature of capital spending and the intrinsic value attached to political symbolism in launching CDF projects, more often, new projects are undertaken, while the existing ones are left to deteriorate or are inadequately funded (Tanzi and Daroodi, 1998).

There is need to sustain economic development. This will help most of the world's poor population who now live in middle income countries. The poor population is struggling not because there isn't enough in their economies but because wealth and resources are in the hands of the few rich. In addition, this money could go a long way to eradicating poverty even in a low growth scenario (Shaheen, 2014). CDF is one of the several devolved funds set up by the Government to mitigate poverty and to harmonize the spread of development throughout the country. It aims at ensuring a portion of the Government Annual Revenue is earmarked for constituencies to finance development projects qualified on a priority basis arrived at by members of a constituency (Ory, 2005).

1.1.1 Global Perspective of Devolved Funds

The concept underlying devolved funding and CDF is the participation of the people towards a priority and needs; people -responsive development(Kaimenyi,2005) in order to enhance community empowerment through devolved fund the government aims at increasing the amount of devolved funds by the percentage growth in annual revenue. This goal is achieved by increasing the amount, efficiency and effectiveness of devolved funds and increasing public participation (IMF, 2010).

In US according to Brown (2011), the underlying concept in devolution is to bring about reduction in the size and influence of the national government by reducing federal taxes and expenditures and by shifting many federal responsibilities to the states because one feature of devolution involves sharp reductions in federal aid as states assume new responsibilities with substantially less revenue to finance them. In some cases, federal programs are shared; whereby the states must match federal monies to benefit a program, such as the Children's Health Insurance Program (CHIP), or risk lose these funds (Brown, 2011).

Literature indicated that Pakistan, India and Philippines had well defined concept similar to CDF schemes. In Philippines, allocation of CDF funds to members of the congress had increased almost six fold since CDF was introduced in 1990(International Budget

Partnership, 2011). These funds had been used to fund activities such as healthcare, education, infrastructure and employment to the grassroots. However these funds were heavily influenced by elected members of parliament who had substantial control over distribution and application of centrally allocated funds hence a significant break from their primary law making and oversight roles (International Budget Partnership, 2011).

In Jamaica, the use of CDF has not been free from interference by the law makers who controls the key decisions. The CDF guidelines are there but are not always followed and therefore outcomes with regard to types, location and quality of the project outcomes are compromised. This has always led to poor project prioritization and execution (International Budget Partnership, 2011).

In Africa, Zambia for instance the size of CDF has grown from 60 million Kwacha when it was introduced in 2006 to 666 million Kwacha in 2010 (IBP, 2011) .In East Africa CDF projects have been implemented in Rwanda, Uganda and Tanzania where remarkable successes have been reported in areas of education, health and infrastructure. However most of these projects have been weighed down by influence of politicians who assume greater control of projects in their areas of jurisdiction, Goran Hyden (2009).

In Kenya, the CDF was created by the CDF Act 2003 with the primary objective of addressing poverty at grassroots level by allocating a minimum of 2.5% government ordinary revenue to the grassroots development and the reduction of poverty (UNDP, 2013. The fund is managed by Constituency Fund Development Board. The fund has been successful in the areas of education sector which has witnessed increase in student enrolment, road sector the CDF has been able to open rural access roads thus contributing to economic growth, health sector has made it possible for the public to access health facilities, focus on water project has enhanced access to clean and reliable water, on security establishments of police posts and local administration offices has enhanced security networks across the country, CDF has also accelerated the government's efforts of creating employment away from urban centers by engaging local labor in projects. It

has also enabled citizens to participate in the process of debating and identifying priority projects to be funded (United Nations Millennium Project, 2013).

1.1.2 CDF and Sustainability

Emerging literature has shown that only sustainable CDF projects will be able to meet the objectives of CDF that is, poverty reduction and development at the grassroots. A project becomes sustainable when its resources are managed and utilized in the way that ensures successful project completion. There are three major principles of project sustainability: First is the use of limited resources: this implies that a project can only be accomplished if resources are available and enough (PMBOK). Secondly project should never exceed available resources. This means that a project will be successful if the use of available resources never exceeds amount of resources necessary for project completion. This therefore means that resources must be planned in advance and minimize resource waste. Thirdly resources must be allocated strategically. This means that one has to recognize the importance of allocating project resources to only prioritized direction according to the strategy. Resource allocation activities should be planned for long term perspectives and utilized considering stakeholders expectation (PMBOK).

1.2 Statement of problem

There is a growing concern about the poor quality of health services rendered to the population, even though the Ministry of Health (MOH) policy endeavors to advocate for improved quality of services to be provided at health facilities in the country. The provision of high quality affordable healthcare services is a difficult challenge this is because of the complexities of healthcare services that include cost, service delivery and organization financing this is according to (Institute of Medicine. Improving Information Service for the health service researchers; a report to the National Library of medicine, Washington, DC: National Academy Press: 1991. Whereas there has been an attempt to improve the situation it seems not much has been achieved in raising the quality of service in public health institutions and this is compounded by limited information on the factors that ail the delivery of service quality in the public health sector in Kenya (RoK, 2010).

Despite numerous projects that have been successfully implemented by constituency development fund in various parts of the country such as Kibra, Rabai and Githunguri there are a number of challenges that these projects continue to face (Daniel Psirmoi, 2015). For instance most projects do not live up to see their sixth birth day anniversary since most of them are either abandoned or shelved by the newly elected Member of Parliament who are usually elected after every five years. Great projects such as those touching on Education, health, poverty reduction, water and security end up collapsing leading to the question of how sustainable these projects are as most mps are never re-elected?

A number of healthcare programmes have been initiated in Ruaraka constituency by CDF Funds such as establishment of maternity wing in at Baba Dogo health centre, initiation of health outreach clinics, and provision of Ambulance. However there has never been adequate information on the sustainability of these projects. This study will therefore seek to examine the sustainability of health facilities projects funded by CDF in Ruaraka Constituency.

1.3 Purpose of the study

The purpose of this study was to establish factors influencing the sustainability of CDF funded Projects in the devolved government in Kenya: The case of health facilities in Ruaraka Constituency, Nairobi County.

1.4 Objectives of the study

The study was guided by the following objectives.

1. To determine the level of stakeholders influence on sustainability of health facilities projects funded by CDF in Ruaraka Constituency Nairobi County.
2. To establish the influence of political factors on sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency Nairobi County.
3. To explore how funding of Health Facilities projects by CDF influence sustainability in Ruaraka Constituency in Nairobi County.

4. To determine how accountability influence sustainability of Health facilities projects funded by CDF in Ruaraka Constituency, Nairobi County.

1.5 Research Questions

The research sought to answer the following questions through this study:

1. To what extent does stakeholder's involvement influence sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency, Nairobi County?
2. How do political factors influence the sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency, Nairobi County?
3. How does funding influence sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency, Nairobi County?
4. How does accountability influence the sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency, Nairobi County?

1.6 Significance of the study

It was expected that the study would contribute to existing literature in addressing future research problems in the field of sustainability of CDF projects. The study was hoped also to add to existing knowledge on CDF funds and the effect on development. Policy makers in the government may use this study as an evaluation towards CDF performance. The study will also help improve on existing research policies.The study provides an opportunity for beneficiaries of projects in Ruaraka Constituency to present their opinion on the effect of CDF funds.

1.7 Basic assumptions of the study

Firstly, it was assumed that the targeted sample for the study was reachable and individual would respond to research question and that the respondent would give response that was sincere without bias. Secondly, the sample size would be a representative of the population and lastly the data collection instruments will measure the desired constructs.

1.8 Limitations of the study

Since money matters usually elicit mixed reaction especially among the ruling elites with regards to issues of accountability and fear that vital information might be withheld because of sensitivity on monetary issues, however transparency there was, the stakeholder were assured of confidentiality on it and promised to treat the information gathered with unanimous kind of resilience. Ruaraka constituency being a cosmopolitan constituency of whom most are majority poor residing in the slums of Mathare, Babadogo and Korogocho the problem of translation was expected to arise to those who do not understand either Kiswahili or English but this problem was resolved through the use of local people close to them who understand their language. The expansive area of Ruaraka traversing from Utalii on Thika road to far end of Lucky-Summer and Korogocho created financial constraints in terms of movement and called for budget adjustment in order reach the target population in all five wards of Ruaraka Constituency.

1.9 Delimitations of the study

The study was restricted to CDF funded health facilities projects in Ruaraka Constituency. The CDF officials and the constituents offered vital information for the research. The study was limited to survey and used questionnaires and observation schedule as the method to collect data.

1.10 Definition of Significant Terms Used in the Study

Accountability: Refers to the obligation of an individual or an organization to account for its activities accept responsibilities for them and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property.

Beneficiary: Refers to local community or communities directly or indirectly benefiting from a project.

Funding: Refers to providing financial resources to finance a need, program, or project. It is usually in form of money and other values such as effort or time.

Health Facilities: Refers to Health facilities places that provide health care. They include hospitals, clinics, outpatient care centers, and specialized care centers, such as birthing centers and psychiatric care centers

Politics: Refers involves the making of a common decision for a group of people, that is, a uniform decision for a group of people that applies to all members of a group.

Stakeholder Involvement: Refers rocess by which an organization involves people who may be affected by the decisions it makes or can it is a key part of Corporate Social Responsibility

Sustainability: Means meeting our own needs without compromising the ability of future generations to meet their own needs.

1.11 Organization of the study

The research project was organized into five chapters. Chapter One comprise of The Background of the study, Statement of the problem, Purpose of the study, Objectives of the study, Research questions relevant to the study, the Significant of the study and Basic assumptions of the Study, the Limitations of the study and its Delimitation, Definitions of Significant Terms relevant and Used in the Study and finally the Organizational of the study. Chapter Two reviewed literature related to the study. It reviewed the literature on the factors that influenced the sustainability of CDF funded projects in Ruaraka, as well as assessing literature about the past researches that had been carried out in the field with a view of addressing the problem that has been raised. Chapter Three contains the design and procedures that was followed. Items to be described included the survey population, sample size and sampling procedures and instrumentation. The data collection and analysis strategies was presented. The presentation and discussion of findings based on the analysis of data was captured in chapter Four. A summary of the study, the conclusions, recommendations and implications for future research was presented in chapter Five.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

In this chapter literature of relevance to the study was reviewed. The study further put in context the conceptual and theoretical frame work of the study. The chapter reviewed literature from the perspective of the study objectives and the research questions and the influence of CDF sustainability of previous studies.

2.2 Influence of Stakeholder Involvement on Health Facilities Projects funded by CDF in Ruaraka Constituency.

Project beneficiaries determine the success or failure of any project and by involving them in the development workers stand a chance of identifying the real needs of stakeholders (Mwabu et al 2002) This means that the failure to involve them in the project may result too many project failing.

Internationally, resources for social welfare services are shrinking. Population pressures, changing priorities, economic competition, and demands for greater effectiveness are all affecting the course of social welfare. The utilization of unqualified through citizen involvement mechanisms to address social problems has become more common place Korten (1991) says that authentic stakeholders involvement enhances the sustainability of the community development projects and this can only be achieved through a people driven development. Effective stakeholders involvement may lead to social and personal empowerment, economic development, and socio-political transformation (Kaufman and Alfonso, 1997). The issue of sustainability relating to development activities started to become important to government, donors and development theorists from the 1980s (Scoones, 2007). The importance of the notion of sustainability can be seen from the way sustainability is used as one of live yardsticks in gauging development interventions (Brown, 2011).

