

**INFLUENCE OF PROJECT SUSTAINABILITY ON PERFORMANCE OF
COMMUNITY HEALTH PROJECTS IN GITHUNGURI SUB-COUNTY OF
KIAMBU, KENYA.**

BY

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**A Research Project Submitted in Partial Fulfillment of the Requirements for the
Award of Degree of Master of Arts in Project Planning and Management of the
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DECLARATION

This research project is my original work, and has never been presented for any degree award in any other University or institution of higher learning.

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DEDICATION

I dedicate this project to my loving parents, my Dad Mr. Joseph Mulinge and Mum Mrs. Elizabeth Mulinge for having constant support and encouragement throughout my academic journey. My siblings; Gerald Matheka, Bernard Mwangangi, Martin Mulinge, Diana Syomboka and Mathew Wambua for their constant encouragement and prayers during my studies. May God bless you all.

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LIST OF ABBREVIATIONS AND ACRONYMS

CARE: Cooperative for Assistance and Relief Everywhere

CBP: Community Based Planning

CCCs: Community Capital Contributions

CDF: Community Development Fund

CHPs: Community Health Projects

CHWs: Community Health Workers

CP: Community Participation

CT: Community Training

CWPs: Community Water Projects

IEA: Institute of Economic Affairs

NGO: Non-Governmental Organization

WHO: World Health Organization

ABSTRACT

Project sustainability is an aspiration of every community or regime as a means of ensuring that constructive advances are delivered to the target societies in long term. This phenomenon is brought to attention in this study based on health projects that aim at refining the quality of life of community health projects users. The execution of such projects is at all times easier but their sustainability poses a challenge. The purpose of the study is to establish the influence of project sustainability on the performance of community health projects in Githunguri, sub county of Kiambu, with an aim of making recommendations on proper use of sustainability strategies practices. The first objective of the study was to assess the influence of governance on performance of CHPs in Githunguri sub-county; the second objective was to establish the influence of competence of health workforce on performance of CHPs; the third objective was to determine the influence of accountability to development partners on performance of CHPs; the final objective was to evaluate the influence of stakeholder participation on performance of CHPs in Githunguri sub-county. To achieve this, the researcher reviewed both theoretical and empirical literature, and proposed the research methodology that addressed the gaps identified in literature as well as answer the stipulated research questions. This research study adopted a descriptive survey design approach. The researcher preferred this method because it allowed the study an in-depth study of the subjects. The total population was 108 out of which 85 respondents were selected using stratified sampling and simple random sampling which comprised of community health project staff (Doctors and Administrators), stakeholder representatives (Community Elders) and development partners (Financiers- Direct Aid Program) who were issued with questionnaires. Self-delivered questionnaire was used as the data collection tool. The data collected was analyzed by use of descriptive and inferential statistics. The relationship between the dependent variable and the explanatory variables was analyzed using multiple regression model. The data generated was keyed in and analyzed by use of SPSS version 20 to generate information which was presented using illustrations such as charts, frequencies and percentages. The response rate of the study was 90.59%. The findings of the study indicated that governance, competence of health workforce, accountability to development partners and stakeholder participation have a positive relationship with performance of community health projects. The regression results revealed that project sustainability strategies identified in the study could explain approximately 79.5% of the variations in the performance of community health projects. The other 20.5% may be attributed to other strategies not explained by the model or the variables. Finally, the study recommended that community health projects should embrace project sustainability so as to improve their performance and further researches should be carried out on other community health projects to find out if the same results can be obtained.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Ecological growth idea that often but very rigid to define in certain specific terms (Amos, 2015). The Brunt land Commission unforgettably defined it in its past reports as growth aids the wants of current generation conceding the ability of future age groups (World Bank, 2007). Majority authors identify Sustainable Community Based Development Project in a different way.

Numerous days of rigorous effort have gone by reaching global accord on the appropriate essentials of sustainable growth, but were attained in 1995 at World Summit on Community Growth in Belgium. Description brought what is commonly called the three E's; environment, economy and equity (Rimbera, 2012). Key alarm in characterizing an environmental growth that had an ability to guide the disadvantaged to preserve progress their normal resources, evolving human resources. Growth also required having ability to increase human capital, and societal resources (the institutional, social bases and political arrangements making the society to work (Ochelle, 2012).

In South Africa, sustainable projects are planned and executed to achieve specific objectives and wanted change. Smith and Marin (2009) clearly explain project as a combination of harmonized actions with exact start, end time, pursuing exact aim with restraints point in time, range and capital.. (Amos, 2015) posits that health is the most imperative source, crucial for life and similar moment the spine affluence of mankind. General Assembly of United Nations drew acute awareness prominence health sustainable progress poverty mitigation (UNDP-WSP, 2006).

In Kenya, an estimated 35 counties certainly impacted community based projects across the country. The attention CBPs included intercessions in education, water, sanitation, health care, community capacity building and micro-enterprise development (Miller & Riessman, 2008). CBDPs are scheduled for a period of time known as incubation period to complete and the society is anticipated to operation of the project and make them self-sustaining. State organs and Non-Governmental Organizations corporation start society based growth scheme. However undertakings fail after the phase-out of financiers backing.

Githunguri being a centrally placed sub-county in Kiambu county hosts a number of CHPs that are funded by Direct Aid Program, an Australian NGO providing monetary aid to organisations undertaking appropriate small scale growth projects (eg society wellbeing, education, small scale transportation, hygiene, rural expansion, ecological expansion, femininity equality, conferences and training actions, and cultural and sporting activities) must aim to lessen basic humanitarian adversity, developmental result and be implemented within a small era..

A World Vision report (2009) done in Kiambu county, Githuguri sub county demonstrate the majority society growth project have been unable to maintain themselves, the community failed to continue running the financing organizations remove their support. Factors to be effected to stop the tendency of projects breaking up are notwithstanding financial help for the gestation time with aim of making projects self-dependent (Thompson & Strickland, 2010).

1.2 Statement of the Problem

World Bank (2013) community health projects (CHPs) reliably use social impact valuations and in country situation assessments as a means to back for citizens and

minority groups, to fund projects geared at elevating the standard of living for the societies in which they reside. However, CHPs not having the funds and standing as the states that they clash with, they must rely on plentiful donors to fund such evaluation which is an initiative which can be filled with ethical impasses (GoK, 2009).

According to a report by Center for Health Solutions (2014) in Kiambu County, out of 75 registered CHPs, 42 are partially functional, 23 partially active and only 10 are very active (R.O.K, 2007). However, no much documentation has been done in relation to the factors influencing their performance. Very few of CHPs which have collapsed, had key impact on community's overall livelihood values. This obviously credited not suitable self-sufficient (Blank, 2013). Due to mismanagement attaining sustainability of the members. Sprouting CHPs initiated are inadvertently going to link fall down of further community health projects (CHPs) worsening to influence society further than expected interference point (OECD, 2011).

A research carried out on the state of service delivery among community health facilities in Kenya by Africare (2014) revealed that the number of community health facilities remains inadequate with essential supplies lacking. The study also found that the public preferred private hospitals to public hospitals due to the perception that private hospitals have a ready supply of drugs and essential supplies despite the high costs of services.

Several studies have been done, at the global level; Miller and Riessman (2008) point out deficiency of plan sustainability little point of overall society responsiveness, tactics manipulative developers the obvious need of good viability studies. They surveyed 150 Australian community health projects and reported a link between sustainability strategy and performance. They noted that sustainability strategy

ensures community participation and community capital contribution. Locally, Mwangi (2008) found that strategic management has a straight impact on the execution of community health projects. Abdifatah (2012) concluded that sustainability planning and strategies have straight positive collision on victorious execution of humanitarian organizations in delivery of relief and emergency health services.

While much research has focused on the problems facing performance of community health projects in Kenya, not much research has been done to study sustainability strategies and their influence on performance of community health projects in Kenya. It is against this back drop that this study aims to assess the influence of sustainability strategies on the performance of community health schemes in Kenya, with a particular focal point on Githunguri sub County of Kiambu County.

1.3 Purpose of the Study

The main reason for the research was to establish the influence of project sustainability on the performance of community health projects in Githunguri sub-county of Kiambu, Kenya.

1.4 Objectives of the Study

- i. Assess the influence of governance on the performance of community health projects in Githunguri sub-county of Kiambu, Kenya.
- ii. Establish the influence of the competence of the health workforce on the performance of community health projects in Githunguri sub-county of Kiambu, Kenya.
- iii. To determine the influence of accountability to development partners on the performance of community health projects in Githunguri sub-county of Kiambu, Kenya.

- iv. Evaluate influence of stakeholder participation on performance of community health projects in Githunguri sub-county of Kiambu, Kenya.

1.5 Research Questions

- i. How governance influence performance of community health projects?
- ii. What is the influence of competence of health workforce on performance of community health projects?
- iii. To what extent does accountability to development partners influence performance of community health projects?
- iv. How does stakeholder participation influence performance of community health projects?

