

**INFLUENCE OF DONOR REPORTING DEMANDS ON THE SUCCESSFUL
IMPLEMENTATION OF DONOR FUNDED HEALTH PROGRAMS IN KWALE AND
MOMBASA COUNTIES, KENYA**

BY

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**A research project report submitted in partial fulfillment of the requirements for the
award of a Master of Art in Project Planning and Management degree of the University of
Nairobi.**

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DECLARATION

This research project report is my original work and has not been presented for any academic award in any university.

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This research project report has been submitted for examination with my approval as the candidate's University Supervisor.

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DEDICATION

This research project is dedicated to my beloved husband Egbert Mayaka and parents Mr. and Mrs. Sihoho.

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ABBREVIATIONS AND ACRONYMS

NGO	-	Non Governmental organization
IMF	-	International Monetary Fund
EU	-	European Union
LIDCs	-	Low Income Developing Countries
APHIA	-	AIDs Population and Health Integrated Assistance
AIDs	-	Acquired immunodeficiency syndrome
HIV	-	Human Immunodeficiency Virus
TB	-	Tuberculosis
STI	-	Sexually transmitted infections
NASCOP	-	National Aids and STI control program
M&E	-	Monitoring and evaluation
WHO	-	World Health Organization
PMTCT	-	Prevention of mother to child transmission

ABSTRACT

The purpose of this study was to evaluate the various donor reporting demands and their subsequent influences on the successful implementation of donor funded health programs in Kwale and Mombasa counties, Kenya. The study focused on NGO absorption capacity, NGO sustainability, NGO effectiveness, NGO health financing functions and donor imposed monitoring and evaluation units of analysis and how these factors have a bearing on the overall success of the donor funded health program. Studied literature indicate that donors impose stringent reporting requirements usually denoted in measurable outcomes on the health programs they support. This may impinge on support of complex, and discrete empowering processes. The studied literature, however, do not detail the exact positive and negative influences that these demands birth and the level of significance that these reporting demands hold on the final outcome of the project with regard to project success. Descriptive survey research design was used to include both quantitative and qualitative analysis techniques. A sample size of 30 respondents identified by purposive sampling techniques was used in the study. Data was then collected through questionnaires and statistically analyzed using SPSS. The findings of the study were then used to test hypothesis Spearman's rho correlation at 0.01 level of significance and conclusion drawn on the significance of the influence of various donor reporting demands on successful implementation of donor funded health programs. Data analysis revealed a significant relationship between program absorption capacity and successful implementation of donor funded programs, Like wise there was a significant relationship between donor demands on how programs managed their finances and the ultimate success of donor funded health programs. The Spearman's rho correlation for donor imposed monitoring and evaluation units of analysis and how they influence the implementation donor funded health programs yielded a significant value of less than .05(at the 95% level of significance) thus the correlation was found to be statistically significant. The study recommends that NGOs should be able to generate funds through various projects and stop over depending on donor funds. Also the government and NGO fraternity should develop a cordial working relationship for the benefit of common Kenyan Citizen and

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

NGOs have distinguished themselves as important agents of development. They are known for various activities including service delivery, policy making and advocacy, research as well as awareness creation. NGOs started attracting attention in 1980s when they applied to different sections in community development. Western donors, who had become frustrated by bureaucracy and ineffectiveness of government based projects found NGOs to be a more reliable funding channel that is inclusive of local stakeholders (Lewis, 2009). NGOs are a novel entrant in the world development (IMF 2010)

Over the last decade there has been tremendous exchange of resources between the west and Low Income Developing countries (LIDCs). These resources enable NGOs to bridge the gap of social service provision for the under privileged in targeted communities with NGOs playing a central role in the whole process. The aim of a survey done in Eastern Africa countries showed that despite an increase in donor funding to governments and NGOs in Africa towards poverty reduction programs, the poverty was on an increase (Businge, 2008). The objective of the study was to critique projects implemented through donor funding, social and economic contributions to the targeted communities and recommend possible ways of implementing strategies towards increasing impact.

NGOs are considered more efficient and innovative in service delivery and driven by moral concerns and solidarity as they care for the most vulnerable populations and act as representative voices for the marginalized communities. Because of their critical role in delivery of essential services such as healthcare, sanitation and social services, governments as well as donors now routinely contract with NGOs (Njah, 2012).

However this relationship has been evolving due to dwindling aid availability, governments have also been restructuring their public services due to physical pressure, globalization and citizen pressure for improved service quality and efficiency (Kettl 1998, Behn 2001). NGOs are constrained by limited financial resources and period hence unlikely challenges of many developments in the society (Florence Muthengi Nthenge, 2014). This study elucidates the

relationship between donors, their demands and the effects of these demands on the health programs they fund in Kwale and Mombasa Counties, Kenya. The study will also discuss recommendations for fostering a more comprehensive and enabling relationship between donors and recipient NGOs. It is perceived that NGOs maybe the best means of providing the welfare needs of the under privileged communities as well as fostering developing in line with attainment of Millennium Development Goals and the vision 2030 in Kenya. This is especially seen by the reliance and trust placed on them by the United Nations and other agencies in their commitment to reach certain set global targets.

Several donor funded NGOs have established their bases in Kwale and Mombasa to work in solidarity with the government in an attempt to eradicate poverty, improve literacy levels and improve social service delivery such as health care. This study will focus on four of these donor funded health programs, the donor reporting demands on the program managers and the influences that the various demands on the successful implementation of the overall health programs in terms of time, quality and scope in Kwale and Mombasa counties. APHIA plus (AIDS Population and Health Integrated Assistance), is a USAID affiliate NGO with a funding level of 61 million U.S dollars as of October 2014 that supports various health services under the ministry of health in the two counties under studies. These services include but are not limited to Maternal and Child Health, Malaria, HIV and AIDs, Reproductive Health, and Family Planning.

NASCOP (National AIDS and STI Control Programme), in Kwale and Mombasa is a Rapid response initiative outreach program in the two Counties. NASCOP is funded by the global fund: currently under HIV round 10 proposals that receives funding as category 2b. Under this category it facilitates services in the areas of infection prevention, care and treatment, It also aims to speed up the attainment of universal access targets for key interventions i.e. ART (Ante-retro viral therapy), PMTCT (Prevention of mother to child transmission), HTC (HIV testing and counseling). NASCOP focuses on fifty districts in Kenya that have the highest prevalence of HIV in the country. This NASCOP initiative requires high levels of discipline and accountability on the part of grant implementers i.e. principle non-governmental and governmental parties to ensure that it builds a lasting impact that supersedes the grant period.

The third donor funded Health NGO that this study will evaluate is the Mama Na Mtoto project in Msambweni sub-county, Kwale. The Aga Khan Health service in collaboration with the

European Union and the government of Kenya injected ksh.80 million to run the mama na Mtoto 1 & 2 Health programs in Kinango and Msambweni districts. The aim of the project was to create Health awareness on family planning, and safe delivery and to reduce maternal mortality rate and child mortality rates in the region. The Mama Na Mtoto project provides training, support and mentoring for the community, dispensaries, health committees and the County Health Management Team in order to facilitate a “whole county approach” of Health management and governance.

Mama Na Mtoto 1 was successful as safe deliveries improved by 40% while antenatal care improved by 30%. Mama na Mtoto 1 ran for four years since 2012-2015. Mama na Mtoto 2 was launched in 2015 is the program currently running. Mama na Mtoto II steps up efforts to safe mother hood and child healthcare. The Program seeks to promote child nutrition for children below five years of age by reducing the prevalence of moderate and severe malnutrition in Msambweni sub-county, Kwale.

