

**FACTORS INFLUENCING SUSTAINABILITY OF CONSTITUENCY
DEVELOPMENT FUND PROJECTS: A CASE OF HEALTH FACILITIES IN
MACHAKOS TOWN CONSTITUENCY, MACHAKOS COUNTY, KENYA**

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**Research Report Submitted in Partial Fulfillment of the Requirements for the
Award of the Degree of Master of Arts in Project Planning and Management, of
the University of Nairobi**

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DECLARATION

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

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DEDICATION

This project report is dedicated to my children Audrey and Ivy for their moral support and my husband Joseph Marege for making this happen.

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I want to thank my Family for words of encouragement during the undertaking of this project. Special thanks to my sister and my children's god mother Doreen Kendi. Secondly I acknowledge my supervisor Prof. Ganesh P. Pokhariyal for his critical guidance, support, encouragement. I would also like to thank my study buddies and all that have affected this study.

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LIST OF ABBREVIATIONS

CDF	Community Development Fund
KWAHO	Kenya Water and Health Organization
MDG	Millennium Development Goals
NACOSTI	National Commission for Science, Technology and Innovation
UN-HABITAT	United Nations Human Settlements Programme
M&E	Monitoring and Evaluation
MP	Members of Parliament
PMC	Project Management Committee

ABSTRACT

The Constituency Development Fund (CDF) was established under the Constituencies' Development Fund Act 2003. The purpose of the fund was to support grass-root development at constituency level bring about development which in turn reduces poverty. The mission was to ensure that specific proportion of the annual government revenue devolved to the constituencies for development and in particular to eradicate poverty at the grass root level. Studies however show that most CDF funded projects have either stalled or not operating at full capacity. The purpose of the study was therefore to investigate the factors influencing sustainability of CDF funded projects with focus on health facilities in Machakos town constituency in Machakos County. The study's objectives included assessing the influence of funding, community involvement, accountability and qualification and experience of the management team on the sustainability of health projects in CDF funded health facilities within Machakos Town Constituency. The study was based on descriptive survey research design. This study was carried out in Machakos town constituency and with purposive sampling being used to select 77 respondents from a target population of 357 medical practitioners in the seven ward health facilities that form Machakos Town Constituency. Primary data for the study was collected from medics, PMCs, accountants and local people, with 69 questionnaires duly filled and returned which represents a response rate of 89.61%. The study revealed that there is a positive relationship between the project funding and sustainability of CDF funded health projects, as well as accountability of organizational management, and involvement of the local community which means that any reduction in project funding negatively affect the sustainability of the projects. Lack of accountability by project managers erodes the level of trust between the management and funders, which would ultimately lead to termination of the funding programme, thereby crippling the project sustenance programme. The study also shows an adverse effect of academic qualifications and management experience and health project sustainability, which may imply that prioritizing high academic qualifications at the expense of integrity, skills and diligence in the construction project normally erodes competency of the manpower. The study therefore concluded that timely and adequate provision of project funds, constant and continuous community involvement, recruitment of qualified personnel with integrity and competence, as well as ensuring accountability and transparency in handling of CDF funds is the only sure way of ensuring sustainability of completed health projects in Machakos Town constituency. The study therefore recommended that health project management teams should ensure the project funding is timely and adequate to avoid gaps and delays in implementation. The management team should actively involve the local community in the construction process as well as sustainability programs. Frequent audit reports and periodicals on the project progress and constituency expenditures should be made public to improve accountability and transparency.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The Kenyan constituency development fund was added 2003 .even though this fund, a unique part of the country wide annual budget is dedicated to the constituencies for the motive of development and especially the combat in opposition to poverty on the constituency level. This became enacted via the country wide authorities constituencies development fund ACT 2003 Kenya Gazette supplement No. 10 of (Act No. 11), via the 9th Parliament.

The intention of CDF changed into to devolve countrywide resources at the community level with the intention of spurring monetary improvement at the grassroots level via community projects, which could then translate to overall national financial boom and poverty discount. this will make sure that the communities prioritize initiatives that meet their instant needs and empower the participants of the community economically.

In January 2013, the CDF Act 2003 (as amended in 2007) was repealed and replaced with CDF Act 2013. The new Act changed the Title of the Fund from the Constituencies Development Fund (CDF) to the National Government Constituencies Development Fund (NG-CDF), specifying that it is an initiative focused purely on National Government functions. The new law makes the funds a mandate of the MPs with monies being used to supplement national government development projects in the counties and not to fund devolved functions.

1.1.1 Global Perspective on Heath facilities

Health facility is any location where health care is provided. Health facilities range from large hospitals with elaborate emergency room and trauma centers to small clinics. Health facilities may be owned and operated for-profit, by non-profit organizations, governments, and in some cases by individuals, with proportions varying by country (Ahmadi-Javid, Seyedi & Syam, 2017).

Health facility projects are aimed at enhancing the accessibility of healthcare among the citizenry of a country (Glanz, Rimer, & Viswanath, 2008). These projects are aimed at setting up new as well as improving existent facilities that offer such medical and clinical services aimed at maintaining and improving the health status of the communities. Owing to their importance to the well-being of the citizenry, successful implementation of health facilities is of absolute importance.

In New York, health facilities are operated meticulously. This involves high level of societal involvement, efficiency in financial management and continuous improvement of health care facilities (Peters, Garg, Bloom, Walker, Brieger, & Hafizur, 2008). Steady and high level financing ensures that facilities are always equipped and operating maximally.

In the United Kingdom, Caldwell, Roehrich & Davies (2009) report a high level of the success of public health facilities. This is usually enhanced by effective management of health facilities. Hospital management staff is constantly trained on operation and maintenance functions. This ensures that corrective measures are constantly implemented in case of challenges.

Cuban health facilities are some of the most successfully operated the world over (Kirk & Erisman, 2009). Since the Cuban revolution of 1959, government support and training of hospital staff has meant that there is availability of personnel with advanced knowledge of running health facilities. This unusual concern for the health of the population has proved politically beneficial because of its contribution to the regime's legitimacy and, therefore, survival. Additionally, on the international level, it provides the foundation for a distinctive brand of medical diplomacy, which improves relations with other countries while improving the health of their populations, and gains prestige and influence (symbolic capital), and trade and aid (material capital) for Cuba. The internalization of Cuban medical assistance has made the country a benchmark of medical healthcare diplomacy.

India has had major policy changes aimed at enhancing reliable healthcare to its immense population since its independence. The country has seen major health gains

due to these policy changes in the development of health infrastructure, successful immunization programmes, improvement in sanitation and water access (Gupta, 2002). The Indian health model has gain global reputation and has led to the rise of life expectancy and decline of infant mortality among others. The policy has also enhanced decentralization and community participation in the bid to improve the quality of health care.

According to Boadu (2011), Ghana has seen resurgence in the management and sustainability of health care projects. The Ghana Health Service (GHS) has adopted key regulatory mechanisms aimed at addressing perceived poor consumer care. This has gone on to enhance satisfaction in public healthcare facilities. The application of this regulatory mechanism has also led to the increase in the number of successfully operated health care projects in the country.

South Africa has,ever since the legislated apartheid period, seen long periods of health promotion. Since the abolishment of apartheid, the country has made major policy changes aimed at enhancing an inclusive healthcare systems (Onya, 2007). This was epitomized by the adoption of the South African health system in 1990. Ever since, the government has undertaken major institutional transformation. There have also been efforts to redefine most of the policies that affect the delivery of health services. These efforts have led to one of the best health care systems in Africa.

In the Pre-Genocide period, the vision for healthcare in Rwanda was supported by the Bamako Initiative of 1988. Through the application of this Initiative, the country adopted numerous healthcare revitalization strategies. This led to high level of access to health care through decentralization and community ownership of healthcare projects at grassroots levels (Kayonga, 2007).

1.1.2 Heath Facilities and Sustainability

Every year, governments spend millions of dollars in putting up new health projects aimed at enhancing the economic wellbeing of their citizenry (World Bank, 2005). These governments put up health facilities and spend billions of dollars equipping them.

Understanding the factors that make a contribution to the sustainability of these projects is a concern to many governments the world over.

In the United States of America, Roy (2003) argues that the sustainability of projects can only be achieved when such development is undertaken for the people and by the people. Herein, Roy argues that such development leads to change of peoples' attitudes as well as to a change in their habits. When the people have positive attitudes about a particular project, its sustainability is guaranteed.

In Canada, Williams (2003) argues that the sustainability of community based projects is enhanced by the capacity of the community to cope with change and adapt to new situations. As such, sustainability is affected by time as well as by changing social, economic and political contexts. In this backdrop, a project that is deemed as worth sustaining today may not be so in future. This might not be so for health related projects since they are needed generation after generation.