1.6 Significance of the Study

This research may benefit development community health projects. This is because it may provide them with information on the influence that governance, competence of health workforce, accountability to development partners and stakeholder participation have on community health projects sustainability. The result of the research would give information that will be used by government in formulation of plan that will endorse scheme (health projects) that is sustainable. The research will be significant to educational researchers, scholars and investigate organizations that carry out studies in this field.

1.7 Basic Assumptions of the Study

This research was based on hypothesis: respondents understood and answered questions in the questionnaire correctly, truthfully and willingly returned the filled questionnaires within the stipulated timeframe without any external negative influence.

1.8 Limitations of the Study

Confidentiality is a great limitation of using descriptive research design. Respondents may not at times be honest and instead gave response that they felt the researcher wanted to hear. During discussion, respondents may retaliate to reply questions they feel are private or fail to answer in questionnaires. To reduce confidentiality issues, the study availed the University's approved preface letter to assure them that the information given will be used only for scholarly purposes. The study used questionnaires for data collection. The study used closed-ended questions which have shortcoming restrictive response.

Queries presented by the researcher were predetermined and prescriptive and may contain errors. To overcome these limitations, the researcher conducted a pilot test. This is where study instruments were given a numeral people in the populace who were not involved in the sample size, this helped testing the reliability and validity of the tools (Neuman, 2010) to sense any weakness in design and instrumentation.

1.9 Delimitations of the study

This survey will be narrowed to Githunguri, sub-county of Kiambu, because the sub county has many community health projects that do not operate to their full potential. This was also considered an appropriate area of study because of the existence of key stakeholders such as employees of the health projects, and the fact that most of the community health users are locals in the sub county who are well versed with their area as well as the initiatives/projects therein.

1.10 Definition of Significant Terms

The study adopted these definitions:

Accountability to Development Partners: Accountability is a duty on a person, group or institution to justify resolutions or actions taken. It is associated with prohibitions in the event of compliance / non-compliance and is therefore based on inducements.

Competence of Health Workforce: Competencies show foundational abilities needed for professionals participating in the practice of public health. They help to better comprehend and meet professional development requirements, improve delivery, prepare for accreditation, and improve the well-being of the societies they assist.

Governance: The concept of governance includes strategic direction, plans and policies, operational oversight, state regulation, and legal partnerships that amalgamate all well-being systems assembling blocks to attain results.

Performance of Community Health Projects: It describes key indicators and methods that are necessary for measuring success. Performance measures the efficiency and effectiveness in delivering services of the organization.

Stakeholder Participation: The level to which an entity involves communities who may be concerned by the resolutions it makes or can influence the execution of its decisions. They may oppose the decisions, be influential in the entity or within the community in which it works, hold relevant official stances.

Sustainability: A procedure of adjust utilization of incomes, direction of savings, direction scientific growth and formal transform all in harmony and increase present and forthcoming latent to see hominid wants and goals.

1.11 Organization of the Study

The study comprises of five sections. Chapter one presents; background of the study, problem statement, objectives, research questions, importance of the study, scope of study and limitations of study. Chapter two comprises literature review, theoretical

review, conceptual framework, empirical review, critique of literature, summary and research gaps. Chapter three discusses collection, measurement and analysis of data. It is broken down to; research design, target population, data collection instruments, data collection procedures and finally data analysis and presentation. Chapter four presents results arising from data collected using questionnaires. data collected was analysed using descriptive and inferential statistics and findings presented in tabular summaries and their implications discussed. Chapter five provides thorough synopsis of main result of the research; then draws conclusion and discuss implication emanate the findings and sorts commendations and ideas of research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter two examines literature linked to influence sustainability on performance of society health projects in Githunguri, sub-county of Kiambu, Kenya. The literature that was reviewed was drawn from books, academic journals, government journals, documents, reports and works that have a bearing entirely or partially on the field of community health projects and sustainability. Literature for this study was reviewed under four themes; governance, competence of health workforce, accountability to development partners and stakeholder participation index. These are the core factors influencing sustainability of community health projects and consequently the performance.

2.1 Governance and Performance of CHPs.

In management vital respectable supremacy values progress community's trust and legitimacy of projects (Alexander, 2009). The notion of superior administration is value-adding idea, recommending ideal management behavior, rejecting conduct unprincipled or dubious. The common beliefs and principles explain the liaison between management capacity and the community which good administration will depend on the ethics of management (Barton, 2008).

In this day and age government policies and governance seem to be cohabited between each other. Collier (2008) in his study opined that government policies entail governance and participant perception option entities for example community sector. Same opinion shared by Gajda (2014) who opined pseudo-public sector program

implementation strategies inclined center an increasing financiers somewhat descending to beneficiaries of goods and services.

Realization activity sustainability is an effort for a day, very extensive procedure (Jensen, 2011). CBPs are intricate and require multifaceted management abilities and capacity. For sustainability to be realized, the administration involved in program execution community to national heights need be enlightened in stipulations of skills means for good administration undertakings of community plan.

World Bank (2007) posits governance as procedure of improving capability of management teams making choices to convert choices preferred measures and result. Vital activities build discrete and societal possessions progress effectiveness, fairness of administration official context that oversee general possessions. Kaptein (2013) posits superior and viable administration guarantees adequate limited capital and capability to carry on projects in lack of external financiers.

Provan and Kenis (2007) opine that management capacity, government policies and program implementation is vital in the CBPs. This is intertwined presentation linked to sustainability. Administration methodological and expertise needed to execute the project (Rosenthal & Brownstein,2010). This study contends that administrative capacity is a procedure to effective project execution, as it helps in participation and contribution of the society in all the activities of project execution, hence societies feeling enlightened. Enlightened liberty of selection which assists to better authority the development and the choices affecting them.

2.2 Competence of Health Workforce and Performance of CHPs.

The community physical condition concern group endures to knowledge burden income, inadequate time and access to providers, schemes have to consider original chances to enlarge and improve employees (Taub & Birch, 2009). Essential employees such as CHWs are single move toward concurrently build upon community foundation and improve on skills of health care workforce (Wilaert & Anderson, 2008).

As the reliable members CHWs deals with issues the country's susceptible inhabitants. This is done by prevention, health lessons, cultural mediation, and sickly advocacy (Zullig & Peterson, 2013). While a big number of journals discuss or at least remark the training and development of CHWs, not astonishingly does length, depth, organization of, duty for and approaches to teaching vary dramatically across programs.

Provan & Milward (2015) at Maradi in Niger, e.g., courses of seven to ten days (seven days' medical training, three days' literacy) were given at the rural hospital base to which the project was attached. The courses were modest and offered in the local language. They covered: general health ideas, epidemic ailments, health education, elementary health care, environmental hygiene and some records management. Each financial year the CHWs were sent to a 10-day refresher course, where they would be familiarized to new items such as the treatment of malnourishment and the preparation of dissuading foods.

Klimmek and Jones (2012) in Tanzania, CHWs would undergo three to six months' training and development, capacity building while in Nigeria, CHWs were trained for three months in clusters of 20, and sent for reminder courses twice a year. Exercise

and capacity building is in many cases led by members of the formal well-being services, either doctors or nurses, as in Brazil, or, in the case of NGO-driven programs. Tactics to training have transformed over the years. The ideal location of training, where CHWs will have adequate opportunity to practice, varies by CHW program (Jackson & Gracia, 2014). Some programs recommend that the training and skills advancement take place in the society rather than in health facilities to provide practical experience in the work situation of the CHW.

In other situations, capacity building may take place in the hospitals because there are more cases of ailing children presenting within the capacity building period, thus offering more opportunities for the trainer to validate skills advancement in a real-life situation and for CHWs to practice newly learned skills (Inglis & Sammut, 2008). Because CHWs practice within the constraints of the society and usually have little formal education, programs often develop or adapt training tools and activities specifically for CHWs rather than using training suites developed for facility-based employees. For example, CARE India, in partnership with the state of India and WHO, has come up a training package for rudimentary CHWs, based on the facility-based IMCI course but with modest language, more demonstrations and more interactive modules for the less-schooled basic health employees (Haque, 2014).

2.3 Accountability to Development Partners and Performance of CHPs.

The term responsibility is depicted as generous liability to someone who has attention on certain things held accountable (Hoskins & Angelica, 2015). The idea of liability has been developing wider impression audited economic statements and stewardship over real use of incomes in parts of community health projects (Bovens, 2007).

A good internal control system, such as having audited accounts, continuous monitoring and evaluation benefit entity incidences of impropriety. Internal scheme plays significant role in auditing exercises since internal auditors are considered as experts in administration control (Katzen & Morgan, 2014).

2.4 Stakeholder Participation and Performance of CHPs.

Community reception and project ownership facilitates projects by supporting all stakeholders engaged in the project, hence lessening community resistance in contributing to the project activities. 30% of community health projects in sub-Saharan Africa are absent in such state no exception in Kenya (Bowrin, 2014). Chang, Chen and Lan (2013) posits that empowerment allows empower them to increase their earning and choices of preparations amid the stipulation of suitable dissimilar resolution (Cornwall & Pasteur, 2010).

