FACTORS INFLUENCING IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS: A CASE OF SELECTED HEALTH CENTRES IN WAJIR COUNTY, KENYA

ABDISALAN YAROW ADAN

A Research Project Submitted in Partial Fulfilment of the Requirement for the Award of the Degree of Masters of Arts in Project Planning and Management of the University of Nairobi.

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DECLARATION

This project is my original work which has not been presented to any university or other institution of higher learning in Kenya for the award of any degree.

Signed: _____ Date _____

ABDISALAN YAROW ADAN

Reg. No: L50/84274/2015

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

Signed: _____Date _____
Dr. Naomi Gikonyo
Senior Lecturer
University of Nairobi

DEDICATION

I dedicate this research project to my wife Dahira Yarrow Ibrahim and children Imran, Hamza and Ummulkheir.

ACKNOWLEDGEMENT

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To you all I say Thank you and God Bless.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS AND ABBREVIATIONS

CDF	Constituency Development Fund
KEMSA	Kenya Medical Supplies Authority
MDPs	Major Development Partners
NACOSTI	National Commission for Science and Technology
NGOs	Non-Governmental Organization
RDT	Resource Dependence Theory
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
UON	University of Nairobi

ABSTRACT

Project success depends on time, budget and deliverables as set prior to the commencement and the actual results. The Northern part of Kenya is characterized by spatial population who majorly rely on livestock and move with them from one location to another in search of pastures. Therefore, setting up healthcare service centres will help improve the living standards of the community by providing them with an opportunity to access healthcare whenever need arise. The main purpose of this study was to establish the factors influencing implementation of community-based health projects among selected health centres in Wajir County, Kenya. This study was guided by the following objectives, determining the influence of funding on implementation of community-based health projects among selected health centres in Wajir County, Kenya; assessing the influence that community participation has on implementation of community-based health projects among selected health centres in Wajir County, Kenya; establishing how personnel competency influences implementation of community-based health projects among selected health centres in Wajir County, Kenya; and assessing the influence that stakeholder relationships has on implementation of community-based health projects among selected health centres in Wajir County, Kenya. The researcher applied a descriptive study design. The population of the study comprised of 31,550 respondents selected through stratified random sampling where the population was grouped into healthcare personnel, national administrator officers and project beneficiary households. Using a formula, the sample size of 384 respondents was contacted for the data collection. The study relied on primary data collected using questionnaires and focussed group discussions. Data analysis was done using descriptive and multiple linear regression analysis. The findings were presented in form of tables and figures. The study expected to come up with estimates on the rate of change in community project implementation following unit changes in each of the independent variable. It is expected that community participation influences project acceptability and uptake, personnel competence influences the speed and quality of project implementation, funding influences how projects are implemented and stakeholders influence the rate of project implementation. The study established that funding ($p=0.003<0.05$, $t=3.021>1.96$), community participation ($p=0.000<0.05$, $t=7.267>1.96$), personnel competency ($p=0.000<0.05$, $t=4.646>1.96$) and stakeholder relationship ($p=0.000<0.05$, $t=6.325>1.96$) all significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. The study concludes that funding, community participation, personnel competency and stakeholder relationship were critical factors affecting implementation of community-based health projects in Wajir county. The study recommends that Financing of all community-based health projects in Kenya should be based health on predeveloped budgets. Top management team charged with implementation of community-based health projects should first ensure that such projects are welcomed by community members. Management team of community-based health projects should ensure that employees engaged in health care projects possess necessary experience. Proper measures should be put in place to manage supplier relationships so as to promote implementation of community-based health projects in Kenya.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

A project describes temporary activities carried out by a given group of people that cooperate in effort to come up with unique products (Project Management Institute, 2010). Projects are activities carried out within a stipulated period of time following a clearly established financial budget. Projects are also guided by specific expected deliverable at each stipulated time (Crawford, 2015). The success of any project relies on time available, the budgeted figure and the expected deliverables before commencement in relation to the final results. It is only when the project is on schedule and budget achieving expected deliverables that it can be termed as success (Bryde, Broquetas &Volm, 2013).

There are several unique characteristics of projects that distinguish them from other activities within an organization. First, a project is temporary as seen by a clearly established date to start and the date to end the activities within the project. Secondly, projects result into unique outcomes in the sense the end product is totally different from the already existing ones (Ngondo, 2014). Thirdly, projects have progressive elaboration such that one cannot clearly understand it at the time it starts or before starting. Therefore, planning and execution occurs many times in separate stages commonly referred to as phases. With time, the project team gets to understand necessary steps to be adhered to, the excepted deliverables and the best way to implement the project (Minja,

2014). With this, initial drafts are elaborated by the project team with execution of next project phases in view of the drafts.

Healthcare projects are important in developing nations like Kenya. This is because they help in the achievement of sustainable development goals on health hence improve the living standards of a population (Prabhakaran, Nair & Ramachandran, 2014). The Northern part of Kenya is characterized by spatial population who majorly rely on livestock and move with them from one location to another in search of pastures. Therefore, setting up healthcare service centres will help improve the living standards of the community by providing them with an opportunity to access healthcare whenever need arise (Kimathi, 2011).

According to Meskendahl (2010), involving majority of the key stakeholders is important in project life cycle from the time the project is designed all through the implementation. This ensures that beneficiaries have a chance to bring in virtues of sustainability, transparency and accountability. Majority of development partners in Europe for example The European Union and the World Bank Group exert control approaches to development and implementation of projects (Patil, 2015). Most recipient countries like Germany, France and Italy have received a lot of pressure from these development partners and agencies in view of stewardship on projects they finance. However, traditionally, most communities experiencing direct influence of MDP-financed projects are not largely involved in project implementation or design (Warburton, 2013). Ultimately, many projects do not meet the needs and expectation of locals reducing chances of their success. Additionally, locals who are in better position of monitoring and

reporting effect of the project are denied key information with regard to the terms and conditions and their rights to these projects (Crawford, 2015).

In Sub-Saharan Africa, the developing countries have a consistent challenging in implementing and managing community-based health projects to date. Allowing beneficiaries to actively participate in project from the time of design to implementation in very critical as it ensures that sponsors and donors to identify and address issues resulting into poor participation from members of the community (Prabhakaran *et al*., 2014). There are several factors that lead to poor community participation in community-based health projects that include environmental, economic, social and cultural especially in developing states. Most people take part in community-based health projects if they are in position or have expectation of getting significant products that sustain their lives (Bryde, et al., 2013). In Kenya, assessment of accurate information on the need of the community to engage in development projects has resulted into major challenges and constraints in rural practitioners of development including managers, planners and policy makers (Ondari & Gekara, 2013). This has often resulted in inaccurate evaluation of needs of development of people in rural areas and this makes it hard for development and government agencies to effectively determine achieved progress in improving the living conditions of people in rural areas.

Wajir County is located on the extreme end of the North-Eastern border of the Country, Wajir County has a vast amount of virgin land with barely any signs of over-population. The County has six sub-counties including: Wajir North, Wajir West, Eldas, Tarbaj, Wajir East and the Wajir South. Comprised mainly of arid and semi-arid regions, the

huge tracts of uncultivated land are utilized by wild-life. Wajir East sub-county has the highest number of health centres. The most common health care facilities are Wajir County Referral Hospital, Barwaqo Dispensary Centre, Waqberi, African Muslim Agency Dispensary, Hodan Dispensary, the Catholic Mission Dispensary, Wajir TB Manyatta Centre, Ali-maow Health Centre, Wajir Bor Health centre and the Kutulo Health Centre in Kutulo division. The total number of health care facilities adds up to twenty-one.

The county allocates funds to development and equipping health centres on distance from one health centre to another and the number of locals being treated in each facility. Each centre is developed as per community needs and availability of participation by the community members and the stakeholders. With the dispensation of the new constitution, where the health is devolved hence the need to build and development.

1.2 Statement of the Problem

In developing countries, project approaches to development are important instruments used by development agencies to assist and reach poor communities (Ahsan & Gunawan, 2010). But the implementation of projects faces some challenges and even though in the recent past there has been an upsurge in 'bottom-up' approach to development projects; but still the community members are involved in a participatory manner as sources of labour instead in the actual decision-making process. Additionally, most community members are not fully involved in projects from the time of identification, during planning, at the time of implementation and the monitoring and evaluation stages. These

challenges affect negatively the implementation of community-based health projects. This trend can however be reversed by understanding the effect of project implementation.

Several studies (Crawford, 2015 & Patil, 2015) established that factors like highest level of education of participants, their age, and social economic benefits affects the ability of people to participate in community-Based Health projects. However, most importantly, it is only when households are in position to get significant products sustaining their lives that they will be able to take part in community-based health projects. Some of the life-sustaining products that inform community members to participate in community-Based Health projects include fodder, food and fuel. According to Gunawan and Ahsan (2010), the anticipated environmental and economic benefits inform people to participate in Community-Based Health projects. The author observes that poor socio-economic status in regard to their level of income and occupations determine the degree of their participation in Community-Based Health projects. According to the author, education level of people determines the extent which Community-Based Health projects are implemented.

Most of the studies conducted previously (Ahsan and Gunawan, 2010; Kagendo, 2013; Maritim, 2013; Cheboi, 2014; Ngondo, 2014; Patil, 2015; Crawford, 2015) have generalized on the factors affecting implementation of projects. Others focused on areas other than the health care systems. With limited studies on the subject in the rural and often neglected semi-arid region of North Eastern, this study sought to explore the knowledge gap and provide facts about implementation of Community-Based Health

project in Wajir County. Wajir County is characterised by nomadic lifestyle where residents move from one location to another with their livestock in search of green pastures and water. This makes that it is difficult to implement community-based projects in health as the people keeps on moving. This study sought to establish the factors influencing implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.

1.3 Purpose of the study

The purpose of this study was to establish the factors influencing implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.

1.4 Objectives of the Study

i. To determine the influence of funding on implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.
ii. To assess the influence of community participation on implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.
iii. To establish how personnel competency influences implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.
iv. To assess the influence of stakeholder relationships on implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya.

1.5 Research Questions

i. How does funding influence implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya?
ii. To what extent does community participation influence the implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya?
iii. To what extent does personnel competency influence implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya?
iv. How do stakeholder relationships influence the implementation of Community-Based Health projects among selected health centres in Wajir County, Kenya?

1.6 Significance of the Study

The contents of this study would be vital to several stakeholders including the Ministry of Health, and the Government of Kenya strategists in their plans to enact appropriate policies for the improvement of health care. The findings of this study would be relevant because they revealed the insistent factors affecting the implementation of Community-Based Health projects. Consequently, this study informed their future planning and strategy development as far as the operations of the Ministry of Health is concerned.

The study would provide appropriate information to help policy makers in the County of Wajir. The stakeholders in the county including the County government and Non-

governmental organizations would find the findings of this relevant in informing their policies on health administration.

To academicians and future scholars, the study would suggest areas that future studies can be undertaken on. This would help in expanding the level of knowledge available. Areas for further studies will emanate from the inherent limitations of the study. The findings would therefore, be an important source of reference for future scholars and researchers.

1.7 Delimitation of the Study

This study was limited in Wajir County, Kenya. The County had six sub-counties including: Wajir North, Wajir West, Eldas, Tarbaj, Wajir East and the Wajir South. The study focused on the Wajir East sub-county which has the highest number of health centres. With at least 10 active health facilities, it has twice more facilities than all the other sub-counties. The most common health care facilities are Wajir County Referral Hospital, Barwaqo Dispensary Centre, Waqberi, African Muslim Agency Dispensary, Hodan Dispensary, the Catholic Mission Dispensary, Wajir TB Manyatta Centre, Ali-maow Health Centre, Wajir Bor Health centre and the Kutulo Health Centre in Kutulo division. The total number of health care facilities adds up to twenty-one. The study covered stakeholders who include: National Government administration officers, healthcare administration officers and community beneficiaries totalling a sample of 384 respondents.

1.8 Limitations of the Study

The researcher was aware that some of the respondents would not be willing to share information that they deemed as confidential and they might be reprimanded by their superior. To overcome this limitation, the researcher carried with him an introduction letter from the University of Nairobi (UoN) to assure the respondents that the information sought was purely for academic purposes.

In addition, the researcher assured respondents of the confidentiality with which the information collected would be held with. The information provided would not be shared with any other unauthorized persons. The researcher collected a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) to ensure that he does not contravene the provisions for research conducted in Kenya.

This study only limited to exploring factors that influence implementation of community-based health projects in Kenya, specifically in Wajir county. As such, similar studies done using more counties could not necessarily yield similar results. Additionally, the study limited itself to primary data collected using structured questionnaires, and therefore other studies done using say secondary studies could yield different results. The study focused on four factors (funding, community participation, personnel competency and stakeholder relationship), and therefore similar studies done using more than four factors could result into different results.

1.9 Basic Assumptions of the Study

The researcher assumed that the data collection instruments would be reliable therefore ensuring the collection of quality research data. The researcher also assumed that the instruments for data collection would be valid hence ensuring that indeed they collect relevant data to the study objectives.

The researcher also assumed that the respondents were truthful and hence provided accurate and reliable information that was used for analysis. It was expected that all targeted respondents participated in the study without fear that the information they provide would be used against them in any way.

1.10 Definitions of Key Terms

Community-Based Health Projects: These are projects developed, funded and financed for the well-being of community members. They include free food samples and products to sustain the local community's livelihood.

Project Implementation: This is the actualization of plans by the community members, where they design, control and manage the project such that it completed on the scheduled time and serving its goal

Funding: Refers to the county allocates funds to developing and equipping health-based centres on distance from one health centre to another and the number of locals being treated in each facility. It involved budgetary allocations and disbursement of the funds from the county to the health centres.

Community participation: The process of involving community members in some aspects of the project.

Personnel competency: The level of skills and professional qualifications held by health care professionals in the Community based health healthcare project.

Stakeholder relationship: This refers to suppliers, donors and other strategic partners in community-based health projects. Partners of the projects manage supplies from donors and the national government.

1.11 Organization of the Study

Chapter one contains the introduction which covers background information, the statement of the problem, purpose of the study, objectives, research questions, significance of the study, basic assumptions, limitations that the researcher is likely to encounter and the various ways in which they will be overcome. Various key terms have also been defined in the context of the study before providing the organization of the study. Chapter two covers literature which covers scholarly work of researchers that have studied concepts close to what this study is focusing on. It specifically concentrated on the discussion of implementation community of community-based health projects, detailed analysis of the dependent variables, theoretical review, conceptual framework and a summary of the literature review. Chapter three presents the research methods that the researcher adopted to ensure exhaustive coverage of the study objectives. It highlights the research designs to be adopted, the study population together with sampling, pilot testing, data collection procedure, data analysis and ethical considerations. Chapter four

covers data analysis and presentation. It covers the response rate that highlights what the proportion of sample size that filled and returned questionnaires, a detailed presentation of findings per variable and inferential statistics. Chapter five presents summary, conclusions and recommendations based on the findings highlighted in chapter four.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers the theories in which the study objectives were anchored on. The section explains the value and relevance of the theories on the study objectives, together with key study variables. It shows the contributions of each theory and describes how the study variables vary over time. The chapter covers implementation of community-based health projects which is the dependent variable followed with the detailed literature on the independent variables. The study then highlights the theories on which the study is anchored before presenting the conceptual framework and a summary of the literature reviewed.

2.2 Implementation of Community Based-Health Projects

When a project is finished on time, within its scope, on budget and resolves its projected purpose is considered successful (Brooks, Waylen & Mulder, 2012). Project implementation relies on an ability to address other functions of the project through planning and close monitoring. This ensures that desired goals are executed in the community-Based Health projects. According to Otto, Zerner, Robinson, Donovan, Lavelle, Villarreal and Pearl (2013), community-based health projects are ones that recipients are continuously involved during design and manage management. In these projects, members of the community have direct influence on decisions made as well as how the invested funds are managed. Funding is the most significant factor contributing most of the success of community-based health projects. It is important to replicate the

financial needs of the projects at planning and execution stages of community-based health projects (Fabricius, Koch & Magome, 2013). In determining failure and success in alleviation of poverty, consideration should be given to availability of funds through comparison of the required money at the start and the one received.

Community participation is very important in the project that is from project design to execution to evaluation (Leeuw, Cameron & Greenwood, 2012). It guarantees the reflection of community main concern and requirement in the performance of the project and inspires community into upholding and operating project activities after the project is finished.

2.3 Funding and Implementation of Community Based Health Projects

Resource adequacy is an important factor in project implementation. The available finances set aside for implementation of projects is an important factor resulting into success of community-based health projects (Maritim, 2013). The implementation of most community-based health projects is done using funds from diverse sources and this affects the pace of implementation. Project success relies on how well the funds are managed (Trammell, Madnick & Moulton, 2012). It is important that sufficient and timely information is provided to those managing the execution and implementation of the projects. Some of these people involved in management of community-based health projects include the government regulatory bodies and commercial banks besides sponsors and donors. These parties are keen to ensure transparent and effective utilization of funds they have invested. This helps in prevention of corruption and fraud since it acts

as internal control system to monitor and control implementation of these projects (Carney, Hamada, Rdesinski, Sprager, Nichols, Liu & Shannon, 2012).

Several studies have examined the influence of funding on implementation of projects in communities. For instance, Kagendo (2013) examined how various factors influence project implementation using the case of urban slums situated in Kenya. This study concentrated on non-Governmental Organization (NGOs) based health in Kibera slums. This is an urban densely populated area which is different from Wajir that is less population. The study notes that implementation of projects is affected by myriad of factors ranging from internal to external. Stakeholder involvement also affects the project execution. The study recommended that stakeholder's involvement should be applied so that the stakeholder can harmonize the organizational goals and objectives and reduce disagreement level thereby increasing satisfaction.