The success of Danish health care facilities is enhanced by the quality management systems and certification standards. The government plays a critical role in ensuring that modern technologies are utilized in managing its health centers (Dahlgaard, Pettersen & Dahlgaard-Park, 2012). There is careful attention to ensure that healthcare projects are matched with quality operations, effective management and adept sustainability measures.

With such immense financial resources being committed to health projects each year, it is pertinent to ensure that such projects are operated sustainably. Regrettably, studies show that most of health projects in developing countries collapse few years after completion (World Bank, 1984). The collapse of newly constructed health projects in developing countries is a constantly glaring reality. When such facilities fail, the health of the rural and urban poor is put at stake. In rural communities, the failure of such facilities forces poor communities to walk for several miles in pursuit of medical care (World Bank, 2005).

The sustainability of government funded projects has been of immense interest to academia for many years. An evaluation report by World Vision (2009) shows that in most cases, community development projects in Many African countries fail to sustain themselves. More often than not, these projects fail to become self-reliant and the beneficiary communities fail to continue running them once funding support is withdrawn. This prompts one to ask, why is it so hard to sustain projects after the end of the funding phase?

Habtamu (2012) established that most Ethiopian community projects decline in performance shortly after external support is withdrawn and attributes this to poor preparation for unsustainability realities after the withdraw of funding. Habtamu (2012) urges other scholars to investigate the factors that influence sustainability of such projects in other rural parts of other countries in Africa.

As many countries report positive results in the sustainability of healthcare projects, Kenya has seen mixed results. The 2005/2006 Kenya National Health Accounts (KNHA) report notes that Kenya is faced with “inequitable access to health services (Ministry of Medical Services & Ministry of Public Health and Sanitation, 2009). Access to care is often is imperiled by low numbers of medical practitioners and long distances to health facilities. Although many health facilities are always being put up in the country, as in the rest of the world, their sustainability has not always being guaranteed.

Adek (2015) shows that infrastructural projects in Machakos, Meru and Kericho counties have been faced with immense completion and sustainability challenges. This has been attributed to poor prioritization, lack of financial resources, political influence, corruption, lack of community involvement, lack of technology, and poor management support. This shows the graveness of sustainability challenges facing projects in many counties in Kenya. The study of Adek directly relates to this current study since Machakos town constituency, which is the main focus of this study, is in Machakos County.

As conceptualized in this study, the influence of factors such as political, community inclusion, accountability and, the qualification and management experience of projects staff could affect the sustainability of CDF funded health facilities in Kenya. Migai (2008) argues that any organization or project is affected by politics in one way or another. Politics manifest in organizations since the opinions and attitudes of the different stakeholders in these organizations have to be put into considerations in the undertakings of such organizations. Regrettably, stakeholders in project may also have their own agenda in the project. Any negative attitudes can affect a project adversely and can even lead to its termination. In the same light, Otieno (2009) opines that the fact that MPs control CDF opens it to political manipulation.

Connor (2007) points out that participatory approach in rural development is of vital importance to the performance of water projects. Community buy in and support of projects ensures timely implementation, reduces conflicts and strengthens M&E initiatives. Conner looks at the effect of community involvement on the performance of water projects. It does not focus on health facilities projects or sustainability for that matter hence the need for this current study.

Mukabi, Barasa and Chepng'eno (2015) point out that the major causes of project failure in Kenya are lack of accountability and transparency; rampant unequal distribution of national resources; low community participation in government projects and; bureaucratic inefficiencies among others. This shows that failure to observe transparency in any project could have adverse effects, including total failure. Kilonzi (2014) is of the view that county governments should deliver services to the citizens while observing the principles of equity, efficiency, accessibility, non-discrimination, transparency, accountability, sharing of data and information and subsidiarity.

Lubale (2012) points out that service delivery in counties in Kenya is confronted with many challenges, which constrain their delivery capacities such as human resource factor, duplication of responsibilities, relating to shortage of manpower in terms of numbers and key competencies and lack of appropriate mindsets by county workers. This shows that projects in county governments may not be operated sustainably due poor capacities and those tasked with managing such projects.

As shown in the preceding discourse, and as conceptualized in this current study, the joint influence of the factors enumerated could influence the sustainability of health facilities projects in Kenya. Regrettably though, the influence of these factors cannot be understood without systematic study. The current study seeks to investigate these factors and their influence on the sustainability of CDF funded projects in Machakos Town Constituency of Machakos County.

Although the CDF is aimed at being the most effective and efficient institution in supporting projects aimed at the provision of water, health services, and education in all parts of the country, the sustainability of some of the projects implemented by the fund remains sketchy (Ochieng & Tubey, 2013).

In the financial year 2014/2015, more than 31 billion Kenya shillings were disbursed to the constituencies (Mburu & Muturi, 2016). These funds are aimed at funding project geared towards addressing the Social Pillar of Kenya Vision 2030. In most cases, CDF funds are put into the education sector (55%), Water (11%) and Health (6%) among others. This shows that close to 2 billion Kenya shillings are committed to health projects each year.

1.2 Problem Statement

One of the principles of devolution is to provide better and accessible healthcare to all Kenyans (Ory, 2005). In Machakos Town County, there are many children called “Nzia”, meaning road, because they were born by the side of a road. Others are called Nzyoka, which means "He has returned" because they were born after the death of the one they followed in. Many children are born at home, on the road or in bushes. Mortality rates are high because mothers are not able to get to a health center on time and especially if an operation is required.

Access to healthcare is a fundamental right that has eluded many Machakos residents (Machakos County Government, 2013). To increase accessibility to health facilities, a number of healthcare programs have been initiated in Machakos Town County by CDF funds such as construction and equipping of Kamuthanga Dispensary, provision of Ambulances and provision of health outreach clinics. However, some of the existing

health facilities do not operate to the expected standards (Machakos County Government, 2013). There is absence of published studies in the public domain focusing on the sustainability of CDF funded health facilities in the constituency. Some of the existing former studies focus on other aspects of these projects but do not narrow down to sustainability.

Lemedeket (2014) shows that most important challenges facing health care facilities in Machakos County are pegged to politics, limited funding and inadequate workforce respectively. Since the study focused on the whole county, the findings obtained may not specifically apply to Machakos Town Constituency. Further, the study did not focus on CDF funded health facilities.

A study by Kairu and Ngugi (2014) focusing on Machakos Town Constituency found that CDF was miles away from realizing its primary objectives of stimulating development and enhancing efficiency in resource allocation and use at the grass root level in the constituency. The study found that health facilities had not received the requisite financial resources and that this had led to failure or underutilization of some of these projects. The former study had focused on CDF projects in general. It did not investigate the relationship between the factors reviewed and the sustainability of CDF funded projects. This study thus differs with the other studies and seeks to establish if politics, accountability, community involvement and qualification and management experience affect the sustainability of health facilities in Machakos Town Constituency.

1.3 Purpose of the Study

The purpose of this study was to investigate the factors influencing sustainability of constituency development fund (CDF) funded projects in the devolved government in Kenya

1.4 Overall Objective of the Study

The main objective of this study is to investigate the factors influencing sustainability of constituency development fund (CDF) funded projects in the devolved government in Kenya

1.4.1 The Objectives of the Study

The objectives of this study are to:

- i. Establish the influence of project funding on sustainability of CDF Health Facilities projects in Machakos Town Constituency Machakos County.
- ii. Determine how community involvement influences on sustainability of CDF health facilities projects in Machakos Town Constituency Machakos County.
- iii. Find out how accountability influences sustainability of CDF Health facilities projects in Machakos Town Constituency, Machakos County
- iv. Assess how qualification and management experience of health facilities management influence sustainability of health facilities projects by Machakos Town constituency, Machakos County.
- v. Determine the moderating effect of government policy on the various factors that influence the sustainability of CDF health facilities in Machakos Town Constituency.

1.5 Research Questions

This study seeks to answer the following questions:

- i. How does project funding influence the sustainability of Health Facilities projects funded by CDF in Machakos Town Constituency Machakos County?
- ii. To what extent does community involvement influence the sustainability of health facilities projects funded by CDF in Machakos Town Constituency Machakos County?
- iii. How does accountability influence the sustainability of Health facilities projects funded by CDF in Machakos Town Constituency, Machakos County?
- iv. How does qualification and management experience of health facilities management influence sustainability of health facilities projects by Machakos Town constituency, Machakos County?
- v. How does government policy on resources allocation influence the factors that influence the sustainability of health facilities projects by Machakos Town constituency, Machakos County?

1.6 Significance of the Study

This study investigated the factors influencing sustainability of CDF funded projects in the devolved government in Kenya. The findings can assist project managers to address the challenges affecting the sustainability of CDF funded projects in Kenya in order to enhance the sustainability of health facilities projects in the country. The study also stands to contribute to the existing literature on the sustainability issues in CDF projects. The recommendations obtained could contribute to enhanced management of government projects in devolved governments in Kenya. Recommendations for further areas of research shall also be made and this shall provoke follow up studies on the areas that this study does not reach.