According to Ebaugh and Chafetz (2007) participation helps to in giving a chance to establish newer habits, coverage and common accountability in growth involvement. The society's contribution also helps for an improved indulgence of the role of the several stakeholders involved and the restriction of technical and financial resources that exist to address the problems of the poor (Ngetich, 2009). This leads to long-standing influence on scheme sustainability. However, income generating undertakings need individual ownership.

Centers for Disease Control and Prevention in Kenya (2013) discovered profits produce undertakings cannot maintain itself because of societal ownership (Brennan, 2008). Research has established projects generally fail because they do not lead stakeholder contribution and pledge. Contribution and uptake is adequately tackled if

the main strategy consists of simply having workshops or briefings to recognize facilitating.

According to Bianchi (2010) the public participation is vital issue for sustainability of ventures contribution whose concern and participation are inherent to the project's achievement. Society participation preparation implementation are vital components in sustainability of development. Researchers propose heartening public aids all levels of scheme conceptualization execution the upkeeps. Programs are maintainable to expand organizational construction (Allen & Mirambeau, 2015).

2.5 Theoretical Framework

Consists of concepts combined various meaning and orientation literature (Amos, 2015).

2.5.1 The Institutional Theory

Formal model an extensively used theory in social studies. Kraft's governance policy summarizes the theory as a policy-making that stresses the formal and legal aspect of governance structures (Zheng, 2007). It considers procedures which structures, including schemes rules recognized by reliable figures guidelines for behavior.

Wood (2012) portends that it explains how the elements such as policies, programs and management capacity are created, diffused, embraced, and adapted over time; and how they fall into weakening and disuse. Organizations operate at different levels of authority, from the world system to local interpersonal relationships at the community level.

As Puddephatt and Kaspar (2012) explain, this theory assists the researcher to understand how the specific objective determining influences governance performance of community health projects. The elements of governance are created, diffused, embraced, and adapted over space and time; and how they fell into decline and disuse, for instance due to ethical issues or lack of supportive elements such as finances (Perry, 2011). Performance of community health projects could be enhanced by studying the critical success factors that affect implementation of government policy and programs implementation. In this particular study institutional theory is adopted and linked to governance variable.

2.5.2 Human Capital Theory

General human capital understanding gain through learning and training priceless across board (Greenfield, 2007). Writers analyzed hominid investment model basic analysis of worker output (Klimmek & Jones, 2012). They contended formal teaching lead to administrative efficiency supplemented variables (Miller & Riessman, 2008).

Palevich, (2012) posits productivity is big extent typical jobs somewhat than employees, employers use qualifications to select workers educated can be skilled for jobs at lower expenses than less-educated nobles. The study focuses on human capital as information, competencies, ability and attribute that persons contain help in the achievement of organizational objectives and enhance individual worth in the market place (Roy, 2007).

2.5.3 The Theory of Accountability

Ruggeri & Rios (2014) says accountability theory is perceived necessity to defend one's actions Wood, 2012). This model was established by Tetlock and generations and successfully recycled in structural study (Zimmerman, 2010). Wood (2012) posits

convenient method to know liability differentiate amid widespread practices; asset and as device (Zheng, 2007).

The liability hypothesis proposes several mechanisms that increase ethical and compliance perceptions (Ruggeri *et al.*, 2014), as well as presence of another person, identifiability and anticipation (Amos, 2015). Modern design artifacts of systems can influence the core components of accountability theory and thus increase employees' felt accountability (Ballester, 2015) toward organizational system security without disrupting interventions or training (Perry, 2011). In this particular study the theory of accountability is adopted and linked to accountability to development partners' variable.

2.5.4 The Stakeholder Theory

In the recent past, researchers required elucidating stakeholder theory as method and procedural impartiality rather distribution of monetary output community owned organizations represent a diverse application of stakeholder theory (Alexander, 2009). Stakeholder theory is rarely used in nonprofit research (Ashman, 2010). Palevich (2012) assumed commercial refers community owned organizations as stakeholder of organization (Bovens, 2007).

In categorizing stakeholders in accountabilities, researchers found ways to differentiate community stakeholder (Greenfield, 2007). Brennan (2008), offered a financial report of community stakeholders which employees not incorporated (Hausman, 2015). In this particular study the theory of stakeholders is adopted and linked to stakeholder participation variable.

2.6 Conceptual Framework

A conceptual framework resolves broad concepts and values from applicable fields of enquiry to build a succeeding arrangement (Dunn, 2010). Conceptual frameworks are used to explain how the explanatory variables affect the explained variable. The study uses performance of community health projects as Dependent variable sustainability independent variable. moderating variable affects t relationship amid dependent and independent variable.

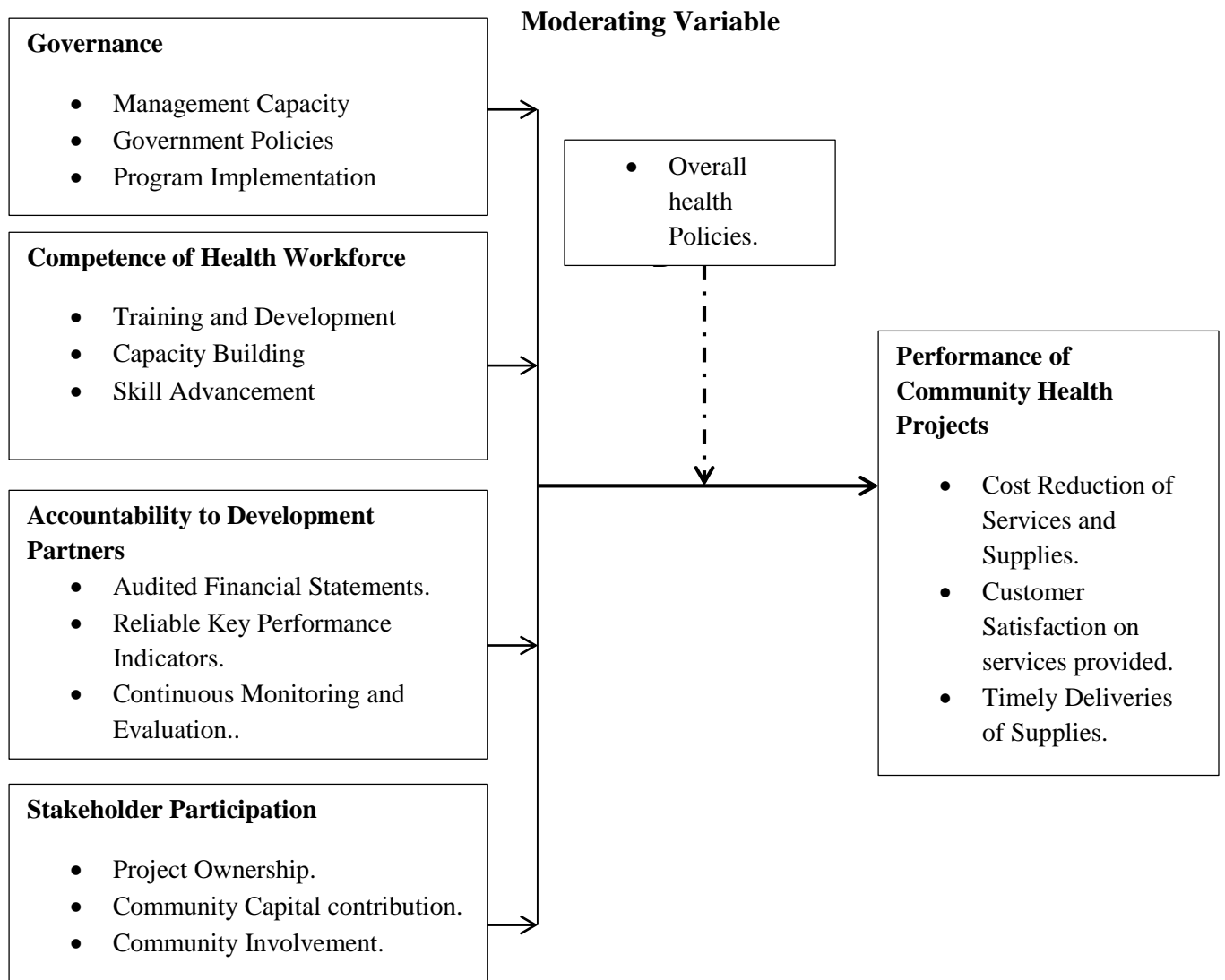


Figure 1: Conceptual Framework

2.7 Gaps in the Literature Reviewed

One of the deficiencies of prevailing research in sustainable community health projects is inconsistency in understanding sustainability (Kangovi & Grande, 2015). Gadja (2014) established the discrepancy sustainability of organizational, operational and supply chain management literature. Extensive sustainability precise ecological improvement, logistics, surplus conduct, human rights etc. therefore offers narrow view point sustainability (Kaptein, 2013). Ecological issues part style, deliberation of probable interrelationships amid ecological, communal financial matter (Haque, 2014).