It also promotes maternal health by training Community Health Education Workers, and primary care givers on nutritional concepts and detrimental taboos. European Union (EU) funding to Mama na Mtoto is up to 900,000 Euros annually.

In Mombasa County the study will include FHoK (Family Health Options Kenya) which is a locally focused Non-governmental organization that provides services in Reproductive health ranging from family planning, cervical and breast cancer screening, voluntary HIV testing and counselling among others. FHoK is funded by the United Nations Population Fund (UNPF)

1.2 Statement of the Problem

Due to such huge amounts of funding to these NGOs donors demand accountability on the part of the recipient NGOs (IMF 2010). This demand for accountability and responsibility is most often but not limited to elaborate and stringent reporting demands by the donor on the NGOs in order to ensure that funds are utilized appropriately and to avoid embezzlement of donor funds. These donor demands include the NGOs ability to demonstrate sustainability of donor funds by evidencing their effectiveness, and their ability to utilize increased donor funds if accorded to them in their reporting (Reda Abou Serie et al, 2009), the NGOs systems of generating information for donor reporting as well as donor content requirements, NGOs Monitoring and

Evaluation units of analysis, the NGOs health financing functions including revenue collection and management systems, pooling deals and sharing of health risk. From literature it is clear that most NGOs therefore focus most of their time and effort to ensure that the reports they submit to their respective donors demonstrate how they meet this demands at the expense of the actual quality and impact of the projects to the targeted beneficiaries. These elaborate demands also affect other aspects of the project implementation process and have a bearing on the final impact of the project in terms of quality, time, scope and cost as more human resource and organizational efforts are channeled towards meeting donor demands in up-ward reporting as opposed to beneficiary demands as in the case down-ward reporting. Hence the NGO may not necessarily meet the needs of the society it sets out to meet as it becomes pre-occupied with satisfying donor requirements so as to maintain funding relationships.

Very little has been studied on the influences of the donor reporting demands on the successful implementation of the donor funded health programs in Kwale and Mombasa counties. This study therefore seeks to evaluate the influence of the donor reporting demands on the final outcome of the donor funded health programs in Kwale and Mombasa counties.

1.3 Purpose of the Study

This study purposed to analyze the influences of donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa Counties, Kenya.

1.4 Objectives of the Study

Study objectives for the research were as follows:

1. To determine the influence that NGO absorption capacity has on the successful implementation of donor funded health programs in Kwale and Mombasa counties.
2. To determine the influence of donor imposed financial management demands on the successful implementation of donor funded health programs in Kwale and Mombasa Counties.
3. To determine the influence of donor demands on program planning on the successful implementation of donor funded health programs in Kwale and Mombasa counties.

4. To determine the influence of donor imposed Monitoring and Evaluation units of analysis on the successful implementation of their beneficiary health programs in Kwale and Mombasa counties.

1.5 Research Questions

This study was meant to answer the research questions enumerated below:

1. How does the absorption capacity of a donor funded program influence the successful implementation of the program?
2. How do the donor imposed demands on program financial management and financial accountability influence the successful implementation of donor funded health programs in Kwale and Mombasa counties?
3. What are the influences of donor imposed program planning demands on the successful implementation of donor funded health programs in Kwale and Mombasa counties?
4. How do the donor imposed monitoring and evaluation units of analysis influence the successful implementation of donor funded health programs in Kwale and Mombasa counties?

1.6 Research Hypothesis

The study tested the following research hypotheses at 0.01 level of significance

H1: There is a significant relationship between program absorption capacity and the successful implementation of health programs receiving international funding.

H1: There is a significant relationship between donor imposed demands on program financial management and the successful implementation of health programs that rely on international donor funding.

H1: There is a significant relationship between donor imposed program planning demands on the successful implementation of donor funded health programs

H1: There is a significant relationship between donor imposed M and E Units of analysis NGOs and the successful implementation of donor funded Health programs.

1.7 Significance of the Study

The study elucidates the various reporting demands that donors impose on the implementers of their recipient health Programs in Kwale and Mombasa Counties and how the various impositions influence the successful implementation of the program.

It will also enumerate recommendations on how the donors and recipients can work together to set up reporting structures that are pragmatic and facilitative and reduce the inhibitory effects of reporting.

1.8 Delimitations of the Study

This study is focused on four key donor funded health Programs in Kwale and Mombasa counties, Kenya: APHIA plus, NASCOP in Kwale both Kwale and Mombasa, Mama na Mtoto in Kwale and FHoK in Mombasa. It involves evaluating the demands that the donors that fund these programs, i.e. the global fund, for NASCOP, the Aga Khan foundation and the European Union for Mama na Mtoto, USAID funding for APHIA plus and UNPF for FHoK impose on the implementers and the subsequent influence of these demands as far as program success is concerned. This study will look into how NGO absorption capacity, NGO sustainability and effectiveness, health financing functions and donor imposed M&E units of analysis influence successful implementation of donor funded health programs in Kwale and Mombasa counties.

1.9 Limitations of the Study

The four organizations under study are physically apart and the distance between each is great. Operating and rotating around the three i.e. Mama na Mtoto which is in Msambweni and Kinango, FHoK in Mombasa and NASCOP as well as APHIA plus which are both in Kwale and Mombasa counties may be costly and time consuming. This will be overcome by data collection and studying each organization conclusively before proceeding to the other.

The three organizations deal with totally different elements of health: Mama na Mtoto caters for maternal and child health, APHIA plus incorporates reproductive health including family planning and MCH, HIV and Tuberculosis, while NASCOP concentrates on HIV and sexually transmitted infections control exclusively and FHoK incorporates both Reproductive health and HIV. Therefore the experience of each program in regards to donor reporting demands and successful implementation may be unique in each case. This will be

overcome by doing a pilot study on all four programs independently, then designing a data collection tool that uniquely caters for all four organizations in terms of relevance of data to donor demands and the influences of those particular demands on the successful implementation of the programs.

1.10 Assumptions of the Study

This study was carried out with the assumption that the staff working in the four donor funded health programs under study: Mama na Mtoto, APHIA plus, NASCOP and FHoK will be willing to take part voluntarily in the study.

The study also assumes that the respondents will be truthful in answering the questions in the data collection tool.

1.11 Definition of Significant Terms

This will define the key significant terms that will be used in the study.

Absorption capacity: NGO/Programs absorption capacity is the limit to the rate or quantity of scientific or technological funds that the program can absorb. It is the organizations ability to take in new funds, and utilize it to attain productive ends. It is the ability of a country or organization to receive aid and use it effectively.

Effectiveness: this is the extent or rate at which preset objectives are met and identified problems eventually solved. A program's Effectiveness is determined without reference to cost. It is the capability of producing desired results. Effectiveness can simply be said to be the ability to produce a deep vivid impression.

Sustainability: is the ability a system to self-regenerate. Sustainability refers to the aspect of being able to utilize a resource without it being completely used up.

Units of analysis: this refers to the choices we make about the level at which we collect data on a particular indicator.

Health financing functions: are the elements that distribute funds, the means of obtaining the funds(WHO 2000).

Revenue collection: the process of raising money from different sources. The primary sources of funding can be from tax payers, businesses, and donors.

Pooling: Accumulating the revenue to spread risk across population groups, or across groups with different health needs or over time.

Resource allocation: How the pooled funds are then channeled to pay for service provision.