1.7 Limitations of the study

The researcher may not be able to influence the attitudes of respondents. Since CDF is operated under the political patronage of Members of Parliament, some of the respondents may not be willing to provide accurate information for fear of political victimization. To handle this limitation, the respondents were assured of utmost confidentiality of the information provided.

1.8 Delimitations of the Study

The study was conducted in Machakos Town Constituency, one of the eight constituencies of Machakos County. The other constituencies include Mavoko, Kathiani, Matungulu, Yatta, Mwala, Kangundo and Masinga. The study was restricted to CDF funded health facilities projects in Machakos town constituency. The CDF officials, medics and constituents offered vital information for the research. There may be other factors that influence the sustainability of CDF funded health projects in the project area. These were not investigated in this study. As such, the findings obtained are limited to the factors under investigation in this study.

1.9 Basic Assumptions of the Study

The following are basic assumptions:

- i. That the way CDF funds are administered affects the sustainability of health facilities in Machakos Town Constituency

- ii. That hospital management and CDF project managers are able to provide sufficient information on the subject under investigation
- iii. That the sustainability of health facilities funded by CDF is mostly dependent on the factors under investigation in this study

1.10 Definition of Significant Terms

Accountability: This is carrying out projects in an open and transparent manner that with the aim of being accountable to citizens (Adhiambo, 2012). In this study, this is the openness with which CDF projects are funded and operated.

Political Influence: This is the influence of the opinions and attitudes of different stakeholders put into considerations in the undertakings of projects (Migai, 2008). In this study, this means the influence placed on health facilities projects by elected political figures.

Public Participation: This is process in which citizens take part in public decisions (Keitumetse, 2011). It means that the public have a direct voice in public decisions. In this study it means the involvement of citizens at all phases of infrastructural projects undertaken by county governments.

Qualification and Management Experience: This is the managerial capability obtained through training and on the job (Benson & Voller, 2010). In this study it is the ability obtained through training and in implementing health facility projects.

Sustainability: This is the ability of projects to meet the necessities of the present age without trading off the capacity of future ages to address their own particular issues (World Bank, 2005). In this study, it means the ability of CDF health facilities continuing to offer services after the funding phase.

1.11 Organization of the Study

This proposal is organized into three chapters. The first chapter highlights the background and statement of the problem under study, purpose, objectives, research questions, significance, limitations and delimitations, basic assumptions of the study and definition of significant terms. Chapter two focuses on literature review. This is done based on the study variables. Chapter 3 presents the research methodology. This is divided into research design, target population, sample size and sampling procedure and methods of data analysis.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the major studies undertaken on the factors influencing sustainability of projects. Literature is reviewed in line with the objectives of the study. Theoretical and conceptual frameworks are also incorporated. Lastly, the research gaps arising from the literature so reviewed are presented.

2.2. Sustainability of CDF Projects

The World Commission on Environment and Development defines sustainability as the development that meets the needs of the present without compromising the ability of future generations to meet their own needs (WCED, 1987). Sustainability relates to demographic and environmental concerns in the view of economic and government finances crisis across USA and Europe, it includes financial sustainability and social issues like equality, social renewal and social mobility (UNCTAD, 2014). With the rising interest and need for project sustainability, many studies and researches have been advanced to find out how sustainability can be achieved as a strategic necessity. Research has stressed the role of corporations (Shrivastava, 1995), governments (UNCTAD, 2014) and the community (Van Berkel, 2010) in fostering the importance of project sustainability by developing a strategy. There has been difficulty in achieving replicability and sustainability of the project which is its ability to remain significant after external support is pulled out (Ruffing, 2007).

According to Bossert (1990), the popular solution to this problem of project sustainability is to ensure that the transfer of project responsibilities and handover processes are initiated from the beginning of the project to the end and continually monitored for effectiveness. This basically is the art of making the project beneficiaries be responsible of any project activity which will enhance project ownership thus furthering its sustainability.

In Sub Saharan Africa, Projects sustainability has attracted a lot of concern and attention from the NGO world. USAID (2010), rates NGO projects sustainability levels at 42.85 percent in Sub- Saharan Africa. It describes high sustainability as a result of effort and

goodwill among the project team to making sure that the project is sustainable and reliable after its completion. Low project sustainability in Africa was linked to the challenges and impediments that the NGOs encountered in their pursuit to ensuring development projects are sustained by the beneficiaries long after the external support is withdrawn and was also due to the fact that in Africa the sustainability of NGO project is gradually evolving. There are generally low levels of sustainability of community development projects in Africa (Globalgiving, 2013).

According to Panda (2007), long term sustainability of community projects is a very critical component in the success of projects in developing countries Kenya included. Kenyan NGOs carry out many projects but few of them achieve the expected sustainability because most of the local community members have not been empowered on how to maintain the project in the absence of donor funds and external support. Another reason to low sustainability is due to lack of guidelines on project management and distinct role of project team in ensuring project sustainability (Silvius & Schipper, 2010). Each project stakeholder should play a specific role in ensuring that the undertaken projects attain sustainability.

Ebner and Baumgartner (2010) in their work made an important observation and noted that a development project is likely to acquire sustainability status if the system managing it has a capacity to mobilize resources over a long term period that will be sufficient to maintain the project throughout its life cycle.

Many initiatives on sustainability face numerous challenges, The donor agencies and other project stakeholders should facilitate the process of bettering the community by giving them an opportunity to improve their living conditions by use of available resources in the community (Soerderbaum, 2008) Donor funded projects require assimilation and pulling together of both financial and human resources in the community for its sustainability. The project beneficiaries should come together and be empowered to be independent so that they can independently solve their key problems and sustain the project after the external support is withdrawn. A development program is sustainable when it can benefit the beneficiaries for an extended period of time after

withdrawal of financial, managerial and organizational help and assistance from external donors (US Agency for International Development 1988).

2.3 Factors influencing sustainability of CDF Projects.

This subsection discusses factors affecting project sustainability based on the objectives of the study

2.3.1 Project Funding

The World Health Organization recognized financing frameworks as one of the six building squares of wellbeing (WHO, 2007). This is on account of the wellbeing financing framework gives the assets to the task of wellbeing frameworks. Wellbeing financing frameworks have three inter- related jobs: to pool these assets; to gather reserves; and to buy wellbeing administrations (WHO, 2000). These capacities can be executed through different systems, for example, social medical coverage, private intentional protection or direct buy by customers (Gottret and Schieber, 2006). In accordance with its capacities, a well performing wellbeing financing framework ought to have the accompanying goals: 1. To gather adequate and supportable assets for wellbeing; 2. To pool assets to guarantee that everybody has money related access to wellbeing administrations 3. To utilize these assets ideally to buy wellbeing administrations; (WHO, 2005). It is imperative that these goals are met in light of the fact that how a nation funds its medicinal services framework has suggestions not only for how individuals pay for social insurance yet in addition for who utilizes wellbeing administrations, how frequently and the amount (Gottret and Schieber, 2006). In acknowledgment of this, a goals on economical wellbeing financing, all inclusive inclusion and 15 social medical coverage was supported in the 58th World Health Assembly in May 2005 (WHO, 2005b).

While there are no set techniques on the best way to fund a wellbeing framework, long haul objectives direct that the ideal outline can't be surveyed in confinement from the epidemiological circumstance, quality and nature of the economy; the security of the legislature and its organizations, and the predominant political and strategy condition (USAID, 2009). In reality these variables tend to influence financial space and consequently government assignments. How well a wellbeing framework performs

relies upon how well it accomplishes the objectives for which it ought to be considered responsible (WHO, 2000). The 2000 World Health Report characterized three objectives for wellbeing frameworks: great wellbeing, responsiveness to the desires for the populace, and reasonable monetary commitment. While the wellbeing financing framework does not act alone in influencing targets and last objectives, the manner in which a wellbeing framework is financed can unfavorably affect on the wellbeing objectives (Gottret et al., 2008). For instance, having the capacity to activate adequate subsidizing influences the wellbeing administrations that can be offered and the span of the hazard pools influences the degree to which reasonable and fair commitments to human services can be accomplished. A definitive duty regarding execution of the nation's wellbeing framework lies with government. Three of the eight Millennium Development Goals (MDG) were specifically identified with wellbeing (MDG 4, 5 and 6) and others have a circuitous impact (Banati and Moatti, 2008). Financing can, in this way, affect execution towards accomplishing the MDGs. There has been a sensational increment in wellbeing going through all around with most assets designated to sickness particular MDG 6, which identifies with HIV/AIDS, tuberculosis and jungle fever (Oomman et al., 2008).