Jensen (2011) posited sustainability is conquered by ecological matter deficit supply chain organization and procuring literature amalgamation three scope of sustainable growth (Klimmek & Jones, 2012). Social issues and sustainability as well as the addition of financial, accountability to development partners' environmental, governance and social concerns are still rarely lectured (Mwangi, 2008).

2.8 Summary of Literature Review

The word sustainability has become gradually prominent in recent years. It is perceived by some as just another reverberating buzzword, and is often used interchangeably with notions such as environmentalism or being 'green' (Rosenthal et al., 2010). Essentially, sustainability is about the association between people and planet: remembering that we are inseparably part of this planet, and that our health depends upon healthy organic and physical systems (Obanda, 2011). Businesses today operate in markets where natural resources are scarce and ecosystems are fragile (Mwangi, 2008). The continued success of these businesses is dependent on the health

of the environment and the welfare of their employees and the communities that support their activities.

Blank, (2013) asserts that billions of shillings used on growth help yearly, not much known about the real sustainability of such development is still a great challenge (Ochele, 2012). The literature review reveal what is known the worth of enhancing sustainability there are still indicators of little and even no sustainability of CHPs (Perry, 2011). However there is little that has been done regarding influence of governance, competence of health workforce, and accountability to development partner and stakeholder participation on project sustainability. Literature reviewed exposes the need for further studies on the factors that influence sustainability in order to achieve generalization of results.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter comprises compilation, size and data analysis. It's dived into; research design, target population, data gathering tools, data gathering measures, statistics examination, presentation, and moral consideration finally equipped definition variables.

3.2 Research Design

Study was conducted using descriptive method. Kothari (2008) explains descriptive survey design is used when a study is collecting information about people's viewpoint, opinion and habit. This study used a descriptive survey of project sustainability performance community health projects Githunguri sub-county of Kiambu, Kenya. Neuman (2010) observes that descriptive design is suitable for the study, where the objective is to provide relative description of the population and cases where the study wishes to discover association among different variables. (Ngechu, 2009). This study generalized findings on the power of project sustainability on performance of community health projects in Githunguri, sub-county of Kiambu, Kenya.

3.3 Target Population

The target population consisted of senior staff (Doctors and Administrators) working in the 10 community health projects, stakeholder's representatives (Community Elders) and development partners (financiers- Direct Aid Program) in Githunguri, sub-county of Kiambu, Kenya.

Table 3.1 Target Population

Community Health Projects	Target Population	% of Population
Githiga Aids Control Centre	12	11.11
Ikinu Orthopaedics Unit	9	8.33
Ngewa Eye Clinic	15	13.88
Komothai Diabetic Centre	12	11.11
Ndumberi Nursing Home	6	5.55
Githunguri Malaria Control Centre	9	8.33
Tinganga Vaccine Unit	12	11.11
Riabai Dispensary	15	13.88
Township Rehabilitation Centre	6	5.55
Githunguri Maternity Unit	12	11.11
Total Population	108	100.00

Source: (CoK, 2016)

3.4 Sample Size and Sampling Procedure

(Mugenda & Mugenda, 2008).The fundamental principle of sampling of elements within a population is the entire populace (Kothari,2008). Equation gives sample size of 85 consisting of twenty four (24) Doctors, thirty six (36) Administrators, fifteen (15) Community Elders and ten (10) financiers. The study sought to collect data from 85 respondents, where the senior staff, stakeholder representatives and development partners were used. Mugenda and Mugenda (2008) argue that for a good illustrative it should be at least 10 percent of the target population. The sample size in this research forms 78.70% of the target population.

After sample size of 85 respondents, The selection employed appropriate sampling techniques that take into account the distribution of community health projects in Githuguri. This study used probability sampling since the population and location of community health projects is known. Based on distribution of respondents in the 10 community health projects (table 3.1), the researcher used size designed the population sharing to come up with a representative sample sharing as shown in table 3.2. The proportions calculated give the number of respondents to be included in the sample for each community health project.

Sample Size Formula

Where

n - sample size,

N - population (108)

beta - error, set at 0.05

$$N / \{1 + N (\beta^2)\} = n$$

$$108 / \{1 + 108(0.05^2)\} = 85$$

Table 3.2 Sample Population

Community Health			Community			
Projects			Doctors	Administrators	Elders	Financiers
Githiga	Aids	Control	2	5	1	1
Centre						
Ikinu Orthopaedics Unit			2	2	2	1
Ngewa Eye Clinic			3	6	2	1
Komothai Diabetic Centre			2	5	1	1
Ndumberi Nursing Home			2	2	1	1
Githunguri	Malaria		3	2	1	1
Control Centre						
Tinganaga Vaccine Unit			2	4	2	1
Riabai Dispensary			4	5	2	1
Township	Rehabilitation		2	1	1	1
Centre						
Githunguri Maternity Unit			2	4	2	1
Total			24	36	15	10

3.5 Data Collection Instruments

The researcher used primary data gathered semi-structured questionnaire for quantitative and qualitative analysis. Data was collected through questionnaires. A self-administered questionnaire built and administered obtained material from 85 respondents. He used demographic features to regulate essential matters plus demographic features of respondent and control of project sustainability policy presentation of society health scheme in Githunguri, sub-county, Kiambu, Kenya.

3.5.1 Pilot Testing of the Instruments

Oso and Onen (2008) recommend individuals who will test instrument and plan to incorporate remarks into final revision (Kasomo, 2007). It was vital to set up content strength and improvement questions set-up and balance (Dunn, 2010). Kothari (2008) posits pilot study is largely to pretests the instruments to make sure instruments distinctly and are identical to respondents. Pretest enables researcher assess clarity instrument and asses time taken to dispense instrument (George & Mallery, 2013).

3.5.2 Validity of the Instruments

Mugenda and Mugenda (2003) define validity as the ability of an instrument to measure what it is supposed to measure. This focuses on the degree to which the study accurately reflects or measures the specific concepts that the researcher attempts to measure (Mugenda & Mugenda, 2003). Content validity coefficient index of 0.7 was used to test validity of the questionnaire (Ngechu, 2009).

3.5.3 Reliability of the Instruments

Reliability the degree an assessment tool harvests steady outcomes (Ngechu, 2009). To ensure consistency of the questionnaires, pre-testing of the questionnaires was carried out before the key study to ensure reliability (Oso & Onen, 2008). The reliability test helps in improving the items on the questionnaire. The reliability coefficient was calculated and a score of 0.7 was considered high enough for the instrument to be used in the study (Patron, 2012). Likert scale type questions require Cronbach's Coefficient Alpha to be calculated for each item (Neuman, 2010).

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

Where:

N = figure of items

\bar{C} = average covariance amid item pairs

\bar{V} = normal variance

A coefficient 0.7 and above presumed to reflect inner consistency and internal consistency of instruments sentiments all target populace (Kasomo, 2007). This underlies conduct thorough validation through pre-testing.

3.6 Data Collection Procedure

Questionnaires dispensed droplet and choice approach. Follow ups were made to ensure collection of the questionnaires was on time as well as assist the respondents on any difficulty they may have been experiencing. Questionnaires complemented introduction of study and drive study for respondent (Patron,2012).

3.7 Data Analysis Techniques

In analyzing the qualitative data, the study used descriptive statistics using SPSS V. 20. The software package enables the researcher to analyze the data into means and standard deviations (George & Mallery, 2013). Descriptive statistics is used,. Pearson's correlation coefficient in this study was recycled to indicate connection amid independent variable to the dependent variables set out objectives of study (Oso & Onen, 2008).Quantitative data presented instruments such as charts, tables and graphs.

Multiple regression analysis to evaluate the relationship amid explained variable and several explanatory variables (Kothari, 2008). According to Dunn (2010), the assumptions of linear regression must be met by data then analyzed.

The researcher used multiple regression model.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Where:

Y = Performance of Community Health Projects

β_0 = Constant

$\beta_1, \beta_2, \beta_3, \beta_4$ = Beta Coefficients

X_1 = Governance

X_2 = ability of Health Workforce

X_3 = Accountability to Development Partners

X_4 = Stakeholder Participation

ϵ = Error Term

3.8 Ethical Considerations

Ngechu (2009) posits ethical issues taken into deliberation include; good manner and privacy of the info from respondents. An introductory letter to meet respondents will be developed from University. Respondents were aided to partake willingly before managing survey, the researcher sought consent from respondents.

Mugenda and Mugenda (2003) opine ethics as philosophy dealing with one's behavior. Researcher followed ethical parameters ensure no bodily or moving harm to respondents. Plagiarism was avoided by ensuring that the work done by others is fully acknowledged by referencing it. Lastly data integrity was a priority and this was done by ensuring honesty in data collection and analyzing and interpretation of findings.

3.9 Operationalization Definition of the Variables

Its a set of techniques that describe set of procedures a researcher can follow to establish the phenomenon described by concept (Kothari, 2008).