Maritim (2013) assessed determinants of projects funded by Constituency Development Fund in Constituency of Bureti. Among the significant factors noted to influence implementation include governance, availing sufficient information, availing adequate resources, allowing stakeholders to take part and training. These factors played an important role as far implementation of CDF projects was concerned in Bureti. Among the recommendations of the study were the need to follow best project management practices to enhance implementation.

In another study, Trammell, Madnick and Moulton (2012) identified the diverse effect of funding instability on the government financed software expansion. It was noted that

financing played a key role. The timeliness with which finances are released, the adequacy of finance, and the general price of commodities will influence the success of community project implementation. The result of the study shows that stopping and starting projects like creating funding gap is very expensive and costly compared to continuing the project work. The existence of ramp up tax and consequential gap tax gives a reasoning effect. The study recommended that the effect of funding reduction can be lessened by the practice of realising new staff first. The organization should also focus all effort on production on the expenses of training and maintenance. Cheboi (2014) assessed how donor funding affected performance of government ministries in Kenya. The study used total amount of debt as a control variable. The study established significant association between total debt and performance contracting scores. The study further revealed that any decrease in performance contracting score was followed by total debt level, donor funding or both.

2.4 Community Participation and Implementation of Community Based-Health Projects

Projects meant for the community need to be fully accepted by the community if it is to be of benefit to them. The participation of the community adds to the sustainability of the project as they learn how to correct and adopt project changes. The people's interest is also protected as they are able to get and do activities independently thereby enabling self-reliance and dignity (Hart, 2013). By communities participating they are better placed to enhance project success as they are adept with skills and wisdom as they comprehend their needs more than foreigners. In so doing they have the multiplicity effect of new project ideas and thus can easily disseminate the same to other communities

and hence growth (Abbott, 2013). Participation promotes project ownership in some sense thereby project maintenance and protection becomes easy even after the exit of the donor as in the case of school buildings. Participation enables self-reliance even after the exit of the donor because it builds capacity amongst the members of the community to handle the implemented projects (Warburton, 2013).

David (2014) assessed how stages in community participation affected their sustainability. The study used a case of community-based health water projects. From the findings, at planning stage, community participation significantly influences sustainability of community-based health water projects. Therefore, it important that government officials, donors and water officials engage in prior consultation with members of the community. The study concludes that because allowing members of the community to take part in community projects significantly influences implementation.

Nour (2011) investigated the advantages and challenges of community participation as a method of maintain urban growth in Egypt. The study indicated that community participation has been mostly limited to consultation. These consultations helped in development of services that are demand driven. These consultations sometimes resulted into unexpected outcomes that drove innovation of new ideas and ways of doing things.

Ngondo (2014) conducted a study to assess how community participation affected the timely completion of projects funded by CDF. The result indicated that the project used facilitated focus group as the decision-making method. Project team should formulate

more strategies and methods of making decisions to avoid biasness. The study recommends for a need to devise strategies to evaluate the quality of the feedback. It was definite that beneficiaries of projects were not directly approached in joining CDF projects activity teams during any of CDF planning and implementation.

2.5 Personnel Competency and Implementation of Community Based-Health Projects

The competency of persons charged with the responsibility of implementing projects play a key role in terms of ensuring that the projects are a success. The skills they possess and how well they put them into action determines the level of project implementation success (Patil, 2015). Project implementation has been likened to people such that organizations just like people have a speed they can best operate. The degree which an organization can absorb major changes required in process is reflected in this speed (Gilan, Sebt & Shahhosseini, 2012).

Several studies have examined the influence of personnel competency on implementation of projects. Patil (2015) did a study on competency-based health organization for project management. The study indicated that the stakeholders who influence the outcome of a project are the foundation of an integrated and aligned project team, without which projects often fail. Owners must take the lead in defining those roles early in the project life cycle, instead of being reactive to the business and economic conditions.

In another study, Fry (2017) examined the way competencies of project manager in terms of leadership competencies and technical competencies. It is categorised in leadership competencies because the leadership competencies include intellectual, emotional quality and managerial. The study further indicated that the dynamics of system thinking has an advantage on the project management if used as a support in management. Technical competences were identified to include the elements of leadership of project implementation such as communication, scope, resource, cost, risk, time, quality and health and safety management. Crawford (2015) carried out a study on senior management perceptions of project management competence. The study established that perceptions held by senior staff have significant influence on project performance.

2.6 Stakeholder Relationship and Implementation of Community Based-Health Projects

Community projects normally involve a number of stakeholders working hand in hand to improve the welfare of community members (Bourne, 2009). The stakeholders include partners and suppliers who must work together to ensure that the projects are a success (Abeysekera & McLean, 2001). Engaging external and internal stakeholders contributes to sustainable innovation of an organization. However, this knowledge is internally managed by an organization for innovation. Involving communities in projects at initial stages and during implementation increases chances of sustainability. Bourne (2009) conducted a study on stakeholder relationship management. From the findings, communication from initiation all through to the implementation of projects is important for success of any projects. Project teams must have proper analytical skills with proper competence and experience in regard to how they communicate with other stakeholders.

Abeysekera and McLean (2001) did a study on how relationships affect the rate of project success using a stakeholder point of view. The study specifically examined the role played by stakeholder relationships in success of projects. The study established that the relationship between client and the main contractor is critical in achievement of success of the project. This brings in hierarchical model of relationships. The study established that the main contractor and the client were greatest risk takers as far as project implementation was concerned. Massaoud, Græe and Terje (2008) examined how project teams can built trust in projects. The study established that trust in project is built by strengthening communication skills, expressing commitment and enhancing integrity besides establishment of common goals.

2.7 Theoretical Framework

A theoretical framework comprises of concepts with clear definitions in reference to relevant literature. A theoretical framework shows understanding of concepts and theories that are applicable to a given subject under investigation (Labaree, 2009). The study will be based on Stakeholder Theory, Community Participation Theory and Resource Dependence Theory.

2.7.1 Community Participation Theory

This theory was formulated by Arnstein (1969) who proposed a ladder of participation. The theory suggests that community participation is influenced by several factors including attitude of project team, attitude of the leadership in the group, capacity and process issues and centre of power. In particular, Arnstein notes that a shift has been

realized in understanding community participation in terms of communities and empowerment of people. This has resulted from the increased recognition of citizen as consumers where choosing between alternatives is viewed as a means of accessing power (Abbott, 2013). This model requires people to be responsible in decision making. The theory is relevant to the study as similar factors proposed by Arnstein also influence community-based health projects.

The community participation theory will be the main theory for the study because it concerns the community and how it influences implementation of projects initiated for the benefit of the community. This theory is relevant in explaining the dependent variable of the study and how the independent variable interacts with it.

2.7.2 Stakeholder Theory

This theory was formulated by Freeman (1984). The theory is premised on the fact that members of the community are part of stakeholders in any project hence it is critical that they are involved in activities of the project from the initial stage all through to the final stage. The theory suggests that every legitimate individual or group taking part in project activities do so in order to obtain benefits. The theory further indicates that the priority of interest of all legitimate stakeholders are not self-evident (Donaldson & Preston, 1995). The theory addresses both external and internal stakeholders of any project (Freeman, 1984).

Community participation results into social unity and cohesion since it helps stakeholders to recognize the value derived from cooperating with one another (Prabhakaran, Nair &

Ramachandran, 2014). Through community participation, economic value is added both through development of skills and mobilization of contributions that are voluntary in nature. This increases chances of employment and wealth of the community while at the same time increasing networking and developing skills of community members. Ultimately, social exclusion is addressed (Shen & Cage, 2015).

The theory further emphasizes that members of the community also derive benefits from their participation. Members of the community need to participate in making of decisions ensuing staff are trained to handle members of the community while at the same time considering interests of community members. This theory hence helped in comprehensive understanding of the need for members of the community to participate in projects (Xu & Li, 2015).

2.7.3 Resource Dependence Theory (RDT)

This theory was developed by Pfeffer and Salancik (1978). The theory shows how a firm's external resources affect its behaviour. The theory suggest that organizations depend on resources for sustainability. In turn, these resources environment that the organization operates in. To a considerable extent, the environment is made up of other organizations. As such, resources required by one organization in one hand are often controlled by other firms. Resources are therefore a basis of power. Legally independent firms can be dependent on one another because of resources (Pfeffer & Salancik, 1978).

Although there is higher inter-dependence between firms, the RDT requires a critical examination. Its assertion of dependence forms the basis of its weakness (Drees &

Heugens, 2013). There is need to lean towards other theories of uncertainties especially with changing trends of financial uncertainties. According to the theory, organizations rely on resources to survive (Pfeffer, 2005). Hence, in order for community-based health projects to be sustainable, adequate resources are required. These resources are classified into financial, human and land among others. This theory is important in this study as it explains the important role that funding plays as part of the overall system that makes up a project (Denktas-Sakar & Karatas-Cetin, 2012).

2.8 Conceptual Framework

The conceptual framework illustrates the relationship between the independent variables and the dependent variables, this is centred on the factors influencing implementation of community-Based Health projects. This framework provides an analysis of these factors which include: community participation, funding, personnel competency and stakeholder's relation and their impact in the implementation of the community-based health projects. All these variables contribute to the success or failure of project implementation.

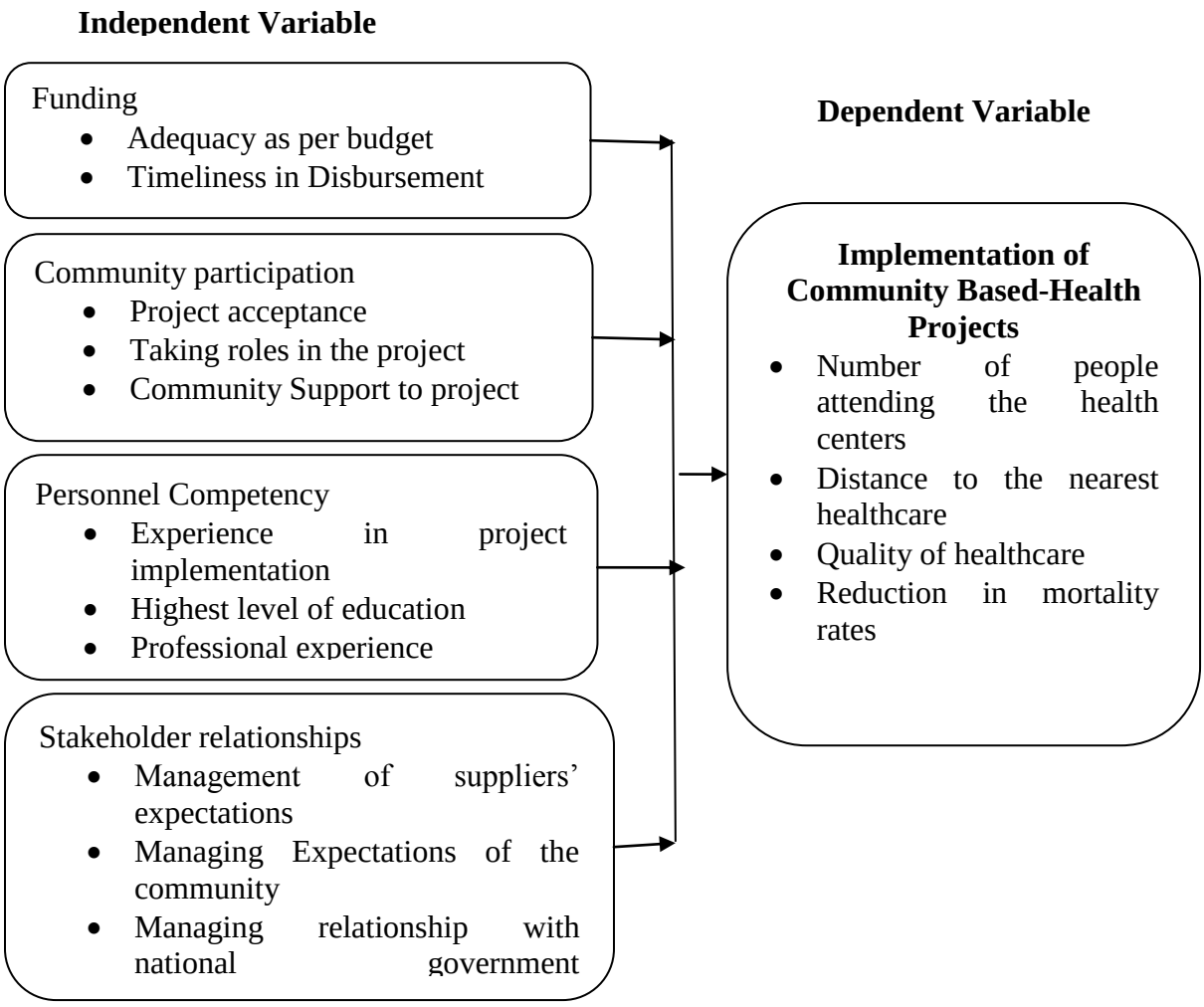

Figure 1: Conceptual Framework

Table 2.1: Summary of findings and Research Gaps

Author	Findings	Research Gaps
Maritim (2013)	From the findings, participation of stakeholders, training, access to governance and communication and resources significantly predicts implementation projects funded by CDF.	This study focused on only on the CDF funded projects.
Nour (2011).	The study indicated that community participation has been mostly limited to consultation	The study was done in Egypt and the findings may not be applicable in Kenyan setting
Crawford (2015)	The study revealed that performance against standards does not significantly influence work place performance.	Focus was on senior management perception as a determinant leaving the other determinant out.
Abeysekera and McLean (2001)	The manner which main contractors and clients is important in helping a project realize goals.	The focus was on relationship between various stakeholders and how this resulting into positive outcomes of the project. The negative side was therefore ignored.

2.9 Summary and Research Gaps

Kagendo (2013) examined how various factors influence project implementation using the case of urban slums situated in Kenya. Maritim (2013) investigated the different variables affecting the rate of implementation of projects financed by Constituency Development Funds using the case of projects in Bureti Constituency. Trammell, Madnick and Moulton (2012) indicated the effect of funding instability on the government financed software expansion. Cheboi (2014) investigated the effect money support in the form of donations affected the outcomes registered by government ministries in Kenya. They study did not consider the devolved nature of government hence exposing a research gap. David (2014) examined how stages in community participation affected sustainability. Nour (2011) investigated the advantages and challenges of community participation as a method of maintain urban growth in Egypt.

Ngondo (2014) examined how participation of members in CDF projects on timely completion of the projects. A study was done by Patil (2015) on competency-based health organizations for project management. Fry (2017) on the study about competencies of an effect project manager indicated that the organization categories the managers affect competencies under the umbrella of leadership competencies and technical competencies. Crawford (2015) carried out a study on senior management perceptions of project management competence. Bourne (2009) conducted a study on stakeholder relationship management. Abeysekera and McLean (2001) did a study on how relationships affect the rate of project success using a stakeholder point of view. The study specifically examined

the role played by stakeholder relationships in success of projects. Terje et al. (2008) carried out a study on building trust in project-stakeholder relationships.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research design that guided the study is presented with the target population. The methods adopted to determine the sample size are also presented. The methods employed in collection of data are also indicated. The procedure involved during data collection and the analysis of the collected data is also presented. The ethical issues that were observed in carrying out the study are also indicated.

3.2 Research Design

Research design entails the arrangement of the prevailing data, collection and analysis conditions in a manner oriented to bring relevance to the research objectives (Verd, 2002). A descriptive survey design was adopted. The data collected was qualitative and quantitative in nature. Data was collected from population members for determining the status quo in population with regard to funding, participation, personnel competency and stakeholder relations (Mugenda and Mugenda, 2003). The design was appropriate in collecting, classifying, analysing, comparing and interpreting data. Kothari (2004) opine that a descriptive survey design is adequate especially where the researcher intends to draw conclusions for a larger population. This survey design develops quick preview of particular issues of interest because large samples are used in the study.

3.3 Target Population

A target population is the collection or set of individuals or subjects whose properties will be analysed (Mugenda and Mugenda, 2003). The study targeted 31,550 comprised of healthcare personnel in the county, national government administrative officers and project beneficiary households within the county. The population is distributed as indicated in the Table 3.1:

Table 3.1: Target Population

Category	Total population
Healthcare personnel	335
National Government Administrative officers	112
Project beneficiaries-households	31,103
Total	31,550

Source: (Wajir, County Government, 2018)

3.4 Sample Size and Sampling Techniques

A sample is a group of the population used to draw conclusions in regard to the whole population. The aim of a sample is estimating unknown features about the population. Therefore, sampling is a systematic process that once uses to select individuals to represent the entire population (Gay, 2011). Various issues are considered in sampling process depending on time, complexity, purpose and the type of organization.

The following formula proposed by Kothari (2004) was used to determine the sample size for the study.