Successful implementation: Implementation is part of the process of designing a system and is a component of change. Implementation becomes more important and difficult as system design becomes more radical. Successful program implementation goes way beyond the cost benefit analysis as it incorporates four basic facets: project completion within the scheduled time, within the preset budget, meets the preset targets and gives end user/customer satisfaction to the target population.

1.12 Organization of the Study

The study was organized into five chapters. Chapter one covers the background of the study; giving a brief introduction of the four donor funded health programs under study, the problem statement, research questions and research hypothesis were also clarified in chapter one.

Chapter two compiled reviewed literature on the subject of donor reporting demands and the influences this demands on the ultimate implementation of the donor funded programs. Chapter two helped in identification of the knowledge gaps from the literature study and hence act as a base upon which the study results were discussed and a conclusion drawn in an attempt to fill an identified gap.

Chapter three details the research methodology to be used in the study; the research design, target population, sampling procedure, description of research instruments and their validity and reliability, data collection methods, data analysis, definition of variables and ethical consideration. Chapter four covered data analysis and presentation and Chapter five dealt with interpretation of study findings, draw a conclusion and recommend areas for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to the concepts stated in the research questions. The literature review pertains to the theoretical review on donor reporting demands and the subsequent influences of these reporting demands on the successful implementation of donor funded health programs.

2.2 Influence of NGO Absorption Capacity on Successful Implementation of Donor Funded Health Programs

Several problems can arise from the transfer of large amounts of relief money into a low income developing country (Heller & Gupta, 2002), they noted that solving the problem of funds utilization for these countries with poor infrastructure and low levels of trained human capital is almost impossible. Absorption capacity is the ability to utilize more aid funds without altering the efficiency of the public budget (Bourguignon and Sandburg, 2006). It is the ability to utilize increased donor funds to meet set objectives within the set time frame. This is usually hindered by several practical and economic factors (Tayler, 2005).

NGO absorption capacity is the use of increased donor funds effectively (Hicks R, 2009). The term ‘absorptive capacity’ attempts to bring a balance between aid optimism and aid pessimism, in that aid is only beneficial to a country when the country is able to use it in the stipulated way, within the set time frame to achieve pre-determined development targets. (Reda Abou Serie et al, 2009).

At a time when international events and trends are swiftly allocating increased social roles for NGOs, there is a recognition that NGOs need to be able to ‘scale up’ to meet these demands (Rick James, 1994). The increasing emphasis on capacity building by official agencies is mirrored within the NGO sector throughout Europe where ‘institutional development’ is now a key intervention strategy (Knack Stephen and Aminur Rahman, 2004). If NGOs do not try to increase their impact through policy reforms and multiplication of models then they will ultimately be meaningless (Rick James, 1994)). One of the constraints of Absorption capacity is created by donors themselves, donors should understand and work with political realities (and

the political economy, one might add) that constrain how aid resources can turn into development outcomes (Abou Serie Reda et al, 2009)

Little has been studied on the impact of NGOs attempts on accountability to the beneficiary. The periodic performance reporting demanded by donors that is used as an indicator of project progress sometimes interfere with work in some communities. It is important to develop best accountability systems and practices among NGOs (Dr. Gloria Agyemang et al, 2009). Studies have shown that up-ward accountability to donors can sometimes be counterproductive as it may inhibit the impact of project outcome on target population (Dixon et al, 2006, Goddard and Assard, 2006). Usually upward reporting lacks in scope and are discouraging to the implementers as it is often unilateral and does not allow room for training (Dr.Gloria Agyemang et al, 2009). Downward accountability on the other hand ensures that the NGO assesses the critical needs of its target population and determines the best way to meet those needs (Ebrahim, 2003). Unidirectional information flow that is often the case in hierarchical accountability fails to furnish both the NGO and the donor with details of fund effectiveness in reducing the suffering of the local populations per dollar aid (Fowler, 1996)

2.3 Influence of Donor Imposed Demands on NGO Financial Management on the Successful Implementation of Donor Funded Health Programs

A sustainable NGO is an organization that is self-regenerating in its activities in that it satisfies the needs of its primary stakeholders especially the target population. NGO sustainability greatly relies on the organizations ability to widen its sources of income (John Hailey, 2014). According to Hailey sustainability is ensures perpetual economic growth, population growth and addressing inequalities in resources distribution. High dependency on aid has led to international donors putting stringent measures to ensure that INGOs diversify their sources of funds. This requirements are as a result of local financial exigencies and ideological pressure as well as increased apathy among the general public as to the use of tax money to support development in foreign countries at a time when the government is not able to meet the needs and demands of its citizens satisfactorily (John Hailey, 2014). NGOs need to invest in strategies of raising adequate funds that can sustain their activities way past donor funding (Sharda Naidoo, 2014). The majority of these organizations receive recurrent funds from the government and donor agencies

in order for them to provide several key services to the local communities. Developing a long term plan to manage the program in a way that optimizes staff potential while meeting their individual expectations by enhancing professional development is very necessary (Funds for NGOs, 2013). The idea behind this notion is that it ultimately heightens the NGOs efficiency as well as alleviate the working populations tax burden (Mechai Vira Vaidya, undated).

An organizations budget usually includes income and expenditure estimates by items from the commencing year and the estimate of the same for the ending year. A programs financial budget usually enlists it's income sources for individual programs. These sources may include user fees charged on commodity or services rendered, donations and grants, government subsidies etc. Program expenditure on the other hand may include recurrent and non-recurrent expenditure items suchas staff salaries, equipment purchase and maintenance, training, amenities such as electricity, water, general supplies among others(Ministry of Foreign Affairs, 2010)

Health care is a basic human need which has been globally published at the top of the international agenda (Pablo Gorret and George Schieber, 2006). In Low income countries and in many middle income countries, communicable disease burden has constantly been on the rise. This diseases e.g. HIV and AIDs, TB, and malaria are an impediment to economic growth as so much funds are channeled to their control (George Schieber et al, 2006). Schieber elaborates that health financing policy has evolved considering equitable service delivery and aid effectiveness. He states that health financing is the provision of required resources for running of health systems equitable and efficiently. Health sector reformers are supposed to tackle complex issues when laying the foundation for and carrying out health policy reforms (Pablo Gottret and George Schieber, 2006). According to Pablo and George, Raising sufficient amounts of revenue to provide basic services that buffer against unforeseen medical expense in a fair and consistent manner is of essence. Managing these revenues in a way that pools possible health risks fairly and consistently is also a priority.

While NGOs enjoy a high degree of autonomy in their daily activities, there are set out guidelines that various governments have laid down for them to fulfill when setting their targets and quality objectives. These guidelines direct the formulation of internal control for their key functions and performance pledges. Organizational should make available to relevant

stakeholders their cash flow records via annual reports and pamphlets. Proper internal control is enables an organization to curb corruption. (Corruption Prevention Department, undated).

It is important for low income countries to raise adequate resources that can cater for their basic health service provision without turning to international borrowing (Tanzi and zee, 2000). The need for user fee has continued to fuel heated debate over the need to increase funds resources to meet Millennium Development Goals in the low income countries; this has pushed the fees charged on services rendered issue to the fore front of most health financing system debates (Arhin Tenkorang, 2000).

Risk pooling is the grouping together and management of key financial resources such that large individual and unforeseeable financial risks become predictable and are well spread among all members of the financial pool. This as well as utilization of a prepayment system are key to the development of a balance between high risk and low risk cartels. Large pools attract greater risk and increase the potential for risk spread (Christian Baeza et al, 2006).