Table 3.3 Operationalization of Variables

Objective	Variable	Indicator	Measurement	Scale	Data Collection Tool	Data Analysis Tool
Project sustainability						
assess influence of governance on performance of community health projects	Governance	Institutional & management capacity Government standards & policy Programs planning & implementation	Rate of sustainability of community health project	Five point Likert	Questionnaire	Descriptive statistics
To establish the influence of competence of health workforce on performance of community health projects	Competence of health workforce	Training and development Capacity building Knowledge and skills advancement	Rate of sustainability of community health project	Five point Likert	Questionnaire	Descriptive statistics
To determine the influence of accountability to development partners on performance of community health projects	Accountability to development partners	Audited financial statements Reliable key performance indicators Continuous monitoring and evaluation	Rate of sustainability of community health project	Five point Likert	Questionnaire	Descriptive statistics
To evaluate the influence of stakeholder participation on performance of community health projects	Stakeholder participation	Community acceptance & project ownership Community capital contribution Community participation & involvement	Rate of sustainability of community health project	Five point Likert	Questionnaire	Descriptive statistics

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS

4.1 Introduction

Data collected was analysed using descriptive and inferential statistics and findings presented in tabular analyzed.

4.2 Questionnaire Return Rate

A sample of 85 respondents were interviewed using questionnaires that allowed the researcher to drop the questionnaire to the respondents and then collect them at a later date when they had filled the questionnaires. A total of 85 questionnaires distributed to respondents. Target population covered, 77 were responsive representing response rate 90.59%. This rose the 50% adequate in descriptive statistics (Mugenda & Mugenda, 2008).

Table 4.1: Questionnaire Return Rate

Response	Frequency	Percentage
Actual Response	77	90.59%
Non-Response	8	9.41%
Total	85	100%

4.3 Demographic Characteristics of the Respondents

Personal details of respondents and it provides data regarding the study and is necessary for the determination of whether the individuals in a particular study are a representative sample of the target population and testing appropriateness of respondent in answering the questions for generalisation.

4.3.1 Distribution of Respondents by Gender

The study determined gender of respondents. results are submitted in table 4. 2 where 47% were female while 53% male. The percentages may raise the issue of gender equity in community health projects (Berg, 2009).

Table 4.2: Distribution of Respondents by Gender

Gender	Percent
Male	53
Female	47
Total	100

4.3.2 Distribution of Respondents by Age

Researcher determined distribution of respondents by age. Results summarized table below. The findings indicate that the majority respondents belonged to age bracket of 18-30 years and were at 33.8%. Respondents between 31-40 years accounted for 27.3%. Respondents between 41-50 years accounted for 16.9%. Results finally also indicated that respondents above 50 years were 22.1%.The findings are in agreement with those of Cunningham (2008) who established that there are two natural age peaks of the early 30s and mid 40s which correlated to employee performance.

Table 4.3: Distribution of Respondents by Age

Category	Frequency	Percent
18-30 Years	26	33.8
31-40 Years	21	27.3
41-50 Years	13	16.9
50 and above Years	17	22.1
Total	77	100

4.3.3 Distribution of Respondents by Level of Education

Their level of education and results shown in tables 4.3. Results indicated most respondents 42.9% had degree, 29.9% percent had acquired a diploma, 15.6% had masters while 11.7% had certificate. These findings concur those of Dominick *et al* (2012) who established that majority who run community health projects are highly educated and there is evidence linking education and performance in community health projects. majority respondents having degree and above, it is expected that their level of understanding of performance of community health projects is good.

Table 4.4: Distribution of Respondents by Level of Education

Category	Frequency	Percent
Certificate Level	9	11.7
Diploma Level	23	29.9
Degree Level	33	42.9
Master Level	12	15.6
Total	77	100

4.3.4 Distribution of Respondents by Length of Service

The study determined years respondents had worked. Majority of respondents worked for 3-5 years at 41.6 %, concluded findings that some respondents worked for 6-8 years at 24.7%, 0-2 years were 18.2% and 9 years and above were 15.6 %. Gitman (2013) posits the duration and experience of employees helps them to have better facts and skills which contribute to better performance.

Table 4.5: Distribution of Respondents by Length of Service

Category	Frequency	Percent
0-2 Years	14	18.2
3-5 Years	32	41.6
6-8 Years	19	24.7
9 Years and above	12	15.6
Total	77	100

4.4 Descriptive Statistics

Four variables were conceptualized as mechanisms of performance of the community health projects. These include; supremacy, capability of health workforce, accountability to development partners and stakeholder contribution guide.

4.4.1 Governance and Performance of Community Health Projects

The respondents specified what extent governance prejudiced performance of community health projects in Githunguri sub-county of Kiambu, Kenya. Majority of the respondents 45% was effective, 13% said that it was strongly effective, 13% said it was ineffective, while 29% said it was somehow effective.

Table 4.6:Governance Rating

Rating	Percent
Ineffective	13
Somehow ineffective	29
Effective	45
Strongly effective	13
Total	100

The respondents were also asked to comment on statements regarding the influence of governance on performance of community health projects in Githunguri sub-county of Kiambu, Kenya.. 5 point Likert scale ranging from; 1 = strongly disagree to 5 = strongly agree.

50.60% agreed management capacity shows significant part in cost reductions. Further results indicated that 36.40% of the respondents were in agreement that Effective government policies play a significant role in cost reductions. A 37.70% of the respondents agreed that apt programs implementation plays a significant role in cost reductions.

58.40% respondents expressed agreement on statement t management capacity plays a significant customer satisfaction. 44.2% statement Effective government policies play importance in client fulfillment. Most respondents 57.10% strongly agreed on the statement apt programs implementation plays significant improving customer satisfaction.

Majority of respondents 39.00% statement that Management capacity plays a part in attaining timely deliveries. Most respondents 41.60% Effective government policies significant role in attaining timely deliveries. Results indicated respondents 41.60%

agreed on the statement Apt programs implementation plays significant attaining timely deliveries.

The average mean of all statements was 3.8 indicating majority agreed on the statement that influence of governance on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. However the variations in the responses as shown by a standard deviance of 1.1.

Table 4.7: Governance and Performance of Community Health Projects

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Management capacity plays a significant role in cost reductions	3.90%	7.80%	9.10%	50.60 %	28.60%	3.9	1.0
Effective government policies play a significant role in cost reductions	3.90%	11.70%	13.00%	36.40 %	35.10%	3.9	1.1
Apt programs implementation plays a significant role in cost reductions	11.70%	3.90%	18.20%	37.70 %	28.60%	3.7	1.3
Management capacity plays a significant role in improving customer satisfaction	7.80%	7.80%	5.20%	58.40 %	20.80%	3.8	1.1
Effective government policies play a significant role in improving customer satisfaction	10.40%	10.40%	35.10%	44.20 %	0.00%	3.1	1.0
Apt programs implementation plays a significant role in improving customer satisfaction	19.50%	3.90%	7.80%	11.70 %	57.10%	3.8	1.6
Management capacity plays a significant role in attaining timely deliveries	3.90%	15.60%	9.10%	39.00 %	32.50%	3.8	1.6
Effective government policies play a significant role in attaining timely deliveries	3.90%	3.90%	13.00%	41.60 %	37.70%	4.1	1.0
Apt programs implementation plays a significant role in attaining timely deliveries	3.90%	5.20%	7.80%	41.60 %	41.60%	4.1	1.0
Average						3.8	1.1

4.4.2 Competence of Health Workforce and Performance of Community Health Projects

The second objective was to establish the influence competence of health workforce on performance of community health projects in Githunguri sub-county of Kiambu. 43 % agreed effective, 18 % said that it was strongly effective, 32 % said it was somehow ineffective, while ineffective was at 7%.

Table 4.8: Competence Rating

Rating	Percent
Ineffective	7
Somehow ineffective	32
Effective	43
Strongly effective	18
Total	100

55.80% agreed on statement that Training and development of health workforce plays a significant role in cost reductions. Further 49.40% of the respondents were in agreement that skills advancement of health workforce plays a significant role in cost reductions. 37.70% respondents strongly agreed that training and development of health workforce significant improve customer satisfaction

51.90% of the respondents were neutral on the statement that capacity building of health workforce plays a significant role in improving customer satisfaction. Results indicated that majority of the respondents 46.80% agreed on the statement that skills advancement of health workforce plays a significant role in improving customer satisfaction.

42.90% agreed on the statement that training and development of health workforce plays a significant role in attaining timely deliveries. 40.30% agreed on statement that

capacity building of health workforce significant in attaining timely deliveries. 36.40% agreed on the statement that skills advancement of health workforce plays a significant role in attaining timely deliveries.