For target population > 10,000

$$n = \frac{Z^2PQ}{\alpha^2}$$

Where: Z is the Z – value = 1.96

P Population proportion 0.50

Q = 1-P

α = *level of significance* = 5%

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.5^2}$$

$$n = 384$$

The sample size was therefore 384 respondents. For any target population of below five hundred, a representative sample of 10% of the entire sample size was included in the study provided it does not exceed the target population. The sample is distributed as shown in the Table 3.2:

Table 3.2: Sample Size

Category	**Total population**	**Proportion (%)**	**Sample Size**
Healthcare personnel	335	10	34
National Administrative officers	112	10	12
Project beneficiaries-Households	31,103		338
Total	**31, 550**		**384**

Source: (Wajir, County Government, 2018)

3.5 Data Collection Instruments

The study relied on primary data largely collected using a structured questionnaire and focused group discussion guides. The questionnaires were designed by the researcher whereby they contained both closed and open-ended questions. Kothari (2004) deduced

that questionnaires constitute various questions that are printed in a specific order so as to obtain relevant research data. Structured questionnaires guarantee the reliability of responses thus ensuring the collection of adequate and quality research data.

The questionnaires were administered via the drop and pick method for respondents in an office while for the beneficiaries, the researcher met them at different health care facilities, administer the questionnaire using a research assistant and collect the questionnaire immediately. The instrument collected both background information as well as the factors that influence community project implementation in Wajir County. A focus group discussion guide was developed to collect qualitative data that would explain the reasons why the respondents reacted and behaved in certain manner. The studies used 15 key informants that included health care personnel, national government administrative officers and project beneficiaries. These key informants were used because they were assumed to more knowledge on community-based health projects in the area.

3.5.1 Pilot Testing

The essence of carrying out a pilot test is to detect challenges and weakness in the instruments designed for the study. As an activity, pilot testing helps the researcher to detect flaws and inherent limitation in research instruments (Schindler & Cooper, 2010). This helps the researcher to make required corrections and changes before finally carrying out the study (Kothari, 2004). The study piloted at least ten questionnaires with respondents who were not included in the final population. This helped in determining how valid and reliable the research instruments were. The researcher was therefore able to amend the questionnaires for facilitating accurate collection of data.

3.5.1.1 Pilot Study Results

A pilot study was conducted using 10 respondents who were not included in the final sample size. The aim of pilot testing was to determine reliability of the research instruments. The findings are indicated in Table 4.2.

Table 3.3: Pilot Study Results

Variable	Number of Items	Cronbach Alpha Coefficient (α)
Funding	8	0.715
Community Participation	6	0.817
Personnel Competency	5	0.819
Stakeholder Relationship	5	0.779
Community project implementation	3	0.712

From the findings, funding had Cronbach alpha coefficient, α of 0.715, community participation had 0.817, personnel competency had 0.819, stakeholder relationship had 0.779 while community project implementation had 0.712. From the findings, it is evident that all the Cronbach alpha coefficients were above 0.7. According to Cronbach (1951), α of above 0.7 indicates that research instruments had reliable scales. As such, the current study employed reliable scale and therefore the instruments were valid.

3.5.2 Validity of Research Instruments

Mugenda and Mugenda (1999) noted that validity of the research instruments measures the extent which results from the analysis of the data are a true representation of the study phenomena. It is the extent which the measures put in place determine and measure what they are supposed to measure. Validity according to Lindner, Murphy and Briers (2001) is the degree to which sample of the study of items to be tested is a full representation of required contents they are intended to determine. Supervisors were given questionnaires

who were experts to determine validity of the research instruments.

3.5.3 Reliability of Research Instruments

According to Cronbach (1951), reliability is how consistent research instruments are. It is the degree that the research instruments designed measure in a similar manner every time given same conditions. A reliable measure gives results that are consistent in every successive repetition. An internal consistency measure was adopted in determining reliability of the instruments generally called Cronbach Alpha. It is a coefficient measuring how reliable the research instruments are. A Cronbach coefficient value of over 0.7 shows that the research instruments are reliable and there the instruments can be used in the final stage of collecting data. Split half method was used by comparing even and odd questions by correlating them. A higher correlation value indicates strong reliability of the instruments.

3.6 Data Collection Procedure

Prior to field work, the researcher collected a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) to conduct research. This study collected primary data from the field using structured questionnaire that contained both open and close ended questions. The researcher decided to use questionnaires because they were easy in development, coding and interpretation. Demographic information and each of the specific objectives of the study were represented on the questionnaire. A Likert scale of 1-5 was used in structuring the

questionnaire to indicate levels of agreement of respondents on given statements. Questionnaires were self-administered to raise the response rate.

The questionnaire was issued to the respondents at their places of work and at the health centre as they came seeking medical consultation. Respondents were given a one-week grace period of filling in questionnaires before collection for analysis. The contact details of respondents were noted down at the point of dropping questionnaires. A follow was done using the contact details to respond to any issue that might have come up.

3.7 Data Analysis Procedures

Collected research instruments were coded before entry into statistical software for analysis. Data cleansing was also carried out before coding can actually commence. Descriptive statistics including means and standard deviations were determined and presented. Inferential statistics were also computed with the aid of regression analysis. The tabulated data was analysed using the Statistical Package for Social Sciences (SPSS 23.0).

A regression model was also used to determine the nature of the relationship between dependent and independent variables (funding, community participation, personnel competency, and stakeholder relationships). The regression mode to be adopted is;

$$\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon}$$

Where:

Y = Implementation of Community-Based Health Projects

X_1 = Funding

X_2 = Community Participation

X_3 = Personnel Competency

X_4= Stakeholder Relationships

β = constant,

β1β2β3β4= Regression Coefficients

ε = Error Term

The primary Regression form will take the form of:

$$\mathbf{Y = (\beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + \varepsilon)}$$

3.8 Ethical issues

The researcher adhered to the high ethical standards of research work. The researcher sought permission from the management team at the health care facilities in the Wajir East Sub-County by writing a formal letter explaining the purpose and objectives of the study. The respondents' consent was sought before the start of the research work, confirming to them that the information is for academic purpose only. The researcher assured respondents of confidentiality of the information they provide. And lastly the research findings were presented in an honest and unbiased manner.

3.9 Operationalization of Variables

Table 3.4: Operationalization of Variables

Objective	Variable Type	Indicators	Type of data analysis	Scale of Measurement	Data collection method
To determine the influence of funding on implementation of community-based health projects among selected health centres in Wajir County, Kenya.	Independent funding	Adequacy as per budget Timeliness in Disbursement	Descriptive statistics Multiple Linear Regression	Ordinal Nominal	Questionnaire
To find out the influence that community participation has on implementation of community-based health projects among selected health centres in Wajir County, Kenya.	Independent community participation	Project acceptance Taking roles in the project Community Support to project	Descriptive statistics Multiple Linear Regression	Ordinal Nominal	Questionnaire
To establish how personnel competency influences implementation of community-based health projects among selected health centres in Wajir County, Kenya.	Independent personnel competency	Experience in project implementation Highest level of education Professional experience	Descriptive statistics Multiple Linear Regression	Ordinal Nominal	Questionnaire
To assess the influence that stakeholder relationships on implementation of community-based health projects among selected health centres in Wajir County, Kenya.	Independent stakeholder relationships	Management of suppliers' expectations Managing Expectations of the community Managing relationship with	Descriptive statistics Multiple Linear Regression	Ordinal Nominal	Questionnaire

		national government administration			
implementation of community-based health projects	Dependent	Timely project Completion Meeting the project purpose	Descriptive statistics Multiple Linear Regression	Ordinal Nominal	Questionnaire

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents the data was analyzed using descriptive and inferential statistics. Presentation is done using Tables, descriptive statistics, focus group discussions and regression analysis.

4.2 Questionnaires Response Rate

The researcher distributed out 384 questionnaires among healthcare personnel, national government administrative officers and project beneficiaries who were community members within Wajir County. Out of the 384 questionnaires issued out to these respondents, 288 of them were dully filled and returned to the researcher. This gave a response rate of 75% as indicated in Table 4.1.

Table 4.1: Questionnaires Response Rate

Designation of respondents	Issued out questionnaires	Filled and Returned questionnaires	Response (%)
Healthcare personnel	34	27	79.4%
National Administrative officers	12	10	83.3%
Project beneficiaries-Households	338	251	74.26%
Total	**384**	**288**	**75%**

Mugenda and Mugenda (2008) proposed that any response rate of above 50% is adequate for the purposes of generalization of findings to the entire population. Therefore, a response rate of 70% is sufficient for deducing findings. The same position is taken by Babbie (2010). All the designations of respondents had response rates of above 50%.

National Administrative officers had the largest response rate (83.3%) followed by health care personnel (79.4%) and lastly Project beneficiaries-households (74.26%).

4.2 Background Information of Respondents

This section presents the back-ground information on respondents who participated in the study. Respondents were established into three groups; healthcare personnel, national government administrative officers and project beneficiaries who are the community members. The back-ground information on each of these groups is indicated in subsequent sections.

4.3.1 Background Information of Healthcare Personnel

The researcher sampled out 34 health care personnel from Wajir county out of which 27 of them responded to questionnaires. Their back-ground information is shown in Table 4.2.

Table 4.2: Years of Service in the Facility

Classification	Frequency	Percentage
Below 3 years	2	7.4
4-6 years	8	29.6
7-10 years	13	48.1
More than 10 years	4	14.8

From Table 4.2, most of the respondents 48.1% had worked in the facility for a period of 7-10 years followed by 4-6 years at 29.6%, over 10 years at 14.8% while 7.4% for less than 3 years. From this therefore, majority of respondents had worked at the facility for a longer period of time and therefore they were knowledgeable on what factors influenced community-based health projects, hence more conversant with community-based projects.

Table 4.3: Gender

Classification	Frequency	Percentage
Male	16	59.3
Female	11	40.7
Total	**27**	**100.0**

Table 4.3 further indicates that most of the respondents 59.3% were male as compared to females at 40.7%. This shows that all gender categories were represented in the study and therefore diverse opinions were sought from them.

Table 4.4: Education Level

Classification	Frequency	Percentage
Certificate	13	48.2
Diploma	10	37.0
Degree	4	14.8
Masters	0	0
Total	**27**	**100.0**

On levels of education, 48.2% of the healthcare personnel had certificates, 37.0% had diplomas and 14.8% had degrees. However, none of the healthcare personnel had masters and above. This indicates incompetence of healthcare personnel as seen by a low level of education.

4.3.2 Back-ground Information of National Government Administrative Officers

Besides the health care personnel, the researcher further sampled out 12 National government administrative officers out of which 10 of them dully filled and completed questionnaires. Their general information is indicated in Table 4.5.

Table 4.5: Years of Service in the Facility

Classification	Frequency	Percentage
Below 3 years	1	10.0
4-6 years	2	20.0
7-10 years	5	50.0
More than 10 years	2	20.0
Total	10	100.0

The findings in Table 4.5 shows that most of the National Government Administrative Officers, 50% had worked for 7-10 years, 20% for 4-6 years and over 10 years respectively while 10% for less than 3 years. This shows that respondents of the study had relatively longer work experience and therefore more knowledgeable.

Table 4.6: Gender

Classification	**Frequency**	**Percentage**
Male	6	60.0
Female	4	40.0
Total	10	100.0

On gender, most of the respondents 60% were male as compared to females at 40%. This shows that a balance was established in the study since all gender categories were represented and this was consistent with the constitutional requirement about one third rule.

Table 4.7: Education Level

Classification	**Frequency**	**Percentage**
Certificate	4	40
Diploma	3	30
Degree	2	20
Masters	1	10
Total	10	100.0

With regard to levels of education, 40% of the National Government Administrative Officers had certificates, 30% had diplomas, 20% had degrees while 10% had masters.

This shows that respondents were educated and therefore effectively responded to questionnaires during the study.

4.3.3 Background Information of Project Beneficiaries

In addition to health care personnel and the National government administrative officers, the researcher also sampled out 338 project beneficiaries who were members of the Wajir county community. Out of these, 251 questionnaires were completed and returned. Their back-ground information is reported in Table 4.8.

Table 4.8: Years lived in Area

Classification	Frequency	Percentage
Below 3 years	6	2.4
4-6 years	40	15.9
7-10 years	72	28.7
More than 10 years	133	53.0
Total	**251**	**100.0**

From Table 4.8, majority of project beneficiaries 53.0% had lived in the area for over 10 years, 28.7% for 7-10 years, 15.6% for 4-6 years and 2.4% for less than 3 years. This indicates that most of the respondents had lived in the area for relatively longer period of time and therefore were informed on the study. As such, they were able to give reliable information as sought by the study.

Table 4.9: Gender

Classification	Frequency	Percentage
Male	133	53.0
Female	118	47.0
Total	**251**	**100.0**

In view of gender status of respondents, a vast number of the respondents 53% were males as compared to female at 47%. This shows that the researcher was not biased during data collection, hence considered different views from both genders, therefore the study collected reliable data.

Table 4.10: Education Level

Classification	Frequency	Percentage
No formal education	77	30.7
Primary	43	17.1
Secondary	38	15.1
Certificate	33	13.1
Diploma	30	12.0
Degree	25	10.0
Masters	5	2.0
Total	**251**	**100.0**

With regard to levels of education, 30.7% of the respondents had no formal education, 17.1% had primary education, 15.1% had secondary education, 13.1% had certificates, 12.0% had diplomas, 10.0% had degrees while 2.0% had masters. These findings are in line with the earlier results established in Table 4.3 and 4.4 respectively where the study was representative of all gender categories and that all respondents were lowly educated.

4.4 Influence of Funding on Implementation of Community based health Projects

The first objective of the study was to establish the influence of funding on implementation of community-based health projects among selected health centres in Wajir County, Kenya. To achieve this objective, questionnaires were structured on a five-point Likert scale of 1-5 where 1- Strongly disagree, while 5- Strongly agree. When determined on a continuous scale, the midpoint was 3.5, and therefore means greater than

3.5 showed the respondents agreed while those lower than 3.5 showed that respondents disagreed on the statement. The descriptive analysis of funding on the three groups of respondents is shown in subsequent sections.

4.4.1 Funding and Implementation of Community Based-Health Projects as Reported by Healthcare Personnel

The following responses in Table 4.11 were sought from health personnel as one of the respondents of the study. The sample size, N=27.

Table 4.11: Funding in Community Based-Health Projects

Statements	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project receives adequate money for its operations	9	33.3	4	14.8	9	33.3	5	18.5	0	0	2.37	1.11
The finances for this project are timely released	5	18.5	12	44.4	5	18.5	4	14.8	1	3.7	2.40	1.08
The financing of this project is based on a predeveloped budget	7	25.9	8	29.6	5	18.5	3	11.1	4	14.8	2.59	1.39
Expected delays in financing are communicated in time	0	0.0	4	14.8	4	14.8	19	70.4	0	0.0	3.55	.751
Funding comes in the form of drugs	0	0.0	4	14.8	4	14.8	10	37.0	9	33.3	3.88	.962
Funding comes in the form of equipment	0	0.0	5	18.5	17	63.0	5	18.5	0	0	3.81	.962
Some funding comes in the form of training	0	0	2	7.4	1	3.7	14	51.9	10	37.0	4.18	.833
Some funding comes in the form of community awareness	0	0.0	0	0.0	5	18.5	12	44.4	10	37.0	4.19	.735
Composite Mean											3.37	.992

From the findings, 9(33.3%) of the respondents strongly disagreed that their project received adequate money to finance its operations, 4(14.8%) disagreed and 9(33.3%) agreed. 5(18.5%) of the respondents strongly disagreed that the finances for this project

were released on a timely basis, 12(44.4%) disagreed and 5(18.5%) were neutral that the finances for this project were released on a timely basis. The study established that 7(25.9%) of the respondents strongly disagreed, 8(29.6%) disagreed, 5(18.5%) were neutral, 3(11.2%) agreed and 4(11.1%) strongly agreed that the financing of this project is based-health on a predeveloped budget.

The study showed that 4(14.8%) of the respondents disagreed that any expected delays in availing finances on the healthcare project were communicated in time, 4(14.8%) were neutral and 19(70.4%) of the respondents agreed that any expected delays in availing finances on the healthcare project were communicated in time. 4(14.8%) of the respondents indicated disagree, 4(14.8%) indicated neutral, 10(37.0%) indicated agree and 9(33.3%) strongly agreed that funding for this health care projects came in the form of drugs.

The study established that 5(18.5%) of the respondents disagreed that funding for the health care projects comes in the form of equipment, 17(63%) of the respondents were neutral and 5(18.5%) of the respondents strongly agreed that funding for the health care projects came in the form of equipment. 2(7.4%) of the respondents disagreed, 1(3.7%) were neutral, 14(51.9%) agreed and 10(37%) strongly agreed that Some funding for the healthcare facility comes in the form of training. 5(18.5%) of the respondents were neutral, 12(44.4%) agreed and 10(37%) of the respondents strongly agreed that some funding for this healthcare facility came in the form of training.

From the findings, some funding of this project comes in the form of community awareness with a mean of 4.19 and standard deviation of 0.735. Some funding for this healthcare facility comes in the form of training with mean of 4.18 and standard deviation of 0.833. Funding for this health care projects came in the form of drugs with mean of 3.88 and standard deviation of 1.05. Funding for this health care projects came in the form of equipment with mean of 3.81 and standard deviation of 0.962. Any expected delays in availing finances on this healthcare project were communicated in time with mean of 3.55 and standard deviation of 0.751.

Respondents were however not sure whether; financing of this project was based on a predeveloped budget with mean of 2.59 and standard deviation of 1.39. The finances for this project were released on a timely basis with mean of 2.40 and 1.08. Project received adequate money to finance its operations with mean of 2.37 and standard deviation of 1.14. The study established that majority of the respondents were neutral whether funding influenced implementation of community-based projects as supported by a mean of 3.37 with standard deviation of 0.992.

4.4.2 Funding and Implementation of Community Based-Health Projects as Reported by National Government Administrative Officers

The following information in Table 4.12 was reported by National Government Administrative Officers as respondents of the study. N=10 respondents.