Be that as it may, in middle- pay nations, for example, Jamaica, givers just assume a minor job in the financing of wellbeing frameworks, and significant increments in outside assets for wellbeing in these nations are far-fetched (Gottret et al., 2008). High out-of-pocket installments and wasteful obtaining game plans likewise present critical imperatives to all inclusive inclusion and better hazard pooling (Carrin and James, 2004). 16 Under these conditions, certain variables wind up vital open part needs, including guaranteeing impartial, economical financing and productive ; creating compelling and evenhanded hazard pooling and prepayment systems, showing signs of improvement esteem for cash through specialized effectiveness a n d allocative additions, focusing on financing to poor people and powerless, and gaining from the encounters of the high-income nations (Gottret and Schieber, 2006).

The Constituencies Development Fund comprises of an annual budgetary allocation equivalent to at least 2.5% of the Government ordinary revenue. A maximum of 5% is allocated to CDF Board for Administrative Services. A minimum of 95% is allocated

to constituencies based on the following formula; 5% of the 95% is allocated to emergency reserve. 75% of the balance is allocated equally amongst all the 210 constituencies; and balance of 25% is allocated based on the Constituency Poverty Index modeled by the Ministry of Devolution and Planning. (Republic of Kenya 2003). Around Kshs. 171.973 billion has been allocated to CDF since its inception. The onus of disbursing and ensuring constituencies' use their share of the money accountably and efficiently falls with the CDF Board pursuant to CDF Act 2013 (IEA, 2012).

Financial related responsibility (accountability) includes following and writing about allotment, dispensing, and use of budgetary assets, utilizing the apparatuses of inspecting, bookkeeping and planning. The operational reason for money related responsibility starts with interior office monetary frameworks that take after uniform bookkeeping gauges and principles. Past office limits, fund services and in a few circumstances arranging services, practice control and oversight capacities with respect to line services and other executing offices. Since many executing offices contract with the private segment or with NGOs, these oversight and control capacities reach out to cover open acquirement and contracting. Protection finance organizations assume a key job in monetary responsibility in wellbeing frameworks that compensation suppliers for foreordained bundles of essential administrations. Governing bodies pass the spending law that turns into the reason for service spending focuses, for which they are considered responsible. Clearly, a basic issue for the suitable working of money related responsibility is the institutional limit of the different open and private substances included.

For instance, health centres should have the capacity to represent the air of the assets they get from different sources in the event that they are to be conceded higher degrees of self-sufficiency. Flows of funds; national treasury releases funds to the CDF Board through the ministry responsible for CDF in quarterly tranches; CDF board disburses funds to the Constituency Development Fund Committees (CDFC) on the basis of approved projects and CDFC disburse funds to the Project Management Committee (PMC) in appropriate phases through the accountant responsible for CDF (currently District/Sub count account). Lack of adequate funds in hospitals has led to a number of

strikes in hospitals especially with devolution of health (2010, constitution) leading patients being unattended to and even death.

2.3.2 Community Participation

Connor (2007) points out that participatory approach in rural development is of vital importance to the performance of water projects. Community buy in and support of projects ensures timely implementation, reduces conflicts and strengthens M&E initiatives. Conner looks at the effect of community involvement on the performance of water projects. It does not focus on health facilities projects or sustainability for that matter hence the need for this current study. Project beneficiaries determine the success or failure of any project and by involving them in the development workers stand a chance of identifying the real needs of stakeholders (Mwabu et al, 2002). This means that the failure to involve them in the project may result too many project failing. Internationally, resources for social welfare services are shrinking.

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

The importance of the notion of sustainability can be seen from the way sustainability is used as one of live yardsticks in gauging development interventions (Brown, 2011). Dumreicher and Kolb (2008) argue that community participation affects the sustainability of projects. The two argue that is communities support a project and own it fully; the rate failure for such a project is lowered drastically. As such, it is vital to ensure that the community participates in decision making processes and supports the project so as to enhance the social sustainability of the project. Hickey and Mohan

(2004) on the other hand are of the view that community participation in projects is not easy. In most cases, larger numbers of people are often represented by elected officials. The level to which the entire community supports these officials determines the level to which the project will be implemented and operated successfully. Withdrawal of the general goodwill of the community means that the project may not continue for long after the funding phase.

For sustainable development to be realized, the community must play a role (Pearce, 1991). When funding health facilities, the community must be involved by allowing them to provide opinion on the specific projects to be funded that meets their immediate needs. When this is done, the community will be in a position to provide grassroots and practical auditing of CDF projects and monitor the projects after completion, hence ensuring sustainability of CDF projects.

2.3.3 Accountability

Around the world governments face pressures to provide health services equitably, effectively and efficiently. Reform and strengthening efforts in industrialized and developing/transitioning countries have adopted similar approaches to getting health systems to perform better: privatization, downsizing, competition, partnerships, in service delivery, citizen participation and performance measurement and indicators. All these approaches converge in emphasizing accountability as a core element in implementing health reform and improving system performance (WHO, 2007). The concern with health systems and accountability reflects several factors.

First is dissatisfaction with health system performance. In industrialized countries, this has centered on cost issues, access and quality assurance. In developing/transitioning countries, discontent has focused on these same issues, plus availability and equitable distribution of basic services, abuses of power, financial mismanagement and corruption, and lack of responsiveness (USAID, 2009). Policymakers and citizens want health care providers to exercise their responsibilities professionally and correctly according to regulations and norms, and with respect for patients. Second, accountability has taken on a high degree of importance because the specialized knowledge requirements, along with the size and scope of health care bureaucracies in

both the public and private sectors, accord health system actors significant power to affect people's lives and well-being. Further, health care constitutes a major budgetary expenditure in all countries, and proper accounting for the use of these funds is a high priority. All health systems contain accountability relationships of different types, which function with varying degrees of success. For example, health ministries, insurance agencies, public and private providers, legislatures, finance ministries, regulatory agencies, and service facility boards are all connected to each other in networks of control, oversight, cooperation, and reporting. Often it is the perception of failed or insufficient accountability that furnishes the impetus for change. This puts accountability front and center on the stage of current health system improvements.

Strengthened accountability is widely called for as a remedy for health system weaknesses around the world (WHO, 2007). This popularity is a plus for system reform because it can help to mobilize demand for change. Experience with policy reform, documented by the Partnerships for Health Reform Project (Gilson 1997, Gilson et al. 1999) and other USAID-funded analyses (Brinkerhoff and Crosby, 2002), shows that demand-driven reforms are more sustainable¹⁹ and successful. However, as a guide to the specifics of what to do to improve health systems, simply calling for more accountability is less helpful. On the surface, the idea of checks and restraints on power and discretion seems straightforward, but in order for accountability to inform action, further conceptual, analytical, and operational work needs to be done. Often calls for more accountability are really efforts to change the focus and purpose of accountability, rather than simply to do more of the same (Romzek 2000). Without sounder conceptual frameworks and more empirically-based recommendations, these nuances cannot be sorted out, and accountability risks becoming yet another buzzword in a long line of quick fixes, or, worse, a one-size-fits all bludgeon that encourages excess and overregulation. The ability of health clinic users to hold clinics accountable by exercising their exit option creates incentives for responsiveness and service quality improvement (see, for example, Paul 1992). Health sector reform in many countries seeks to establish these types of incentives. Another category of softer sanctions concerns public exposure or negative publicity.

This creates incentives to avoid damage to the accountable actor's reputation or status. For example, investigative panels, the media, and civil society watchdog organizations use these sanctions to hold government officials accountable for upholding ethical and human rights standards.

Self-policing among health care providers is another example of the application of this type of sanction, where professional codes of conduct are used as the standard. Performance accountability refers to demonstrating and accounting for performance in light of agreed-upon performance targets. Its focus is on the services, outputs, and results of public agencies and programs. Performance accountability is linked to financial accountability in that the financial resources to be accounted for are intended to produce goods, services, and benefits for citizens, but it is distinct in that financial accountability's emphasis is on procedural compliance whereas performance accountability concentrates on results. For example, provider payment schemes that maximize efficiency, quality of care, equity, and consumer satisfaction demand strong financial and management information systems that can produce both financial and performance information. ²⁰ Performance accountability is connected to political/democratic accountability in that among the criteria for performance are responsiveness to citizens and achievement of service delivery targets that meet their needs and demands. According to Okungu (2008), a political analyst, 70% of the constituencies have reported mismanagement, theft, fraud and misappropriation and that CDF issues are of political nature. Ongoya and Lumallas, (2005) were of the view that CDF has the potential of being used by politicians to build their reputation in their constituencies and mobilize political support. The fund has no specific development agenda; hence, it stands out as a political tool of swaying votes (Gikonyo, 2008).