The average mean of all the statements was 3.7 indicating majority agreed on competence of health workforce influences performance of community health projects in Githunguri sub-county of Kiambu, Kenya. However the variations in the responses shown 1.2

Table 4.9: Competence of Health Workforce and Performance of Community**Health Projects**

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Training and development of health workforce plays a significant role in cost reductions	3.90%	14.30%	16.90%	55.80%	9.10%	3.5	1.0
Skills advancement of health workforce plays a significant role in cost reductions	11.70%	11.60%	7.80%	19.50%	49.40%	3.8	1.5
Training and development of health workforce plays a significant role in improving customer satisfaction	7.80%	3.90%	16.80%	33.80%	37.70%	3.9	1.2
Capacity building of health workforce plays a significant role in improving customer satisfaction	10.40%	7.80%	51.90%	29.90%	0.00%	3.0	0.9
Skills advancement of health workforce plays a significant role in improving customer satisfaction	3.90%	3.90%	11.60%	33.80%	46.80%	4.2	1.0
Training and development of health workforce plays a significant role in attaining timely deliveries	3.90%	9.10%	15.60%	42.90%	28.50%	3.8	1.1
Capacity building of health workforce plays a significant role in attaining timely deliveries	3.90%	11.70%	16.80%	27.30%	40.30%	3.9	1.2
Skills advancement of health workforce plays a significant role in attaining timely deliveries	7.80%	11.70%	11.70%	32.40%	36.40%	3.8	1.3
Average						3.7	1.2

4.4.3 Accountability to Development Partners and Performance of Community

Health Projects.

There was also need to determine the influence of accountability to development partners on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. The respondents were asked to comment on extent of accountability to development partners on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. Results indicated that majority of the respondents 35% agreed that it was effective, 36 % said that it was strongly effective, while ineffective 13% and somehow effective 16%.

Table 4.10:Accountability Rating

Rating	Percent
Ineffective	13
Somehow ineffective	16
Effective	35
Strongly effective	36
Total	100

48.10% agreed on the statement that preparation of audited financial statements significant in cost reductions. 33.80% agreed on the statement that having reliable key performance indicators. Further 35.80% of the respondents were in agreement continuous monitoring and evaluation of activities significant in cost reductions.

41.60% of the respondents agreed that preparation of audited financial statements significant in improving customer satisfaction. 43.40% of the respondents expressed agreement on the statement that having reliable key performance indicators plays a significant role in improving customer satisfaction. 50.60% of the respondents

expressed agreement on the statement that continuous monitoring and evaluation of activities significant in improving customer satisfaction.

53.30% of the respondents agreed that preparation of audited financial statements significant role in attaining timely deliveries. 64.90% of the respondents expressed agreement on the statement that having reliable key performance indicators significant in attaining timely deliveries. 53.30% of the respondents expressed agreement that continuous monitoring and evaluation of activities plays a significant in attaining timely deliveries.

Average mean of all statements 3.23 indicating that majority of the respondents agreed on accountability influence on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. However the variations in the responses shown standard deviation of 1.28.

Table 4.11: Accountability to Development Partners and Performance of Community Health Projects

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Preparation of audited financial statements plays a significant role in cost reductions	10.60%	10.90%	12.20%	48.10%	18.20%	3.17	1.35
Having reliable key performance indicators plays a significant role in cost reductions	17.70%	15.50%	13.60%	33.80%	19.40%	3.14	1.45
Continuous monitoring and evaluation of activities plays a significant role in cost reductions	15.60%	14.50%	16.10%	35.80%	18.00%	3.04	1.39
Preparation of audited financial statements plays a significant role in improving customer satisfaction	13.00%	12.90%	16.40%	41.60%	16.10%	3.21	1.32
Having reliable key performance indicators plays a significant role in improving customer satisfaction	10.40%	13.50%	11.70%	43.40%	21.00%	3.51	1.39
Continuous monitoring and evaluation of activities plays a significant role in improving customer satisfaction	5.20%	12.70%	12.90%	50.60%	18.60%	3.48	1.28
Preparation of audited financial statements plays a significant role in attaining timely deliveries	9.10%	11.10%	12.60%	53.30%	13.90%	3.38	1.32
Having reliable key performance indicators plays a significant role in attaining timely deliveries	3.90%	14.30%	7.80%	64.90%	9.10%	3.52	0.98
Continuous monitoring and evaluation of activities plays a significant role in attaining timely deliveries	6.90%	13.40%	20.00%	53.30%	6.40%	2.64	1.06
Average						3.23	1.28

4.4.4 Stakeholder Participation and Performance of Community Health Projects

There was also need stakeholder participation on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. They commented on extent of stakeholder participation performance of community health projects in Githunguri sub-county of Kiambu, Kenya. 35% agreed effectively, 36% strongly effective, while ineffective 13% and somehow effective 16%

Table 4.12: Stakeholder Participation Rating

Rating	Percent
Ineffective	13
Somehow ineffective	16
Effective	35
Strongly effective	36
Total	100

51.90% agreed on the statement that project ownership by the community plays a significant role in cost reductions. 36.40% agreed on the statement that community capital contribution plays a significant in cost reductions. Further 37.70% of the respondents were in agreement community involvement a significant in cost reductions.

58.40% of the respondents agreed that project ownership by the community plays a significant role in improving customer satisfaction. 45.50% of the respondents expressed agreement on the statement that community capital contribution plays a

significant in improving customer satisfaction. 59.70% of the respondents expressed agreement community involvement significant in improving customer satisfaction.

37.70% of the respondents agreed that project ownership by the community significant in attaining timely deliveries. 41.60% of the respondents expressed agreement on the statement that community capital contribution significant in attaining timely deliveries. 42.90% of the respondents expressed agreement on the statement that community involvement significant in attaining timely deliveries.

The average mean of all the statements was 3.5 indicating that majority of the respondents agreed on stakeholder participation influences performance of community health projects in Githunguri sub-county of Kiambu, Kenya. However the variations in the responses were varied as shown by a standard deviation of 1.11.

Table: 4.13 Stakeholder Participation and Performance of Community Health

Projects

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Deviation
Project ownership by the community plays a significant role in cost reductions	3.90%	7.80%	9.10%	51.90%	27.30%	2.987	0.910
Community capital contribution plays a significant role in cost reductions	3.90%	10.40%	13.00%	36.40%	36.40%	3.909	1.015
Community involvement in various projects plays a significant role in cost reductions	13.00%	3.90%	16.90%	37.70%	28.60%	3.909	1.126
Project ownership by the community plays a significant role in improving customer satisfaction	7.80%	7.80%	5.20%	58.40%	20.80%	3.649	1.29
Community capital contribution plays a significant role in improving customer satisfaction	10.40%	16.90%	27.30%	45.50%	0.00%	3.766	1.11
Community involvement in various projects plays a significant role in improving customer satisfaction	16.90%	3.90%	7.80%	11.70%	59.70%	3.077	1.022
Project ownership by the community plays a significant role in attaining timely deliveries	5.20%	16.90%	9.10%	37.70%	31.20%	3.935	1.541
Community capital contribution plays a significant role in attaining timely deliveries	3.90%	5.20%	13.00%	41.60%	36.40%	3.727	1.220
Community involvement in various projects plays a significant role in attaining timely deliveries	3.90%	5.20%	7.80%	42.90%	40.30%	4.013	1.032
Average						3.5	1.1

4.5 Correlation Analysis

Correlation determined significance and degree of association of the variables and predict the level of variation in the dependent variable caused by the explanatory variables. This is shown in Table 4.14.

Table 4.14: Summary of Pearson's Correlations

		Gove rnance	Competenc e of Health Workforce	Acco untab ility	Stakehol ders Participa tion	Performance of community health projects
Governance	Pearson Correlati on Sig. (2-tailed)		1			
Competence of Health Workforce	Pearson Correlati on Sig. (2- tailed)	.331* *		1		
Accountabilit y	Pearson Correlati on Sig. (2- tailed)	.323* *	.398**		1	
Stakeholders Participation	Pearson Correlati on Sig. (2- tailed)	.317* *	.746**	0	.500**	1
Performance of Community Health Projects	Pearson Correlati on Sig. (2- tailed)	.656* *	.641**	.619**	.522**	1
		0.00	0.00	0.00	0.00	0.00

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

The results positive relationship ($r=0.656$) between governance and performance of community health projects. In addition, the researcher found the relationship to be statistically significant at 5% level ($p=0.000, <0.05$).

Pearson correlation coefficient computed and tested at 5% significance level. The results indicate that there is a positive relationship ($r=0.641$) between competence of health workforce and performance of community health projects.

The correlation analysis to determine the relationship between accountability to development partners and performance of community health projects, Pearson correlation coefficient computed and tested at 5% significance level. The results indicate that there is a positive relationship ($r=0.619$) accountability to development partners and performance of community health projects.

The relationship amid stakeholder participation and performance of community health projects, Pearson correlation coefficient computed and tested at 5% significance level. The results indicate that there is a positive relationship ($r=0.522$) between stakeholder participation and performance of community health projects.