Table 4.12: Funding in Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project receives adequate money to finance its operations	4	20	4	20	8	40	4	20	0	0	2.60	1.04
The finances for this project are released on a timely basis	0	0	1	5	4	20	9	45	6	30	4.00	.858
The financing is based on a predeveloped budget	0	0	1	5	4	20	10	50	5	25	3.95	.858
Expected delays in financing are communicated in time	0	0	1	5	2	10	9	45	8	40	4.20	.833
Funding comes in the form of drugs	0	0	1	5	6	30	9	45	4	20	3.80	.833
Funding comes in the form of equipment	12	60	4	20	4	20	0	0	0	0	1.60	.820
Some funding comes in the form of training	4	20	4	20	4	20	8	40	0	0	2.80	1.19
Some funding comes in the form of community awareness	0	0	0	0	3	15	10	50	7	35	4.20	.695
Composite Mean											3.39	.886

From Table 4.12, national government administrative officers agreed that; some funding of this project came in the form of community awareness with mean of 4.20 and standard

deviation of 0.695, any expected delays in availing finances on this healthcare project was communicated in time with mean of 4.20 and standard deviation of 0.833 and finances for the project were released on a timely basis with mean of 4.00 and standard deviation of 0.858.

National government administrative officers further agreed that; financing of the project was based-health on a predeveloped budget with mean of 3.95 and standard deviation of 0.825 and funding for the health care projects came in the form of drugs with mean of 3.80 and standard deviation of 0.883. Respondents however disagreed or were not sure whether; some funding for this healthcare facility came in the form of training with mean of 2.80 and standard deviation of 1.19, their project received adequate money to finance their operations with mean of 2.60 and standard deviation of 1.04 or funding for the health care projects came in the form of equipment with mean of 1.60 and standard deviation of 0.820. The study established that the majority of the respondents agreed that funding community-based projects influenced their implementation as supported by a mean of 3.39 with standard deviation of 0.886.

The findings established that 4(20%) of the respondents strongly disagreed that the project received adequate money to finance its operations, 4(20%) disagreed, 8(40%) were neutral and 4(20%) agreed that project received adequate money to finance its operations. 1(5%) of the respondents disagreed, 4(20%) were neutral, 9(45%) agreed and 6(30%) of the respondents agreed that project received adequate money to finance its operations.

The findings further established that 1(5%) of the respondents disagreed, 4(20%) of the respondents were neutral, 10(50%) agreed and 5(25%) of the respondents strongly agreed that the financing of the project was based on a predeveloped budget. On any expected delays in availing finances on the healthcare project being communicated in time the study established that 1(5%) of the respondents disagreed, 2(10%) were moderate, 9(45%) agreed and 8(40%) of the respondents strongly agreed that expected delays in availing finances on the healthcare project were communicated in time.

The study showed that 12(60%) of the respondents strongly disagreed that some funding for the healthcare facility came in the form of training, 4(20%) disagreed and 4(20%) of the respondents were neutral that some funding for the healthcare facility came in the form of training. The study showed that 4(20%) of the respondents strongly disagreed, 4(20%) of the respondents disagreed, 4(20%) of the respondents were neutral and 8(40%) of the respondent were neutral that some funding for the healthcare facility came in the form of training. On funding of the project coming in the form of community awareness, the study established that 3(15%) of the respondents were neutral, 10(50%) of the respondents agreed and 7(35%) of the respondents strongly agreed that funding of health-based projects came in the form of community awareness.

4.4.3 Funding and Implementation of Community Based Health Projects as Reported by Project Beneficiaries

Table 4.13 shows information on funding from project beneficiaries. The study sampled out 251 project beneficiaries and therefore N=251.

Table 4.13: Funding and Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Strongly Disagree	Disagree
	F	%	F	%	F	F	%	F	%	F		
Project receives adequate money to finance its operations	17	7.1	110	45.6	106	44	8	3.3	0	0	2.43	.674
Finances are released on a timely basis	103	42.7	130	53.9	8	3.3	0	0	0	0	1.6	.553
Financing is based on a predeveloped budget	8	3.3	119	49.4	88	36.5	26	10.8	0	0	3.51	.817
Expected delays in financing are communicated in time	0	0	0	0	0	0	174	72.2	67	27.8	4.27	.448
Funding for this projects comes in the form of drugs	0	0	0	0	33	13.7	165	68.5	43	17.8	4.04	.561
Funding for this projects comes in the form of equipment	0	0	0	0	27	11.2	134	55.6	80	33.2	4.21	.630
Some funding for this facility comes in the form of training	0	0	27	11.2	35	14.5	53	22.0	126	52.3	4.15	1.04
Some funding of this project comes in the form of community awareness	0	0	50	20.7	35	14.5	97	40.2	59	24.5	3.68	1.06
Composite Mean											3.49	.722

As indicated by project beneficiaries, any expected delays in availing finances on the healthcare project was communicated in time with mean of 4.27 and standard deviation of 0.488, funding for the health care projects came in the form of equipment with mean of 4.21 and standard deviation of 0.630, some funding for the healthcare facility came in the form of training with mean of 4.15 and standard deviation of 1.04 and funding for this health care projects came in the form of drugs with mean of 4.04 and standard deviation of 0.561.

The study noted that some funding of the project came in the form of community awareness with mean of 3.68 and standard deviation of 1.06 and that financing of the project was based health on a predeveloped budget with mean of 3.51 and standard deviation of 0.817. Respondents on the other hand disagreed or rather were not sure whether; their project received adequate money to finance its operations with mean of 2.43 and standard deviation of 0.674 or finances for the project were released on a timely basis with mean of 1.60 and standard deviation of 0.553. the study established that majority of the respondent were neutral on funding and implementation of community based as supported by a mean of 3.49 with standard deviation of 0.722.

The study established that 17(7.1%) of the respondents strongly disagreed that project received adequate money to finance its operations, 110(45.6%) disagreed, 106(44%) were neutral and 8(3.3%) of the respondents agreed that project received adequate money to finance its operations. On finances for the project being released on a timely basis, the

study established that 103(42.7%) strongly agreed, 130(53.9%) disagreed, 8(3.3%) were neutral on finances for this project being released on a timely basis.

The study established that 174(72.2%) of the respondents agreed that any expected delays in availing finances on healthcare project were communicated in time and 67(27.8%) of the respondents strongly agreed. Funding for this health care projects came in the form of drug, the study pointed out that 33(13.7%) of the respondents were neutral, 165(68.5%) of the respondents agreed and 43(17.8%) of the respondent strongly agreed. 27(11.2%) of the respondents were neutral that funding for the health care projects come in the form of equipment, 134(55.6%) of the respondents agreed and 80(33.2%) strongly agreed that funding for the health care projects come in the form of equipment.

The study further pointed out that 27(11.2%) of the respondents disagreed that funding for health care projects come in the form of equipment, 35(14.5%) of the respondents were neutral, 53(22%) agreed and 126(52.3%) of the respondents strongly agreed. The study established that 50(20.7%) of the respondents disagreed that some funding of this project come in the form of community awareness, 35(14.5%) were neutral, 97(40%) agreed and 59(24.5%) strongly agreed that some funding of healthcare project come in the form of community awareness.

4.4.4 Funding and Implementation of Community Based-Health Projects as Reported by all Respondents Combined

Combined descriptive statistics of all the respondents of the study are shown in Table 4.14. The sample size N=288 respondents.

Table 4.14: Funding in Implementation of Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	F	%	F	%	F		
Project receives adequate money for its operations	30	10.4	118	41	123	42.7	17	5.9	0	0	2.44	.758
Finances are released on a timely basis	108	37.5	143	49.7	17	5.9	13	4.5	7	2.4	1.84	.901
Financing is based on a predeveloped budget	15	5.2	9	3.1	128	44.4	101	35.1	35	12.2	3.45	.932
Expected delays in financing are communicated in time	0	0	5	1.7	6	2.1	202	70.1	75	26	4.20	.556
Funding for this projects comes in the form of drugs	0	0	5	1.7	43	14.9	184	63.9	56	19.4	4.01	.643
Funding for this projects comes in the form of equipment	12	4.2	9	3.1	31	10.8	151	52.4	85	29.5	4.00	.951
Some funding for this healthcare facility comes in the form of training	4	1.4	33	11.5	40	13.9	75	26	136	47.2	4.06	1.09
Some funding comes in the form of community awareness	0	0	50	17.4	43	14.9	119	41.3	76	26.4	3.76	1.02
Composite Mean											3.47	.856

From the findings, all respondents mostly agreed that; any expected delays in availing finances on healthcare project was communicated in time with mean of 4.20 and standard deviation of 0.556, some funding for the healthcare facility came in the form of training with mean of 4.06 and standard deviation of 1.09, funding for the health care projects came in the form of drugs with mean of 4.01 and standard deviation of 0.643 and that funding for the health care projects came in the form of equipment with mean of 4.00 and standard deviation of 0.951.

On the other hand, respondents either were not sure or disagreed that; financing of the project was Based Health on a predeveloped budget with mean of 3.45 and standard deviation of 0.932, the project received adequate money to finance its operations with mean of 2.44 and standard deviation of 0.758 and finances for the project were released on a timely basis with mean of 1.84 and standard deviation of 0.901. The above findings established that majority of the respondents moderately agreed that funding influenced implementation of community-Based Health projects in Wajir County. The findings are consistent with Maritim (2013) who established that the amount of finances set aside to finance different project activities will play a significant role in determining the success level of project implementation.

The study established that 30(10.4%) of the respondents disagreed that their project had adequate money to finance its operations, 118(41%) disagreed, 123(42.7%) of the respondents were neutral and 17(5.9%) of the strongly agreed that project had adequate money to finance its operations. 108(37.5%) of the respondents strongly disagreed that the finances for the project were released on a timely basis, 143(49.7%) disagreed,

17(5.9%) of the respondents were neutral, 13(4.5%) agreed and 7(2.4%) of the respondents strongly agreed that finances for the project were released on a timely basis.

The study pointed out that 15(5.2%) of the respondents strongly disagreed that the financing of the project was based health on a predeveloped budget, 9(3.1%) of the respondents disagreed, 128(44.4%) were neutral, 101(35.1%) agreed and 35(12.2%) of the respondents strongly agreed that financing of the project was based health on a predeveloped budget.

The study established that 5(1.7%) of the respondents disagreed that any expected delays in availing finances on healthcare project were communicated in time and 6(2.1%) were neutral, 202(70.1%) agreed and 75(26%) of the respondents strongly agreed. Funding for this health care projects came in the form of drug, the study pointed out that 5(1.7%) of the respondents disagreed, 43(14.9%) of the respondents were neutral, 184(63.9%) agreed and 56(19.4%) of the respondents strongly agreed that funding for this health care projects came in the form of drug.

The study established that 12(4.2%) of the respondents strongly disagreed, 9(3.1%) of the respondents disagreed, 31(10.8%) of the respondent were neutral, 151(52.4%) agreed and 85(29.5%) of the respondents strongly agreed strongly agreed that funding for the health care projects come in the form of equipment. The study further pointed out that 12(4.2%) of the respondents disagreed that funding for health care projects come in the form of equipment, 9(3.1%) disagreed, 31(10.8%) were neutral, 151(52.4%) agreed and 85(29.5%) strongly agreed that health care projects come in the form of equipment's.

The study established that 4(1.4%) of the respondents strongly disagreed that funding for healthcare facility come in the form of training, 33(11.5%) disagreed, 40(13.9%) were neutral, 75(26%) agreed and 136(47.2%) of the respondents strongly agreed that funding for healthcare facility come in the form of training. The study further established that 50(20.7%) of the respondents disagreed that some funding of this project come in the form of community awareness, 35(14.5%) were neutral, 97(40%) agreed and 59(24.5%) strongly agreed that some funding of healthcare project come in the form of community awareness.

4.5 Influence of Community Participation on Implementation of Community Based Health Projects

The second objective of the study was to examine the influence that community participation has on implementation of community-Based Health projects among selected health centres in Wajir County, Kenya.

4.5.1 Community Participation and Implementation of Community Based Health Projects as Reported by Healthcare Personnel

The study sampled out 27 health care personnel to fill in questionnaires. Their responses concerning community participation and how it influenced implementation of community-Based Health projects in Wajir are indicated in Table 4.15. Sample size N=27.

Table 4.15: Community Participation in Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project incorporates local members in planning	13	48.1	10	37	4	14.8	0	0	0	0	1.66	.733
Our project has been welcomed by the residents of this area	4	14.8	10	37	4	14.8	4	14.8	0	0	2.29	.912
Community offers security to this heath care project	0	0	0	0	0	0	18	66.7	9	33.3	4.33	.480
The community always provide information on how to improve the project	0	0	4	14.8	9	33.3	5	18.5	9	33.3	3.70	1.10
Ideas brought by the community have improved the implementation of this health care project	0	0	4	14.8	9	33.3	5	18.5	9	33.3	4.37	.741
The community has accepted ownership of this project	0	0	0	0	0	0	18	66.7	9	33.3	4.13	.380
Composite Mean											2.93	.620

From the findings, ideas brought by the community had improved the implementation of the health care project with mean of 4.37 and standard deviation of 0.741, community offered security to this heath care project with mean of 4.33 and standard deviation of 0.480, the community had accepted ownership of the project with mean of 4.13 and standard deviation of 0.380 and that the community always provided information on how to improve the project with mean of 3.70 and standard deviation of 1.10.

Respondents on the other disagreed that their project had been welcomed by the residents of this area with mean of 2.29 and standard deviation of 0.912 and that their project incorporated local members in planning with mean of 1.66 and standard deviation of 0.733. The study further established that majority of the respondents moderately agreed that community participation influenced community-based projects implementation by a mean of 2.93 with standard deviation of 0.620.

The study established that 13(48.1%) of the respondents strongly disagreed that project incorporated local members in planning, 10(37%) indicated disagree and 4(14.8%) indicated moderate. The study pointed out that 4(14.8%) of the respondents strongly disagreed that project had been welcomed by the residents of their area, 10(37%) indicated disagree, 4(14.8%) indicated moderate and 4(14.8%) of the respondents agreed that healthcare project had been welcomed by the residents.

The study pointed out that 18(66.7%) of the respondents agreed and 9(33.3%) of the respondents strongly agreed that the community offered security to heath care project. 4(14.8%) of the respondents disagreed that the community always provided information

on how to improve the project, 9(33.3%) of the respondents disagreed, 5(18.5%) of the respondents agreed and 9(33.3%) of the respondents strongly agreed. The study pointed out that 4(14.8%) of the respondents disagreed, 9(33.3%) of the respondents were neutral, 5(18.5%) agreed and 9(33.3%) of the respondents strongly agreed that ideas brought by the community had improved the implementation of health care project. 18(66.7%) of the respondents agreed and 9(33.3%) of the respondents strongly agreed that the community had accepted ownership of health care projects.

4.5.2 Community Participation and Implementation of Community Based Health Projects as National Government Administrative Officers

The researcher got 10 dully filled questionnaires from national government administrative officers. The following were their responses as shown in Table 4.16. The sample size N=10.

Table 4.16: Community Participation in Community Based Health Projects

Statements	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project incorporates local members in planning	0	0	0	0	12	60	8	40	0	0	4.40	.502
Our project has been welcomed by the residents of this area	0	0	4	20	4	20	12	60	0	0	3.40	.820
Community offers security to this heath care project	1	5	5	25	7	35	7	35	0	0	3.95	1.05
The community always provide information on how to improve the project	1	5	1	5	1	5	13	65	4	20	3.90	.967
Ideas brought by the community have improved the implementation of this health care project	6	30	8	40	0	0	6	30	0	0	2.30	1.21
The community has accepted ownership of this project	0	0	4	20	0	0	8	40	8	40	4.00	1.12
Composite mean											3.14	.810

The national government administrative officers noted that, their project incorporated local members in planning with mean of 4.40 and standard deviation of 0.502, the community had accepted ownership of the project with mean of 4.00 and standard deviation of 1.12, community offered security to the heath care project with mean of 3.95 and standard deviation of 1.05 and that the community always provided information on how to improve the project with mean of 3.90 and standard deviation of 0.967.

Respondents however disagreed or were not sure whether their project had been welcomed by the residents of the area with mean of 3.40 and standard deviation of 0.820 or ideas brought by the community had improved the implementation of this health care project with mean of 2.30 and standard deviation of 1.21. Respondents moderately agreed that community participation influenced community-based health project implementation by a mean of 3.14 with standard deviation of 0.810.

The study established that 12(60%) of the respondents were neutral that project incorporated local members in planning and 8(40%) of the respondents strongly agreed that project incorporated local members in planning. The study pointed out that 4(20%) of the respondents disagreed that project had been welcomed by the residents of their area and 12(60%) of the respondents agreed that healthcare project had been welcomed by the residents.

The study pointed out that 1(5%) of the respondents strongly disagreed, 5(25%) of the respondents disagreed, 7(35%) of the respondents were neutral and 7(35%) of the respondents agreed that the community offered security to health care project. 1(5%) of

the respondents strongly disagreed that the community always provided information on how to improve the project, 1(5%) of the respondents disagreed, 1(5%) of the respondents were neutral, 13(65%) agreed and 4(20%) of the respondents strongly agreed.

The study pointed out that 6(30%) of the respondents strongly disagreed, 8(40%) of the respondents disagreed and 6(30%) of the respondents agreed that ideas brought by the community had improved the implementation of health care project. The study further pointed out that 4(20%) of the respondents disagreed, 8(40%) agreed and 8(40%) of the respondents strongly agreed that the community had accepted ownership of health care projects.