Grishvilli (2003) is of the view that the any project that does not ensure that accountability is observed cannot be operated sustainably. Stakeholders in community based projects ensure that resources are used in an open and transparent way. When this happens, the future of the project is guaranteed. Mukabi, Barasa and Chepng'eno (2015) point out that the major causes of project failure in Kenya are lack of accountability and transparency; rampant unequal distribution of national resources; low community participation in government projects and; bureaucratic inefficiencies among others.

This shows that failure to observe transparency in any project could have adverse effects, including total failure.

Kilonzi (2014) is of the view that county governments should deliver services to the citizens while observing the principles of equity, efficiency, accessibility, non-discrimination, transparency, accountability, sharing of data and information and subsidiarity. This position is also held by Saavedra (2010) who argues that failure to ensure accountability leads to project failure as workers demonstrate over poor service delivery. MPs management of the CDF affects their re-election chances in a country where voting has traditionally been motivated by ethnic ties rather than the performance of politicians (Romero, 2009). As such, MPs strive to ensure that accountability issues regarding the management of CDF projects does not affect their re-election- an attribute that enhances the sustainability of CDF funded projects.

2.2.4 Qualification and Management Experience

Lubale (2012) points out that service delivery in counties in Kenya is faced with many demanding situations, which constrain their transport capacities along with human resource thing, duplication of responsibilities, regarding scarcity of manpower in terms of numbers and key skills and absence of suitable mindsets by county workers. This shows that projects in county governments may not be operated sustainably due poor capacities and those tasked with managing such projects. Benson and Voller (2010) is of the view that it is necessary to offer training staffs and ensure that there is skilled workforce in county offices so to enhance service delivery. Projects that are undertaken by officials who lack the requisite skills cannot be completed in time and in good quality. It is important to have qualified personal so as to ensure that project activities are run efficiently and sustainably. The Fourth Schedule of the Constitution of Kenya (2010) shows that shared responsibility in service delivery requires considerable skills. As such during employment activities, and as argued by this current study, there is need to ensure that employment is based on merits, right skills and, minimum qualification among others.

2.3.5 Moderating Effect of Government Policy

The government of Kenya has various policies on resource allocation. The National government policies on resource distribution, monitoring and evaluation affect the way

service delivery is undertaken in counties. The county revenue allocation committees for example are responsible for allocating each county resources or revenues according to a formula approved by the county revenue allocation bills 2015 (Kenya Gazette Supplement Senate Bill, 2015). This is an indicator that counties enjoy equal allocation though they are not equivalent.

Government projects, especially those implemented at county levels are guided by the County Government Act 2012 which was created and passed in a bid to contextualize Chapter Eleven of the Constitution and provide functions, responsibilities and powers to the County Governments. The Act is detailed in the intuitions that shall be present in the County governments, the planning structures that were empowered by the county governments and the mandates when building human resource capacity (County Government Act, 2012). The existing policy frameworks on human resource acquisition and improvement can affect the qualification and management experience of project staff in projects. This current study investigates the level of such influence in CDF health facilities in Machakos Town Constituency.

Seibert and Randolph (2004) are of the opinion that government policies on communication affect the implementation of projects. In cases where horizontal communication is practiced, political influences are easily checked. This enhances dynamic horizontal team structures that make project members experience greater freedom to voice their opinion regarding matters affecting the team without fear of political influence or patronage from superior officials. This could enhance the sustainability of projects as envisaged in this current study.

2.4 Empirical Literature Review

This section reviews empirical literature in line with the study variables. As such, studies related to the study variables are identified and their relationship to the study variable drawn.

2.4.1 Funding and Sustainability of Projects

Markus and Tanis (2010), published an article titled “the project system experience – from adoption of success”. Markus and Tanis (2010) argue that availability of funds

play a critical role in determining the success or failure of a project. The former work is relevant to this current study since it focuses on government funding of projects political meddling as in the case of this current study.

Holland, Light and Gibson (2009) in an article titled “a critical success factors model for project resource planning implementation” examine the role of management in the sustainability of projects. As conceptualized in this current study, the three scholars argue that lack of funds affect the ability of a project to ‘live to see another day’.

Kanyanya (2014) studied the factors influencing sustainability of community water projects in Shianda Division, Kakamega County - Kenya. The findings obtained show that lack of support by political leaders affects the sustainability of water and health projects in the county. The former study relates to this current study since it focuses on devolved governments in Kenya. However, it may not expressly relate to this current study since it does not focus on CDF health funded projects in Machakos Town Constituency which is located in Eastern Kenya as opposed to Shianda Division which is in Western Kenya.

2.4.2 Community Involvement and Sustainability of Projects

Keitumetse (2011) in their on sustainable development and cultural heritage management in Botswana shows that community participation in projects gives unprecedented good will to the project. This goes on to positively enhance the implementation of the projects. The study also shows that community involvement in projects enhances the socio-economic sustainability of the project. The former study did not focus on health facilities projects in Kenya. The findings obtained may thus not relate fully to this current study hence the need for this current study.

Mukunga (2012) studied the influence of community participation on the performance of Kiserian dam water project, Kajiado County, Kenya. The findings show that poor community participation at the implementation stage of the project led conflicts and this made the project expensive and unsustainable. The completion of the project was delayed for a long time. The former study was undertaken in a county that borders Machakos Town Constituency. The study however took place before the start of

Kenya's devolved governments and may not directly relate to this current study which focuses on health facilities projects initiated in devolved governments.

Nyaguthii and Oyugi (2013) carried out a study on the influence of community participation on successful execution of CDF water projects in Kenya in Mwea constituency. The study is interesting to this current study since it focuses on CDF funded projects. The study found out that most people in Mwea do not participate in the initiation phase of community projects and that this affected the implementation, M&E and commissioning phases of the project. Though the study by Nyaguthii and Oyugi does not expressly look at sustainability of projects, it casts light on the effect meted on projects by communities. If projects are implemented poorly, their sustainability is put at stake and as conceptualized by this current study.

2.4.3 Accountability and Sustainability of Projects

Lubale (2012) in an article titled "an introduction to the county governments of Kenya" points out that the perennial problem of the shortage of financial and material logistics that are necessary to support effective service delivery are aggravated by the gradual erosion of the ethics and accountability in public offices. When accountability is not observed in government processes, projects cannot be executed successfully and sustainably as argued by this current study. The article by Lubale focus on service delivery in general and does not look at health facilities projects as is the case with this current study.

Adhiambo (2012) studied the factors affecting the effectiveness of donor funded projects in promoting development in Kibera, Nairobi County. The study shows that accountability promotes good working relations with donors. This is vital for the successful implementation and sustainability of donor-funded projects beyond the funding phase. The former study does not narrow down to health facilities projects. It also took place in a Nairobi County. The findings obtained may thus not directly relate to this current study.

Burugu (2010) in "the county; understanding devolution and governance in Kenya" shows that accountability in health care provision can be enhanced by ensuring that

financial allocations are based on broad categorization of expenditure on specific services such as immunization, provision of ambulances and, health facilities among other needed medical care service. This is vital since it can ensure sustainable provision of healthcare. The former study does not focus on health facilities projects in Machakos Town Constituency but looks at health care projects generally. It may thus not show how accountability influences the sustainability of CDF funded health facilities projects in the constituency. This necessitates this current study.

2.4.4 Qualification and Management Experience & Sustainability of Projects

Clyne, Mshelia, Hall et al. (2011) in a study titled “management of patient adherence to medications: protocol for an online survey of doctors, pharmacists and nurses in Europe” shows that properly educating and training health care providers enhances the sustainable implementation of programs. The article by Clyne and others investigates a program but not health facilities as in the case of this current study. Further, the former work was done in Europe and may not show the state of affairs in Africa or Kenya for that matter.

Muchungu (2012) carried out a study titled “the contribution of human factors in the performance of construction projects in Kenya”. The findings obtained show projects may be supervised by qualified staff but yet fail. This shows that there may be other factors that affect the success and failure of projects apart from the qualification or project staff. This current study investigates the influence of qualification and management experience on sustainability of CDF funded health facilities projects in the Machakos Town Constituency of Machakos County.

2.4.5 Moderating Effect of Government Policy

Seibert and Randolph (2004) in their study titled “taking empowerment to the next level: a multiple-level model of empowerment, performance, and satisfaction” argued that, policies on communication mediate political influence amongst project team members. In organizations where horizontal communication is practiced, dynamic horizontal team structures that make project members experience greater freedom to voice their opinion regarding matters affecting the team are created. This enhances the sustainability and implementation of projects.

Mutuma (2017) in a study on “influence of Shared Leadership on Service Delivery by County Government Workers in Kenya” found out that government policies on resource distribution and evaluation need to be followed closely. The mechanism for enforcing the extant law on resource use and allocation should be invigorated. The study also found out that there is a need to have the indicators for service delivery, among them being completion of projects according to plan. This study focused on the Lower Eastern region of Kenya and may relate to this current study since Machakos County was one of the counties covered by the study.