4.6 Regression Analysis

Table 4.10 presents the regression coefficient of independent variables against dependent variable. The results of regression analysis revealed there is a significant positive relationship between dependent variable and the independent variable. The independent variables reported R value of 0.891 indicating that there is perfect relationship between dependent variable and independent variables. R square value of 0.795 that 79.5% of the corresponding variation in performance of community health projects can be explained or predicted by governance, competence of health workforce, accountability to development partners and stakeholder participation index. The adjusted R square in the table 0.783 is called the coefficient of determination which indicates how performance of community health projects varied with variation in effects of factors which includes; governance, competence of health workforce, accountability to development partners and stakeholder participation index.

Table 4.15: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.891 ^a	.795	.783	.1239

a) Predictors: (constant), Governance, Competence of Health Workforce, Accountability to Development Partners and Stakeholder Participation

b) Dependent Variable: Performance of Community Health Projects

The research used a multiple regression model

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Where **Y**= Performance of Community Health Projects

β_0 = Constant

X_1 = Governance

X_2 =Competence of Health Workforce

X_3 =Accountability to Development Partners

X_4 = Stakeholder Participation

ϵ = Error Term at 95% confidence level.

The regression equation will be;

$$Y = 2.256 + 0.149X_1 + 0.13X_2 + 0.11X_3 + 0.078X_4$$

Table 4.16: Coefficients of Determination

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.256	0.211		10.678	0.000
	Governance	0.149	0.043	0.259	3.437	0.001
	Competence of Health Workforce	0.13	0.057	0.241	2.294	0.025
	Accountability to Development Partners	0.11	0.023	0.383	4.7	0.000
	Stakeholder participation	0.078	0.045	0.188	1.711	0.001

- a) Predictors: (constant), Governance, Competence of Health Workforce, Accountability to Development Partners and Stakeholder Participation
b) Dependent Variable: Performance of Community Health Projects

Table 4.17: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.42	4	0.855	34.292	.000 ^b
	Residual	1.796	72	0.025		
	Total	5.216	76			

- a) Predictors: (constant), Governance, Competence of Health Workforce, Accountability to Development Partners and Stakeholder Participation
b) Dependent Variable: Performance of Community Health Projects

The significance value is 0.000 which is less than 0.05 thus the model is statistically significant in predicting how governance, competence of health workforce, accountability to development partners and stakeholder participation influence performance of community health projects. The F critical at 5% level of significance was 86.8. Since F calculated which can be noted from the ANOVA table above is 34.292 which is greater than the F critical (value = 34.292), this shows that the overall

model was significant. The study therefore establishes that; governance, competence of health workforce, accountability to development partners and stakeholder participation influence performance of community health projects.

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND
RECOMMENDATIONS

5.1 Introduction

This chapter provides a detailed summary of the major findings of the actual study; it then draws conclusions and discusses implications emanating from these findings. Finally, it makes some recommendations and suggestions on areas of further study. The main aim of the study was to study the influence of project sustainability on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. It specifically sought to determine the influence of; governance, competence of health workforce, accountability to development partners and stakeholder participation on performance of community health projects.

5.2 Summary of Findings

The following is a summary of the findings that were arrived at after the analysis of data and are based on the research objectives.

5.2.1 Governance and Performance of CHPs

After analyzing data with both the multiple regression model & correlation analysis it emerged that indeed governance was the most sought after sustainability strategy influencing performance of CHPs. With improper management the CHPs may suffer by way of revenue loss, operational inefficiencies & customer dissatisfaction. Results from table 4.5 show that indeed most respondents are in agreement with most statements regarding influence of governance on performance of the CHPs with regards to cost reduction of services and supplies, customer satisfaction on services provided and timely deliveries of supplies. However, there is tremendous need for proper governance practices to be continually upheld so as to ensure that the CHPs are

functioning and operating to their maximum capacity so as to achieve their long term goals and objectives of providing quality health services.

5.2.2 Competence of Health Workforce and Performance of CHPs

Competence of health workforce is uniquely placed as a precursor to ensure that the job is done right. It is gained in the health workforce through adequate training and development, capacity building and skill advancement. From the regression and correlation analysis, competence of health workforce emerged to be the second most sought after sustainability strategy influencing performance of CHPs in Githunguri. Results from table 4.6 show that most of the respondents were in agreement with most statements regarding influence of competence of health workforce on performance of the CHPs.

5.2.3 Accountability to Development Partners and Performance of CHPs

Accountability is all about transparency and in this case transparency to funders who fund these CHPs and expect the funds to be put into proper use for the benefit of the project beneficiaries. It is therefore an obligation for CHPs to account for its activities/operations, accept responsibility for them and to disclose its finances expenditure to the funders in a transparent manner. Table 4.7 shows that a majority of respondents were found to highly agree that community health projects had embraced accountability to development partners by use of audited financial statements which monitored how expenditure was put into good use, reliable KPIs had been embraced to monitor the performance of the CHPs and so was continuous monitoring and evaluation of the CHPs to know if they are working as per their set objectives.

5.2.4 Stakeholder Participation and Performance of CHPs

Stakeholder participation involves sharing a common understanding and involvement in the decision-making of the Project. The Community Elders were found to be well represented and well involved in the CHPs, they served as representatives of the community to matters that may arise as a result of the CHPs which may affect them in one way or another. Communities surrounding the CHPs play an important role in the implementation and progress of the health based projects. A majority of the respondents as per Table 4.8 were in agreement to statements regarding project ownership, community capital contribution and community involvement and their influence on performance of the CHPs.

5.3 Discussions of the Findings

The study sought to assess influence of governance on performance of community health projects as the first objective of the study. A majority of respondents were found to highly agree that community health projects had embraced governance with regard to its project sustainability strategies. Improving management's capacity and government policies adherence were common among community health projects. Correlation and regression results revealed that this was an important variable that could perhaps be explained by the observation from the findings that governance was an important factor in influencing performance of community health projects.

The study sought to assess influence of competence of health workforce on performance of community health projects as the second objective of the study. A majority of respondents were found to highly agree that community health projects had embraced improving competence of health workforce with regard to its project sustainability strategies. Training, development and capacity building were common

among community health projects. Correlation and regression results revealed that this was an important variable that could perhaps be explained by the observation from the findings that competence of health workforce was an important factor in influencing performance of community health projects.

The study sought to assess influence of accountability to development partners on performance of community health projects as the third objective of the study. A majority of respondents were found to highly agree that community health projects had embraced accountability to development partners with regard to its project sustainability strategies. Audited financial statements and continuous monitoring and evaluation were common among community health projects. Correlation and regression results revealed that this was an important variable that could perhaps be explained by the observation from the findings that accountability to development partners was an important factor in influencing performance of community health projects.

5.4 Conclusions

Based on the study findings, the study concludes that performance of community health projects can be improved by governance, competence of health workforce, accountability to development partners and stakeholder participation.

First, in regard to governance, the regression coefficients of the study show that it has a significant influence of 0.149 on performance of community health projects. This implies that increasing levels of governance by a unit would increase the levels of performance of community health projects by 0.149. This shows that governance has a positive influence on performance of community health projects.

Second in regard to competence of health workforce, the regression coefficients of the study show that it has a significant influence of 0.13 on performance of community health projects. This implies that increasing levels of competence of health workforce by a unit would increase the levels of performance of community health projects by 0.13. This shows that competence of health workforce has a positive influence on performance of community health projects.

With regard to the third objective, the regression coefficients of the study show that it has a significant influence of 0.11 on performance of community health projects. This implies that increasing levels of accountability to development partners by a unit would increase the levels of performance of community health projects by 0.11. This shows that accountability to development partners has a positive influence on performance of community health projects.

Lastly, the regression coefficients of the study show that it has a significant influence of 0.078 on performance of community health projects. This implies that increasing levels of stakeholder participation index by a unit would increase the levels of performance of community health projects by 0.078. Stakeholder participation has a positive influence on performance of community health projects.

5.5 Recommendations for Policy Action

1. To ensure that community health projects have better performance they should focus more on using their strategic governance tools so as to ascertain the realistic financial capacity of suppliers, their realistic technical capacity and ensure that there is consistency of quality in goods supplied. In the same regard, they should outsource consultants to enable them to come up with governance appraisals that articulate with their organization objectives.
2. With regard to the second objective, it would be salutary for community health projects to invest more in the competence of their workforce to reduce the cost of reworks through unnecessary breakdowns and ensure the employees get it right the first time. This should be done consistently with the training, improvement of their communication channels, processes and capacity as well as enabling them skill-wise to acquire the up to date capacity to operate all equipment.
3. In relation to accountability to development partners, the organizations should create audited financial statements so as to have a more improved accountability characterized by a shared mindset and good financial and funds flow. If community health projects embrace reliable key performance indicators in their processes then there will be cost reduction and timing of delivery will improve.
4. Concerning stakeholder participation, there is need for community health projects to always make sure the community has ownership of the project. In the same regard, they should outsource consultants to enable them to come up with community capital contribution strategies that articulate with their organization objectives.