4.5.3 Community Participation and Implementation of Community Based Health Projects as Reported by Project Beneficiaries

The researcher obtained 251 dully filled questionnaires from project beneficiaries and their responses on community participation are indicated in Table 4.17.

Table 4.17: Community Participation in Community Based Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project incorporates local members in planning	61	25.3	76	31.5	77	32.0	27	11.2	0	0	2.29	.969
Our project has been welcomed by the residents of this area	26	10.8	121	50.2	94	39	0	0	0	0	2.28	.648
Community offers security to this heath care project	0	0	36	14.9	110	45.6	44	18.3	51	21.2	3.45	.986
The community always provide information on how to improve the project	0	0	0	0	27	11.2	118	49	96	39.8	4.28	.655
Ideas brought by the community have improved the implementation of this health care project	41	17	27	11.2	8	3.3	88	36.5	77	32	3.55	1.46
The community has accepted ownership of this project	0	0	50	20.7	54	22.4	76	31.5	61	25.3	3.61	1.07
Composite mean											2.78	.827

From the findings, the community always provided information on how to improve the project with mean of 4.28 and standard deviation of 0.655, the community had accepted

ownership of this project with mean of 3.61 and standard deviation of 1.07 and ideas brought by the community have improved the implementation of this health care project with mean of 3.55 and standard deviation of 1.46.

Respondents were not sure whether; the community offered security to the heath care project with mean of 3.45 and standard deviation of 0.968, their project incorporated local members in planning with mean of 2.29 and standard deviation of 0.969 or their project had been welcomed by the residents of the area with mean of 2.28 and standard deviation of 0.648. The study established that majority of the beneficiaries moderately agreed as supported by a mean of 2.78 with standard deviation of 0.827.

The study established that 61 (25.3%) of the respondents strongly disagreed that project incorporated local members in planning, 76(31.5%) indicated disagree, 77(32.0%) indicated neutral and 27(11.2%) agreed that project incorporated local members in planning. The study pointed out that 26(10.8%) of the respondents strongly disagreed that project had been welcomed by the residents of their area, 121(50.2%) indicated disagree and 94(39%) of the respondents were neutral that healthcare project had been welcomed by the residents.

The study pointed out that 36(14.9%) of the respondents disagreed that the community offered security to heath care project, 110(45.6%) were neutral, 44(18.3%) agreed and 51(21.2%) of the respondents strongly agreed that the community offered security to heath care project. The study found out that 27(11.2%) of the respondents were neutral that the community always provided information on how to improve the project,

118(49%) of the respondents agreed and 96(39.8%) of the respondents strongly agreed that the community always provided information on how to improve the project.

The study pointed out that 41(17%) of the respondents strongly disagreed, 27(11.2%) of the respondents disagreed, 8(3.3%) were neutral, 88(36.9%) agreed and 77(32%) of the respondents strongly agreed that ideas brought by the community had improved the implementation of health care project. The study further established that 50(20.7%) of the respondents disagreed, 54(22.4%) were neutral, 76(31.5%) agreed and 61(25.3%) of the respondents strongly agreed that the community had accepted ownership of health care projects.

4.5.4 Overall Descriptive Statistics on Community Participation and Implementation of Community Based Health Projects as Reported by All Respondents

Combining all the responses sought by the study from all the respondents on community participation and how it influenced implementation of community-Based Health projects results into Table 4.17. The sample size N=288.

Table 4.18: Overall Community Participation

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our project incorporates local members in planning	74	25.7	86	29.9	81	28.1	39	13.5	8	2.8	2.37	1.09
Our project has been welcomed by the residents of this area	30	10.4	140	48.6	102	35.4	16	5.6	0	0	2.36	.743
Community offers security to this heath care project	1	.3	5	1.7	37	12.8	136	47.2	109	37.8	3.57	.992
The community always provide information on how to improve the project	1	.3	5	1.7	37	12.8	136	47.2	109	37.8	4.20	.753
Ideas brought by the community have improved the implementation of this health care project	47	16.3	35	12.2	12	4.2	103	35.8	91	31.6	3.54	1.45
The community has accepted ownership of this project	0	0	54	18.8	54	18.8	102	35.4	78	27.1	3.70	1.06
Composite Mean											3.29	1.01

From the findings, the community always provided information on how to improve the project with mean of 4.20 and standard deviation of 0.758, the community had accepted ownership of this project with mean of 3.70 and standard deviation of 1.06, the community offered security to this heath care project with mean of 3.57 and standard deviation of 0.992 and that ideas brought by the community had improved the implementation of this health care project with mean of 3.54 and standard deviation of 1.45. These findings are in tandem with the earlier results obtained from Tables 4.10, 4.11, and 4.12.

Respondents on the other hand disagreed or were not sure whether their project had been welcomed by the residents of the area with mean of 2.36 and standard deviation of 0.743 or their project incorporated local members in planning with mean of 2.37 and standard deviation of 1.09. From the above findings, respondents generally agreed that community participation had an influence on implementation of community-based health projects in Wajir county. According to Prabhakaran *et al*., (2014), active participation of beneficiaries in project design and implementation is although crucial, in enabling donors or sponsors to identify and address the factors leading to poor community participation in community-based health projects, neglected and ignored.

From the findings the study pointed out that 74(25.7%) of the respondents strongly disagreed that project incorporated local members in planning, 86(29.9%) disagreed, 81(28.1%) were neutral, 39(13.5%) agreed and 8(2.8%) strongly agreed that project incorporated local members in planning. The study pointed out that 30(10.4%) of the respondents strongly disagreed that project had been welcomed by the residents of their

area, 140(48.6%) disagreed, 102(14%) indicated neutral and 16(5.6%) of the respondents agreed that healthcare project had been welcomed by the residents.

The study pointed out that 1(0.3%) of the respondents strongly disagreed that community offered security to heath care project, 5(1.7%) of the respondents disagreed, 37(12.8%) agreed and 136(47.2%) of the respondents strongly agreed that the community offered security to heath care project. The study further shows that 1(0.3%) of the respondents strongly that the community always provided information on how to improve the project, 5(1.7%) of the respondents disagreed, 37(12.8%) were neutral, 136(47.2%) of the respondents agreed and 109(37.8%) of the respondents strongly agreed that community always provided information on how to improve health care projects.

The study pointed out that 47(16.3%) of the respondents strongly disagreed, 35(12.2%) of the respondents disagreed, 12(4.2%) were neutral, 103(35.8%) agreed and 91(31.6%) of the respondents strongly agreed that ideas brought by the community had improved the implementation of health care project. The study further established that 54(18.8%) of the respondents disagreed, 54(18.8%) were neutral, 102(35.4%) agreed and 78(27.1%) of the respondents strongly agreed that the community had accepted ownership of health care projects.

4.6 Influence of Personnel Competency on Implementation of Community Based Health Projects

The third objective of the study was to establish how personnel competency influences implementation of community-based health projects among selected health centres in Wajir County, Kenya.

4.6.1 Personnel Competency and Implementation of Community based health Projects as Reported by Healthcare Personnel

The researcher received 27 questionnaires from health care personnel with responses on how personnel competency influenced the implementation of community-based health projects in Wajir county. Consider Table 4.19.

Table 4.19: Personnel Competency and Community Based-Health Projects

Statements	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Employees engaged in this health care project possess the necessary skills	9	33	10	37	8	30	0	0	0	0	1.96	.807
Employees engaged in this health care project possess the necessary experience	4	15	4	15	14	52	5	19	0	0	2.74	.944
Employees engaged in this health care project possess the necessary academic qualifications	0	0	0	0	0	0	17	63	10	37	4.37	.492
Employees engaged in this health care project possess good project implementation experience	0	0	0	0	0	0	18	67	9	33.3	4.33	.480
Qualification of staff promotes implementation of community projects	0	0	4	15	0	0	18	67	5	18.5	3.88	.891
Composite mean											3.46	.723

From the findings, employees engaged in the health care project possessed necessary academic qualifications with mean of 4.37 and standard deviation of 0.492, employees

engaged in the health care project possessed good project implementation experience with mean of 4.33 and standard deviation of 0.480 and qualification of staff promoted implementation of community projects with mean of 3.88 and standard deviation of 0.891.

Respondents were however not sure whether employees engaged in the health care project possessed the necessary experience with mean of 2.74 and standard deviation of 0.944. Respondents disagreed that employees engaged in the health care project possessed the necessary skills with mean of 1.96 and standard deviation of 0.807. The findings therefore show that majority of the respondents moderately agreed as supported by a mean of 3.46 with standard deviation of 0.723.

The findings in Table 4.19 pointed out that 9(33%) of the respondents disagreed that employees engaged in health care project possessed the necessary skills, 10(37%) of the respondents agreed and 8(30%) of the respondents agreed that employees engaged in this health care project possessed the necessary skills. 4(15%) of the respondents strongly disagreed that employees engaged in health care project possessed the necessary experience, 4(15%) of the respondents disagreed, 14(52%) were neutral and 5(19%) of the respondents agreed that employees engaged in health care project possessed the necessary experience.

On employees engaging in health care project possessing the necessary academic qualifications, the study established that 17(63%) of the respondents agreed and 10(37%) of the respondents strongly agreed. In view to employees engaging in health care project

possessing good project implementation experience, the study established that 18(67%) of the respondents agreed and 9(33%) of the respondents strongly agreed. The study further established that 4(15%) of the respondents disagreed that qualification of staff promoted implementation of community projects, 18(67%) agreed and 5(18.5%) of the respondents strongly agreed that that qualification of staff promoted implementation of community projects.

4.6.2 Personnel Competency and Implementation of Community Based Health Projects as Reported by National Government Administrative Officers

The descriptive statistics on personnel competency established from the national government administrative officers are indicated in Table 4.20. The sample size N=10

Table 4.20: Personnel Competency in Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Employees engaged in this health care project possess the necessary skills	8	40	4	20	4	20	4	20	0	0	2.20	1.19
Employees engaged in this health care project possess the necessary experience	0	0	0	0	4	20	12	60	4	20	4.00	.648
Employees engaged in this health care project possess the necessary academic qualifications	0	0	0	0	8	40	8	40	4	20	4.20	.767
Employees engaged in this health care project possess good project implementation experience	0	0	0	0	8	40	8	40	4	20	3.80	.767
Qualification of staff promotes implementation of community projects	5	25	0	0	3	15	8	40	4	20	3.30	1.49
Composite mean											3.50	.972

The national government administrative officers noted that; employees engaged in the health care project possessed the necessary academic qualifications with mean of 4.20 and standard deviation of 0.767, employees engaged in the health care project possessed necessary experience with mean of 4.00 and standard deviation of 0.648 and that employees engaged in the health care project possessed good project implementation experience with mean of 3.80 and standard deviation of 0.767.

Respondents on the other were not sure or disagreed that qualification of staff promoted implementation of community projects with mean of 3.30 and standard deviation of 1.49 or employees engaged in the health care project possessed the necessary skills with mean of 2.20 and standard deviation of 1.19. The study established that majority of the respondents agreed to a great to a great extent that personnel competency influenced project implementation of community-based health projects.

The findings pointed out that 8(40%) of the respondents strongly disagreed that employees engaged in this health care project possessed the necessary skills, 4(20%) of the respondents disagreed, 4(20%) were neutral and 4(20%) of the respondents strongly agreed that employees engaged in this health care project possessed the necessary skills. The study pointed out that 4(20%) of the respondents were neutral that employees engaged in health care project possessed the necessary experience, 12(60%) of the respondents agreed and 4(20%) of the respondents strongly agreed that employees engaged in health care project possessed the necessary experience.

The study established that 8(40%) of the respondents were neutral that employees engaged in health care project possessing the necessary academic qualifications, 8(40%) of the respondents agreed and 4(20%) of the respondents strongly agreed. The study found out that 8(40%) of the respondents were neutral that employees engaged in health care project possessed good project implementation experience, 8(40%) of the respondents agreed and 4 (20%) of the respondents strongly agreed that employees engaged in health care project possessed good project implementation experience. The study established that 5(55%) of the respondents strongly disagreed that qualification of

staff promoted implementation of community projects, 3(15%) were neutral, 8(40%) agreed and4(20%) of the respondents strongly agreed that that qualification of staff promoted implementation of community projects.

4.6.3 Personnel Competency and Implementation of Community Based Health Projects as Reported by Project Beneficiaries

The responses in Table 4.21 concern personnel competency as sought from project beneficiaries. The sample size N=251.

Table 4.21: Personnel Competency in Community Based-Health Projects

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Employees engaged in this health care project possess the necessary skills	114	47.3	85	35.3	42	17.4	0	0	0	0	1.70	.748
Employees engaged in this health care project possess the necessary experience	67	27.8	81	33.6	93	38.6	0	0	0	0	2.17	.809
Employees engaged in this health care project possess the necessary academic qualifications	0	0	73	30.3	30	12.4	68	28.2	70	29.0	3.56	1.19
Employees engaged in this health care project possess good project implementation experience	0	0	0	0	0	0	180	74.7	61	25.3	4.25	.435
Qualification of staff promotes implementation of community projects	27	11.2	26	10.8	26	10.8	85	35.3	77	32.0	3.65	1.32
Composite mean											3.07	.900

Project beneficiaries indicated that; employees engaged in the health care project possessed good project implementation experience with mean of 4.25 and standard

deviation of 0.435, qualification of staff promoted implementation of community projects with mean of 3.65 and standard deviation of 1.32 and that qualification of staff promoted implementation of community projects with mean of 3.56 and standard deviation of 1.19. Respondents however disagreed that; employees engaged in the health care project possess the necessary experience with mean of 2.17 and standard deviation of 0.809 and employees engaged in the health care project possessed the necessary skills with mean of 1.70 and standard deviation of 0.748. Majority of the respondents moderately agreed that personnel competency as sought from project beneficiaries influenced project implementation as supported by a mean of 3.07 with standard deviation of 0.900.

The study established that 114(47.3%) of the respondents strongly disagreed that employees engaged in health care project possessed the necessary skills, 85(35.3%) of the respondents disagreed and 42(17.4%) of the respondents agreed that employees engaged in this health care project possessed the necessary skills. 67(27.8%) of the respondents strongly disagreed that employees engaged in health care project possessed the necessary experience, 81(33.6%) of the respondents disagreed and 93(38.6%) of the respondents strongly agreed that employees engaged in health care project possessed the necessary experience. On employees engaging in health care project possessing the necessary academic qualifications, the study established that 73(30.3%) of the respondents disagreed, 30(12.4%) were neutral, 68(28.8%) agreed and 70(29.0%) of the respondents strongly agreed.

In view to employees engaging in health care project possessing good project implementation experience, the study established that 27(11.2%) of the respondents strongly disagreed, 26(10.8%) disagreed, 26(10.8%) were neutral, 85(35.3%) agreed and 77(32%) of the respondents strongly agreed. The study found out that 27(11.2%) of the respondents strongly disagreed that qualification of staff promoted implementation of community projects, 26(10.8%) were neutral, 85(35.3%) agreed and 77(32%) of the respondents strongly agreed that that qualification of staff promoted implementation of community projects.

4.6.4 Overall Descriptive Statistics on Personnel Competency and Implementation of Community Based Health Projects

The overall responses on how personnel competency influenced implementation of community-Based Health projects in Wajir county is indicated in Table 4.22. The sample size N=288 respondents.

Table 4.22: Overall Descriptive Statistics on Personnel Competency

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Employees engaged in this health care project possess the necessary skills	131	45.5	99	34.4	54	18.8	4	1.4	0	0	1.76	.801
Employees engaged in this health care project possess the necessary experience	71	24.7	85	29.5	111	38.5	17	5.9	4	1.4	2.29	952
Employees engaged in this health care project possess the necessary academic qualifications	0	0	73	25.3	34	11.8	93	32.3	88	30.6	3.68	1.15
Employees engaged in this health care project possess good project implementation experience	0	0	0	0	8	2.8	206	71.5	74	25.7	4.22	.482
Qualification of staff promotes implementation of community projects	32	11.1	30	10.4	29	10.1	111	38.5	86	29.9	3.65	1.30
Composite mean											3.12	.937

On overall, respondents indicated that employees engaged in health care project possessed good project implementation experience with mean of 4.22 and standard

deviation of 0.482, employees engaged in the health care project possessed the necessary academic qualifications with mean of 3.68 and standard deviation of 1.15 and that qualification of staff promoted implementation of community projects with mean of 3.65 and standard deviation of 1.30.

Respondents were not sure or disagreed that; employees engaged in the health care project possessed the necessary experience with mean of 2.29 and standard deviation of 0.952 and employees engaged in the health care project possess the necessary skills with mean of 1.76 and standard deviation of 0.801. The study established that community majority of the respondents moderately agreed that personnel competency influenced implementation of community-Based Health projects in Wajir county as supported by a mean of 3.12 with standard deviation of .937.

The findings in Table 4.22 pointed out that majority of the respondents 131(45.5%) disagreed that employees engaged in health care project possessed the necessary skills, 99(34.4%) disagreed, 54(18.8%) were neutral and 4(1.4%) of the respondents agreed that employees engaged in this health care project possessed the necessary skills. 71(24.7%) of the respondents strongly disagreed that employees engaged in health care project possessed the necessary experience, 85(29.5%) of the respondents disagreed, 111(38.5%) were neutral, 17(5.9%) agreed and 4(1.4%) of the respondents strongly agreed that employees engaged in health care project possessed the necessary experience.