Lubale (2012) in a study titled “An Introduction to the County Governments of Kenya” is of the view that the Governments of Kenya, both at the national and county levels, are distinct and interdependent. As such, they conduct their mutual relations on the basis of consultation and cooperation. Clear government policies on resource allocation are vital in enhancing clarity in the understanding of the powers, functions and responsibilities for the County Governments to minimize interruption in service delivery. This current study investigates the level to which resource allocation moderates the various factors that influence the sustainability of CDF health facilities in Machakos Town Constituency.

2.5 Theoretical framework

2.5.1 Theory of Public Participation

Theory of Public Participation was developed by Amstein in the 1960s. It argues that projects can only be implemented sustainably if there is genuine participation characterized by partnerships and controls (Amstein, 1969). Public participation is means to ensure that communities have a direct say in public decisions. Stakeholders are vital in ensuring the realization of project predetermined goals. This is particularly so since this enables project ownership, utilization of local resources and objective diagnostic project reviews among others. Expense and time are some of the reasons given for lack of community participation In line with this current study, the theory of public participation shows how participation in projects can enhance the achievement of project goals and vice versa. When the community takes part in projects it secures

the success and sustainability of these projects. This is through inclusion of their own resources and efforts, good will and support towards the sustainability of such projects.

2.5.2 Theory of Sustainability

According to Brundtland commission Sustainable development meets the needs of the present without compromising the ability of future generations to meet their needs. (Reclift, 1997). There are three main pillars; economic, environmental and social. On a global scale the political challenge of sustainability raises a set of basic problems and comprehensive goals. By focusing on the ecological dependency of economic and social systems, sustainability illuminates the mutual effects between environmental degradation caused by human activities and the perils to human systems presented by global environmental problems. (Willis, 2013). The concept of sustainability thus raises a starkly basic question: can human activity successfully maintain itself and its goals without exhausting the resources on which it depends?

Sustainability is just not the trivial general claim to take social, economic and environmental policy serious independent of any relationship in time and space and to strike a sound balance between these aspects in its literal rudiments, sustainability is the capacity to maintain some entity, outcome, or process over time. The study was based on this theory due to its relevance in addressing sustainability issues especially development projects aimed at alleviating poverty at grass root level and the capacity to keep the projects operating long after the project closure and having the desired impact .

2.5 Conceptual Framework

Kothari (2004) define conceptual framework as a structure that defines the interrelationship between different variables deemed important in a study. The conceptual framework further expresses the researcher's views about the construct important in a study. This study conceptualizes that the sustainability of health facilities projects is influenced by project funding, community involvement, accountability and qualification and management experience of project staff. Further, the relationship between the independent and dependent variables is moderated by government policy on resource allocation.

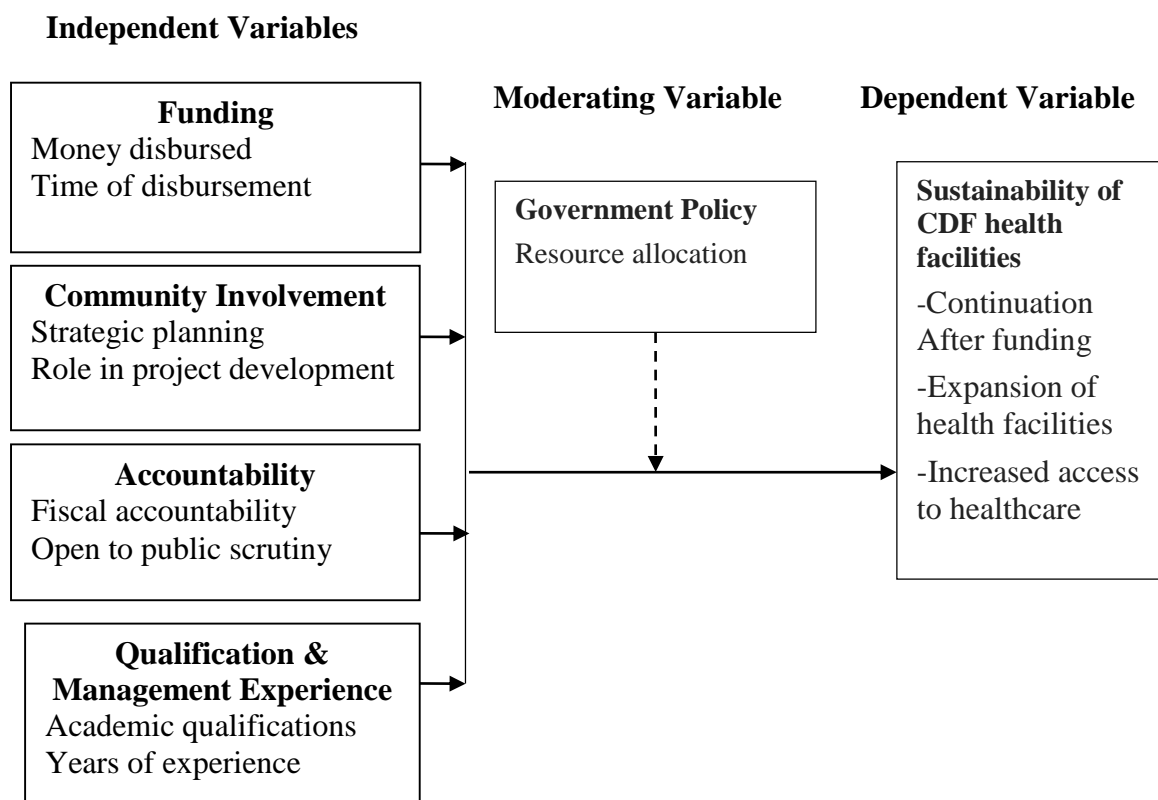


Figure 2. 1: Conceptual Framework

2.6 Knowledge Gap

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

the devolved government in Kenya, the case of health facilities in Machakos Town Constituency, constituency Machakos County.

2.7 Literature Review Summary

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

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this section, the research methodology for this study is presented. This includes the target population, sampling size and sampling technique, research instruments, ethical issues, data collection procedure, data analysis and presentation, scope of the study, limitations of research and chapter outline.

3.2 Research Design

According to Law & Lodge, K. (2005), research design describes the nature of the pattern the research intends to follow. It describes the plan or strategy for conducting the research and is, simply put, a road map guide of how research itself will be conducted. This study adopts the descriptive research design. The choice of the descriptive survey research design was made based on the fact that in the study, the research is interested on the state of affairs already existing in the field and no variable shall be manipulated. A descriptive study attempts to describe or define a subject, often by creating a profile of a group of problems, people, or events, through the collection of data and tabulation of the frequencies on research variables or their interaction as indicated by Cooper and Schindler (2003). The study sets to investigate the factors influencing sustainability of CDF funded projects in the devolved government in Kenya. The study shall use closed-ended questions through a questioner for primary data collection as well secondary data collected from print and online materials on the study subject.

3.3 Target Population

The sampling frame or population is the list from which the sample for a given study is obtained. It is a list of all items where a representative sample is drawn for the purpose of research (Mugenda & Mugenda, 2008). Population refers to an entire group of individuals who are the concern for the study within the area of the study (Mugenda and Mugenda, 2003). According to Ngechu (2004), a population is a well-defined set of people, services, elements and events, group of things or households that are being investigated. It is a complete group that fits the researcher's specification from which the researcher was to generate the result of the study. There are seven wards in

Machakos Town Constituency: Kalama, Mua, Mutitini, Machakos Central, Mumbuni North, Muvuti/Kiima-Kimwe, and Kola Wards. Out of the seven wards a purposive sample of 77 respondents from the 7 wards will be selected from a target population of 357 respondents. Out of which 40 constituents, 21 Medics, 7 Accountants and 9 Project management committee members will be interviewed.

3.4 Sample Size and Sampling Procedure

The study will use purposive sampling method to select respondents from the various categories in Machakos Town Constituency.

3.4.1 Sample Size

According to Mugenda & Mugenda (2003) a sample is a subset of a particular population selected for the purpose of study to make conclusion about a population. Mugenda (2003) however stresses that if the population size is small, then it is advisable that the researchers do a complete census of the population. This position is also supported by Gupta (2007) who says that if the researcher has enough resources and time he can choose to do a complete census of the study if the population size is small. Gupta (2007) gives the advantages of a census, stating that it does not have any bias that may occur due to sample size selection; therefore the sample size for the study will be 77 respondents drawn from the target population.

During the 2016/17 financial year, there were a total of 51 health projects in the constituency, some being ongoing while others were yet to be started. Therefore, the respondents will be the 7 professional categories in the health sector i.e. Medical Doctors/Dentists, Registered Clinical officers, Nurses, Lab Technicians, Pharmacy Technicians, PHO's/PHT, and Nutritionists. The target population will be $51 \times 7 = 357$ (John, 2014).