A greater percentage of the population cannot afford insurance, as a result most health care systems aim at ensuring equitable financing of health care service delivery by offering subsidies. In the developing world, fragmented risk pooling significantly hinder effective risk sharing. (George Schieber et al, 2006).Creation of a sustainable system is a gradual event that evolves from total dependency to independence.

Organizations should deliver their program outputs with diversified income sources (Sharda Naidoo, 2014). Sharda further explains that when an organization has a sustainable development strategy, donors feel that they have invested in a lasting impact on the targeted community. Having a sustainable operational strategy as well as having a way of generating its own income, improves the ‘image of the organization’. Hence facilitating more funding from donors. Being able to raise income other than from donor funding enables the organization to be at a better assertive negotiation platform as opposed to when the organization is totally dependent.

These factors enable an organization to surpass the sum of its functional parts, it also indicates the future trends of the organizations development (Jerry Van Sant, 2003).

2.4 Influence of Donor Imposed NGO Planning Requirements on

Due to an unavailability of relevant data little has been studied on NGO aid. It is highly suspected though, that NGO aid footing is majorly ideological. The idea of NGOs being solely focused on the poor was initially criticized in the '90s (Peter Nunnenkamp, 2008). Research done on the same has only led to inconclusive results so far, nevertheless the skeptical view on NGO aid has is not reinforced (Peter Nunnenkamp, 2008). The UN and World Bank advocate that donor funding should be concentrated only in better governed countries for effective utilization of donor funds. Efficiency is often as a result of concentration on key segments of the project cycle as well as monitoring key developmental activities (Dr. Linda Kelly et al, undated). A study done in Haiti post the 2012 Haiti earthquake showed that only 730 million dollars were spent on the ground of the 1.4 billion donations raised towards the same (William booth, 2013). Hundreds of NGOs poured into Haiti after the January 2012 Earthquake to provide emergency services. NGO effectiveness is questioned by NGOs themselves. Some governments have also raised alarm that the organizations have become semi governments surrounded by wanting conditions and a high level of secrecy (William booth, 2013). People look at NGOs and do not see any intermediaries between donors and beneficiaries, so the myth arises that not all money reaches its target (George Ivanushkin, 2014). According to Ivanushkin, one indicator of NGO success is qualitative changes that are made in the lives of beneficiaries and an impact assessment is not the same as measuring performance, but more an evaluation undertaken from the perspective of stakeholders and beneficiaries. Measuring effectiveness is a systematic method of improving an organization's performance together with presenting information on results achieved to interested parties. Such a practice is key to an organizations way of working and helps in maintaining quality of standards (Esra Guler, 2008)

2.5 Donor Imposed Monitoring and Evaluation Units of Analysis and How They Influence the Successful Implementation of Donor Funded Health Programs

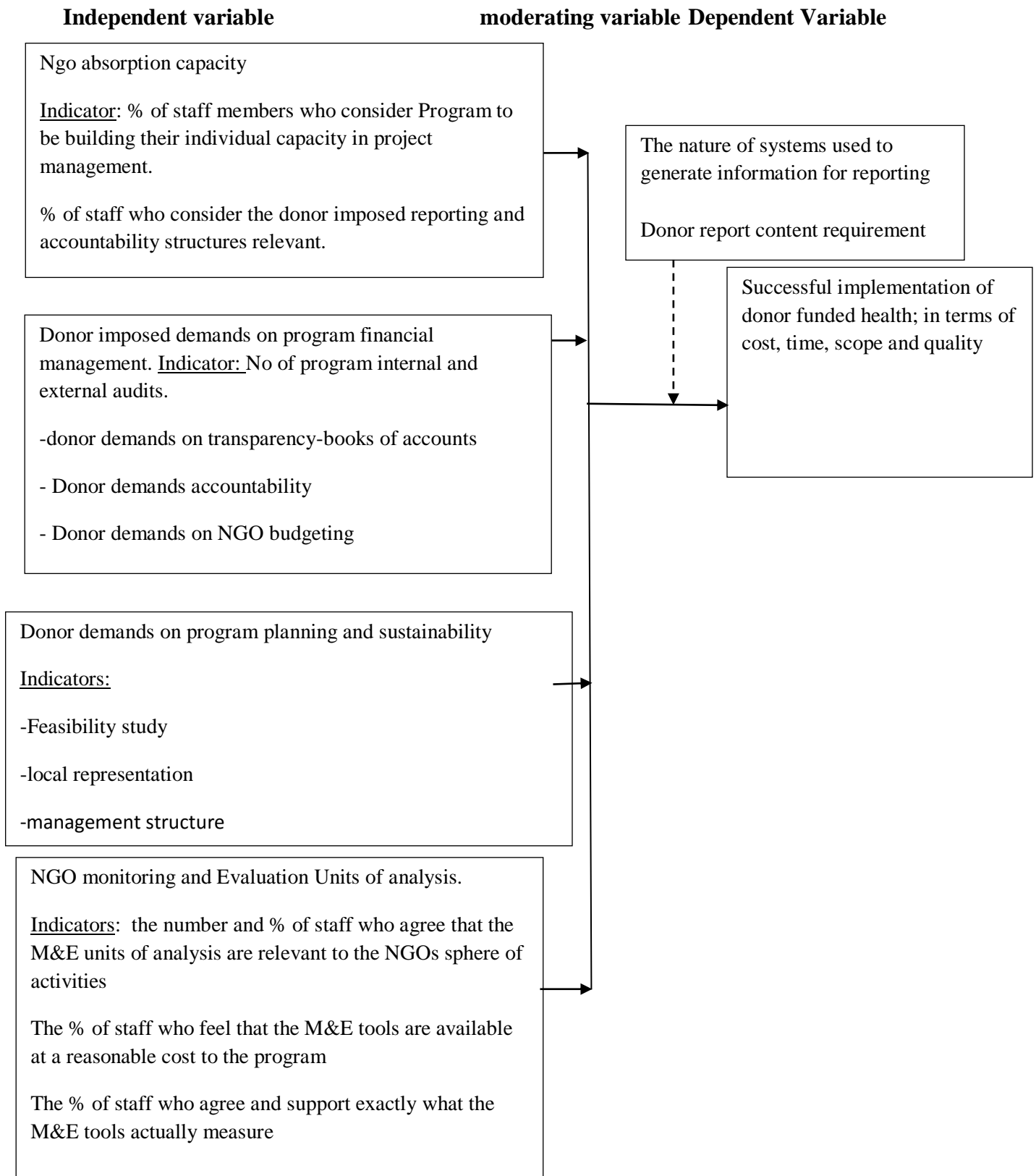
Since the mid-2000s, Monitoring and evaluation has been prioritized in many aid organizations to ensure aid effectiveness among the implementing development partners (Intrac, 2011). There is a wider recognition of the significance of monitoring and evaluation of development programs. Monitoring and evaluation highlight what is facilitative and what is inhibitory, and facilitates program efficiency. It is detrimental for donors to focus on measurable outcomes, while ignoring

empowering but risk filled processes (Jeremy Holland, Laurent Ruedin, 2012). According to Holland and Ruedin, this may birth a discourse on whether to take up a facilitative role or to meet obligatory duties towards the attainment of results. In some case M&E identify problems and suggest better policy and practice; in other cases, there are deeper, structural issues which monitoring and evaluation systems can only acknowledge and adapt to appropriately (Simon Rynn, Duncan Hiscock). Rynn and Hiscock felt that some monitoring and evaluation issues generated by donor bureaucracy and politics include poor local ownership of monitoring and evaluation as some M&E tools often promote interventions in line with donor's needs and views than those of partner countries. Many programs do not pay sufficient attention to building partner countries M&E capacities and information management systems, and thus M&E is often seen solely as a donor agenda. Program goals are at times intentionally ambiguous, either to give the program space to develop or because the program is guided by deliberately unstated political objectives. Many programs are oblivious of the need for M&E and lay out little in their foundation and framework for the same.