The study established that 73(25.3%) of the respondents disagreed, 34(11.8%) were neutral, 93(32.3%) agreed and 88(30.6%) of the respondents agreed that engaging in

health care project possessing the necessary academic qualifications. The study found out that 8(2.8%) of the respondents were neutral, 206(71.5%) agreed and 74(25.7%) of the respondents agreed that employees engaged in health care project possessing good project implementation experience. The study further found out that 32(11.1%) of the respondents strongly disagreed that qualification of staff promoted implementation of community projects, 30(10.4%) disagreed, 29(10.1%) moderately agreed, 111(38.5%) agreed and 86(29.9%) of the respondents strongly agreed that that qualification of staff promoted implementation of community projects.

4.7 Influence of Stakeholder Relationship on Implementation of Community Based Health Projects

The study sought to assess the influence that stakeholder relationships on implementation of community-Based Health projects among selected health centres in Wajir County, Kenya.

4.7.1 Stakeholder Relationship and Implementation of Community Based Health Projects as Reported by Healthcare Personnel

The descriptive statistics on responses concerning stakeholder participation and how it influenced implementation of community-based health projects in Wajir sought from health care personnel is indicated in Table 4.23. The sample size N=27.

Table 4.23: Stakeholder Relationship and Community Based Health Projects

Statements	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Management of supplier relationship has promoted implementation of community health care projects	0	0	0	0	9	33	18	67	0	0	3.00	1.12
Management of relationship with other donor agencies promote implementation of community health care projects	3	11	3	11	2	7	18	67	1	3.7	3.20	1.36
Management of relationship with national government has promoted implementation of community health care projects	2	7	3	11	3	11	10	37	9	33.3	3.80	.767
Management of relationship with other beneficiary community has promoted implementation of community health care projects	0	0	4	15	13	48	10	37	0	0	3.55	1.19
Management of relationship with employees promote implementation of community health care projects	0	0	0	0	5	19	13	48	9	33.3	4.00	.648
Composite mean											3.51	1.02

From the findings, management of relationship with employees promoted implementation of community health care projects with mean of 4.14 and standard deviation of 0.718,

management of relationship with national government had promoted implementation of community health care projects with mean of 3.77 and standard deviation of 1.25 and that management of supplier relationship had promoted implementation of community health care projects with mean of 3.66 and standard deviation of 0.480.

Other respondents were not sure or disagreed that management of relationship with other beneficiary community had promoted implementation of community health care projects with mean of 3.22 and standard deviation of 0.697 and management of relationship with other donor agencies promoted implementation of community health care projects with mean of 3.40 and standard deviation of 1.11. The study established that majority of the respondents agreed that stakeholder participation influenced implementation of community-based health projects by a mean of 3.64 with standard deviation of 0.851.

The study established that 9(33%) of the respondents were not sure whether management of supplier relationship had promoted implementation of community health care projects, and 18(67%) of the respondents agreed. This asserts that majority of the respondents agreed. In regard to management of relationship with other donor agencies promoting implementation of community health care projects, 3(11%) of the respondents strongly disagreed, 3(11%) of the respondents disagreed, 2(7%) were not sure, 18(67%) agreed and 1(3.7%) of the respondents strongly agreed that management of relationship with other donor agencies promoted implementation of community health care projects.

The study established that 2(7%) of the respondents strongly disagreed that management of relationship with national government had promoted implementation of community

health care projects, 3(11%) of the respondents disagreed, 3(11%) of the respondents were neutral, 10(37%) agreed and 9(33%) of the respondents strongly agreed that management of relationship with national government had promoted implementation of community health care projects. The study pointed out that 4(15%) of the respondent disagreed that management of relationship with other beneficiary community had promoted implementation of community health care projects, 13(48%) were neutral and 10(37%) of the respondents agreed that management of relationship with other beneficiary community had promoted implementation of community health care projects.

The study further pointed out that 5(19%) of the respondent were not sure, 13(48%) agreed and 9(33.3%) of the respondents strongly agreed that management of relationship with employees promoted implementation of community health care projects. The finding show that majority of the health care personnel agreed that stakeholder relationship influenced health care projects implementation.

4.7.2 Stakeholder Relationship and Implementation of Community Based Health Projects as National Government Administrative Officers

The descriptive statistics on stakeholder relationship and how it influenced implementation of community-Based Health projects in Wajir as sought from the national government administrative officers. The sample size N=10.

Table 4.24: Stakeholder Relationship and Community Based Health Projects

Statement	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Management of supplier relationship has promoted implementation of community health care projects	4	20	0	0	8	40	8	40	0	0	3.00	1.12
Management of relationship with other donor agencies promote implementation of community health care projects	4	20	0	0	8	40	4	20	4	20	3.20	1.36
Management of relationship with national government has promoted implementation of community health care projects	0	0	0	0	8	40	8	40	4	20	3.80	.767
Management of relationship with other beneficiary community has promoted implementation of community health care projects	0	0	5	25	5	25	4	20	6	30	3.55	1.19
Management of relationship with employees promote implementation of community health care projects	0	0	0	0	4	20	12	60	4	20	4.00	.648
Composite mean											3.51	1.02

The government administrative officers indicated that; management of relationship with employees promoted implementation of community health care projects with mean of 4.00 and standard deviation of 0.648, management of relationship with national government has promoted implementation of community health care projects with mean of 3.80 and standard deviation of 0.767 and management of relationship with other beneficiary community had promoted implementation of community health care projects with mean of 3.55 and standard deviation of 1.19.

Respondents were not sure whether management of relationship with other donor agencies promoted implementation of community health care projects with mean of 3.20 and standard deviation of 1.36 and that management of supplier relationship had promoted implementation of community health care projects with mean of 3.00 and standard deviation of 1.12. The study established that majority of the respondents agreed that stakeholder relationship influenced implementation of community-based health projects as supported by a mean of 3.51 with standard deviation of 1.02.

4.7.3 Stakeholder Relationship and Implementation of Community Based Health Projects as Reported by Project Beneficiaries

The descriptive statistics of the responses on stakeholder relationship and how it influenced implementation of community-Based Health projects in Wajir county as sought from the project beneficiaries are indicated in Table 4.25. The sample size N=251.

Table 4. 25: Stakeholder Relationship and Community Based Health Projects

Statement	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Supplier relationship has promoted implementation of community health care projects	70	29	84	34.9	87	36.1	0	0	0	0	2.07	.805
Management of relationship with other donor agencies promote implementation of community health care projects	70	29	136	56.4	35	14.5	0	0	0	0	1.85	.645
Management of relationship with national government has promoted implementation of community health care projects	0	0	0	0	27	11.2	206	85.5	8	3.3	3.92	.373
Management of relationship with other beneficiary community has promoted implementation of community health care projects	0	0	83	34.4	0	0	97	40.2	61	25.3	3.56	1.20
Management of relationship with employees promote implementation of community health care projects	0	0	0	0	0	0	171	71	70	29	4.29	.454
Composite mean											3.14	.695

Project beneficiaries agreed that; management of relationship with employees promoted implementation of community health care projects with mean of 4.29 and standard deviation of 0.454, management of relationship with national government had promoted implementation of community health care projects with mean of 3.92 and standard deviation of 0.373 and management of relationship with other beneficiary community had promoted implementation of community health care projects with mean of 3.56 and standard deviation of 1.20.

Respondents on the other hand disagreed that; management of supplier relationship had promoted implementation of community health care projects with mean of 2.07 and standard deviation of 0.805 and that management of relationship with other donor agencies promoted implementation of community health care projects with mean of 1.85 and standard deviation of 0.645. The study established that majority of the respondents moderately agreed that stakeholder relationship and how it influenced implementation of community-based health projects as supported by a mean of 3.14 with standard deviation of 0.695.

The study further established that 70(29%) of the respondents strongly disagreed that management of supplier relationship had promoted implementation of community health care projects, 84(34.9%) of the respondents disagreed and 87(36.1%) were neutral. The study established that 70(29%) of the respondents strongly disagreed management of relationship with other donor agencies promoted implementation of community health care projects, 136(56.4%) disagreed and 35(14.5%) were neutral on management of

relationship with other donor agencies promoted implementation of community health care projects.

The study established that 27(11.2%) of the respondents were not sure that management of relationship with national government had promoted implementation of community health care projects, 206(85.5%) of the respondents agreed and 8(3.3%) of the respondents strongly agreed that the relationship with national government had promoted implementation. The finding shows that majority of the respondent agreed that good relationship with national government positively influences implementation of health care project in the community.

The study found out that 83(34.4%) of the respondents disagreed that management of relationship with other beneficiary community had promoted implementation of community health care projects, 97(40.2%) agreed and 61(25.3%) of the respondent strongly agreed. The study further established that 171(71%) of the respondents agreed and 70(29%) of the respondents strongly agreed that other management of relationship with employees promoted implementation of community health care projects. The findings assert that majority of the project beneficiaries agreed that stakeholder's relationship influenced implementation of heath care project.

4.7.4 Overall Descriptive Statistics on Stakeholder Relationship and Implementation of Community Based Health Projects as reported by all Respondents

The descriptive findings on how stakeholder relationship influenced implementation of community-Based Health projects is indicated in Table 4.26. The sample size N=288.

Table 4.26: Overall Descriptive Statistics on Stakeholder Relationship

Statement	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Management of supplier relationship has promoted implementation of community health projects	74	26	84	29	104	36	26	9	0	0	2.28	.949
Management of relationship with other donor agencies promote implementation of community health projects	77	27	139	48	45	16	22	8	5	2	2.09	.937
Management of relationship with national government has promoted implementation of community health projects	2	1	3	1	38	13	224	78	21	7.3	3.89	.547
Management of relationship with other beneficiary community has promoted implementation of community health projects	0	0	92	32	18	6	111	39	67	23.3	3.53	1.16
Management of relationship with employees promote implementation of community health projects	0	0	0	0	9	3	196	68	83	28.8	4.25	.504
Composite mean											3.21	.819

In general, respondents agreed that; management of relationship with employees promoted implementation of community health care projects with mean of 4.25 and standard deviation of 0.504, management of relationship with national government had promoted implementation of community health care projects with mean of 3.89 and standard deviation of 0.547 and management of relationship with other beneficiary community had promoted implementation of community health care projects with mean of 3.53 and standard deviation of 1.16.

Respondents further disagreed that; management of supplier relationship has promoted implementation of community health care projects with mean of 2.28 and standard deviation of 0.949 and that management of relationship with other donor agencies promoted implementation of community health care projects with mean of 2.09 and standard deviation of 0.937. The study established that stakeholder relationship influenced implementation of community-based health projects as supported by a mean of 3.21 with standard deviation of 0. 819.

The study pointed out that 74(26%) of the respondents strongly disagreed that management of supplier relationship had promoted implementation of community health care projects, 84(29%) of the respondents disagreed, 104(36%) were neutral and 29(9%) of the respondent agreed. The study established that 77(27%) of the respondents strongly disagreed management of relationship with other donor agencies promoted implementation of community health care projects, 139(48%) disagreed, 45(16%) were

neutral, 22(8%) agreed and 5(2%) strongly agreed that management of relationship with other donor agencies promoted implementation of community health care projects.

The study established that 2(1%) of the respondents strongly disagreed, 3(1%) disagreed, 38(13%) were neutral, 224(78%) agreed and 21(7.3%) strongly agreed that management of relationship with national government had promoted implementation of community health care projects. The finding shows that majority of the respondent agreed that good relationship with national government positively influences implementation of health care project in the community.

The study established that 92(32%) of the respondents disagreed that management of relationship with other beneficiary community had promoted implementation of community health care projects, 18(6%) moderately agreed, 111(39%) agreed and 67(23.3%) of the respondent strongly agreed. The study further established that 9(3%) of the respondents were neutral, 196(68%) agreed and 83(28.8%) of the respondents strongly agreed that other management of relationship with employees promoted implementation of community health care projects. The findings show that majority of the respondents agreed that stakeholder's relationship influenced implementation of heath care project.

4.8 Implementation of Community Based Health Projects in Wajir County

The dependent variable of the study was community-Based Health project implementation. The descriptive statistics from the responses of all the categories of respondents are indicated in subsequent sections.

4.8.1 Implementation of Community Based Health Projects as Reported by Healthcare Personnel

From the 27 questionnaires obtained from health care personnel, the descriptive statistics on community project implementation are indicated in Table 4.27. The sample size N was 27.

Table 4.27: Community Based Health Projects

Statements	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our healthcare projects have been implemented on time	9	33.3	9	33.3	9	33.3	0	0	0	0	2.00	.832
Our healthcare projects have been implemented within financial budget provisions	0	0	4	14.8	0	0	14	51.9	9	33.3	4.03	.979
Our healthcare projects have been met the purpose for which it was established	0	0	0	0	4	14.8	14	51.9	9	33.3	4.18	.681
Composite mean											3.40	.831

From the findings, the healthcare projects had been made the purpose for which they were established with mean of 4.18 and standard deviation of 0.681, the healthcare projects had been implemented within financial budget provisions with mean of 4.03 and standard deviation of 0.979. The respondents disagreed that the healthcare projects had

been implemented on time as supported by a mean of 2.00 and standard deviation of 0.832. The study established that health care personnel agreed that moderately agreed that health care projects were implemented as supported by a mean of 3.40 with standard deviation of 0.831.

The study pointed out that 74(26%) of the respondents strongly disagreed that management of supplier relationship had promoted implementation of community health care projects, 84(29%) of the respondents disagreed, 104(36%) were neutral and 26(9%) agreed that management of supplier relationship had promoted implementation. The study established that 77(27%) of the respondents strongly disagreed management of relationship with other donor agencies promoted implementation of community health care projects, 139(48%) disagreed, 45(16%) were neutral, 22(8%) agreed and 5(2%) strongly agreed that management of relationship with other donor agencies promoted implementation of community health care projects.

The findings established that 2(1%) of the respondents strongly disagreed that management of relationship with national government had promoted implementation of community health care projects, 3(1%) of the respondents disagreed, 38(13%) were neutral, 224(78%) agreed and 21(7.3%) of the respondents strongly agreed that the relationship with national government had promoted implementation. Therefore, majority of the respondent agreed that good relationship with national government positively influences implementation of health care project in the community.

The study established that 92(32%) of the respondents disagreed that management of relationship with other beneficiary community had promoted implementation of community health care projects, 18(6%) of the respondent were neutral, 111(39%) agreed and 61(25.3%) of the respondent strongly agreed that beneficiary community had promoted implementation. The study further established that 9(196%) of the respondents agreed and 83(28.8%) of the respondents strongly agreed that other management of relationship with employees promoted implementation of community health care projects. The findings show that majority of the project beneficiaries agreed that stakeholder's relationship influenced implementation of heath care project.

4.8.2 Implementation of Community Based Health Projects as Reported by National Government Administrative Officers

The descriptive statistics on community project implementation as sought from the national government administrative officers are indicated in Table 4.28. The sample size N=10.

Table 4.28: Community Based Health Projects

Statement	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our healthcare projects have been implemented on time	4	20	8	40	4	20	4	20	0	0	2.40	1.04
Our healthcare projects have been implemented within financial budget provisions	0	0	4	20	4	20	8	40	4	20	3.60	1.04
Our healthcare projects have been met the purpose for which it was established	0	0	0	0	4	20	4	20	12	60	4.40	.820
Composite mean											3.47	.937

From the findings, the healthcare projects had met the purpose for which they were established with mean of 4.40 and standard deviation of 0.820, the healthcare projects had been implemented within financial budget provisions with mean of 3.60 and standard deviation of 1.04 and that healthcare projects had been implemented on time with mean of 2.40 and standard deviation of 1.04. The study established that majority of the national government officers moderately agreed that community-based health projects were implemented as supported by a mean of 3.47 with standard deviation of 0.937.

The study pointed out that 4(20%) of the respondents strongly disagreed that healthcare projects were implemented on time, 8(40%) disagreed, 4(20%) of the respondents were neutral and 4(20%) of the respondents agreed. This shows that majority of the respondents disagreed that healthcare projects were implemented on time. The study

pointed out that 4(20%) of the respondents disagreed 4(20%) were neutral, 8(40%) agreed and 4(20%) strongly agreed that healthcare projects were implemented within financial budget provisions. The study further showed that 4(20%) of the respondent were neutral, 4(20%) agreed and 12(60%) of the respondents strongly agreed that healthcare projects met the purpose for which it was established. Therefore, the study assert that majority of the national government administrators agreed that community health based were implemented.

4.8.3 Implementation of Community Based Health Projects as Reported by Project Beneficiaries

The researcher selected 251 community beneficiaries to indicate their responses on community project implementation in Wajir county. The descriptive statistics of the findings are indicated in Table 4.29.

Table 4.29: Community Based Health Projects

Statements	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our healthcare projects have been implemented on time	60	24.9	78	32.4	103	42.7	0	0	0	0	2.17	.804
Our healthcare projects have been implemented within financial budget provisions	0	0	27	11.2	94	39	94	39	26	10.8	3.49	.832
Our healthcare projects have been met the purpose for which it was established	0	0	0	0	0	0	115	47.7	126	52.3	4.42	.500
Composite mean											3.36	.712

The study established that the healthcare projects had met the purpose for which they were established with mean of 4.42 and standard deviation of 0.500, the healthcare projects had been implemented within financial budget provisions with mean of 3.49 and standard deviation of 0.832. The respondents further disagreed on whether the healthcare projects had been implemented on time as supported by a mean of 2.17 and standard deviation of 0.804. The study established that community beneficiaries moderately agreed that community health-based projects were implemented as supported by a mean of 3.36 with standard deviation of 0.712.