Furthermore, there are concerns of project sustainability, this comes from the mounting pressures from local constituencies to drastically reduce or possibly halt foreign aid programs together. These pressures have made governments, donor organizations and development workers start to think about the effectiveness and the value of aid being delivered to Third World countries over the past decades. Donor organizations and development workers are concerned that aid being delivered seems to give few positive impacts to the recipient countries. In most cases, the benefits of development projects or programs also seem to end with the withdrawal of government or foreign assistance from the projects or programs. The USAID and World Bank's post evaluation show that the many of development interventions have low levels of sustainability after the project is complete (Kaufman & Alfonso,1997).

This has created the demand for governments and donors to finance projects that helps beneficiaries become independent at some point in the future, rather than giving them charity which is unsustainable which leads to dependency on governments and donors (Bossert, 1990. P1015). The increasing capability of community to be able to fulfill their own needs and maintain the benefit of the project also contributes to the eradication of hunger and poverty in the long-term There are many definitions of sustainable development, including the one which first appeared in 1987: Development that meets the needs of the present without compromising the ability of future generations to meet their own needs" The ability of an organization to develop a form of growth and development that continues to function indefinitely (World Bank, 2000).

There are a number of ways of defining sustainability in the contest of development projects which depend on the priorities and perspectives of the stakeholders (Cannon, 1998). Sustainability can be defined as the ability of a system of any kind to endure and he healthy over the long term. A "sustainable society is one that is vital,resilient, healthy and able to creatively adapt to changing conditions over time. Sustainability can also he defined as the continually of project benefits beyond the project period, and the continuation of local action stimulated by the project, and the generation of successor services and initiatives as a result of Project-built local capacity. The project is

considered to be sustainable in the short term when 'the project activities and benefits continued at least 3 years after the lit of the project". This is the prominent definition that will be adopted for this study. (Bossert, 1990).

For sustainable development to be realized, the community must play a role (Pearce, 1991). Sustainable development should be defined by stakeholders themselves, to represent an ongoing process of self-realization and empowerment. The community is supposed to be brought into focus through participation. Without the community becoming both the engineers and architects of the concept, sustainability of the project may not be achieved since the community is not likely to take responsibility for something they do not own themselves (Redclift, 1996).

The people will provide opinion on specific development projects to be funded by CDF, provide membership to the PMC and CDFC; they will also provide grassroots and practical auditing of CDF projects and monitor the projects hence ensuring sustainability of CDF projects. The problem of some health facilities lacking drugs while priorities are wrongly placed on purchasing certain equipments which may not be a priority at that moment will be a thing of the past if the stakeholders are timely and rightly involved.

2.3 Influence of Political factors on Health Facilities projects funded by CDF in Ruaraka Constituency.

The current popularity of CDFs appears to rest mainly on the generally held political calculus in which centrally placed politicians bring home development resources to local communities and groups in exchange for political support. The institutionalization of CDFS as a method of resource allocation across party lines can help to nurture a loyal opposition even over the objections of executives. At the same time, many Mps believe that CDFS have contributed to a system of political competition in where candidates are rated, in part, on their effective employment of CDF allocations (CID, 2008). In many communities the committees set up to lead the management of the fund as well as projects is driven by most powerful individuals, who in most cases are members of parliament. Not only do members of parliament and their core team exert direct

influence, they also interfere with processes leading to the formation of such leadership to reflect the sources of greatest power.

The CDF has guidelines but there are not always followed and therefore outcomes with regard to type's location and quality of project outcomes are compromised. Some committee members will tend to be inactive because they do not have education to understand the guidelines and are dissatisfied with the extent of their own involvement in major areas of decision making (IEA, 2012).

This result is that local people are hardly engaged in project monitoring (IEA, 2012). Indeed taking of monitoring and concerns with quality a high proportion of CDF or to that matter LDF projects show poor quality outcomes. Projects are characterized by biased distribution, delays in implementation and even abandoned. For instance in some hospitals cases of lack of drugs and other essential medical facilities have been cited inadequate.

In essence, political accountability has to do with the procedure ,institutions and mechanisms that aim to ensure that government delivers on electoral promises, fulfills the public trust, aggregates and represents citizens' interests, and responds to ongoing and emerging societal needs and concerns. The political process and elections are the main avenues for this type of accountability. In many countries, both developing and developed, health care issues often figure prominently in political campaigns. Building health facilities or providing affordable drugs can be attractive options for politicians in generating electoral support. Beyond elections, however, political/democratic accountability encompasses citizen expectations for how public officials act to formulate and implement policies, provide public goods and services, fulfill the public trust, and implement the social contract.Service delivery and Policy-making relate to aggregating and representing citizens' interests, and responding to ongoing and emerging societal needs and concerns. A central concern here is the issue of equity. An important government responsibility is to heal health care market failures both through resources and regulations. Poor communities, rural and urban, often suffer from lack of

resources; even if government provides fiscal subsidies, facilities and caregivers are frequently scarce or nonexistent.

Political/democratic accountability also relates to building trust among citizens that government acts in accordance with agreed-upon standards of integrity , probity and professional responsibility and ethics. These standards reflect national culture and values and bring moral, ethical and on occasion religious issues into the accountability equation at both agency and individual levels. For example, in some countries, caring for the sick is a religious duty, and in response health care providers feel an obligation to deliver services.

Direct involvement of Members of Parliament in the management of a development fund Politicizes development and contravenes the most basic democratic principles of separations of powers. The fund turns Member of Parliament into sponsors and financiers of development breaking the officials mandate of representing the people making laws and providing checks and balances to ensure that governments accountable (Hyden, 2009).

The results is that Members of parliaments become fixed on local development issues much more than on law making, rights issues policy. Constituencies erroneously measure the performance of them members of parliament in terms of development work rather than how effectively Members of Parliament represent the expectations and need of people are little wonder members of parliament resources operating as micro financiers and undertaken (Roy Hauya, 2014).

The CDF has various unintended effects and the problem of manipulation at the hands of leaders. Unwillingly, it shifts the responsibility for development from therefore government to MPs. It can be used by craft governments to weaken the oversight function of MPs in and outside parliament and buy support in times of need for what government was passed in the house Roy Hauya (2014). In pretty such the same manner and in rather extreme cases CDF, LDF and other funding sources are used to punish the

opposition. There are known cases when MPs have held back development investment through CDF till elections in order to win support (Roy Hauya, 2014).

Not only do political party affiliations gets in the way of sound development planning and services delivery, corrupt practice easily set into the fund, among them use of inflated costs of materials and services, deliberate disregard of procedures, collusion with suppliers and obtaining supplies from non-eligible sources(Roy Hauya(2014). It is not uncommon to ignore rules and procedures in order to direct materials to individuals. There are complex political maneuvers to keep certain people out of leadership to concentrate powers in the hands of party based supporters (Roy Hauya, 2014).

2.4 Influence of Funding on Health Facilities Projects funded by CDF in Ruaraka Constituency.

The World Health Organization identified financing systems as one of the six building blocks of health (WHO, 2007). This is because the health financing system provides the resources for the operation of health systems. Health financing systems have three inter- related roles: to pool these funds; to collect funds; and to purchase health services (WHO, 2000). These functions can be implemented through various mechanisms such as social health insurance, private voluntary insurance or direct purchase by consumers (Gottret and Schieber, 2006).

In line with its functions, a well performing health financing system should have the following objectives:

1. To collect sufficient and sustainable resources for health;
2. To pool resources to ensure that everyone has financial access to health services
3. To use these resources optimally to purchase health services; (WHO, 2005).

It is important that these objectives are met because how a country finances its health care system has implications not just for how people pay for health care but also for who uses health services, how often and how much (Gottret and Schieber, 2006). In recognition of this, a resolution on sustainable health financing, universal coverage and

social health insurance was endorsed in the 58th World Health Assembly in May 2005 (WHO, 2005b).

While there are no set strategies on how to finance a health system, long term goals dictate that the optimal design cannot be assessed in isolation from the epidemiological situation, strength and nature of the economy; the stability of the government and its institutions, as well as the prevailing political and policy environment (USAID, 2009). Indeed these factors tend to affect fiscal space and therefore government allocations.

How well a health system performs depends on how well it achieves the goals for which it should be held accountable (WHO, 2000). The 2000 World Health Report defined three goals for health systems: good health, responsiveness to the expectations of the population, and fair financial contribution. While the health financing system does not act alone in affecting objectives and final goals, the way a health system is financed can adversely impact on the health goals (Gottret et al., 2008). For example, being able to mobilize sufficient funding affects the health services that can be offered and the size of the risk pools affects the extent to which fair and equitous contributions to health care can be achieved. The ultimate responsibility for performance of the country's health system lies with government.

Three of the eight Millennium Development Goals (MDG) are directly related to health (MDG 4, 5 and 6) and others have an indirect influence (Banati and Moatti, 2008). Financing can, therefore, impact performance towards achieving the MDGs. There has been a dramatic increase in health spending globally with most resources allocated to disease specific MDG 6, which relates to HIV/AIDS, tuberculosis and malaria (Oomman et al., 2008). But in middle- income countries such as Jamaica, donors only play a minor role in the financing of health systems, and major increases in external resources for health in these countries are unlikely (Gottret et al., 2008). High out-of-pocket payments and inefficient purchasing arrangements also pose significant constraints to universal coverage and better risk pooling (Carrin and James, 2004).

Under these circumstances, certain factors become important public sector priorities, including ensuring equitable, sustainable financing and efficient ; developing effective and equitable risk pooling and prepayment mechanisms, getting better value for money through technical efficiency and allocative gains, targeting financing to the poor and vulnerable, and learning from the experiences of the high-income countries (Gottret and Schieber, 2006).

The Constituencies Development Fund comprises of an annual budgetary allocation equivalent to at least 2.5% of the Government ordinary revenue. A maximum of 5% is allocated to CDF Board for Administrative Services. A minimum of 95% is allocated to constituencies based on the following formula; 5% of the 95% is allocated to emergency reserve. 75% of the balance is allocated equally amongst all the 210 constituencies; and balance of 25% is allocated based on the Constituency Poverty Index modeled by the Ministry of Devolution and Planning. (Republic of Kenya 2003).Around Kshs. 171.973 billion has been allocated to CDF since its inception. The onus of disbursing and ensuring constituencies' use their share of the money accountably and efficiently falls with the CDF Board pursuant to CDF Act 2013 (IEA, 2012).

Financial accountability involves tracking and reporting on allocation, disbursement, and utilization of financial resources, using the tools of auditing, accounting and budgeting. The operational basis for financial accountability begins with internal agency financial systems that follow uniform accounting standards and rules. Beyond agency boundaries, finance ministries and in some situations planning ministries, exercise control and oversight functions regarding line ministries and other executing agencies. Since many executing agencies contract with the private sector or with NGOs, these oversight and control functions extend to cover public procurement and contracting. Insurance fund agencies play a key role in financial accountability in health systems that pay providers for predetermined packages of basic services. Legislatures pass the budget law that becomes the basis for ministry spending targets, for which they are held accountable. Obviously, a critical issue for the viable functioning of financial accountability is the institutional capacity of the various public and private entities involved. For example,

hospitals need to be able to account for the disposition of the funds they receive from various sources if they are to be granted higher degrees of autonomy.