2.6 Conceptual Frame Work

This study focuses on analysis of the influences of the various donors reporting demands on the successful implementation of donor funded health programs. The inter-relationship between the study variables can be conceptualized as follows:

Figure 2.1: Conceptual Framework



2.7 Knowledge Gap

From the literature reviewed it is lucid that due to the high amounts of funding transferred between donors and recipient NGOs in developing countries for purposes of service provision, relief, advocacy and development, a high degree of accountability is pertinent on the part of these recipient NGOs (Dr. Gloria Agyemang et al, 2009). As a result, donors are known to impose stringent reporting requirements usually denoted in measurable outcomes (Jeremy Holland, Laurent Ruedin, 2012). This may be without regards to possible but cryptic processes of empowerment. The studied literature, however, do not detail the exact positive and negative influences that these demands birth and the level of significance that these reporting demands hold on the final outcome of the project with regard to project success.

2.8 Summary of Literature Review

There is little evidence that aid facilitates growth and development in the poor countries. Due to the quantities of aid funding, a small alteration in aid effectiveness can result in gross impact on the lives of the target populations. Upward accountability has been seen to be counterproductive in some cases as it may interfere with ultimate service delivery to the end user. Measuring effectiveness is a systematic method of improving an organization's performance together with presenting information results achieved to interested parties. Such a practice is key to an organizations way of working and helps in maintaining quality standards. NGOs should focus on sustainable systems that make them self-regenerative and ensure they can uphold their programs way past donor funds.

Monitoring and evaluation gives an overview of the positive and negative results and the reasons the negative results don't work. This enables changes in programming that will enable empowering donor and partner relationships. It is detrimental for donors to concentrate on measurable out comes while ignoring cryptic processes of empowerment.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was used to carry out the research to answer the research study questions. It details the research design used, procedure for sampling, and methods of collecting data, validity and reliability of research instruments, methods of data analysis, operational definition of variables and ethical issues.

3.2 Research Design

Research design details the planning of the research, organization of the study, data collection and analysis of the data. This research study used a descriptive survey design to gather data relating to donor reporting demands and the influences of these demands on the successful implementation of donor funded health projects in Kwale and Mombasa counties. Descriptive survey produces data that is complete, within the relevant context, with descriptive in depth and well detailed (Creswell, 1994). Since the research was explorative in nature, situational knowledge was constructed from the participants experience, knowledge and interpretation of the same. This research study included both quantitative and qualitative analysis techniques. The quantitative analysis was used to group study variable, and construct statistical values out of them in an attempt to give reason to the observations. The qualitative analysis on the other hand was used to come up with a description that is comprehensive using words, objects and pictorial representations.

3.3 Target Population

The study targeted the implementers of the three donor funded health programs in Kwale and Mombasa counties, APHIA plus, NASCOP, FHoK and Mama na Mtoto program staff members, i.e. the program managers, program coordinators and field officers and program accountants who were directly involved in reporting to their respective country directors and subsequently to the International donor organizations that fund them. A total of 30 staff members working on the ground in the four programs under study were targeted for the study.

3.4 Sample Size and Sampling Procedure

Since this particular study was limited to sample units who are either program managers, program officers, program coordinators, program field officers and program accountants working in the four donors funded health programs in Kwale County. Purposive sampling technique was used whereby all qualified sample units in the indicated target population that were willing to take part in the study were included.

3.4.1 Sample Size

The size of the sample was determined by the number of program managers, program officers, program coordinators, program accountants and program field officers working in the four donor funded health programs in Kwale and Mombasa Counties under study, A targeted total of at least 30 participants who were willing to participate after being informed on the purpose and importance of this particular research study was used.

Table 3.1: Sampling Frame

Stratum	Target population	Sample size
APHIA plus Kwale	5	5
APHIA plus Mombasa	7	5
NASCOP Kwale	5	5
NASCOP Mombasa	5	5
Mama na Mtoto Kwale	5	5
FHoK Mombasa	6	5
Total	33	30

3.5 Methods of Data Collection

Data was collected from the identified respondents using questionnaires that were distributed by a single research assistant since the target population is not large. The respondents were given a definite period of time to answer the questionnaires after which the same were collected back by the research assistant.

The research questionnaire was divided into five sections; the different sections represented the various variables adopted for study as follows: Section A demographic data, section B program absorption capacity, section C program sustainability, section D Program Health financing functions, section E Program effectiveness. The structured sections of the questionnaire had both open ended and close ended questions. The close ended questions had a five point likert scale as follows:

1) Strongly agree 2) agree 3) Neutral 4) disagree 5) strongly disagree

3.5.1 Pilot Testing of the Research Instrument

A pilot testing of the research instrument was done with a population of 15% of the determined population, which lies within the stipulated 10% to 20% of the sample size as recommended by Baker (1994). This allowed for discerning whether the research instrument questions were adequate and clearly understood as far as collection of relevant data was concerned. The subjects of the pretest were encouraged to give feedback concerning the instructions, clarity of the questions, and the logical flow of the questionnaire. After the pilot study, the questionnaires together with the subject feedbacks and suggestions were looked into and necessary adjustments made on the final research instrument so as to make it as effective as possible in the final collections of relevant data to this research study. The pilot testing showed that the research tool was good enough for collecting the intended information for the study.

3.5.2 Validity and Reliability of the Research Instrument

Construct validity and validity of content validity was determined through review of the questionnaire by other members of the county health management team, especially those working under donor funded health programs to ensure sufficient coverage of the research objectives. The validity of the research instrument, i.e. questionnaire was also ensured by ensuring that the questions were easily comprehensible, clear, and used simple and familiar grammar and that they conveyed the same message to all prospective respondents. Construct validity was appropriate for this study as it sought to find new knowledge on the influence of various donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa Counties.

3.5.3 Reliability of the Research Instrument

The Split-half method was used to test the reliability of the research questionnaire to ensure that the results obtained through its use were consistent from one responded to the next. The entire questionnaire was split into two equivalent halves; odd and even questions for all the 5-Likert scale questions, and then a correlation coefficient for the two halves was computed and adjusted to reflect the entire questionnaire using the Spearman-Brown prophecy formula; $rsb = \frac{2rhh}{1+rhh}$; where rhh is the correlation of coefficient between the two halves and rsb is the adjusted correlation also known as Spearman-Brown reliability as follow $rsb = \frac{(2 \times .5)}{(1 + .5)} = .67$

3.6 Data Collection Procedures

Permission to the research was granted by the NACOSTI before the data collection process commences. Relevant authorization was also sought and obtained from Kwale and Mombasa counties' ministries of medical services. The target population, implementers of donor funded health projects in Kwale working with APHIA plus, NASCOP and Mama na Mtoto was then enlightened about the entire research and the objectives of the research. After the potential respondent education. Consent was obtained from the study population and the questionnaires administered for data collection.

3.7 Data analysis techniques

Once data was collected and all the questionnaires gathered back, the data was sorted, edited, coded and tabulated in line with the study objectives. The quantitative data collected using the closed ended items of the questionnaire was then assigned ordinal values and analyzed using

statistics of frequency tables, percentages, mode and median. The organized data was then used in testing hypotheses of the study. Hypothesis testing was done using Spearman's rho correlation test as the measurements was in both ordinal scale and nominal scale, and the observed data can be compared with data we would expect to obtain according to a specific hypothesis.