The study pointed out that 60(24.9%) of the respondents strongly disagreed that healthcare projects was implemented on time, 78(32.4%) disagreed and 103(42.7%) of the respondents agreed that healthcare projects was implemented on time. The study pointed out that 27(11.2%) of the respondents disagreed, 94(39%) were neutral, 94(39%) agreed and 26(10.8%) strongly agreed that healthcare projects were implemented within financial budget provisions. The study established that 115(47.7%) of the respondent agreed and 126(52.3%) of the respondents strongly agreed that healthcare projects met the purpose for which it was established. Therefore, the study showed that majority of the project beneficiaries agreed that community health based were implemented.

4.8.4 Overall Descriptive Statistics on Implementation of Community Based Health Projects

The overall descriptive statics on community participation are shown in Table 4.30.

Table 4.30: Overall Descriptive Statistics on Community Based Health Projects

Statement	Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Our healthcare project has been implemented on time	73	25.3	95	33.0	116	40.3	4	1.4	0	0	2.17	.826
Our healthcare project has been implemented within financial budget provisions	0	0	35	12.2	98	34	116	40.3	39	13.5	3.55	.873
Our healthcare project has been met the purpose for which it was established	0	0	0	0	8	2.8	133	46.2	147	51	4.48	.553
Composite mean											3.40	.751

As indicated in Table 4.25, respondents overally agreed that healthcare project had been met the purpose for which it was established with a mean of 4.48 and standard deviation of 0.553. The healthcare project had been implemented within financial budget provisions as shown by a mean of 3.55 and standard deviation of 0.873. However, the healthcare project had not been implemented on time with a mean of 2.17 and standard deviation of 0.826. The study established that majority of the community respondent moderately agreed that community health-based projects were implemented as supported by a mean of 3.40 with standard deviation of 0.751.

The study pointed out that 73(25.3%) of the respondent strongly disagreed that healthcare project was implemented on time, 95(33%) of the respondents indicated disagree, 116(40.3%) indicated moderate and 4(1.4%) agreed that healthcare project was implemented on time. The study established that 35(12.2%) of the respondents disagreed, 98(34%) were neutral, 34(116%) agreed and 39(13.5%) of the respondents strongly agreed that healthcare project was implemented within financial budget provisions. the study further pointed out that 8(2.8%) of the respondents were neutral that healthcare project has been met the purpose for which it was established for, 133(46.2%) of the respondent agreed and 147(51%) of the respondent strongly agreed that healthcare project has been met the purpose for which it was established. The findings show that majority of the respondents agreed that community health-based projects were implemented.

4.9 Focused Group Discussion of Key Informants Data

This section presents the findings of the focused group discussion that were analyzed using content analysis.

4.9.1 Funding and Implementation of Community Based Health Projects

On funding healthcare facilities in form of training, the study established that respondents agreed that community-Based Health projects were funded in form of training. This increased the know-how of the residents and employees working on the project hence equipping them with necessary skills. Respondents also indicated that they preferred

being trained on how to run their health care facility than being financed. This would therefore increase their awareness on implementing community-based health projects.

On health care projects receiving adequate money to finance their operations, respondents indicated that the money received from the county government was low compared to the actual finances required to implement community health care facilities. This implies that due to lack of enough capital, health care projects were delayed. Some other respondents noted that the low amount of finances available affected the growth and performance of community-based health care projects.

Respondents indicated that finances for community health care were not released on timely basis as required. This led to delay of the implementation of the community-based health care facilities in Wajir county. On the contrary, respondents from the national government indicates there was timely disbursement of the funds to the community, however this implies that the county government of Wajir county did not disburse the funds on timely bases thus delaying implementation of community-based health projects.

On financing community health care projects-based health on a predeveloped budget, the respondents indicated their agreement that Wajir county government used the pre-developed budget to administer the funds required for community-based health healthcare facilities. This implies that community-based health projects in Wajir county depended on pre-developed budget to finance the projects.

Respondents indicated that any expected delays on availing finances in Wajir county health care projects were communicated in time. Therefore, the county government

officials in Wajir county communicated any unexpected delays of disbursement of finances to the projects hence avoiding inconveniences towards implementation of the projects.

On regard to health care projects being funded inform of drugs and equipment, the respondents established that national government had contracted Kenya Medical Supplies Authority (KEMSA) to deliver drugs to Wajir county. This mode of transaction that is corporate transaction was considered cheap and easy to handle as compared to retail transaction on the government. This explains that national government opted to distribute drugs and equipment to finance health care in Wajir county.

4.9.2 Community Participation and Implementation of Community Based Health Projects

The study established that respondents agreed that community health care projects incorporated local members in planning. Therefore, Wajir county health care projects incorporated local members in incorporating community health care projects. This led to increased involvement of the community hence creating awareness of the project at hand. Majority of the respondents indicated that community health care projects had not been fully accepted by the community as they perceived some treatment to be harmful. This indicates that majority of the Wajir county have not embarrassed change to welcome health care projects. Therefore, community-based health care projects are slowly implemented.

On community offering security to health care projects, the study established that Wajir community offered security to the health care projects. Wajir county health facilities were limited in number, therefore, the community were protective on their community health care projects. The study established that respondents agreed that they were always requested to provide information on how to improve community health care projects. This indicates that the community was always consulted before commencements of any project in Wajir County.

The study further established that respondents agreed that community's ideas improved implementation of community-based health care projects. This strategy influenced the Wajir community to feel valued and embrace the community-based health project implementation due to a sense ownership. This implies that communities' ideas influenced implementation and the commitment of community base projects in Wajir county.

4.9.3 Personnel Competency and Implementation of Community Based Health Projects

The study established that employees engaging in community health care projects had necessary skills. This was attribute to many community-based projects in Wajir community. Majority of the respondents indicated that they had acquired skills hence would engage in community projects. This indicates that employees' level of expertise would handle community health care projects. On employees engaged in community health care projects possessing necessary skills, the respondents indicated that county

government hired and trained employees with necessary skills to run the project. Therefore, few people from the community were hired to the projects.

On whether employees engaged in community health care possessed necessary academic qualifications, majority of the respondents noted that education was a critical factor considered during hiring and recruitment of the project team. This indicates that health care projects were carried out by employees with relevant academic qualifications. Therefore, employees hired were qualified due to the professionalism required to run community-based health care facilities programs.

The study established that employees engaged in community health care projects possessed good implementation experience. This shows that that employees hired to implement projects in Wajir county were experienced enough due to their length of service in implementation strategies. Therefore, employees' competency influenced implementation of community-based health projects in Wajir community. On qualification of staff promoting implementation of community-based health care projects, the study established that staff qualifications promoted implementation of community-based health care projects. This implies that qualification of staff significantly influenced implementation of community- based health care projects in Wajir County.

4.9.4 Stakeholder Relationship and Implementation of Community Based Health Projects

The study established that management of supplier relationship promoted implementation of community-based health care projects in Wajir County. Wajir County relied on

experienced procurement officers who managed and promoted the relationship between them and suppliers. This shows that supplier relationship management influenced promotion of implementation of community health care projects in Wajir County. In addition, the interviewees indicated that donor conditions were adhered to especially in conforming to the purpose for which the funds had been advanced.

On how management of relationship with donors' agencies promoted implementation of community-based health care projects, the study established that procurement officers and the managers of the community-based health projects protected their relationship between donors. Respondents indicated that they relied more on donors on implementation of health care facilities projects. This shows that management of relationship with donors' agencies influenced implementation of community-based health care projects.

The study indicated that respondents agreed that national government and beneficiaries' relationship management had promoted implementation of community health care projects. Beneficiaries promoted project implementation by offering security to the health care project. This shows that national government and beneficiaries positively influenced implementation of community health care projects.

4.9.5 Implementation of Community Based Health Projects

The study established that health care facilities in Wajir county were limited in number. This shows that majority of the residents in Wajir county would not access the health care facilities due to geographical location of health care facilities. On the number of residents

attending health care facilities, the study established that majority of the residents of Wajir county had embraced change and would access health care centres. The statistics shows that at least 50% of the residents at Wajir county are accessing health facilities reducing the mortality rate.

The quality of health care facilities has improved with time due to the following; the health care projects incorporated local member who provided ideas on projects and helped health care project implementation. The employees engaged in health care projects possessed necessary skills, experience and necessary academic qualifications. The respondents agreed that healthcare project had been met the purpose for which it was established. The healthcare project had been implemented within financial budget provisions. However, the healthcare project had not been implemented on time.

4.10 Regression Analysis

The main objective of the study was to examine factors influencing implementation of community-based health projects among selected health centres in Wajir County, Kenya. In order to achieve this objective, the researcher regressed the factors (funding, community participation, personnel competency and stakeholder relationship) against community-based health project implementation. The Model Summary, ANOVA and regression coefficients are indicated in subsequent sections.

4.10.1 Model Summary

The Model Summary indicates the coefficient of correlation R, the coefficient of determination R square and the adjusted R square.

Table 4.31: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.889[a]	.791	.769	1.27457

a. Predictors: (Constant), Stakeholder Relationship, Community Participation, Funding, Personnel Competency

From the Model Summary Table 4.31 above, the coefficient of determination R square is 0.791, an indication that 79.1% variation in community-based health project implementation in Wajir county is explained by the four factors (funding, community participation, personnel competency and stakeholder relationship) and therefore other factors explain the remaining 20.9%. These other factors can be explored by future scholars and academicians.

4.10.2 Analysis of Variance

An Analysis of Variance of the processed data at 5% level of significance. The findings are indicated in Table 4.32.

Table 4.32: Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	449.351	4	112.338	267.471	.000[b]
Residual	118.729	283	0.420		
Total	**568.080**	**287**			

a. Dependent Variable: Community Project Implementation

b. Predictors: (Constant), Stakeholder Relationship, Community Participation, Funding, Personnel Competency

At 5% significance level, the value of F calculated $F_{calculated}$ =267.471 while $F_{critical\ (4,\ 283)}$ =2.404. As the value of F calculated is greater than F critical (267.471>2.404), this shows

that the overall regression model was significant in predicting factors influencing implementation of community-based health projects among selected health centres in Wajir County.

4.10.3 Regression Coefficients

The regression coefficients indicate the p values that shows significance of the variables when compared with 0.05.

Table 4.33: Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	B	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	4.540	1.416		3.206	.001
Funding	.108	.036	.184	3.021	.003
Community Participation	.284	.039	.446	7.267	.000
Personnel Competency	.200	.043	.292	4.646	.000
Stakeholder Relationship	.377	.060	.429	6.325	.000

a. Dependent Variable: Community Project Implementation

From the findings, the resultant model becomes;

$$\mathbf{Y = 4.54 + 0.108X_1 + 0.284X_2 + 0.200X_3 + 0.377X_4}$$

where:

Y = Implementation of Community-Based Health Projects

X_1 = Funding

X_2 = Community Participation

X_3 = Personnel Competency

X_4= Stakeholder Relationships

Therefore, holding other variables constant, implementation of community-based projects would be at 4.54, a unit increase in funding would result into 10.8% increase in implementation of community-based health projects, a unit increase in community participation would lead to 28.4% increase in implementation of community-based health projects, a unit increase in personnel competency would lead to 20% increase in implementation of community-based health projects and a unit increase in stakeholder relationship would lead to 37.7% implementation of community-based health projects.

In view of the p and the t values, funding ($p=0.003<0.05$, $t=3.021>1.96$), community participation ($p=0.000<0.05$, $t=7.267>1.96$), personnel competency ($p=0.000<0.05$, $t=4.646>1.96$) and stakeholder relationship ($p=0.000<0.05$, $t=6.325>1.96$) all significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. Therefore, funding, community participation, personnel competency and stakeholder relationship were critical factors influencing implementation of community-based health projects in Wajir county.

4.11 Discussions of the Findings

The study established that any expected delays in availing finances on healthcare project was communicated in time with mean of 4.20 and standard deviation of 0.556. Some funding for the healthcare facility came in the form of training with mean of 4.06 and standard deviation of 1.09. From regression results, funding ($p=0.003<0.03$, $t=3.021>1.96$) significantly influenced implementation of community-based health

projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. Cheboi (2014) examined the effect of donor funding on performance and noted that total debts and donor funding had direct relationship with scores of performances contracting. Therefore, there was association between the two variables were associated with performance contracting scores.

The study revealed that the community always provided information on how to improve the project with mean of 4.20 and standard deviation of 0.758. The community had accepted ownership of this project with mean of 3.70 and standard deviation of 1.06. Regression results indicated that community participation ($p=0.000<0.05$, $t=7.267>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. The findings are in tandem with Warburton (2013) who established that community participation promotes project ownership in some sense thereby project maintenance and protection becomes easy even after the exit of the donor as in the case of school buildings.

From the findings, employees engaged in health care project possessed good project implementation experience with mean of 4.22 and standard deviation of 0.482. Regression results showed that personnel competency ($p=0.000<0.05$, $t=4.646>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. According to Gilan, Sebt and Shahhosseini (2012), the implementation of project has

been likened to individuals, for example organizations like individuals have a speed at which they operate best.

The study found out that the management of relationship with employees promoted implementation of community health care projects with mean of 4.25 and standard deviation of 0.504. Management of relationship with national government had promoted implementation of community health care projects with mean of 3.89 and standard deviation of 0.547. From regression results, stakeholder relationship ($p=0.000<0.05$, $t=6.325>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96. The findings are in line with Terje et al. (2008) who revealed that improvement in communication skills, reliable behaviour, commitment, sincerity, competence, integrity in actions and having common goals are important factors for project success.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The researcher summarizes the key findings of the study based on specific objectives in this section. The key findings are used in drawing relevant conclusions of the study. The findings are also used to formulate recommendations that have relevant impact on theory, policy and practice. The chapter also brings in the limitations of the study while at the same time suggesting areas that future studies can be carried on.

5.2 Summary of the Findings

The purpose of the study was to investigate factors influencing implementation of community-based health projects among selected health centres in Wajir County, Kenya. The study was guided by the following objectives; to determine the influence of funding on implementation of community-based health projects among selected health centres in Wajir County, Kenya; to assess the influence that community participation has on implementation of community-based health projects among selected health centres in Wajir County, Kenya; to establish how personnel competency influences implementation of community-based health projects among selected health centres in Wajir County, Kenya; to assess the influence that stakeholder relationships on implementation of community-based health projects among selected health centres in Wajir County, Kenya. The researcher collected primary data using structured questionnaires and FGDs. The response rate of the study was 288 respondents comprising of 27 health care personnel, 10 county administrative officers and 251 project beneficiaries basically consisting of community members. A summary of the responses is indicated below.

The first objective of the study was to determine the effect of funding on implementation of community-based health projects among selected health centres in Wajir County, Kenya. From the findings, any expected delays in availing finances on healthcare project was communicated in time with mean of 4.20 and standard deviation of 0.556. Some funding for the healthcare facility came in the form of training with mean of 4.06 and standard deviation of 1.09. Funding for the health care projects came in the form of drugs with mean of 4.01 and standard deviation of 0.643. Funding for the health care projects came in the form of equipment with mean of 4.00 and standard deviation of 0.951. From regression results, funding ($p=0.003<0.05$, $t=3.021>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96.

The second objective of the study was to assess the influence that community participation has on implementation of community-based health projects among selected health centres in Wajir County, Kenya. The study established that the community always provided information on how to improve the project with mean of 4.20 and standard deviation of 0.758. The community had accepted ownership of this project with mean of 3.70 and standard deviation of 1.06. The community offered security to this heath care project with mean of 3.57 and standard deviation of 0.992. Ideas brought by the community had improved the implementation of this health care project with mean of 3.54 and standard deviation of 1.45. Regression results indicated that community participation ($p=0.000<0.05$, $t=7.267>1.96$) significantly influenced implementation of

community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96.

The third objective of the study was to establish how personnel competency influences implementation of community-based health projects among selected health centres in Wajir County, Kenya. The results of the study indicated that employees engaged in the health care project possessed good project implementation experience with mean of 4.22 and standard deviation of 0.482. Employees engaged in the health care project possessed the necessary academic qualifications with mean of 3.68 and standard deviation of 1.15. Qualification of staff promoted implementation of community projects with mean of 3.65 and standard deviation of 1.30. Regression results showed that personnel competency ($p=0.000<0.05$, $t=4.646>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96.

The last objective of the study was to assess the influence that stakeholder relationships on implementation of community-based health projects among selected health centres in Wajir County, Kenya. From the findings, management of relationship with employees promoted implementation of community health care projects with mean of 4.25 and standard deviation of 0.504. Management of relationship with national government had promoted implementation of community health care projects with mean of 3.89 and standard deviation of 0.547. Management of relationship with other beneficiary community had promoted implementation of community health care projects with mean of 3.53 and standard deviation of 1.16. From regression results, stakeholder relationship

($p=0.000<0.05$, $t=6.325>1.96$) significantly influenced implementation of community-based health projects in Wajir county as their respective p values were less than 0.05 with t values greater than 1.96.

5.3 Conclusion of the Study

The study concludes that funding was a significant predictor of implementation of community-based health projects. Any expected delays in availing finances on healthcare project was communicated in time. Some funding for the healthcare facility came in the form of training. Funding for the health care projects came in the form of drugs. The findings are in line with Trammell et al. (2012) who noted that financing played a key role in project implementation. Viewing funding as part of resource, the findings become consistent with the Resource Dependence Theory. According to this theory, organizations depend on resources for competitiveness. Resource originate from the environment that an organization is established. In essence, resources required by one organization are in control of another organization. Resources are sources of power and therefore organizations that are independent legally can depend on one another (Pfeffer & Salancik, 1978).