Flows of funds; national treasury releases funds to the CDF Board through the ministry responsible for CDF in quarterly tranches; CDF board disburses funds to the Constituency Development Fund Committees (CDFC) on the basis of approved projects and CDFC disburse funds to the Project Management Committee (PMC) in appropriate phases through the accountant responsible for CDF (currently District/Sub count account). Lack of adequate funds in hospitals has led to a number of strikes in hospitals especially with devolution of health (2010, constitution) leading patients being unattended to and even death.

Table 2.1 Constituencies Statutory Ceilings

Activity	Annual allocation
Emergency reserve	5%
Bursary	25%
Office administration/recurrent expenditure	6%
Monitoring and evaluation	3%
Sports activities	2%
Environment activities	2%

Source: CDF ACT (2003), Kenya.

2.5 Influence of Accountability on Health Facilities projects funded by CDF in Ruaraka Constituency

Around the world governments face pressures to provide health services equitably , effectively and efficiently. Reform and strengthening efforts in industrialized and developing/transitioning countries have adopted similar approaches to getting health systems to perform better: privatization, downsizing, competition, partnerships, in service delivery, citizen participation and performance measurement and indicators. All

these approaches converge in emphasizing accountability as a core element in implementing health reform and improving system performance (WHO, 2007).

The concern with health systems and accountability reflects several factors. First is dissatisfaction with health system performance. In industrialized countries, this has centered on cost issues, access and quality assurance. In developing/transitioning countries, discontent has focused on these same issues, plus availability and equitable distribution of basic services, abuses of power, financial mismanagement and corruption, and lack of responsiveness (USAID, 2009). Policymakers and citizens want health care providers to exercise their responsibilities professionally and correctly according to regulations and norms, and with respect for patients. Second, accountability has taken on a high degree of importance because the specialized knowledge requirements, along with the size and scope of health care bureaucracies in both the public and private sectors, accord health system actors significant power to affect people's lives and well-being. Further, health care constitutes a major budgetary expenditure in all countries, and proper accounting for the use of these funds is a high priority.

All health systems contain accountability relationships of different types, which function with varying degrees of success. For example, health ministries, insurance agencies, public and private providers, legislatures, finance ministries, regulatory agencies, and service facility boards are all connected to each other in networks of control, oversight, cooperation, and reporting. Often it is the perception of failed or insufficient accountability that furnishes the impetus for change. This puts accountability front and center on the stage of current health system improvements. Strengthened accountability is widely called for as a remedy for health system weaknesses around the world (WHO, 2007).

This popularity is a plus for system reform because it can help to mobilize demand for change. Experience with policy reform, documented by the Partnerships for Health Reform Project (Gilson 1997, Gilson et al. 1999) and other USAID-funded analyses (Brinkerhoff and Crosby, 2002), shows that demand-driven reforms are more sustainable

and successful. However, as a guide to the specifics of what to do to improve health systems, simply calling for more accountability is less helpful. On the surface, the idea of checks and restraints on power and discretion seems straightforward, but in order for accountability to inform action, further conceptual, analytical, and operational work needs to be done. Often calls for more accountability are really efforts to change the focus and purpose of accountability, rather than simply to do more of the same (Romzek 2000). Without sounder conceptual frameworks and more empirically-based recommendations, these nuances cannot be sorted out, and accountability risks becoming yet another buzzword in a long line of quick fixes, or, worse, a one-size-fits-all bludgeon that encourages excess and overregulation.

The ability of health clinic users to hold clinics accountable by exercising their exit option creates incentives for responsiveness and service quality improvement (see, for example, Paul 1992). Health sector reform in many countries seeks to establish these types of incentives. Another category of softer sanctions concerns public exposure or negative publicity. This creates incentives to avoid damage to the accountable actor's reputation or status. For example, investigative panels, the media, and civil society watchdog organizations use these sanctions to hold government officials accountable for upholding ethical and human rights standards. Self-policing among health care providers is another example of the application of this type of sanction, where professional codes of conduct are used as the standard.

Performance accountability refers to demonstrating and accounting for performance in light of agreed-upon performance targets. Its focus is on the services, outputs, and results of public agencies and programs. Performance accountability is linked to financial accountability in that the financial resources to be accounted for are intended to produce goods, services, and benefits for citizens, but it is distinct in that financial accountability's emphasis is on procedural compliance whereas performance accountability concentrates on results. For example, provider payment schemes that maximize efficiency, quality of care, equity, and consumer satisfaction demand strong financial and management information systems that can produce both financial and performance information.

Performance accountability is connected to political/democratic accountability in that among the criteria for performance are responsiveness to citizens and achievement of service delivery targets that meet their needs and demands.

According to Okungu (2008), a political analyst, 70% of the constituencies have reported mismanagement, theft, fraud and misappropriation and that CDF issues are of political nature. Ongoya and Lumallas, (2005) were of the view that CDF has the potential of being used by politicians to build their reputation in their constituencies and mobilize political support. The fund has no specific development agenda; hence, it stands out as a political tool of swaying votes (Gikonyo, 2008).

According to the Electoral Commission of Kenya (2013), 60% of Members of Parliament who had billions of CDF money unspent in the CDF bank accounts, had incomplete projects and poor projects did not retain their seats, which is a kind of a warning to M.Ps to manage the fund well, or face the wrath of the electorate in 2012 Radoli (2008). Wamugo (2007) further points out that the success of the fund is pegged on the character and the commitment of the area Member of Parliament to use the fund for general development in his constituency. Thus, MPs' performance can be judged based on their success/failure in administering the fund. To ensure sustainability, projects management must ensure timely and efficient disbursement of funds to constituency and must also receive and discuss annual reports and returns from the constituency. This together with compilation of proper records, returns and reports from constituencies will boast sustainability of CDF projects (TISA 2009). According to ministry of health a number of health facilities in the country face the problem of clear records that details how funds and other facilities are used (MOH), some hospitals lack drugs, equipments and even personnel whereas records indicate there availability.

2.6 Theoretical Frameworks

Chen, (1990) described the term theory as a frame of reference that helps humans understand their world and how to function within it. This study is based on theory of sustainability and theory of community participation also known as ladder of participation theory.

2.6.1 The Theory of Sustainability

Sustainable development is a pattern of resource use that aims at meeting human needs while preserving the environment so that the needs can be met not only in the present, but also for future generations. The term was used by the Brundtland Commission which coined what has become the most often used definition of sustainable development as development that meets the needs of the present generation without compromising the ability of future generations to meet their own needs (Reclift, 1997).

Sustainability describes a form of economy and society that is lasting and can be lived on globally. Sustainable development ties together concerns for carrying out capacity of natural systems with the social problems facing humanity. The society-changing potential of the claim: More justice between generations, more global justice at the same time faces the peril of getting out sight. Sustainability is just not the trivial general claim to take social, economic and environmental policy serious independent of any relationship in time and space and to strike a sound balance between these aspects in its literal rudiments, sustainability is the capacity to maintain some entity, outcome, or process over time. According to the economist Amartya Sen's development as freedom dictum (1999), we create options for the future by creating options for today's poor because more options will drive greater development. The study was based on this theory due to its relevance in addressing sustainability issues especially development projects aimed at alleviating poverty at grass root level and the capacity to keep the projects running even after the initiators are not around or active in politics.

2.6.2 Ladder of Participation Theory

This theory is the best elaborate model that seeks to explore the concept of stakeholder involvement in which the CDF projects are initiated is one of them (Arnstein, 1996). The theory of ladder of participation explains the different levels of participation at stakeholder level from manipulation or therapy level of citizens, consultation level and to what is viewed as the genuine participation level like partnership and citizen control. People can participate in decision making if they have been involved and empowered. One of the aims of CDF is empower locals by giving them an opportunity to take part in decision making on which projects to be implemented in their Constituencies. There must be real opportunities for participatory decision making for the target groups and those decisions must largely relate to their future development (Sadiullah, 2006).

There are vital reasons for associating participation with community development as approach to community participation. The aim to meet basic needs obviously requires the participation of all who will benefit. Participation in implementation of a program improves effectiveness and efficiency through mobilization of local resources and the development of the capacity of the community to plan and implement which requires greater intensity and scope of participation as the projects proceeds (Sadiullah, 2006). It is therefore important to note that the theory emphasizes the importance of beneficiaries' involvement in project cycle hence the need to use this theory as a relevant for this work.

2.7 Conceptual Framework

Kothari (2004) define conceptual framework as a structure that defines the interrelationship between different variables deemed important in a study. He further explains that it expresses the researcher's views about the construct important in a study. In this study the researcher views Sustainability of CDF projects as subject to stakeholder's involvement, level of funding, monitoring and evaluation, politics and accountability.It is important to note that independent varriables were;stakeholders involvement,level of funding,political factors and accountability.Dependent variable was sustainability of CDF health facilities.Moderating variables were government policies

and regulations and resourses while intervening variables were religious beliefs,culture and poverty as shown below. This is presented in figure 1 below.