3.8 Operationalization of variables

The operational definition of independent, dependent and moderating variables for this research is as shown in the table below.

Table 3.2: Operationalization of variables

Objectives	Types of variables	Indicators	Measure ment scale	Methods of data collection	Data collection tools	Data analysi s techniques
1. To determine the influence of donor funded Health Programs' concern and inclination for absorption capacity, effectiveness and	Absorption capacity, effectiveness and sustainability of donor funded health programs (independent variable)	<ul style="list-style-type: none"> • Number of staff members who know and share the organizations vision and mission • Number of staff members who 	ordinal	Administering questionnaire	Questionnaire	Chi-Square

<p>sustainability of donor funds on the successful implementation of the overall program.</p>		<p>have the skills and knowledge to plan a budget.</p> <ul style="list-style-type: none"> • Number of staff members who are willing to take on leadership roles. • % deviation from projects initial goals • Number of internal and external reports delivered on time 				
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		<ul style="list-style-type: none"> • % of staff members that consider the infrastructure adequate 				
2. To examine the Health financing functions including revenue collection and management systems, pooling deals and collective sharing of health risks as applied by donor funded health programs	Health financing functions of donor funded health programs (independent variable)	<ul style="list-style-type: none"> • Satisfaction of users of • financial reports • % increase of income per year • % income generated through sale of products and services 	ordinal	Administering questionnaire	Questionnaire	Chi-Square

<p>in Kwale and how it influences the successful implementation of the programs.</p> <p>3.</p>						
<p>To critically look into the various donor imposed Monitoring and Evaluation units of analysis on their beneficiary health programs in Kwale and how this M&E</p>	<p>Donor imposed M&E units of analysis (independent variable)</p>	<ul style="list-style-type: none"> The number and percentage of staff who agree that the units of analysis are plausibly associated with the organizations sphere of activity (relevance of the M&E 	<p>ordinal</p>	<p>Administering questionnaire</p>	<p>Questionnaire</p>	<p>Chi-Square</p>

<p>units of analysis influence the successful implementation of the programs.</p>		<p>units of analysis)</p> <ul style="list-style-type: none"> • % of staff who feel that the monitoring and evaluation data are actually available at a reasonable cost. • % of staff who agree on exactly what the M&E tools measure, those who are in total agreement and support 				
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		of the tools as they are.				
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3.9 Ethical Issues

A research permit was obtained from NACOSTI at the ministry of Education so that I was legally authorized to carry out the research and collect data. Then I wrote a transmittal letter informing the respondents that the research was purely for academic purposes and assured them of confidentiality of their identities. The Research assistants was instructed not to write respondents names or any information that could link to any individual in the research questionnaires. Informed consent was obtained from respondents before data was collected and only those that agreed to participate voluntarily were engaged in the study.

CHAPTER FOUR: DATA FINDINGS, ANALYSIS, INTERPRETATIONS AND PRESENTATION

4.1 Introduction

Chapter four presents data analysis of the findings as per primary data. Data was presented in form of pie chart, figures, graphs and tables. The chapter commences with an introduction followed with demographic data description then the influence of NGO absorption capacity on successful implementation of donor funded health programs, the influence of donor imposed demands on NGO financial management on the successful implementation of donor funded health programs; the influence of donor imposed NGO planning requirements on the successful implementation of donor funded health programs and finally donor imposed monitoring and evaluation units of analysis and how they influence the successful implementation of donor funded health programs.

4.2 Demographic Data

Table 4.1: Gender Representation of respondents

Male	Female	Total
43.3%	56.7%	100%

Participants were of both Genders where the male was represented by a 56.7 percent response while the female was represented by 43.3 percent.

Table 4.2: Age representation of respondents

During coding of data, the researcher categorized the respondents in group age. Most of the respondents fall between the age of 26-45 years; followed by those below 25 Years and 46 to 55 years and lastly those who fell in the age bracket of above 56 years.

Age	Frequency
Below 25 yrs	5
26-35 yrs	10
36-45 yrs	8
46-55 yrs	5
Over 56 yrs	2
total	30

Table 4.3: Job Title representation of respondents

As stated in the target population, the researcher was interested in respondents who either were in the field or a related field for that matter in the selected NGO's. According to table 4.3 above, program accountants had a 40 percent representation, followed by program field officers and program manager who tied up at 20 percent respectively, program coordinators having a 13.3 representation and finally program officers had 6.7 percent.

Job Title	Percentage representation
Program Manager	20.0
Program Officer	6.7
Program coordinator	13.3
Program Field Officer	20.0
Program Accountant	40.0
Total	100

Table 4.4: Program representation in the study

Program	Percentage representation
Aphia plus	33
FHoK	20
NASCOP	34
Mama Na Mtoto	13
Total	100

According to table 4.4 above, Mama Na Mtoto had 13.3%; NASCOP had 34% and APHIAPLUS had 33.3% and FHoK 20%.

4.3 Correlation Analysis of the study variable

Correlations approximates how strong a linear relationship between two variables is. Coefficient s of correlation range between -1.0 denoting a relationship that is perfectly negative to +1.0 denoting a relationship that is perfectly positive. If the value of “Sig.” reported is equal to or less than .05 (at the 95% level of confidence) or .01 (at the 99% level of confidence), the correlation is statistically significant and the null hypothesis is rejected. If the value of “Sig.” reported is greater than .05 (at the 95% level of confidence) or .01 (at the 99% level of confidence), the correlation is statistically insignificant and the null hypothesis is accepted.

4.4 Program Absorption Capacity

When asked if the respondents were you directly involved in program budgeting and planning a mean grade of 1.80 was achieved. An indication that most of the respondents were in agreement a sign that NGO’s know that if they had a good financial system that is properly managed, donor agencies would trust them more and fund them more willingly When asked if they are given an opportunity to take up a higher ranking role within their organization if they will agree to take it, a mean grade of 1.17 indicating a very strong agreement. Most of them alluded to the fact that they want greater challenges, want to cease greater opportunities and career growth.

Table 4.5: Correlations of the donor demands on program absorption capacity to successful implementation of donor funded programs

	B1	B2
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Spearman's rho	B1	Correlation Coefficient	1.000	.702**
		Sig. (2-tailed)	.	.000
	B2	Correlation Coefficient	.702**	1.000
		Sig. (2-tailed)	.000	.

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

a. List wise N = 30

Correlation allowed the researcher to determine if there is a relationship or association between absorption capacity and successful implementation of donor funded health programs. The value of “Sig.” reported was less than .05 (at the 95% level of confidence) thus the correlation was found to be statistically significant and the null hypothesis is therefore rejected.