Sampling frame is defined as the complete list of all members of the total population (Saunders & Lewis 2012). The study will target a sample size of 77 people based on a 11% of the Target Population (357). This is according to Mugenda and Mugenda (2003) who argue that a sample size of 10 – 30% is a representative sample size from the total population.

3.4.2 Sampling Procedure

In order to collect enough data and information, the study sampling frame will be put into four categories. In order to carry out this study, a smaller group of 77 respondents will be chosen from the total target population of 357 people. In the first category purposive sampling was applied where 40 Constituents will be picked because they reside in Machakos Town constituency. In the second category purposive sampling will be applied to include 21 Medics. This is because the Medics serve in the targeted medical facilities. The third category comprised of 7 Accountants since they directly deal with the financial transactions of the various projects. The fourth category will have 9 PMC members because of their major role in allocation of project funds in the constituency.

3.5 Research Instruments

In this study, two data collection methods shall be employed. To begin with, closed-ended questionnaire which shall include Likert-type questions will be used to collect data. This is deemed important for this study since the respondents are limited to predetermined possible responses and this captures a broad range of attitudes of the respondents regarding the study questions. Secondary data collected from print and online materials on the study subject shall also be used to complement the findings obtained from questionnaires.

3.6 Pilot Testing

Kothari (2004) describes a pilot study as the replica and rehearsal of the main study. According to van Teijlingen & Hundley (2010), a pilot study (also referred to as feasibility studies) refers to small versions of a full-scale study, as well as the specific pretesting of a specific research instrument such as an interview schedule or a questionnaire. Usually conducted by experts, pilot studies bring to the light the weaknesses of the questionnaires and also of the survey techniques that may arise so that improvements can be made as per the experience gained in this way (Kothari, 2004). Although conducting a pilot study does not guarantee success in the main study, it does increase the likelihood of success in the main study. Pilot studies fulfil a range of significant functions and can provide valuable knowledge for other researchers (Teijlingen & Hundley, 2010).

According to Cohen et al (2002), a pilot study is a trial run of the major study with the purpose to check the time taken to complete the questionnaire, to check whether the questionnaire is too long or too short, too easy or too difficult and to check the clarity of the questionnaire items. The pilot study also aims to eliminate ambiguities or difficulties in wording within a questionnaire.

The pilot study will be undertaken to pre-test the research instrument, so as to ensure that it is concise, clear, comprehensive and reliable. This will help identify any possible weaknesses and adjustments made to make the test reliable, appropriate and comprehensible. According to Mugenda & Mugenda (2003), a pilot study sample should be in the range of one 1-10% of the sample size selected. In this study a total of 15 respondents out of study sample of 37 participants will be selected to participate in pilot study. The pilot study will target 3 health officers and 2 project officers in CDF funded projects randomly sampled from Machakos Town Constituency.

3.7 Validity of the Instrument

Gay, Mills and Airasian (2006) posit that validity refers to the degree to which a test or an instrument measures what it is supposed to measure. In order to ensure the validity of the instrument, internal and external validity tests will be carried out. Face validity shall be assessed by finding out the ease with which the respondents answer the research questions. In this case, any ambiguous questions shall be adjusted to make them easy to understand and answer. Cooper and Schindler (2003) point out that content validity offers adequate investigation of the study questions. The questionnaire shall also be presented to the supervisors for review and their input on the constructs of the research used to improve the questionnaire.

3.8 Reliability of the Instrument

Mugenda & Mugenda (2008) point out that reliability is a measure of the degree to which a research instrument yields consistent results after repeated trials. The data obtained from the pilot study will be used to ascertain the appropriateness and relevancy of the questionnaire to the study. Cronbach's Alpha will be used to test the reliability of the research instrument. According to Malhotra (2004), a Cronbach's Alpha Reliability Coefficient varies from 0 to 1, where a value of 0.7 or less indicates unsatisfactory internal consistency reliability. Cronbach alpha measures how well a set

of items (or variables) measures a single uni-dimensional latent construct. When data has a multidimensional structure, Cronbach's alpha is usually very low. Technically, Cronbach's alpha is not a statistical test but a coefficient of reliability (or consistency) test. Cronbach's alpha is written as a function of the number of test items and the average inter-correlation among the items. The formula for the standardized Cronbach's alpha can be represented as:

$$\alpha = \frac{N - \bar{r}}{1 + (N - 1)\bar{r}} \dots\dots\dots (3.3)$$

Where

N = The number of items

\bar{r} = The average inter-item correlation among the items.

From the formula, when the number of items increases, the Cronbach's alpha increases. If the average inter-item correlation is low, the Cronbach alpha will be low. If the average inter-item correlation increases, Cronbach's alpha increases as well. In cases of multi-dimensional data, Cronbach's alpha is generally be low for all items. According to Nunnally (1978), Cronbach's Alpha Reliability Coefficient above 0.7 is an acceptable reliability coefficient. The values of Cronbach alpha greater than 0.7 will imply that the questionnaire is reliable otherwise it is unreliable. If the estimated value of Cronbach alpha less than 0.7, the questionnaire was be reformulated and the pilot study will be conducted again until the questionnaire is reliable.

3.9 Data Collection Procedure

The researcher shall obtain a research authorization letter from the University of Nairobi and a research permit from National Commission for Science, Technology and Innovation (NACOSTI) before undertaking this study so as to ensure the legal basis for the study is established. Permission will also be sought from the Ministry of Health in Machakos County to collect data. Consent will then be obtained from the respondents before the study tool (questionnaire) is administered. The researcher will adhere to ethical standards. In this regard, the respondents will be informed of the purpose of the study before their participation.

3.10 Data Analysis Technique

In this study, quantitative techniques will be used in analyzing data. This will be done for purposes of developing and employing mathematics models, theories and hypotheses pertaining to natural phenomena (Babbie & Mouton, 2006). Herein, quantitative technique shall be used to reduce text to numbers and the frequency distribution as well as the relative importance of the responses obtained assessed.

Data will be analyzed using Statistical Package for Social Sciences (SPSS Version 21.0) program. Since the study is descriptive in nature, both quantitative analysis and inferential analysis will be used as data analysis technique. Quantitative analysis shall include descriptive statistics (measure of central tendency (mean), frequency and percentages) and inferential statistics (correlation and, multiple regression analyses).

The regression models which shall be tested for each of the independent variables according to Baltagi (2005) are represented by:

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

Where:

Y = Sustainability of CDF health facilities

β_0 = Constant Term;

$\beta_1, \beta_2, \beta_3, \beta_4$ = Beta coefficients;

X_1 = Funding

X_2 = Community Involvement

X_3 = Accountability

X_4 = Qualification & Management Experience

ε = Error term

3.11 Ethical Consideration

According to Sullivan & Beech (2004) moral contemplations counteract against the creation or adulterating of information and subsequently, advance the quest for learning and truth which is the essential objective of research. Moral conduct is additionally

basic for collaborative work since it supports a domain of trust, responsibility, and shared regard among researchers.

The researcher will obtain a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) before undertaking this study. Voluntary participation will be obtained through informed consent. Consent will be obtained from the hospital administration and the study participants before administering the questionnaires to ensure autonomy.

The researcher will ensure that research participant will not be harmed, either physically or emotionally, through involvement in research. It also includes emotional distress faced by the participants. Therefore, it is responsibility of the researcher to plan and carry out research so that any form of harm can be avoided. All participants will be treated with respect and will be given the freedom to drop out of the study if they so wished.

3.12 Operational Definition of Variables

Table 3. 1: Operational Definition of Variables

Objectives	Types of Variables	Indicators	Method of data collection	Data Analysis Technique
Establish the influence of funding on sustainability of Health Facilities projects funded by CDF in Machakos Town Constituency Machakos County.	Independent Variable: Funding Dependent Variable: Sustainability of Health Facility Projects	Adequacy of funds Timeliness of funds	Questionnaire	Mean Frequency Percentages Multiple Regression Analysis
Determine how community involvement influences on sustainability of health facilities projects funded by CDF in Machakos Town Constituency Machakos County.	Independent Variable: Community Involvement Dependent variable: Sustainability of Health Facility Projects	Sensitization meetings Role in project design & implementation	Questionnaire	Mean Frequency Percentages Multiple Regression Analysis
Find out how accountability influences sustainability of Health facilities projects funded by CDF in Machakos Town Constituency, Machakos County	Independent variable: Accountability Dependent variable: Sustainability of Health Facility Projects	Fiscal accountability Open to public scrutiny	Questionnaire	Mean Frequency Percentages Multiple Regression Analysis
Assess how qualification and management experience of health facilities management influence sustainability of health facilities projects by Machakos Town constituency, Machakos County	Independent Variable: Qualification & Management Experience Independent variable: Sustainability of Health Facility Projects	Educational Qualifications Years of experience	Questionnaire	Mean Frequency Percentages Multiple Regression Analysis,

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter covers data analysis, presentation, interpretation and discussion of the relation of variables on investigation. The analysis was conducted to analyze factors influencing sustainability of CDF health projects in Machakos Town Constituency within Machakos County. The study targeted the beneficiaries of CDF projects. A sample of 77 respondents from the seven wards within the Constituency was selected for this study.