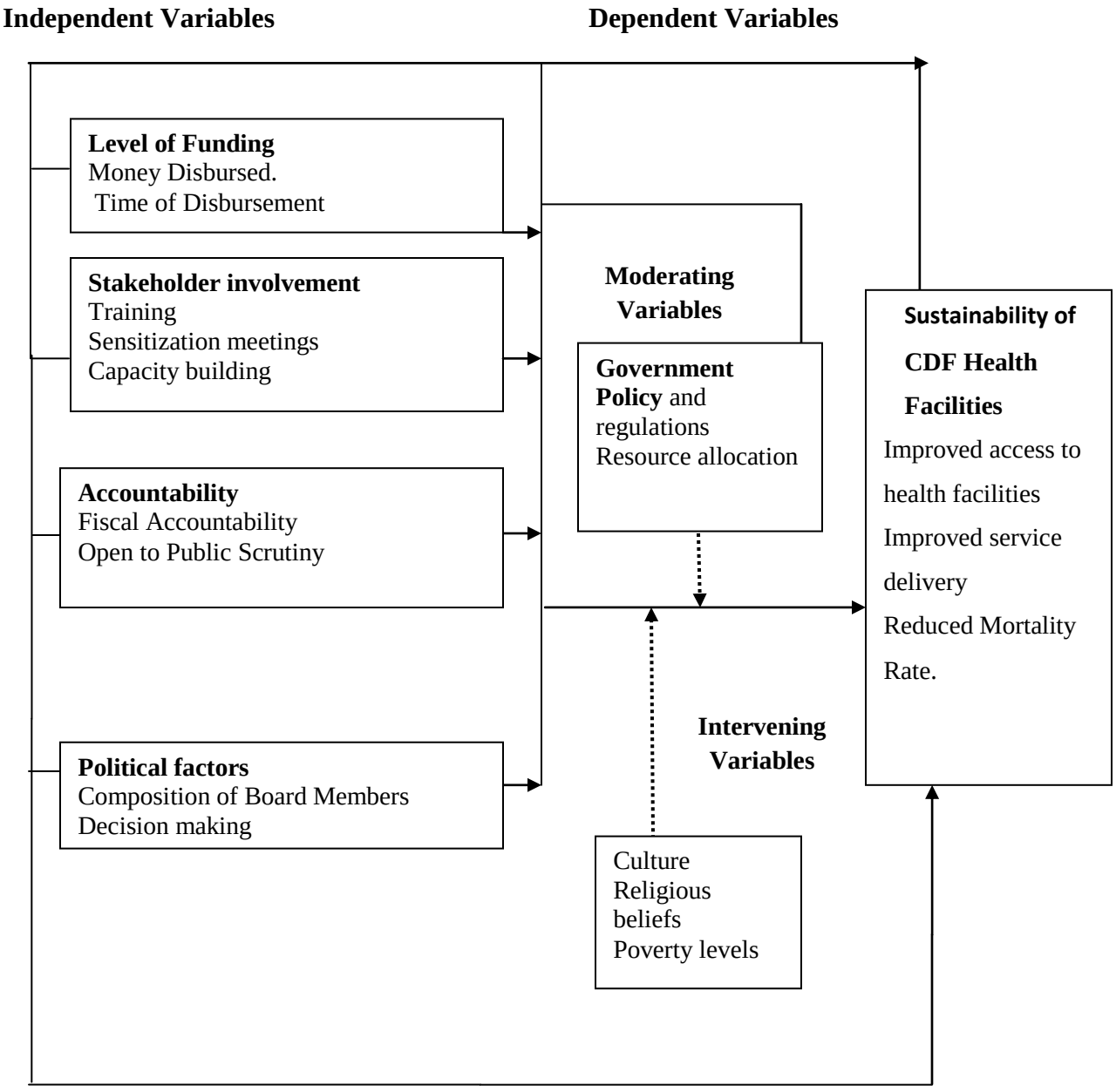

Figure 1: Conceptual Framework

2.8 Knowledge gap

The impact of devolved funds in sustainability of community development projects has been vastly focused as per scholarly work reviewed. It has been evidently revealed that devolved funds are intended to enhance community development through creating a needs responsive approach to development. Further the concept of devolved funds has been highly elaborated with an indication that it brings about a reduction in size and influence national governments by reducing federal taxes and expenditures and shifting many federal responsibilities to states. Though the intended purpose could otherwise be a good track towards sustainability of development projects, it is evident that devolved funding in Kenya remains an elusive mission and thus questioning the role of developed funds in sustainability of community development projects. Moreover research on the influence of devolved funds on sustainability of health facilities remains inadequately done. This study will therefore seek to fill in this gap by examining the factors that influence the sustainability of constituency development funded projects in the devolved government in Kenya, the case of health facilities in Ruaraka, constituency Nairobi County.

2.9 Summary of Literature Review

To address the question of sustainability of CDF funded projects, a number of challenges need to be addressed first: poor project implementation due to low capacity of committees(CDFC and PMC's), low community participation which leads to implementation of project that are not aligned to their needs, spreading of funds to too many projects due to poor planning, project planning without proper designs and drawings leading to low costing of estimates which results into insufficient allocation of funds to projects, projects implemented without proper bills of quantity to difficulties in monitoring and evaluation of projects, weak supervision by the government technical officers leading to poor quality of projects and misappropriation of funds, inadequate record keeping by PMC's and CDFC's, inadequate audits by the various government agencies making it difficult to curb misuse of scarce resources, implementation of projects without board's approval, funding of new projects without considering ongoing projects, cases of issuance of completion certificates for poorly implemented projects, failure by CDFC to honour contractual obligation leading to numerous complaints /court cases, facilities built to completion through CDF funding but not taken over by the line ministries e.g. health centers, inaccurate monitoring and evaluation of CDF by civil society organizations(Republic of Kenya 2003).

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter sought to discuss research design, target population, sample size and sampling techniques, research instrument, data collection procedure, data analysis techniques, ethical consideration and operation of variables.

3.2 Research Design

Ogula (2005) describes a research design as a plan, structure and strategy of investigation to obtain answers to research questions and control variance. Additionally a study design is the plan of action the researcher adopts for answering the research questions and it sets up the framework for study or is the blueprint of the researcher (Kerlinger, 1973). This study will adopted descriptive research design. This design as defined by Orodho (2003) is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. The main feature of survey research design is to describe specific characteristics of a larger group of persons, objects or institutions through questionnaires (Jaeger 1988). Besides, the design will be used because of its descriptive nature in order to assist the researcher in collecting data from members of the sample for the purpose of estimating the population parameters.

3.3 Target Population

Population refers to an entire group of individuals who are the concern for the study within the area of the study (Mugenda and Mugenda, 2003). According to Ngechu (2004), a population is a well-defined set of people, services, elements and events, group of things or households that are being investigated. It is a complete group that fits the researcher's specification from which the researcher was to generate the result of the study. There are five wards: Mathare North, Utalii, Babadogo, Korogocho and Lucky-summer. Out of the five wards a purposive sample of 57 respondents from the 5 wards were selected from a target population of 287 respondents. Out of which 30 constituents,

17 Medics, 5 Accountants and 5 Project management committee members were interviewed.

3.4 Sample Size and Sampling Procedure

The study used purposive sampling method to select respondents from the various categories in Ruaraka constituency.

3.4.1 Sample Size

According to Mugenda and Mugenda (2003) a sample is a subset of a particular population selected for the purpose of study to make conclusion about a population. Mugenda (2003) however stresses that if the population size is small, then it's advisable that the researchers does a complete census of the population. This position is also supported by Gupta (2007) who says that if the researcher has enough resources and time he can choose to do a complete census of the study if the population size is small. Gupta gives the advantages of census that it doesn't have any bias that may occur due to sample size selection; therefore the sample size for the study was 57 respondents drawn from the target population.

During the 2014/15 financial year, there were a total of 41 health projects that are either ongoing or have not been started. Therefore, the respondents will be the 7 professional categories in the health sector and these will be Medical Doctors/Dentists, Registered Clinical officers, Nurses, Lab Technicians, Pharm. Technicians, PHO's/PHT, and Nutritionists. The target population will be 41 x 7 = 287 (John, 2014).

Sampling frame is defined as the complete list of all members of the total population (Saunders & Lewis 2012). The study will target a sample size of 57 people based on a 20% of the Target Population (287). This is according to Mugenda and Mugenda (2003) who argue that a sample size of 10 – 30% is a representative sample size from the total population.

3.4.2 Sampling Procedure

In order to collect enough data and information, the study sampling frame was put into four categories. In order to carry out this study, a smaller group of 57 respondents were chosen from the total target population of 287 people. In the first category purposive sampling was applied where 30 Constituents were picked because they resided in the constituency. In the second category purposive sampling was applied to include 17 Medics. This is because the Medics serve in the targeted medical facilities. The third category comprised of 5 Accountants since they directly deal with the financial transactions of the various projects. The fourth category were 5 PMC members because of their major role in allocation of project funds in the constituencies

3.5 Research Instruments-Questionnaire

Since the research work used primary data, questionnaire was the principal tool for data gathering. This study used the questionnaire as the main instrument of data collection. The questionnaire was the most appropriate instrument due to its ability to collect large amount of information in a reasonably quick span of time and economic manner, the study used a closed ended questionnaire for ease of analysis. Additionally, the tool was suitable as it was good for the quantitative approach which the study adopted..

The questionnaire consist of two section; first section of the questionnaire deal with demographic statistics such as name, age, occupation, marital status ,level of education and years of residing in the area. This information provides data to be used in analyzing the demographic statistics based on gender, age and years of residence. The subsequent sections will seek information based on various variables, the respondents will be asked to indicate on a five-point scale their perceptions of the various variables and sustainability of CDF funded projects. The scale range is: 5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 – Disagree and 1 - Strongly Disagree.

3.5.1 Pilot Testing

It involved checking for the suitability of the questionnaires and interview guide. The quality of research instruments determines the outcome of the study. According to Mugenda, (2003) pilot test is necessary and to check the validity of a study. A pilot test will be conducted using questionnaires administered to respondents in Ruaraka. This constituted 10% of the 57 respondents (10% of 57) = 5 were selected using simple random sampling. In each ward only one health Practitioner were targeted. After the piloting, the questions in the questionnaire were assessed and those that were found not to be clear were reframed for clarity.

3.5.2 Validity of the instrument

In this study, construct validity was used to check how the questions was phrased to ensure that they conveyed the intended meaning. Validity is the accuracy and meaningfulness of inferences which is based on research results. It is the degree to which results obtained from the analysis of data actually represent the variables of the study. (Mugenda & Mugenda, 2003). The questionnaires will be given to some professionals including my supervisor to critique it and assure construct validity of the instrument. It ensured that the questionnaire remained focused, accurate and consistent with the study objectives.

3.5.3 Reliability of the instrument

Reliability is the extent to which results are consistent over time. If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable (Orodho, 2003).

The study conducted factor analysis to select a sub set of variables from a larger set based on the original variables with the highest correlations with, the principal component factors. Reliability analysis was conducted using Cronbach's alpha to determine whether the data gathered on each variable had a significant relationship with the influence of CDF sustainability.

Creswell (2012) indicates that a reliable research instrument should have a composite Cronbach Alpha of at least 0.8 for all items under study. Thus, reliability coefficient, α, of 0.8 will be considered acceptable. However, where α <0.8, then the research instrument was revised was foregoing for field work to reach acceptable level.

3.6 Data collection Procedure

Data collection is the means by which information is obtained from the selected subject of an investigation (Mugenda & Mugenda, 2003). The researcher sought permission from the University and the National Commission for Science Technology and Innovation (NACOSTI). Data collection involved a self-administered questionnaire. The researcher dropped the questionnaires personally to the respondents. 57 questionnaires were distributed to the Health Practitioners to fill in. After one to two weeks, duly filled questionnaires were collected for further processing of data at the end of the data collection period.

3.7 Data analysis Technique

Data analysis aims at reporting information collected from respondents of this study. Findings were presented, analyzed and discussed in conjunction with the objectives of the study so as to select the most accurate and quality information from the feedback by the various respondents.

This study was expected to produce both quantitative and qualitative data to explain the factors influencing sustainability of CDF in devolved governments in Kenya exhaustively. Once the questionnaires were received they were coded and edited for completeness and consistency. The data was analyzed by employing descriptive statistics and inferential analysis using statistical package for social science (SPSS). This technique gave simple summaries about the sample data and presented by quantitative descriptions in a manageable form, (Orodho, 2003).

Together with simple graphics analysis, descriptive statistics form the basis of virtually every quantitative analysis to data, (Kothari, 2005). The data was then being presented using frequency distribution tables, mean and standard deviations calculated for easier understanding.

3.8 Ethical Consideration

For the purpose of this study, permission to carry out the study will be requested from the respective project officials as well the constituency administration in Ruaraka Constituency. The researcher also assured confidentiality to the respondents and affirmed that the study was made for purposes of accomplishing academic goals. The researcher acknowledged all sources of information from other scholars.