The study also concludes that community participation significantly influenced implementation of community-based health projects. The community always provided information on how to improve the project. The community had accepted ownership of this project. The community offered security to this heath care project. Ideas brought by the community had improved the implementation of this health care project. According to David (2014), since community participation in implementation stage of the community

water project has a significant influence on sustainability of community-based health projects water projects, this can be attributed to the locally community-based health projects administrative structures developed by the water committee and the members which has enhanced sharing of implementation costs, provision of implementation labour, and sharing of implementation resources. The findings are further consistent with the Community Participation Theory. According to this theory by Arnstein's (1969), allowing members of the community to participate in activities within the community is significantly influenced by numerous factors including issue of capacity and process, leadership skills and attitude of participants in projects.

Personnel competency was also a significant determinant of implementation of community-based health projects. Employees engaged in the health care project possessed good project implementation experience. Employees engaged in the health care project possessed the necessary academic qualifications. Qualification of staff promoted implementation of community projects. Patil (2015) indicated that the competency of persons charged with the responsibility of implementing projects play a key role in terms of ensuring that the projects are a success. The skills they possess and how well they put them into action determines the level of project implementation success.

Stakeholder relation significantly influenced implementation of community-based health projects. Management of relationship with employees promoted implementation of community health care projects. Management of relationship with national government had promoted implementation of community health care projects. Management of relationship with other beneficiary community had promoted implementation of

community health care projects. These findings are tandem with the stakeholder theory. According to this theory, members of the community have stake in projects within the community hence it is important that they are involved in activities within the project's activity from the beginning (Freeman, 1984).

5.4 Recommendations of the Study

On funding, the study recommends that financing of all community-based health projects in Kenya should be based on predeveloped budgets. The national government ought to allocate sufficient amount of money to county government to finance operations of community-based health projects. County governments in Kenya should also seek for more funds to implement community-based health projects through donors and enhancement of local revenue collections.

With regard to community participation, the study recommends that the top management team charged with implementation of community-based health projects should first ensure that such projects are welcomed by community members. Moreover, the management team of community-based health projects in Kenya should incorporate local members in planning stage of the project. This will make them own the project and therefore ease of implementation.

In view of personnel competency, the study recommends the management team of community-based health projects should ensure that employees engaged in health care projects possess necessary experience. Skills should also be a factor when hiring staffs to work in community-based health projects in all counties in Kenya.

In reference to stakeholder relationship, the study recommends that proper measures should be put in place to manage supplier relationships so as to promote implementation of community-based health projects in Kenya. County governments should also effectively manage their relationship with donor agencies in order to promote implementation of community-based health projects.

5.5 Suggestions for Further Studies

The study suggests that future scholars focus on the following areas:

1. Factors affecting implementation of county government projects in Kenya so as to establish the common factors across all devolved governance units
2. The role of donors in implementation of projects in arid and semi-arid areas so as to help improve the rate of project success and sustainability
3. Factors affecting sustainability of water pan projects in arid and semi-arid areas because majority of residents in these areas are faced with persistent water shortages.

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APPENDICES

Appendix I: Letter of Introduction

To Whom it May Concern

I am conducting and a study on factors affecting implementation of community-based health projects; a case of selected health centres in Wajir county Kenya. You have been selected to take part in the study by filling this questionnaire. Kindly consider responding to all the questions as honestly as you possibly can. Be assured that all the information you provide will be handled with confidentiality. I appreciate you for your anticipated co-operation to give your attention as a contribution towards this exercise.

Yours faithfully,

Abdisalan Yarrow

Appendix II: Questionnaire for Healthcare Personnel

PART A: BACKGROUND INFORMATION

1. Please name the health facility you are attached to _____
2. How many years have you served in this facility?

   Below 3 years [ ] 4-6 years 7-10 years [ ]

   More than 10 years [ ]

3. Please indicate your Gender Male [ ] Female [ ]
4. What is your level of education

   Certificate [ ] Diploma [ ] Degree [ ]

   Masters [ ]

   Any other please specify _____

PART B: FUNDING AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

5. Below are several statements on funding and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
Our project receives adequate money to finance its operations					
The finances for this project are released on a timely basis					
The financing of this project is based health on a pre-developed budget					

Any expected delays in availing finances on this healthcare project are communicated in time					
Funding for this health care projects comes in the form of drugs					
Funding for this health care projects comes in the form of equipment					
Some funding for this healthcare facility comes in the form of training					
Some funding of this project comes in the form of community awareness					

6. Kindly identify other ways that financing has affected the implementation of community-based health healthcare projects in Wajir County.

   _____

7. What is the effect of funding on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

   Not at all [ ]

   Little Extent [ ]

   Moderate Extent [ ]

   Large Extent [ ]

   Very Large Extent [ ]

PART C: COMMUNITY PARTICIPATION AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

8. Below are several statements on community participation and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Our project incorporates local members in planning					
2. Our project has been welcomed by the residents of this area					
3. Community offers security to this heath care project					
4. The community always provide information on how to improve the project					
5. Ideas brought by the community have improved the implementation of this health care project					
6. The community has accepted ownership of this project					

9. Kindly identify other ways that community participation has affected the implementation of community-based healthcare projects in Wajir County.

_____

10. In general, what is the effect of community participation on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART D: PERSONNEL COMPETENCY AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

11. Below are several statements on personnel competency and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Employees engaged in this health care project possess the necessary skills					
2. Employees engaged in this health care project possess the necessary experience					
3. Employees engaged in this health care project possess the necessary academic qualifications					
4. Employees engaged in this health care project possess good project implementation experience					
5. Qualification of staff promotes implementation of community projects					

12. Kindly identify other ways that personnel competency has affected the implementation of community-based healthcare projects in Wajir County.

_____

13. What is the effect of personnel competency on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART E: STAKEHOLDER RELATIONSHIP AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

14. Below are several statements on stakeholder relationship and how it affects the implementation of community-based health project. Kindly indicate the extent to

which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Management of supplier relationship has promoted implementation of our project					
2. Management of relationship with other donor agencies promote implementation of our project					
3. Management of relationship with national government has promoted implementation of our project					
4. Management of relationship with other beneficiary community has promoted implementation of our project					
5. Management of relationship with employees promote implementation of our project					

15. Kindly identify other ways that stakeholder relationship has affected the implementation of community-based healthcare projects in Wajir County.

_____

16. In general, what is the effect of stakeholder relationship on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART F: COMMUNITY BASED HEALTH PROJECTS IMPLEMENTATION

17. Below are several elements of community-based health project implementation. Kindly indicate the extent you agree or disagree with each on implementation of your health care project for the community. Use a scale of 1-5 where 1- strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5 = strongly agree.

Statement	1	2	3	4	5
Our healthcare project has been implemented on time					
Our healthcare project has been implemented within financial budget provisions					
Our healthcare project has been met the purpose for which it was established					
Our healthcare project has been implemented on time					

Thank you

APPENDIX III: QUESTIONNAIRE FOR NATIONAL ADMINISTRATIVE OFFICERS

PART A: BACKGROUND INFORMATION

1. Please name the position you hold in the national government _____

2. How many years have you served in the National Government?

   Below 3 years [ ] 3-6 years 6-10 years [ ]

   More than 10 years [ ]

1. Please indicate your Gender Male [ ] Female [ ]

2. What is your level of education

   Certificate [ ] Diploma [ ] Degree [ ]

   Masters [ ]

   any other please specify _____

PART B: FUNDING AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

3. Below are several statements on funding and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
Our community health care projects receive adequate money to finance their operations					
The finances for community health care projects are released on a timely basis					
The financing of community health care projects is based health on a pre-developed budget					
Any expected delays in availing finances on this community					

healthcare project are communicated in time					
Funding for this health care projects comes in the form of drugs					
Funding for this health care projects comes in the form of equipment					
Some funding for this healthcare facility comes in the form of training					
Some funding of this project comes in the form of community awareness					

4. Kindly identify other ways that financing has affected the implementation of community-based health healthcare projects in Wajir County.

_____

5. In general, to what extent has funding affected the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART C: COMMUNITY PARTICIPATION AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

6. Below are several statements on community participation and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
Our community health care projects incorporate local members in planning					
Our community health care projects have been welcomed by the residents of this area					
Community offers security to community health care projects care project					
The community always provide information on how to improve the community health care projects e project					
Ideas brought by the community have improved the implementation of community health care projects					
The community has accepted ownership of this project					

7. Kindly identify other ways that community participation has affected the implementation of community-based health healthcare projects in Wajir County.

   _____

   _____

8. How has community participation affected implementation of community-based health project in selected health centres in Wajir County, Kenya?

   Not at all [ ]

   Little Extent [ ]

   Moderate Extent [ ]

   Large Extent [ ]

   Very Large Extent [ ]

PART D: PERSONNEL COMPETENCY AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

9. Below are several statements on personnel competency and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Employees engaged in community health care projects possess the necessary skills					
2. Employees engaged in community health care projects possess the necessary experience					
3. Employees engaged in community health care projects possess the necessary academic qualifications					
4. Employees engaged in community health care projects possess good project implementation experience					
5. Qualification of staff promotes implementation of community health care projects					

10. Kindly identify other ways that personnel competency has affected the implementation of community-based healthcare projects in Wajir County.

_____

_____

11. In general, to what extent does personnel competency affect the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART E: STAKEHOLDER RELATIONSHIP AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

12. Below are several statements on stakeholder relationship and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Management of supplier relationship has promoted implementation of community health care projects					
2. Management of relationship with other donor agencies promote implementation of community health care projects					
3. Management of relationship with national government has promoted implementation of community health care projects					
4. Management of relationship with other beneficiary community has promoted implementation of community health care projects					
5. Management of relationship with employees promote implementation of community health care projects					

13. Kindly identify other ways that stakeholder relationship has affected the implementation of community-based healthcare projects in Wajir County.

_____

_____

14. What is the effect of stakeholder relationship on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART F: COMMUNITY BASED HEALTH PROJECTS IMPLEMENTATION

15. Below are several elements of community-` project implementation. Kindly indicate the extent you agree or disagree with each on implementation of your health care project for the community. Use a scale of 1-5 where 1- strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5 = strongly agree.

Statement	1	2	3	4	5
1) Our healthcare project has been implemented on time					
2) Our healthcare project has been implemented within financial budget provisions					
3) Our healthcare project has been met the purpose for which it was established					
4) Our healthcare project has been implemented on time					

Thank you

APPENDIX IV: QUESTIONNAIRE FOR HOUSEHOLDS

PART A: BACKGROUND INFORMATION

1. Please name the area of residence _____
2. How many years have you lived in this area?

   Below 3 years [ ] 4-6 years 7-10 years [ ]

   More than 10 years [ ]
3. Please indicate your Gender Male [ ] Female [ ]
4. What is your age

   18-30years [ ] 30-40years[ ] 40-50 years[ ] above 50 years [ ]
5. What is your level of education

No formal education [ ] Primary [ ] Secondary [] Certificate []Diploma [ ] Degree [] Masters [] PhD []

Any other [] please specify _____

PART B: FUNDING AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

6. Below are several statements on funding and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
Our community health care projects receive adequate money to finance their operations					

The finances for community health care projects are released on a timely basis					
The financing of community health care projects is based health on a pre-developed budget					
Any expected delays in availing finances on this community healthcare project are communicated in time					
Funding for this health care projects comes in the form of drugs					
Funding for this health care projects comes in the form of equipment					
Some funding for this healthcare facility comes in the form of training					
Some funding of this project comes in the form of community awareness					

7. Kindly identify other ways that financing has affected the implementation of community-based health healthcare projects in Wajir County.

   _____

   _____

8. In general, what is the effect of funding on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

   Not at all [ ]

   Little Extent [ ]

   Moderate Extent [ ]

   Large Extent [ ]

   Very Large Extent [ ]

PART C: COMMUNITY PARTICIPATION AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

9. Below are several statements on community participation and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Our community health care projects incorporate local members in planning					
2. Our community health care projects have been welcomed by the residents of this area					
3. Community offers security to community health care projects care project					
4. The community always provide information on how to improve the community health care projects e project					
5. Ideas brought by the community have improved the implementation of community health care projects					
6. The community has accepted ownership of this project					

10. Kindly identify other ways that community participation has affected the implementation of community-based health healthcare projects in Wajir County.

In general, to what extent of agreement do you have on the effect of community participation on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART D: PERSONNEL COMPETENCY AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

11. Below are several statements on personnel competency and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Employees engaged in community health care projects possess the necessary skills					
2. Employees engaged in community health care projects possess the necessary experience					
3. Employees engaged in community health care projects possess the necessary academic qualifications					
4. Employees engaged in community health care projects possess good project implementation experience					
5. Qualification of staff promotes implementation of community health care projects					

12. Kindly identify other ways that personnel competency has affected the implementation of community-based health healthcare projects in Wajir County.

_____

13. What is the effect of personnel competency on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART E: STAKEHOLDER RELATIONSHIP AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

14. Below are several statements on stakeholder relationship and how it affects the implementation of community-based health project. Kindly indicate the extent to which you agree with each of these statements. Kindly use a scale of 1-5 where: 1- Strongly disagree, 2- Disagree, 3- not sure, 4- Agree, 5- Strongly agree

Statement	1	2	3	4	5
1. Management of supplier relationship has promoted implementation of community health care projects					
2. Management of relationship with other donor agencies promote implementation of community health care projects					
3. Management of relationship with national government has promoted implementation of community health care projects					
4. Management of relationship with other beneficiary community has promoted implementation of community health care projects					
5. Management of relationship with employees promote implementation of community health care projects					

15. Kindly identify other ways that stakeholder relationship has affected the implementation of community-based health healthcare projects in Wajir County.

_____

16. In general, to what extent do you agree on the effect of stakeholder relationship on the implementation of community-based health project in selected health centres in Wajir County, Kenya?

Not at all [ ]

Little Extent [ ]

Moderate Extent [ ]

Large Extent [ ]

Very Large Extent [ ]

PART F: COMMUNITY BASED HEALTH PROJECTS IMPLEMENTATION

17. Below are several elements of community-based health project implementation. Kindly indicate the extent you agree or disagree with each on implementation of your health care project for the community. Use a scale of 1-5 where 1- strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5 = strongly agree.

Statement	1	2	3	4	5
1. Our healthcare project has been implemented on time					
2. Our healthcare project has been implemented within financial budget provisions					
3. Our healthcare project has been met the purpose for which it was established					
4. Our healthcare project has been implemented on time					

Thank you

APPENDIX V: FOCUSED GROUP DISCUSSION GUIDE FOR KEY INFORMANTS

PART A: FUNDING AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

1. Has our community health care projects receive adequate money to finance their operations? Please comment.
2. Are the finances for community health care projects are released on a timely basis?
3. Are the financing of community health care projects based health on a pre-developed budget?
4. Are Any expected delays in availing finances on this community healthcare project communicated in time?
5. Does funding for this health care projects come in the form of drugs?
6. Does funding for this health care projects come in the form of equipment?
7. Does some funding for this healthcare facility come in the form of training?
8. Does some funding of this project come in the form of community awareness?

PART C: COMMUNITY PARTICIPATION AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

9. Do our community health care projects incorporate local members in planning?
10. Do our community health care projects have been welcomed by the residents of this area?
11. Does community offer security to community health care projects care project?
12. Is the community always requested to provide information on how to improve the community health care projects e project?
13. Have the ideas brought by the community improved the implementation of community-based health care projects?
14. Has the community accepted ownership of this project?

PART D: PERSONNEL COMPETENCY AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

15. Do the employees engaged in community health care projects possess the necessary skills?
16. Do the employees engaged in community health care projects possess the necessary experience?

17. Do the employees engaged in community health care projects possess the necessary academic qualifications?
18. Do the employees engaged in community health care projects possess good project implementation experience?
19. Does qualification of staff promote implementation of community-based health care projects?

PART E: STAKEHOLDER RELATIONSHIP AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

20. How has management of supplier relationship promoted implementation of community health care projects?
21. How has management of relationship with other donor agencies promote implementation of community health care projects?
22. How has management of relationship with national government has promoted implementation of community health care projects?
23. How has management of relationship with other beneficiary community has promoted implementation of community health care projects?
24. How has management of relationship with employees promote implementation of community health care projects?

PART D: PERSONNEL COMPETENCY AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

25. Do the employees engaged in community health care projects possess the necessary skills?
26. Do the employees engaged in community health care projects possess the necessary experience?
27. Do the employees engaged in community health care projects possess the necessary academic qualifications?
28. Do the employees engaged in community health care projects possess good project implementation experience?
29. Does qualification of staff promote implementation of community health care projects?

PART E: STAKEHOLDER RELATIONSHIP AND IMPLEMENTATION OF COMMUNITY BASED HEALTH PROJECTS

30. How has management of supplier relationship promoted implementation of community-based health care projects?
31. How has management of relationship with other donor agencies promoted implementation of community-based health care projects?
32. How has management of relationship with national government promoted implementation of community-based health care projects?
33. How has management of relationship with other beneficiary community promoted implementation of community-based health care projects?
34. How has management of relationship with employees promoted implementation of community-based health care projects?

PART F: COMMUNITY BASED HEALTH PROJECTS IMPLEMENTATION

35. Comment on the Healthcare facilities being within reach for most residents in this area.
36. Has the number of residents attending healthcare centers are increased with time?
37. Has the quality of healthcare services has improved?
38. Our healthcare project has been implemented on time
39. Our healthcare project has been implemented within financial budget provisions
40. Our healthcare project has been met the purpose for which it was established
41. Our healthcare project has been implemented on time