4.5 Program Planning and Sustainability

	N	Mean		Std. Deviation	Variance
	Statistic	Statistic	Std. Error	Statistic	Statistic
Are the reporting tools relevant to the program's objectives	30	1.10	.056	.305	.093
Do you always meet reporting deadlines	30	1.13	.063	.346	.120
Are reporting tools always readily available	30	1.40	.091	.498	.248
The program involve the local community in its planning and implementation of program activities	30	1.53	.093	.507	.257
How well versed are you with the reporting tools	30	1.80	.121	.664	.441
How often do you submit internal reports	30	2.03	.148	.809	.654
Would you consider your program to be self-regenerating	30	2.43	.223	1.223	1.495
The financiers and donors to the program dictate the organization structure adopted by the program	30	2.93	.321	1.760	3.099
If your donor funding was to be severed today, do you think your program would survive	30	3.13	.229	1.252	1.568
Does your organization receive government support	30	3.50	.218	1.196	1.431
How often do you submit external reports	30	4.70	.145	.794	.631
Valid N (list wise)	30				

Respondents were asked if they would consider their program to be self-regenerating a mean grade of 2.43; on the question if their donor funding was to be severed and program would survival, the mean grade of 3.13 an indication of maybe or maybe not. The reasons given were

that there is no favorable legislation that would enable and motivate them to support NGOs. Another reason given was due to the negative stereotyped opinion of state, business and NGO sector which holds them back from having more effective partnership with each other. NGOs believe that the state does not have funds to finance them since it even cannot finance its own bodies. Because of this believe, NGOs do not even attempt to turn to the state for financial support. The state, in turn, is suspicious of the NGO sector. Particularly, it questions their openness and transparency. Further, the business sector is not properly informed about NGOs. Moreover, the attitude of the state towards NGOs is reflected on the attitude of the business sector towards NGOs because the latter is dependent on the former. When asked if their organization receive government support, a mean grade of 3.50 was achieved which indicates a disagreement. They suggest that the only support is through sometimes giving subsidies, formulating rules and ensuring a few of statutory documents. Most of the NGO agree that their program involve the local community in its planning and implementation of program activities with a mean grade of 1.53 being achieved. Most of the respondents remained neutral on the question of whether the financiers and donors to the program dictate the organization structure adopted by the program with a mean grade of 3.13.

Most of the respondents indicated with a mean grade of 2.03 that they submit weekly internal reports and a mean grade of 4.70 an indication of bi-annual submission of external reports. The reporting tools used by respondents include intuit, QuickBooks, sage, SAP while others saying they have their own improvised tools. They strongly agree that the tools are always readily available with a mean grade of 1.40, that thy meet reporting deadlines a mean grade of 1.13, that they are well versed with the reporting tools scoring a mean grade of 1.80 and that the reporting tools are relevant to the program's objective scoring a mean grade of 1.10. On computing the correlation analysis between the influence of donor imposed demands on NGO financial management on the successful implementation of donor funded health programs, the value of "Sig." reported was less than .05 in most of the statements (at the 95% level of confidence) thus the correlation was found to be statistically significant and the null hypothesis is therefore rejected.

Table 4.7: Correlations of the program planning and sustainability variables using spearman's rho coefficient

			C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	
Spearman's rho	C1	Correlation Coefficient	1.000	.915**	.836**	.882**	.959**	.930**	.929**	.832**	.518**	.893**	.440*	
		Sig. (2-tailed)	.	.000	.000	.000	.000	.000	.000	.000	.000	.003	.000	.015
	C2	Correlation Coefficient	.915**	1.000	.886**	.850**	.907**	.890**	.886**	.809**	.553**	.869**	.540**	
		Sig. (2-tailed)	.000	.	.000	.000	.000	.000	.000	.000	.002	.000	.002	
	C3	Correlation Coefficient	.836**	.886**	1.000	.702**	.792**	.863**	.743**	.628**	.653**	.941**	.555**	
		Sig. (2-tailed)	.000	.000	.	.000	.000	.000	.000	.000	.000	.000	.001	
	C4	Correlation Coefficient	.882**	.850**	.702**	1.000	.905**	.795**	.884**	.764**	.367*	.755**	.312	
		Sig. (2-tailed)	.000	.000	.000	.	.000	.000	.000	.000	.046	.000	.093	
	C5	Correlation Coefficient	.959**	.907**	.792**	.905**	1.000	.942**	.909**	.881**	.475**	.847**	.403*	
		Sig. (2-tailed)	.000	.000	.000	.000	.	.000	.000	.000	.008	.000	.027	
	C6	Correlation Coefficient	.930**	.890**	.863**	.795**	.942**	1.000	.834**	.826**	.481**	.858**	.409*	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.	.000	.000	.007	.000	.025		
C7	Correlation Coefficient	.929**	.886**	.743**	.884**	.909**	.834**	1.000	.849**	.593**	.785**	.504**		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.	.000	.001	.000	.005		
C8	Correlation Coefficient	.832**	.809**	.628**	.764**	.881**	.826**	.849**	1.000	.480**	.664**	.408*		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.	.007	.000	.025		
C9	Correlation Coefficient	.518**	.553**	.653**	.367*	.475**	.481**	.593**	.480**	1.000	.655**	.850**		
	Sig. (2-tailed)	.003	.002	.000	.046	.008	.007	.001	.007	.	.000	.000		
C10	Correlation Coefficient	.893**	.869**	.941**	.755**	.847**	.858**	.785**	.664**	.655**	1.000	.556**		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	.001		
C11	Correlation Coefficient	.440*	.540**	.555**	.312	.403*	.409*	.504**	.408*	.850**	.556**	1.000		
	Sig. (2-tailed)	.015	.002	.001	.093	.027	.025	.005	.025	.000	.001	.		

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

* . Correlation is significant at the 0.05 level (2-tailed).

a. Listwise N = 30

4.6 Program Financial Management

	N	Mean		Std. Deviation	Variance
	Statistic	Statistic	Std. Error	Statistic	Statistic
Does your organization have some kind of partnership with the government	30	2.10	.121	.662	.438
Valid N (list wise)	30				

Table 4.8: Program Financial Management

The mean percentage of income the respondents get from donors was 85%. The mean percentage income percentage per year that is generated by the respondent's organization through sale of products and services was 64%. The just agree with a mean score of 2.10 that there is some kind of partnership with the government with approximately 40 % of the operational support coming from the public sector.

Table 4.8.1: Correlations of the program financial management variables to programs successful implementation using Spearman's rho

			D3	D1	D2
Spearman's rho	D3	Correlation Coefficient	1.000	.806	.833
		Sig. (2-tailed)	.	.000	.000
D1		Correlation Coefficient	.806	1.000	.979
		Sig. (2-tailed)	.000	.	.000
D2		Correlation Coefficient	.833	.979	1.000
		Sig. (2-tailed)	.000	.000	.

			D3	D1	D2
Spearman's rho	D3	Correlation Coefficient	1.000	.806	.833
		Sig. (2-tailed)	.	.000	.000
D1		Correlation Coefficient	.806	1.000	.979
		Sig. (2-tailed)	.000	.	.000
D2		Correlation Coefficient	.833	.979	1.000
		Sig. (2-tailed)	.000	.000	.

a. Listwise N = 30

4.7 Monitoring and Evaluation Units of Analysis

	N	Mean		Std. Deviation	Variance
	Statistic	Statistic	Std. Error	Statistic	Statistic
Are the M&E units of analysis relevant to the NGOs sphere of activities	30	1.17	.069	.379	.144
Do you understand and support exactly what the M&E tools measure	30	1.57	.092	.504	.254
Are the M&E tools available at a reasonable cost to the program	30	1.77	.171	.935	.875
Valid N (list wise)	30				

Table 4.9: Monitoring and Evaluation Units of Analysis

The monitoring and evaluation tools for the respondents include; data and analysis which entails monitoring and evaluation frameworks. The respondents were asked if the M&E units of analysis used are relevant to the NGOs sphere of activities which they strongly agreed with a mean score of 1.17, if the M&E tools available at a reasonable cost to the program receiving a mean score 1.77 and if they understand and support exactly what the M&E tools measure scoring 1.57 mean. The spearman's rho correlation for donor imposed monitoring and evaluation units of analysis and how they influence the successful implementation of donor funded health programs yielded a significant value of less than .05 (at the 95% level of confidence) thus the correlation was found to be statistically significant and the null hypothesis is therefore rejected.