3.9 Operational Definition of Variables

Table 3.1: Operational Definition of Variables

Objectives	Types of Variables	Indicators	Method of data collection	Data Analysis Technique
To determine the level of stakeholders influence on sustainability of health facilities projects funded by CDF in Ruaraka Constituency Nairobi County.	**Independent Variable**: Stakeholders involvement **Dependent Variable:** Sustainability of Health Facilities	Training Sensitization Meetings Capacity Building	Questionnaire Questionnaire	Mean, Standard deviation, Percentage
To assess the influence of political factors on sustainability of Health Facilities projects funded by CDF in Ruaraka Constituency Nairobi County.	**Independent Variable**: Political factors **Dependent variable:** Sustainability of Health Facilities	Composition of project Management committees Decision making	Questionnaire Questionnaire	Mean, Standard deviation, Percentage
To explore how the level of funding of Health Facilities projects by CDF influences sustainability in Ruaraka Constituency in Nairobi County.	**Independent variable**: Funding **Dependent variable**: Sustainability of Health Facilities	Money Disbursed Time of Disbursement	Questionnaire Questionnaire	Mean, Standard deviation, Percentage
To establish how accountability influence sustainability of Health facilities projects funded by CDF in Ruaraka Constituency, Nairobi County.	**Independent Variable:** Accountability **Independent variable:** Sustainability of Health Facilities	Fiscal Accountability Open to Public Scrutiny	Questionnaire Questionnaire	Mean, Standard deviation, Percentage,

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The study was conducted to analyze factors influencing sustainability of CDF health projects in Kenya particularly focusing on Ruaraka Constituency in Nairobi County. The objectives of the study were; to establish to what extent stakeholder involvement influence sustainability of the CDF health projects, to determine how funding influence sustainability, to establish to what extent accountability influence sustainability and to investigate the level of political influence on sustainability of CDF health projects in Ruaraka Constituency. The chapter provides data analysis, presentation interpretation of findings and discussions of the results based on the research objectives in order to answer the research questions.

4.2 Questionnaire Return Rate

A total of 57 questionnaires were distributed to the respondents. Out of these, 47 questionnaires were returned duly completed. This represents a response rate of 82.46%. This was therefore considered a representative sample for further analysis.

4.3 Demographic Characteristics of the Respondents

This section sought to identify the demographic characteristics of the respondents including gender, age, and level of education, employment status and length of service in the area they represent. These characteristics are important because they are known to influence the variables in a given study.

4.3.1 Distribution of the Respondents by Gender

The study sought to establish the gender distribution of the respondents as this has an impact on decision making and level of satisfaction.

Table 4.1 Distribution of the Respondents by Gender

Gender	Frequency	Percent (%)
Male	28	59.6
Female	19	40.4
Total	**47**	**100.0**

The findings as shown in Table 4.1 indicate that 59.6 % of the respondents were male while 40.4% were female.

4.3.2 Distribution of the Respondents by Age

The study sought to determine the age distribution of the respondents.

Table 4.2 Distribution of Respondents by Age

Age	Frequency	Percent (%)
18-25 years	11	23.4
26-33 years	9	19.1
34-41 years	16	34.0
Above 42 years	11	23.4
Total	**47**	**100.0**

According to the research findings presented in Table 4.2, majority of the respondents (34.0%) were between 34-41 years old, 23.4% were between 18 and 25 years, 23.4% were 42 and above years while 19.1 were between 26 and 33 years.Majority of the respondents were therefore youthful and energetic individuals who were useful to development projects.

4.3.3 Level of Education of Respondents

The study also sought to establish education level attained by the respondents. Education levels include level of knowledge and skills hence one way of measuring competence in performing duties.

Table 4.3 Level of Education of Respondents

Education level	Frequency	Percent (%)
Primary	3	6.4
Secondary	8	17
College	21	44.7
University degree	11	23.4
Post graduate degree	4	8.5
Total	**47**	**100.0**

The research results from Table 4.3 indicate that number of the respondents' 17% their highest level of education was secondary education, those who went to college were 44.7%, university degree graduates were 23.4% and 8.5% of those interviewed had post graduate qualification.This indicates that majority had acquired post secondary education and hence equipped with necessary skills.

4.3.4 Length of period Respondents have stayed in the constituency

The study sought to establish the length of time the respondents have been residing in the constituency, they were asked to say how long they have been living in Ruaraka constituency so as to show their understanding of the constituency.

Table 4.4 Period of Time the Respondents have been in the constituency.

	Frequency	Percent (%)
.0-4 years	25	53.2
5-8 years	4	8.5
8-12	13	27.7
Above 12 years	5	10.6
Total	**47**	**100.0**

According to the findings in Table 4.4, majority of the respondents 53.2% had been in the constituency between 0 and 4 years, between 5and 8 years were 8.5% while 27.7% had resided in the constituency between 8 and 12 years.10.6% of the respondents were those who had resided in Ruaraka for than 12years.

4.3.4 Marital status

The study also sought to establish marital status of the constituents.

Table 4.5 Marital status of the respondents in Ruaraka constituency

	Frequency	Percent (%)
Married	20	42.6
Separated	11	23.4
Widowed	3	6.4
Single	13	27.7
Total	**47**	**100.0**

Out of 57 respondents as shown in Table 4.5, of the respondents 42.6% represented married, 23.4% represented those separated, 6.4% represented widowed, 27.7% represented single. Majority of the were married people who were beneficiaries of these projects.

4.4 Stakeholder Involvement

The first objective of the study sought to determine the level of stakeholder involvement influence their sustainability. The respondents were asked to indicate the extent to which stakeholder involvement influence sustainability of health CDF projects in order to meet the needs citizens. The means and standard deviations of the ratings were calculated.

Table 4.6 Extent to which stakeholders involvement influence Sustainability of CDF health Projects

Factor		SD	D	N	A	SA
Location Determination	Count	3	5	10	22	7
	Percent	6.4	10.6	21.3	46.8	14.9
Development of Health projects	Counts	4	4	13	23	3
	Percent	8.5	8.5	27.7	48.9	6.4
Strategy Development	Counts	4	2	11	21	9
	Percent	8.5	4.3	23.4	44.7	19.1
Development of Vision and Mission	Counts	5	3	11	22	6
	Percent	10.6	6.4	23.4	46.8	12.8

According to the findings in Table 4.6, 14.9% of the respondents strongly agreed that determination of location by stakeholders influence sustainability of health facilities funded by CDF, 46.8% agreed, 21.3% were neutral, and 6.4% strongly disagreed.48.9% agreed that having stakeholders involved in development of health projects influence sustainability of CDF projects, 6.4% strongly agreed, 27.7% were neutral while 8.5% disagreed. On whether stakeholder involvement in strategy development influence sustainability of CDF health projects, 44.7% agreed, 19.1% strongly agreed, 23.4% were neutral while 4.3% disagreed while 8.5% strongly disagreed. 46.8% agreed that stakeholder involvement in development of mission and vision influence sustainability, 12.8% strongly agreed, 6.4% disagreed while 10.6% strongly disagreed.

4.7 Rating of stakeholder Participation

Respondents were asked their opinion on the level of satisfaction in regard to their involvement to CDF health projects.

Table 4.7 Rating of stakeholder Participation

	Frequency	Percent
Very High	3	6.4
High	17	36.2
Moderate	20	42.6
Low	6	12.8
Very Low	1	2.1
Total	**47**	**100.0**

The study also sought to establish respondents view on stakeholders participation 6.4% in agreement very high, while moderate 42.6%, very high 32.6% and very low scoring 2.1% while 12.8% was low. This means most of stakeholders are involved.

Table 4.8 Level of Satisfaction

The study sought to determine the level of stakeholder satisfaction in health projects.

Response	Frequency	Percent (%)
Yes	31	66
No	16	34
Total	**47**	**100.0**

These results indicate that majority of the respondents (66%) were satisfied with the level of stakeholder involvement in health projects while 34% were not satisfied.It is

clear from the findings that majority were satisfied with level of stakeholders involvement.

The study further sought to determine the means and standard deviation of stakeholder involvement in health projects.

Table 4.9 Means and Standard Deviations of stakeholder involvement

Variable	N	Mean	Std. Deviation
Location Determination	47	2.4681	1.08048
Development of Health projects	47	2.6383	1.03052
Strategy Development	47	2.3830	1.11420
Vision and Mission Development	47	2.5532	1.13843

According to research findings in Table 4.9, the responses on stakeholder's involvement in CDF health activities had a mean of 2.5106 and standard deviation of 1.090975. This shows most respondents generally agreed that stakeholder's involvement in these activities influenced sustainability of CDF projects.

4.5 Political Factors

The second objective of the study was to determine to how political factors influence health projects sustainability funded by CDF in Ruaraka constituency.

Table 4.10: Political Factors influence on Sustainability

Factor		SD	D	N	A	SA
Mps influence	Count	5	1	3	16	22
	Percent	10.6	2.1	6.4	34	46.8
Parliamentary	Counts	5	2	5	17	18
legislation	Percent	10.6	4.3	10.6	36.2	38.3
Infrastructural	Counts	6	3	5	21	12
frameworks	Percent	12.8	6.4	10.6	44.7	25.5
Alignments to	Counts	5	2	6	22	12
political parties	Percent	10.6	4.3	12.8	46.8	25.5

According to the findings in Table 4.10, 46.8% of the respondents strongly agreed that Mps influence sustainability of health facilities funded by CDF, 36.2% agreed on parliamentary legislation, 44.7% agreed on infrasturactural framework while 46.8% agreed political alignment as factors influencing sustainability of CDF health facilities.

Table 4.11 Political factor (project identification)

The study sought to understand how projects were identified.

Variable	Frequency	Percentage
Criteria	4	8.5
Community needs	4	8.5
Political Leaders	16	34
Committee Decision	23	48.9
Total	**47**	100

Respondents asked to give their opinion on who identify CDF projects.48.9% said committee decision, 34% political leaders,8.5% community members while 8.5% said project identification criteria.

Table 4.12 Political factor (Training priority)

The study further sought to know the opinion of the respondents with regards to priority for training on CDF projects.

Variable	Frequency	Percentage
PMC Members	3	6.4
Government officers	10	21.3
CDF Members	15	31.9
Community Member	19	40.4
Total	**47**	**100**

Respondents asked to give their opinion on who should be considered for training on CDF projects.6.4% said PMCs, 21.3% government officers, 31.9% CDF committee members while majority 40.4% said community members.

Table 4.13 Adherence to project plan

The study sought to understand the level of adherence to project plan.

	Frequency	Percentage
Very High	4	8.5
High	33	70.2
Moderate	4	8.5
Low	2	4.3
Very Low	4	8.5
Total	**47**	**100.0**

The study also sought to establish respondents view on management committees' adherence on project plan. Majority of the respondent rated high with 70.2% in agreement, while moderate, very high and very low scoring similar percentage of 8.5% as only 4.3% rated low. This implies for CDF health facilities project to be sustainable management committees must adhere to project plan so as to make it easier to monitor its progress.

Table 4.14 Means and Standard Deviations of Political Factors

Variable	N	Mean	Std. Deviation
MP's Influence	47	1.9574	1.26761
Parliamentary Legislation	47	2.1277	1.03052
Infrastructural Frameworks	47	2.3617	1.29255
PMC alignment to political Parties	47	2.2766	1.21050

According to research findings in Table 4.14, the responses on Political factors in CDF health activities had a mean of 2.5106 and standard deviation of 1.090975. This shows most respondents generally agreed that Political factors in these activities influenced sustainability of CDF projects.

4.6 Funding

The researchers third objective of the study was to determine to what extent funding influence sustainability of CDF health projects in Ruaraka Constituency.

Table 4.15 Rating of Level of Funding

The study sought to understand the opinion of respondents on level of funding .