5.5.1 Suggestions for Further Studies

The study is a milestone for further research in the field of performance of community health projects in Africa and particularly in Kenya. The findings demonstrated the important project sustainability strategies to performance in community health projects to include; governance, competence of health workforce, accountability to development partners and stakeholder participation. The current study should be expanded include project sustainability strategies that have positive significance to performance of community health projects.

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Appendices

Appendix I : Introduction Letter

Dear Respondent,

I am a student at University of Nairobi pursuing a graduate degree in Master of Arts in Project Planning and Management. I am conducting a research on the influence of project sustainability strategies on performance of community health projects in Githunguri, sub-county of Kiambu, Kenya. The results of this survey will be used for academic purposes only and shall be treated with utmost confidence and anonymity.

Your assistance in filling this questionnaire is highly appreciated.

Thank you.

Yours Faithfully,

George Kaloki Munguti

L50/84476/2016

UNIVERSITY OF NAIROBI

Appendix II: Questionnaire

This questionnaire has been set in relation to the objectives of the study. All the questions relate to influence of project sustainability strategies on performance of community health projects in Githunguri sub-county of Kiambu, Kenya. Kindly read the questions carefully and answer them as honestly as possible by ticking (✓), rating, specifying or writing the correct answers precisely on the spaces provided.

SECTION 1: RESPONDENT'S INFORMATION

1. Department of the person filling the questionnaire

2. Gender (Please tick in the appropriate box)

i) Male []

ii) Female []

3. What is your age?(Please tick in the appropriate box)

i) 18-30 []

ii) 31-40 []

iii) 41-50 []

iv) 50 and above []

4. What is your level of education? (Please tick in the appropriate box)

i) Certificate level []

ii) Diploma level []

iii) Degree level []

iv) Master level []

5. Number of years served in your current office

i) 0-2 []

ii) 3-5 []

iii) 6-8 []

iv) 9 and above []

SECTION 2: Governance (To be filled by Administrators)

6. Explain how your organization implements the established governance structures

a)

b)

c)

7. How would you rate the governance structures implemented in your organization?

a) Very Effective

b) Effective

c) Somehow Effective

d) Ineffective

8. Please indicate the extent to which you agree or disagree with the following statements (Please Tick 1 for “Strongly Disagree”, 2 for “Disagree”, 3 for neutral”, 4 for “Agree” and 5 for “Strongly Agree”).

		1	2	3	4	5
a)	Management capacity plays a significant role in cost reductions					
b)	Effective government policies play a significant role in cost reductions					
c)	Apt programs implementation plays a significant role in cost reductions					
d)	Management capacity plays a significant role in improving customer satisfaction					
e)	Effective government policies play a significant role in improving customer satisfaction					
f)	Apt programs implementation plays a significant role in improving customer satisfaction					
g)	Management capacity plays a significant role in attaining timely deliveries					
h)	Effective government policies play a significant role in attaining timely deliveries					
i)	Apt programs implementation plays a significant role in attaining timely deliveries					

9. List some of the ways in which governance structures implemented can improve the performance of your organization.

a)

b)

c)

SECTION 3: Competence of Health Workforce (To be filled by Doctors)

10. Explain how your organization implements systems of improving competence of health workforce?

a)

b)

c)

11. How would you rate the competence of health workforce systems implemented in your organization?

a) Very Effective

b) Effective

c) Somehow Effective

d) Ineffective

12. Please indicate the extent to which you agree or disagree with the following statements. (Please Tick 1 for “Strongly Disagree”, 2 for “Disagree”, 3 for neutral”, 4 for “Agree” and 5 for “Strongly Agree”).

		1	2	3	4	5
a)	Training and development of health workforce plays a significant role in cost reductions					
b)	Capacity building of health workforce plays a significant role in cost reductions					
c)	Skills advancement of health workforce plays a significant role in cost reductions					
d)	Training and development of health workforce plays a significant role in improving customer satisfaction					
e)	Capacity building of health workforce plays a significant role in improving customer satisfaction					
f)	Skills advancement of health workforce plays a significant role in improving customer satisfaction					
g)	Training and development of health workforce plays a significant role in attaining timely deliveries					
h)	Capacity building of health workforce plays a significant role in attaining timely deliveries					
i)	Skills advancement of health workforce plays a significant role in attaining timely deliveries					

13. In your view, how does the improvement of competence of health workforce influence performance of your organization?

a)

b)

c)

Section 4- Accountability to Development Partners (To be filled by Administrators and Financiers)

14. Explain how your organization implements systems for accountability to development partners?

a)

b)

c)

15. How would you rate the accountability to development partners system implemented in your organization?

a) Very Effective

b) Effective

c) Somehow Effective

d) Ineffective

16. Please indicate the extent to which you agree or disagree with the following statements. (Please Tick 1 for “Strongly Disagree”, 2 for “Disagree”, 3 for neutral”, 4 for “Agree” and 5 for “Strongly Agree”).

		1	2	3	4	5
a)	Preparation of audited financial statements plays a significant role in cost reductions					
b)	Having reliable key performance indicators plays a significant role in cost reductions					
c)	Continuous monitoring and evaluation of activities plays a significant role in cost reductions					
d)	Preparation of audited financial statements plays a significant role in improving customer satisfaction					
e)	Having reliable key performance indicators plays a significant role in improving customer satisfaction					
f)	Continuous monitoring and evaluation of activities plays a significant role in improving customer satisfaction					
g)	Preparation of audited financial statements plays a significant role in attaining timely deliveries					
h)	Having reliable key performance indicators plays a significant role in attaining timely deliveries					
i)	Continuous monitoring and evaluation of activities plays a significant role in attaining timely deliveries					

17. In your view, how does accountability to development partners improve performance of your organization?

a)

b)

c)

SECTION 5: Stakeholder Participation Index (To be filled by Community elders)

18. What are your roles as a stakeholder of your community health project?

a)

b)

c)

19. How would you rate the improvement of stakeholder participation program implemented in your organization?

a) Very Effective

b) Effective

c) Somehow Effective

d) Ineffective

20. Please indicate the extent to which you agree or disagree with the following statements. (Please Tick 1 for “Strongly Disagree”, 2 for “Disagree”, 3 for neutral”, 4 for “Agree” and 5 for “Strongly Agree”).

		1	2	3	4	5
a)	Project ownership by the community plays a significant role in cost reductions					
b)	Community capital contribution plays a significant role in cost reductions					
c)	Community involvement in various projects plays a significant role in cost reductions					
d)	Project ownership by the community plays a significant role in improving customer satisfaction					
e)	Community capital contribution plays a significant role in improving customer satisfaction					
f)	Community involvement in various projects plays a significant role in improving customer satisfaction					
g)	Project ownership by the community plays a significant role in attaining timely deliveries					

h)	Community capital contribution plays a significant role in attaining timely deliveries					
i)	Community involvement in various projects plays a significant role in attaining timely deliveries					

21. In your view, how does stakeholder participation improve performance of your organization?

a)

b)

c)

SECTION 6: Performance of Community Health Projects (To be filled by Administrators & Financiers)

(Please indicate by ticking the appropriate box, the change in performance that has occurred as a result of project sustainability strategies)

(Please indicate by ticking the margin of reduction in cost over the last five years)

22. Cost Reduction

Category	2012	2013	2014	2015	2016
Cost Reduction '000'					
00 – 10					
10 – 20					
20 – 30					
30 – 40					
More than 40					

(Please indicate by ticking the margin of customer satisfaction improvement as indicated by internal customers' satisfaction surveys over the last five years)

23. Customer Satisfaction

Category	2012	2013	2014	2015	2016
Percentage (%)					
00-20					
20-30					
30-40					
40-50					
Over 50					

(Please indicate by ticking the margin of lead time reduction in delivery of supplies over the last five years)

24. Lead Time Reduction

Category	2012	2013	2014	2015	2016
Lead Time 'Weeks'					
0-1					
1-2					
2-3					
3-4					
More than 4					

THANK YOU FOR YOUR TIME

Appendix III: Letter from the University



UNIVERSITY OF NAIROBI
OPEN DISTANCE AND e- LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN LEARNING
NAIROBI LEARNING CENTRE

Your Ref:
Our Ref:
Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

23RD November, 2017

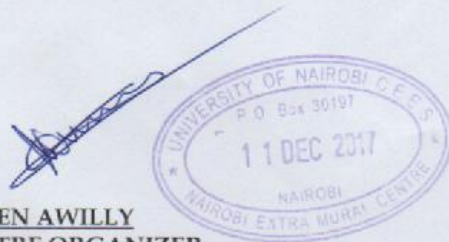
REF: UON/ODeL/NLC/27/30

RE: MUNGUTI KALOKI GEORGE- REG NO.L50/84476/2016

The above named is a student at the University of Nairobi Open, Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing Master of Arts in Project Planning and Management.

He is proceeding for research entitled "Influence of Project Sustainability Strategies on Performance of Community Health Projects in Githunguri Sub-County of Kiambu Kenya"

Any assistance given to him will be appreciated.



CAREN AWILLY
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