Table 4.3.1: Correlations of the program monitoring and evaluation units of analysis to program successful implementation using Spearman's rho

	E1	E2	E3
Spearman's rho E1 Correlation Coefficient	1.000	.645**	.391*

	Sig. (2-tailed)	.	.000	.033
E2	Correlation Coefficient	.645**	1.000	.885**
	Sig. (2-tailed)	.000	.	.000
E3	Correlation Coefficient	.391*	.885**	1.000
	Sig. (2-tailed)	.033	.000	.

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

* . Correlation is significant at the 0.05 level (2-tailed).

a. List wise N = 30

CHAPTER FIVE: INTERPRETATION, DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This is a summary of the research study. It also presents the key limitations of the study and comes up with recommendations for policy change, practice and future research studies.

5.2 Summary of Findings

The study aimed at analyzing the influences of donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa Counties, Kenya. A total of 30 questionnaires were administered. Each objective was achieved through various questions outlined in the questionnaires. The influence of NGO absorption capacity on successful implementation of donor funded health programs. Respondents indicated that they are directly involved in program budgeting and planning and that they will take up a higher opportunity within their organization if given.

The influence of donor imposed demands on NGO financial management on the successful implementation of donor funded health programs. Respondents seem to remain neutral on whether if there program is self-regenerating perhaps an indication of overdependence on donor funds thus most were not sure if their program would survive if donor funds were cut. When asked if their organization receive government support most did not agree if any little not to mention but through subsidies, formulating rules and ensuring a few of statutory documents only. The respondents indicated that they do involve the local community in its planning and implementation of program activities. Interestingly, most of respondents chose not to disclose openly the influence financiers and donors to the program have on their organization structure adopted by the program. The respondents do internal and external reporting which they are well aware and its importance.

The influence of donor imposed NGO planning requirements on the successful implementation of donor funded health programs was also achieved. Donor imposed monitoring and evaluation units of analysis and how they influence the successful implementation of donor funded health programs. Monitoring and evaluation is done through use of various tools which is then validated through participation of various stakeholders. Upon determining correlation analysis whose main aim was find the influence of the various independent variables had on the dependent variable,

the relationship was found to be statistically significant and the null hypothesis was therefore rejected.

5.3 Discussions of the Findings

Organizations should come up with long term plans that optimize their staff potential while facilitating the attainment of their individualized professional goals (Funds for NGOs, 2013). It is noted that the respondents were directly involved in program budgeting and planning and that they will take up a higher opportunity within their organization if given.

The influence of donor imposed demands on NGO financial management on the successful implementation of donor funded health programs. Just as (Sharda Naidoo, 2014) states that NGOs should focus on sustainable systems that will ensure they have adequate funds with or without donor funding. In contrast, the respondents seem to remain neutral on whether if there program is self-regenerating perhaps an indication of overdependence on donor funds which should not be the case.

The influence of donor imposed NGO planning requirements on the successful implementation of donor funded health programs. Donor imposed monitoring and evaluation units of analysis and how they influence the successful implementation of donor funded health programs. Since the mid-2000s, NGOs have focused their efforts on effectiveness which has put monitoring and evaluation in the forefront of their key agenda (Intrac, 2011). M&E has increasing being recognized by both Donors and partners in development programs.

5.4 Conclusion

The study concluded that there was significant influence of program absorption capacity, Program Planning and Sustainability, Program Financial Management and Monitoring and Evaluation Units of Analysis on donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa Counties, Kenya.

5.5 Recommendations

The study recommends that NGO should be able to generate their funds through various projects and stop over depending on donor funds. This could be possibly why respondents gave a neutral reply regarding their view on programs engaging in self regenerating activities. However it's

commendable for those who have tried. Also the government and NGO fraternity should develop a cordial working relationship for the benefit of common Kenyan Citizen.

5.6 Suggestions for Further Researcher

A similar study can be carried out but in other counties to determine the consistency of the findings. The study may even go deeper in the private sector using influence of stakeholder unlike donors in the financial

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APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL

To whom it may concern,

Dear sir/ Madam,

RE: ACADEMIC RESEARCH

The above subject refers.

I am a Master of Arts Student in Project Planning and management at the University of Nairobi, Mombasa campus.

It is a requirement to write a research project report as a partial fulfillment of the course. I am carrying out a study on the influences of donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa counties.

This is therefore to seek permission to collect data to facilitate the same. Information provided will be purely for academic purposes and will be treated in confidence.

Your assistance and co-operation will be highly appreciated.

Yours Faithfully

Benter Akinyi Sihoho

APPENDIX II: QUESTIONNAIRE

Introduction and Seeking Consent

My name is Benter Sihoho, a Master of Arts student in Project Planning and Management at the University of Nairobi; I am conducting a study to familiarize myself with the influences of donor reporting demands on the successful implementation of donor funded health programs in Kwale and Mombasa counties. Your involvement and participation in the study is voluntary. I pledge to treat whatever information you provide with utmost confidentiality. The information you provide will not be used for any other purpose other than the objectives of this study.

Instructions: Answer each question as truthfully as you can.

SECTION A

Demographic Data

Sex/Gender Male Female

Age

Job Title

Program: NASCOP Mama Na Mtoto

 FHoK APHIAPLUS

County.....

SECTION B

Program Absorption Capacity

1. Are you directly involved in program budgeting and planning?

1) Strongly Agree 2) Agree 3) Neutral 4) disagree 5) Strongly disagree

2. If given an opportunity to take up a higher ranking role within your organization you will take it

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

3. Kindly give a brief reason for your answer in 2 above

SECTION C

Program planning and Sustainability

1. At this particular point would you consider your program to be self-regenerating

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) strongly disagree

2. If your donor funding was to be severed today, do you think your program would survive?

1) Strongly Agree 2) Agree 3) Neutral/Maybe 4) Disagree 5) Strongly disagree

Why?

3. Does your organization receive government support?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

Please explain the kind of support the organization receives from the government?

4. Does the program involve the local community in its planning and implementation of program activities?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

5. Do the financiers and donors to the program dictate the organization structure adopted by the program?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

6. How often do you submit internal reports?

a) Daily

b) Weekly

c) Monthly

d) Quarterly

e) Biannually

f) Annually

6 b) How often do you submit external reports?

a) Daily

b) Weekly

c) Monthly

d) Quarterly

e) Biannually

f) Annually

8) What reporting tools do you use?

9) Are reporting tools always readily available?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

10) Do you always meet reporting deadlines?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

11. How well versed are you with the reporting tools?

1) Very well 2) Well 3) adequately 4) Not well 5) poorly

12. Are the reporting tools relevant to the program's objectives?

1) Strongly agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

SECTION D

Program Financial management

4. What % of income does your organization get from donors?

5. What % of income per year is generated by the organization through sale of products and services?

6. Does your organization have some kind of partnership with the government/PPP?

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

b) Approximately what % of the operational support comes from the public sector?

SECTION E

Monitoring and Evaluation Units of Analysis

13. What M&E tools does your organization use?

.....
.....

14. Are the M&E units of analysis relevant to the NGOs sphere of activities?

1) Strongly agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

15. Are the M&E tools available at a reasonable cost to the program?

1) Strongly agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree

16. Do you understand and support exactly what the M&E tools measure?

1) Strongly agree 2) Agree 3) Neutral 4) Disagree 5) Strongly disagree