Factor		SD	D	N	A	SA
Funds	Count	6	10	7	13	11
Disbursement	Percent	12.8	21.3	14.9	27.7	23.4
Timely	Counts	8	3	19	15	2
disbursement	Percent	17	6.4	40.4	31.9	4.3
Funds	Counts	6	5	17	17	2
management	Percent	12.8	10.6	36.2	36.2	4.3

In table 4.15 above,majority of the respondents 27.7% agreed that funds were disbursed enough for health facilities projects, 36.2% of the respondent also funds were ewre well while a majority expressed reservation on whether the funds were timely disbursed.

Table 4.16 Establish whether the funds disbursed for health projects are enough.

The study sought to if the funds disbursed by the CDF team was adequate for health facilities.

Variable	Frequency	Percentage
Strongly Disagree	6	12.8
Not sure	7	14.9
Disagree	10	21.3
Strongly Agree	11	23.4
Agree	13	27.7
Total	**47**	**100**

The study established that 12.8% strongly agreed the money disbursed for CDF was enough, 14.9% remained neutral, while 21.3% disagreed. 23.4% of the respondent strongly agreed that money disbursed was enough. Majority of the respondent (27.7%) agreed that the money disbursed for health facilities was enough. From the observation in the field however, most respondent expressed the need for funding to be increased in order to speed up the progress of projects undertaken by CDF kitty.

Table 4.17 Timely disbursement of funds

The study wanted to know to whether funds were timely disbursed.

Variable	Frequency	Percentage
Strongly Disagree	2	4.3
Not sure	3	6.4
Disagree	7	14.9
Strongly Agree	15	31.9
Agree	20	42.6
Total	**47**	**100**

The table above shows respondent view on timely disbursement of funds to health facilities projects.42.6% agreed money was timely disbursed,31.9 strongly agreed, 14.9% and 6.4% disagree and not sure respectively. Only 4.3% strongly disagree the money was not timely disbursed to the CDF health facilities projects.

Table 4.18 To determine if health facilities Funds are well managed Management

The study sought to understand if the CDF was well managed.

Variable	Frequency	Percentage
Strongly Disagree	2	4.3
Not sure	5	10.6
Disagree	5	10.6
Strongly Agree	17	36.2
Agree	18	38.3
Total	**47**	**100**

As per the findings of the study, 36.2 strongly agree the funds were well managed, 38.3% agree, while those who disagree and those not sure registered similar score of 10.6% as only 4.3% strongly disagree the funds are well managed.

Table 4.19 Means and Standard Deviations of Funding

The study further sought to understand the means and standard deviation on funding.

Variable	N	Mean	Std. Deviation
Funds Disbursement	47	2.7234	1.37844
Timely Disbursement	47	3.0000	1.12288
Funds Management	47	2.9149	1.08005

According to research findings in Table 4.19, the responses on stakeholder's involvement in CDF health activities had a mean of 2.5106 and standard deviation of 1.090975. This shows most respondents generally agreed that stakeholder's involvement in these activities influenced sustainability of CDF projects.

4.7 Accountability

The study sought to determine how accountability is useful in CDF health to attain sustainability. This was based on the frequencies of the factors under consideration.

Table 4.20: Determine how accountability influences sustainability.

Factor		SD	D	N	A	SA
Availability of information	Count	7	1	8	26	5
	Percent	14.9	2.1	17	55.3	10.6
Partnership promotion	Counts	4	4	7	27	5
	Percent	8.5	8.5	14.9	57.4	10.6
Display at public places	Counts	5	1	5	30	6
	Percent	10.6	2.1	10.6	63.8	12.8
Comments cards available	Counts	3	5	3	33	3
	Percent	6.4	10.6	6.4	70.3	6.4
Appointment of customer care officers	Counts	4	1	10	29	3
	Percent	8.5	2.1	21.3	61.7	6.4

In the table above 55.3% of the respondents agreed availability of information on CDF health projects,57.4% agreed that partnership promotion influenced sustainability. Regarding display at public places 63.8% agreed while 70.3% agreed that comment cards were available and they influenced sustainability.61.7% of the respondents agreed that appointment of customer care services influenced sustainability.

Table 4.21 Rating level of accountability

The study sought to understand the opinion of respondents on level of accountability.

	Frequency	Percent
Very High	1	2.1
High	29	61.7
Moderate	8	17.0
Low	7	14.9
Very Low	2	4.3
Total	**47**	**100.0**

In the table 4.22,61.7 agreed there was accountability in CDF health projects,17% were moderate,14.9% said accounatability was low,4.3% very low and 2.1% very high.

Table 4.22 Means and Standard Deviations of Accountability

The study sought to understand the means and standard deviations of accountability.

Variable	N	Mean	Std. Deviation
Availability of information	47	2.5532	1.19434
Partnership promotion	47	2.4681	1.08048
Comment cards available	47	2.40433	0.99257
Display in public places	47	2.3404	1.08901
Appointment of customer care officers	47	2.4468	0.97375

According to research findings in Table 4.23, the responses on accountability in CDF health activities had a mean of 2.5106 and standard deviation of 1.090975.

This shows most respondents generally agreed that stakeholder's involvement in these activities influenced sustainability of CDF projects.

4.8 Regression Analysis Results

Multiple regression analysis was conducted to determine the relationship between the independent variables which are stakeholder,involvement,political factors,funding and accountability against the dependent variable ,sustainability of CDF health facilities. A statistical model was generated. These results are shown in Table 4.23.

Table 4.23: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.308[a]	.95	.009	.981

According to the model summary, the predictors explained 95% of change in the dependent variable (Y). The dependent variable is sustainability and the independent variables or predictors are stakeholder involvement ,political factors,funding and accountability.

ANOVA was used to test the fitness of the regression model used in this study. A statistically significant F value shows that the model was fit while F value that is not statistically significant shows that the model was not fit for the study. Table 4.24 shows that results.

Table 4.14: ANOVA Table

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	8.314	4	2.079	1.104	.367[b]
	Residual	79.090	42	1.883		
	Total	87.404	46			

The ANOVA table shows that F value was statistically significant. This implies that the model used for analysis was fit (F=1.104, $p<0.05$).

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMEDATIONS

5.1 Introduction

This chapter discusses the summary of the findings of the study and conclusions drawn from the findings. Recommendations that relate to the factors influencing sustainability of CDF health projects in Kenya have also been made. It also outlines proposed areas of future research. The chapter is organized according to the objectives of the study. The first objective was to determine how stakeholders influence sustainability of the CDF health projects in Ruaraka Constituency. The second objective was to determine how political factors influence sustainability of CDF projects. The third objective sought to establish how funding influences sustainability of CDF projects. Finally, the fourth objective sought to determine how accountability influence sustainability of CDF projects in Ruaraka Constituency.

5.2 Summary

The purpose of this summary was to provide examples of some findings from research on alignment, not to provide a comprehensive treatment of the research.

5.2.1 Stakeholder involvement

The study found that 46.8% of the respondents agreed that involvement of stakeholders in determining the location of the health facility project affected sustainability of CDF projects; 48.9% agreed that having stakeholders determine the kind of development project influence sustainability of CDF projects, while 48.9% agreed that carrying out strategy development by stakeholders influenced sustainability of CDF health projects. It is also important to note that in the research 46.8% agreed stakeholders' involvement in development of Vision and mission influenced sustainability.

5.2.2 Political Factors

The study found that 46.8% of the respondents strongly agreed that area Mps involvement in CDF matter influence sustainability of CDF projects; 38.3% strongly agreed that parliamentary legislation influence sustainability of CDF health projects, 44.7% agreed that politicians influenced the kind of infrastructural framework the committee initiated hence influenced sustainability of CDF health projects while 46.8% agreed depending on which political alignment members of the committee were affiliated to also influenced sustainability.

5.2.3 Funding

The study found that 27.7% of the respondents agreed that the amount of funds disbursed influenced sustainability of CDF health projects; majority 40.4% were not sure whether funds are timely disbursed for CDF health projects, while 17% agreed funds were well managed.

5.2.4 Accountability

The study found that majority,55.3% agreed that information on CDF health projects was available and this influence sustainability of CDF health projects; 57.4% agreed that having partnership promotion influenced sustainability,63.8% agreed that display in public places influenced sustainability while 33% agreed that comments cards influence sustainability of CDF projects.

5.3 Discussions of the Findings

5.3.1 Stakeholder

The research findings clearly indicate that stakeholders are mainly involved CDF projects which is significant for sustainability.

For sustainability of CDF health projects, there is need to involve stakeholders right from planning level because they are the ones who know where their needs .According to the theory of participation ladder (Arnstein ,1996) which this research was based on stakeholders are involved at different stages and degrees of intensity in the project cycle with the objective to build the capacity of the community to maintain services created during the project after government or the facilitating

organizations have left. Stakeholders participation throughout the whole project, thus from project design and implementation to evaluation, ensures the reflection of stakeholders priorities and needs in the activities of the project and motivates those involved into maintaining and operating project activities after the project is completed.

5.3.2 Political influence

The research findings as shown in Table 4.8, 40.4% of the respondents indicated that members of the community should be considered for training on CDF projects as opposed to training of PMCs 6.4%. This was understood to mean that the committees were subject to manipulation in terms of decision making by influential people and they do not work independently. There have been complaints that MPs are appointing relatives, close friends and political allies to head CDFC, this has contributed to lack of transparency in the CDF kitty, Roy Hauya (2014).Another scholarly work by (Hyden,2014) observed most people who are in CDF implementation committees are those who are socio-economically stable compared to the real beneficiaries and as long as they are receiving their allowances they careless whether the projects attain their vision and goals or not.

5.3.3 Funding

In table 4.6, 31.9% agreed there was timely disbursement of funds to Health projects funded by CDF.However ther is need to increase this fundingas noted in literature review that high out-of-pocket payments and inefficient purchasing arrangements also pose significant constraints to universal coverage and better risk pooling (Carrin and James,2004). money was disbursed timely or managed well. (CID,2008),argued that there was need to both the committee members and the community involved in development so that the development is realized as opposed as opposed to it being used as a tool to woo votes. Engagement of stakeholders on matters of finance will lead to sustainability (Roy Hauya (2014).

5.3.4 Accountability

The study found that majority,55.3% agreed that information on CDF health projects was available and this influence sustainability of CDF health projects.This is in agreement o reviewed literature that all health systems contain accountability relationships of different types, which function with varying degrees of success. For example, health ministries, insurance agencies, public and private providers, legislatures, finance ministries, regulatory agencies, and service facility boards are all connected to each other in networks of control, oversight, cooperation, and reporting. Often it is the perception of failed or insufficient accountability that furnishes the impetus for change (WHO ,2007). The need for accountability cannot be overemphasized as experience with policy reform, documented by the partnerships for health Reform project(Gilson 1997,Gilson et al.1999) and other USAID-funded analyses(Brinkerhoff and Crosby 2002).

5.4 Conclusions

The study sought to establish factors influencing sustainability of CDF health projects in Kenya particularly focusing on Ruaraka Constituency in Nairobi County. The key conclusion of the study was that sustainability of CDF projects is possible in Ruaraka Constituency. The analysis indicates that stakeholder's involvement project significantly affected sustainability of CDF health facilities in Ruaraka Constituency. Stakeholder involvement in identifying and implementing CDF projects was found to be critical in ensuring the projects succeeded in achieving the desired goal of CDF which was specifically to combat poverty and promote equitable growth and development around the Country. The study also found that the level of political influence in CDF project implementation process was high.

The CDF management committees were found to be less autonomous and faced several challenges including political interference, inadequate funds and lack of expertise to run the PMCs and the CDFC or advice on the entire requirement. It is important for projects to be implemented, monitored and evaluated by people with relevant knowledge and experience in such projects to ensure proper implementation and sustainability of the projects at grass root level. The CDF

concept is a very noble idea and has become very fundamental in improving the lives of people at grass root level in rural settings.

Constituency Development Fund plays very significant role in both rural and urban constituencies where most people have been able to access standard health care services, education, security services, infrastructure and other services within their villages something which was not possible before introduction of CDF. However there are some challenges that exist and to some extent or partly hinder timely and effective delivery of services to the people. Some of those challenges include interference of CDF programmes by influential people like the elected MP and other senior government officials in terms of key decision making, misappropriation of CDF money, lack of or moderate community participation and involvement in CDF operations. For CDF to succeed there is need for effectiveness and efficiency based on rational and transparent procedures that encourage and foster sustainability of all CDF programs with an aim of improving peoples wellbeing. It is clear from the findings that there is inadequate monitoring and evaluation of the projects initiated at community level in the area of study. Constituency Development Fund Policy should be designed to encourage genuine public participation in CDF operations.

5.5 Recommendations of the Study

Service to citizen's remains the core business of every system of administration of which the government is not an exception.CDF being a kitty funded by the government must therefore be administered in a way that uplift the standards of people. From the study, it is evident that effective management of the CDF projects can lead to sustainable growth and development at grass root level. The researcher therefore wishes to recommend that:

Project sustainability will call for all inclusive approach. The PMCs and CDFCs should be composed of people with relevant skills and experience in project implementation strategies which are vital in ensuring the sustainability of projects.

The community in which the projects are being initiated should be involved at all stages of the project cycle since they are the beneficiaries and failure to do so would lead to failure of many projects. The stakeholders need to own up the project in a manner that they can run the project even when those who fund it withdraw.

There should be adequate funding for health facilities projects to fully operate. Funds will enable the facilities to operate and purchase the necessary equipments needed by the facilities. Cases cited by PMCs of delayed disbursement of CDF funds must be addressed for smooth running of these facilities.

Capacity building for CDFC and PMC committee members and the community in general through training to equip them with skills and knowledge related to project implementation processes.

5.6 Suggestions for Further Research

The researcher suggests that further research should be done to understand how best the community can be involved in CDF projects. Similar studies should also be done in other areas in order to generalize the findings to a wider scope beyond Ruaraka Constituency. Since this study concentrated on factors influencing sustainability of CDF projects in Kenya with special reference to Ruaraka Constituency further studies should be done in other constituencies for comparison purposes and allow for generalization of the findings on the factors influencing sustainability of health facilities CDF projects in Kenya. This study further recommends that since the study was limited to only four variables, a similar study could be conducted with additional variables.

REFERENCES

Abu-Mallouh,M. and Hastak, M. (1997).“A Strategic Management Toll for Subway Station Rehabilitation and Planning.” *Proceedings of 4th Congress on Computing in Civil. Engineering,* ASCE, New York, 566-573

Arnstein, S. R. (1996). A ladder of citizen participation. *Journal of the American planning Association, vol.* 35(4), 216-224.

Bagaka, O. (2008). Fiscal decentralization in Kenya and the growth of government: The Constituency development fund. Northern Illinois University: De-KaIb Illinois.

Banati P, Moatti JP. (2008): *The positive contributions of Global Health Initiatives*.

Bulletin of the World Health Organization (86):11: p.820

Bigdon, C. and Korf, B. 2002. The role of development aid in conflict transformation facilitating empowerment processes and community building. In: Norbert

Bossert TJ (1990). Can they get along without us? Sustainability of donor supported health projects in Central America and Africa. SocSciMed1990 ; 30: 1015-23.

Brages, Speckets and Torczynew (1987). *Communit)' org(mizin8* (2nd cd.). New York: Columbia University Press.

Brown,K.(2011).*SustainableAdaptationtoClimateChange:PrioritisingSocialEquityand EnvironmentalIntegrity*.NewYork:Routledge.

Cannon-bowers, J. A. and Salas, E. (eds) 1998, *Making Decisions Under Stress: Implications for Individual and Team Training* (Washington, DC: American Psychological Association).

Chen,H.T&Rossi,P.H.(1983). Evaluatingwithsense: The Theory–DrivenApproach.EvaluationReview7, 283–302.

Chen,H.T.(1997). Applying mixedmethodsundertheframeworkoftheory-drivenevaluations. New irectionsforEvaluation,74,61 –72.

Cooper, D.R and Schindler, P.S. (2006), *Business Research Methods* (8th edition) McGraw-Hill: New York.

Creswell, J.W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Prentice Hall

Daniel Psirmoi (2015). *CDF Management*. http://www.standardmedia.co.ke/article/2000186076/kibra-voted-best-in-cdf- management

Feuerstein, R.S., Falik, L., Rand, Y., (2006), *Creating and Enhancing Cognitive Modifiability: The Feuerstein Instrumental Enrichment Program,* ICELP Publications, Jerusalem

Gebrehiwot M. (2006). An Assessment of Challenges of Sustainable Rural water supply: The case of OflaWoreda in Tigray Region. MSc Thesis. Regional and Local Development Study (RLDS).AAU.Ethiopia

Gonzales, J. (1998). Development sustainability through community participation: Mixed results from the Philippine health sector. Aldershot: Ashgate.

Gikonyo, W. (2008). The CDF social audit guide: A handbook for communities. Open Society Initiative for East Africa, Nairobi.

Gilson, Lucy, Jane Doherty, Di McIntyre, Stephen Thomas, Vishal Briljal, and Chris Bowa. 1999. The dynamics of policy change: Health care financing in South Africa, 1994-1999. Washington, DC: U.S. Agency for International Development, Partnerships for Health Reform Project. Major Applied Research Paper 1, Technical Paper No. 1, November.

Gottret P, Schieber GJ (2006). *Health financing revisited: a practitioner's guide. Washington DC, World Bank. Available at: http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financ...*, accessed 30 March, 2010.

Gupta, J. P, (2007) *Fundamentals of Statistics*. Himalaya Publishers. Delhi, India.

Hyden, Goran (2009) African Politics in Comparative Perspective . New York: Cambridge University Press

IEA (2012). Development Planning, Implementation and Public Participation: Lessons from International Budget Partnership, IBP (2011). Constituency Development Funds: Scoping Paper,

Institute of Economic Affairs (2010). Kenyans' Verdict: A Citizens Report Card on the Constituencies

Jaeger, R. M.(1988). Survey Methods in Education Research.Washington D.C.Brooking Institution Press.

Kaimenyi S. (2005). *Efficiency and Efficacy of Kenya*: University of Connecticut Working paper, 56-70.

Kaufman, M. and Alfonso, D. (1997), Community power and grassroots democracy , Zed Books, London.

Kerlinger,F.N(1973).Foundation of Behavioral Science.New York:Holt,Renehard and Winston

KIPPRA (2013). Creating an Enabling Environment for Stimulating Investment for Competitive and Sustainable Counties: Kenya Economic Report 2013

Korten, D C (1991) Getting to the 21st century: Voluntary action and the global agenda, Kumarian, Conn.

Kothari, C. (2004), *Research Methodology: Methods and Techniques*, New Delhi: New Age International Publishers.

Mansuri, G. and Rao, V. 2004b. Community-Based and -Driven Development: A Critical Review. World Bank Policy Research Working Paper 3209, February 2004

Mugenda, O. &Mugenda, A. (2003), *Research Methods: Quantitative and Qualitative Approaches*, Nairobi, Kenya.

Mwabu G., J.B. Kirimi, G. Ndeng'e, R. Gesami and W. Masai. 2004. Rural Poverty and

Rural Institutions in a Globalizing Economy: The Case of Kenya. FASID, Japan.

Nyaguthii, E. & Oyugi, L.A. (2013). Influence of community participation on successful implementation of Constituency Development Fund Projects in Kenya: Case of Mwea Constituency. *International Journal of Education and Research, 1*(8), 1 – 16.

Ngechu. M. (2004), *Understanding the research process and methods. Anintroduction to research methods.* Acts Press, Nairobi.

Oakley, P (1991) Projectswith People, ILO, Geneva. Poutiainen, P (1994) "Poverty Alleviation: A Challenge to Participatory Approach to DevelopmentThe Gambian Experience," (Draft) UNDP.

Odhiambo, P. (2007). Impact of Kenya education staff institute training on secondary school management in Kenya (Case Study of Siaya District). A Research Proposal for the Degree of Doctor of Philosophy in Evaluation of Educational Program. Department of Education Comm.-Tech and Curriculum Studies, Maseno University, Kenya.

Ogula,P.A(2005).Research Methods .Nairobi:CUEA Publication

Okungu, J, (2008), The beauty and shame of Kenya's Constituency Development Fund. [Online] Available: http:/www.afroarticles.com/article-dashboardarticle.php?id=6337&act=print.

Ongoya, Z. &Lumallas, E. (2005). *A critical appraisal of the Constituency Development Fund Act.* Nairobi, Kenya.

Oomman N, Bernstein M, Rosenzweig S. (2008). *Seizing the Opportunity on AIDS and health systems.* Washington D.C: Centre for Global Development

Orodho, A. J. (2003). Elements of education and social sciences research methods (1st edition.). MasolaPublishers, Nairobi

Ory Okolloh and Conrad Akunga, 2005, Eye on Kenyan Parliament http://info.mzalendo.com/projects/in/kasarani/

Paul, Samuel. 1992. Accountability in public services: Exit, voice and control. *World Development* 20(7): 1047-1060.

Pearce, D (1991) *Blueprint 2*: greening the world economy. London: Earthscan, 1991.

PMBOK (2004). *The Guide to the Project Management Body of Knowledge*, 3rd edition, Newtown Square PA: Project Management Institute, 2004

Radoli, M. (2008). "CDF- A double-edged sword." *The CDF Insight.* Nairobi, Kenya.

Redclift, Michael R.(1996)*Wasted*: counting the costs of global consumption. London: Earthscan. 1996.

Republic of Kenya, (2003). ConstituencyDevelopment Fund Act. GovernmentPrinter, Nairobi, Kenya.

Republic of Kenya, (2010). Constitution of Kenya. Government Printer, Nairobi, Kenya.

Romzek, Barbara S. 2000. Dynamics of public sector accountability in an era of reform *International Review of Administrative Sciences* 66(1): 21-44.

Saunders, M., & Lewis, P. (2012). Doing research in business and management - An essential guide to planning your project. London: Pearson Education Limited.

Scoones, I. et al . 2007. Dynamic systems and the challenge of sustainability, STEPS working Paper , 1. Brighton: STEPS Centre

Sadiullah, K. (2009). Local Government and participatory Rural Development. Unpublished Thesis. Gomamal University.

Shaheen F.(2014) 7 reasons we need a sustainable Development Goal. http://www.neweconomics.org/blog/entry/seven-reasons-for-a-sustainable development

Tanzi, V., & Hamid, D. (1998). Roads to nowhere: How corruption in public investment hurts growth. Economic Issues, 12. United Kingdom: International Monetary Fund.

TISA (2009) Gross Illegalities In Constituency Development Fund Need Urgent Redress; Public Interest at stake due to poor performance of CDF national officers ;The CDF Status Report, December 2009

UNDP, (2013). Human Development Report 2013. New York: United Nations Development

United Nations Millennium Project, (2013) Investing in Development. A practical plan to achieve the Millennium Development Goals UNDP: New York/Earthscan: London

Roy Hauya(2014) The politics of rural development: Open Perspective http://timesmediamw.com/the-politics-of-rural-development/

Wamugo, J. (2007). *CDF Takes a bend in the river.* Nairobi: Adili.

Wanjiru, G. (2008); Manasseh PN (2007) Empirical literature European Scientific Journal November edition vol. 8,No

Westergaard K. (1986), "People"s participation, Local government and Rural Development: The Case of West Bengal, India" (CDR Research Report 8), Copenhagen: Centre for Development Research

WHO (2000): *The World Health Report 2000 -Health Systems; Improving Performance*. World Health Organization, Geneva

WHO (2005b): Sustainable health financing, universal coverage and social health insurance [WHA58.33]. World Health Organization, Geneva:

WHO (2007): *Challenging Inequity through Health Systems – Final Report. Knowledge Network on Health Systems:* WHO Commission on The Social Determinants of Health.

World Bank. (2000). Entering the Twenty First Century: The changing landscape. Oxford: Oxford University Press.

USAID (2009): *Measuring the Impact of Health System Strengthening – A Review of Literature.* USAID, Washington D.C

APPENDICES

APPENDIX 1: INTRODUCTION LETTER

Dear Sir/ Madam,

RE: INTRODUCTORY LETTER – RESEARCHPROJECT

I am a graduate student in the School of Continuing and Distance Education at the University of Nairobi. In partial fulfillment of the requirements of the degree of Master of Arts in Project Planning and Management, I am conducting a research on **"*Factors influencing sustainability of constituency development fund (CDF) funded projects in the devolved government in Kenya: The case of Health Facilities in Ruaraka constituency, Nairobi County,"***

I kindly request your input through filling this questionnaire. Please note that your honest responses will be strictly confidential and purely for academic purpose.
Your acceptance to complete this questionnaire is greatly appreciated.

Thanking you in advance for your co-operation

Sincerely,

Mr. Joseph JacktoneMalika
Reg No: L50/75952/2014
+254 727073498.

APPENDIX II: RESEARCH QUESTIONNAIRE

Dear Respondent,

I am Joseph Malika, a postgraduate student at the School of Continuing and Distance Education, University of Nairobi. I would appreciate your help by answering the following questions using the scales indicated. The aim of the questionnaire is to study the Factors influencing sustainability of constituency development fund (CDF) funded projects in the devolved government in Kenya: The case of Ruaraka constituency- Nairobi County. This information will be used strictly for academic purposes only and will be treated with utmost confidence.

Please answer all the questions honestly and exhaustively. All the information given will be strictly used for academic purpose and research. It will be treated with utmost confidentiality.

SECTION A: GENERAL INFORMATION

Please tick the answer that suites your situation

No.	**Question**	**Answer**	
1.	State your Gender	Male	[ ]
		Female	[ ]
		Others	[ ]
2.	Select the age bracket you belong	18-25 years	[ ]
		26-33 years	[ ]
		34-41 years	[ ]
		42 and above	[ ]
3a.	What is your Occupation	Employed	[ ]
		Self-Employed	[ ]
		Unemployed	[ ]
		Student	
3b.	Job Designation		

4.	Number of years Residing in Ruaraka	0-4 years	[ ]
		5-8 years	[ ]
		8-12 years	[ ]
		12 years and above	[ ]
5.	Highest level of education obtained	Post Graduate	[ ]
		Graduate	[ ]
		College	[ ]
		Secondary	[ ]
		K.C.P.E	[ ]
		Others	[ ]
6.	Marital status	Married	[ ]
		Separated	[ ]
		Widowed	[ ]
		Single	[ ]

SECTION B:

PART 1: STAKEHOLDER INVOLVEMENT AND SUSTAINABILITY OF HEALTH FACILITIES FUNDED PROJECTS

Please indicate the extent to which you either agree or disagree with each of the statement by selecting one category that mostly corresponds to your desire. Use the scale:

5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 – Disagree 1 - Strongly Disagree.

Statements	**Strongly Agree**	**Agree**	**Not Sure**	**Disagree**	**Strongly disagree**
1. Stakeholders are involved in determining the location of CDF health project.					
2. Stakeholders are involved in developing health projects policies.					
3. Stakeholders are involved in developing strategies of managing CDF resources available.					
4. Stakeholders participating in developing vision, mission and objectives of CDF health projects.					

5. How would you rate the level of stakeholder participation in CDF health projects sustainability process?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very low ☐

6. Are you satisfied with the manner in which stakeholders are involved in health projects?

a) Yes ☐

b) No ☐

7. If the answer to question 6 above is No give reasons for dissatisfaction.

Part 2: POLITICAL FACTORS AND SUSTAINABILITY OF HEALTH FACILITIES FUNDED PROJECTS

Please indicate the extent to which you either agree or disagree with each of the statement by selecting one category that mostly corresponds to your desire. Use the scale:

5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 – Disagree 1 - Strongly Disagree.

Statements	**Strongly Agree**	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
1. Members of Parliament influence what project to be undertaken.					
2. Parliamentary legislation influence sustainability of CDF projects.					
3. Most infrastructural frameworks have been influenced by Political decisions					
4. DO you agree Members of PMC are aligned to Political Parties?					

4. How are CDF projects identified?

a) Its CDF committee decision ☐

b) Influenced by political leaders ☐

c) Use of CDF identification criteria ☐

d) Based on community needs ☐

5. In your own opinion whom would you like to recommend taking first place in health project sustainability?

a) CDFC members ☐

b) Government officers ☐

c) The community members ☐

d) PMC members ☐

6. How would you rate CDF management committee on adherence to project plan?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very low ☐

PART 3: FUNDING AND SUSTAINABILITY OF HEALTH FACILITIES FUNDED PROJECTS

Please indicate the extent to which you either agree or disagree with each of the statement by selecting one category that mostly corresponds to your desire .Use the scale:

5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 – Disagree and 1 - Strongly Disagree.

Statements	**Strongly Agree**	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
1. Funds disbursed enough to complete CDF project.					
2. Funds are released at the required time for CDF projects.					
3. Funds disbursed are well managed by the relevant committees.					

4. How would you rate the level of CDF funding in sustaining the needs of the health facilities?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very low ☐

PART 4: ACCOUNTABILITY AND SUSTAINABILITY OF HEALTH FACILITIES FUNDED PROJECTS

Please indicate the extent to which you either agree or disagree with each of the statement by selecting one category that mostly corresponds to your desire. Use the scale:

5- Strongly Agree, 4 - Agree, 3 - Neutral, 2 – Disagree 1 - Strongly Disagree.

Statements	**Strongly Agree**	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
1. Information on the ongoing projects in Ruaraka Constituency is readily available					
2. Accountability has promoted partnership between project providers and people at the grassroot					
3. Constituency projects are displayed in all necessary public places/centre/offices with Ruaraka Constituency					
4. Constituents comment cards are displayed in all notice boards or respective offices					
5. Customer care officer have been appointed to coordinate quality service/project initiatives					

6. How will you rate the level of accountability in sustainability of CDF health facilities?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very Low ☐

PART 5: MANAGEMENT OF CDF MANAGEMENT COMMITTEES

This section of the questionnaire seeks to gather information on the composition, number of PMCs, the frequency of meetings, level of autonomy of PMC and challenges facing CDF committees

1) What is the number of your members in the project management committee?

.....

2) How many members are in your committee?

a) Project management committee (PMC)…….....

b) Constituency development fund committee (CDFC)…….

3) Has your membership been the same since you started?

a) Yes ☐ b) No ☐

4) If the answer for question 4 above is yes why was the membership changed?

……

5) How often do you hold or conduct your committee meetings?

.....

What are the challenges that the project management committee experiences?

.....

6) How would you rate the level of autonomy of the project management committee?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very Low ☐

THANK YOU FOR YOUR PARTICIPATION

APPENDIX III: INTERVIEW GUIDE FOR MEDICS

FACTORS INFLUENCING SUSTAINABILITY OF CONSTITUENCY DEVELOPMENT FUND (CDF) FUNDED PROJECTS IN THE DEVOLVED GOVERNMENT IN KENYA: THE CASE OF HEALTH FACILITIES IN RUARAKA CONSTITUENCY NAIROBI COUNTY.

Type of Health Facility Public ☐

Private ☐

i. Which Medic personnel in your organization need to be trained for proper implementation of CDF heath Projects?

ii. Does your Organization have enough resources to implement CDF health Projects? What needs to be improved?

iii. Are you aware of any CDF Health project? What have you done to implement it?

iv. What challenges do you face in implementing CDF Health Projects?

v. Are you satisfied with the manner in which CDF projects are implemented?

Yes ☐ No ☐

vi. If the answer to question v. above is yes give reason for your dissatisfaction.

vii. At what level are Medics involved in CDF projects?

a) Project identification ☐ b) planning ☐ c) Implementation ☐

d) Decision making ☐ e) Not at all ☐

Viii. How would you rate the benefits of medic's involvement in CDF projects?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very low ☐

ix. To what extent does medics' involvement in CDF health projects influence project sustainability?

a) Very high ☐ b) High ☐ c) Moderate ☐

d) Low ☐ e) Very low ☐

APPENDIX IV: OBSERVATION SCHEDULE

ITEM NO.	ITEM	AVAILABLE	NOT AVAILABLE
1	Existence of PMC		
2	Functional project		
3	Physical existence of CDF		
4	PMC attendance list		
5	Minutes for meetings		

APPENDIX V: CDF CEILINGS

Activity	**Annual allocation**
Emergency reserve	5%
Bursary	25%
Office administration/recurrent expenditure	6%
Monitoring and evaluation	3%
Sports activities	2%
Environment activities	2%

(CDF Act, 2013).

APPENDIX VI: AUTHORIZATION LETTER

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/16/32437/12497**

Date: **26th July, 2016**

Joseph Jacktone Malika
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors influencing sustainability of Constituency Development Funded Projects in the devolved government in Kenya: The case of Health Facilities in Ruaraka Constituency, Nairobi County,"*** I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **26th July, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.

APPENDIX VII: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MR. JOSEPH JACKTONE MALIKA
of UNIVERSITY OF NAIROBI, 0-100 NAIROBI,has been permitted to conduct research in *Nairobi County*

on the topic: *FACTORS INFLUENCING SUSTAINABILITY OF CONSTITUENCY DEVELOPMENT FUNDED PROJECTS IN THE DEVOLVED GOVERNMENT IN KENYA: THE CASE OF HEALTH FACILITIES IN RUARAKA CONSTITUENCY, NAIROBI COUNTY*

for the period ending:
26th July,2017

Permit No : NACOSTI/P/16/32437/12497
Date Of Issue : 26th July,2016
Fee Recieved :Ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. **You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
2. **Government Officers will not be interviewed without prior appointment.**
3. **No questionnaire will be used unless it has been approved.**
4. **Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
5. **You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
6. **The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A

CONDITIONS: see back page