Descriptive analysis was done to describe the respondents' demographic profile. The main aim of the objective for descriptive analysis was to understand the profile of the sampled CDF health projects, whereby frequencies, percentages, means and standard deviation were used to describe their characteristics.

4.2 Questionnaire Return Rate

A total of 77 questionnaires were distributed to the respondents. Out of these, 69 questionnaires were returned duly completed. This represents a response rate of 89.61%, which is within what Castillo (2009) prescribed as a significant response rate for statistical analysis and established at a minimal value of 50%. This was therefore considered a representative sample for further analysis, with the findings tabulated as shown in table 4.1 below.

Table 4. 1: Sample Distribution and Response Rate

Wards	Ward sample size	No. of Respondents	Response rate
Kalama	12	11	91.67%
Mua	10	9	90%
Mutitini	10	9	90%
Machakos Central	15	13	86.67%
Mumbuni North	9	8	88.89%
Muvuti/Kiima- Kimwe	12	10	83.33%
Kola	9	9	100%
Total	77	69	89.61%

Source: Author, 2018

A fairly even distribution of respondents from each of the seven wards was sampled using purposive sampling to ensure that each ward receives the number of questions according to the population size of the area.

4.3 Reliability Analysis

Reliability analysis was subsequently done using Cronbach Alpha which measures the internal consistency by establishing if certain items within a scale measure the same construct. Mugenda & Mugenda (1999) established the Alpha value threshold at 0.7, thus forming the study's benchmark.

Table 4. 2: Cronbach's Alpha

	Cronbach Alpha
Funding	.815
Community involvement	.728
Accountability	.720
Qualification and management experience	.712

Cronbach Alpha was established for every objective which formed a scale. This illustrates that all the four variables were reliable as their reliability values exceeded the prescribed threshold of 0.7. This, therefore, depicts that the research instrument was reliable and therefore required no amendments.

4.4 General Demographic Information

The study sought to enquire on the respondents' general information including gender, age and level of educational. This general information is presented in subsequent sections.

4.4.1 Gender of the Respondents

The respondents were also asked to indicate their gender. The results are as shown in the table 4.3.

Table 4. 3: Gender of the Respondents

	Frequency	Percent
Male	38	54.8
Female	31	45.2
Total	69	100

As per the results, 54.8% of the respondents were male while 45.2% were female. This shows that all the study was gender sensitive and did not show bias to any particular gender when selecting respondents for the survey.

4.4.2 Age of the Respondent

The respondents were also requested to indicate their respective ages. The results are as shown in table 4.4.

Table 4. 4: Age of the Respondent

	Frequency	Percent
Below 25 years	4	4.3
25- 50 years	61	65.6
Above 50 years	28	30.1
Total	93	100

According to the study findings, 65.6% of the respondents were aged between 25-50 years, with 30.1% being aged above 50 years, and the remaining 4.31% aged below 25 years. This clearly implies that majority of medical practitioners in Machakos County health facilities have the required experience to offer efficient services to the constituents. With more than 95% of respondents being 25 years and older, it is imperative to conclude that the response had enough expertise to run health projects in their areas of specialization, as well as manage funds meant for the the said projects. The study therefore concludes that most of the respondents were mature enough to understand the subject of the study and give reliable and relevant information concerning the subject matter.

4.4.3 Education Level

The respondents were also requested to indicate their education level. The results were as shown in table 4.5 below.

Table 4. 5: Education Level

	Frequency	Percent
Diploma and below	34	49.3
Bachelor degree	21	30.4
Postgraduate Diploma	10	14.5
Master's degree/PhD	4	5.8
Total	69	100

From the findings in table 4.5, it observed that more than 50% of the respondents have university degree and above, a clear indicator of high literacy levels in the area. This shows that majority of the respondents are well learned enough to comprehend the subject matter of the study. This goes a long way in explaining the significance of healthcare in the area, with so many educated and learned individuals opting to take it up as their profession. With so many respondents indicating that they are well educated, it would not be absurd to find all health projects in the area well managed and progressing at stipulated pace.

4.5 Determinants of Sustainability of CDF Projects

This section presents the findings on determinants of CDF project sustainability. These include project funding, community involvement, accountability, as well as qualification and management experience.

4.5.1 Project Funding

This was the first determinant of project sustainability as established by the study. The study sought to know from the respondents, the frequency and adequacy of CDF funds disbursed to health facilities within Machakos Town Constituency. The study also wanted to know if the funds are normally disbursed on time so as not to interfere with

the smooth running of the health facilities being funded. Responses were as shown below.

i) Funds disbursed for the projects are always adequate.

Table 4. 6: Rating adequacy of disbursed funds

Variable	Frequency	Percentage
Strongly Disagree	9	13.1
Disagree	10	14.5
Not sure	13	18.8
Agree	11	15.9
Strongly Agree	26	37.7
Total	69	100

The findings in table 4.6 above indicate majority of the respondents strongly agree with the assertion that funds disbursed for development of health facilities are adequate. 37.7% of the respondents were satisfied with the amount of funds disbursed, indicating that the funds are able to sustain health projects to completion. 27.6% of the respondents however are of the contrary opinion that CDF funds should be increased in order to sustain the lifespan of health projects in Machakos Town constituency. However, 18.8% expressed reservation on the adequacy of funds disbursed by the government, citing lack of transparency and accountability.

ii) *Funds are always disbursed on time*

Table 4. 7: Timeliness of funds disbursed to the health facilities

Variable	Frequency	Percentage
Strongly Disagree	21	30.4
Disagree	13	18.8
Not sure	15	21.6
Agree	10	14.4
Strongly Agree	11	15.8
Total	69	100

The study findings in table 4.7 show 30.4% of the respondents strongly disagreeing with the assertion that funds are always disbursed on time, with a further 18.8% disagreeing with the assertion. They are of the opinion that CDF funds should be disbursed on time to enable facility manager to have projects completed on time. This is because late disbursements cause delays in project completion hence increasing project costs. 21.6% however expressed reservation on the timeliness of the CDF funds disbursed to Machakos Town constituency, indicating that they are not sure if there is any specific time for the government to release funds to the health facilities. However, 30.3% of the respondents were satisfied with the timing of releasing funds to the health facilities, indicating that it is the right time for funds to be used until completion of the health projects.

iii) **Descriptive Statistics for Project Funding**

The study further sought to establish the descriptive statistics for project funding in terms of means and standard deviations. The findings were as tabulated in Table 4.8.

Table 4. 8: Mean and Standard Deviation for Project Funding

Variable	N	Mean	Std Deviation
Fund Adequacy	69	3.46475	0.95654
Disbursement Timeliness	69	2.37563	1.00342

According to the findings in Table 4.8, the responses on adequacy of funds for sustainability of CDF health facilities had a mean of 3.46475 and standard deviation of 0.95654. This shows most respondents generally agree with the assertion that funds disbursed to the Machakos Town constituency are enough to sustain CDF funded health projects within the constituency. The responses for fund timeliness show had the mean of 2.37563 and standard deviation of 1.00342 which implies that majority of the respondents disagrees with the assertion that funds for CDF projects within Machakos Town constituency are normally disbursed on time.

4.5.2 Community Involvement

The study sought to know the respondents' opinions on their level of involvement in the development and management of health facilities in Machakos Town constituency. The respondents were asked to indicate they agreed with the opinion that community involvement had influence on the sustainability of health CDF projects. Responses were as shown below.

i) *The community is actively involved in developing strategic plans for the facilities*

Table 4. 9: Community involvement in strategic planning

Variable	Frequency	Percentage
Strongly Disagree	15	21.74
Disagree	10	14.49
Not sure	15	21.74
Agree	13	18.84
Strongly Agree	16	23.19
Total	69	100

The study findings in table 4.9 above show that more than 40% of the respondents feel that the community is being involved in laying down strategic plans for the CDF funded health facilities within Machakos Town Constituency. Though a significant 21.7% remain undecided on whether there is community involvement in development of CDF funded health projects or not, it goes without saying that a huge chunk of the community keep tabs on the goings on in as far as strategic development of health facilities within the constituency is concerned. This is therefore a clear indicator that community involvement plays a significant role in the sustenance of the projects to completion. There is therefore need for the project management to ensure the local leadership i.e. village elders is roped in the decision making i.e. location of the facility and the employment positions within the organization for the locals.

ii) *Community is involved in project development and management*

Table 4. 10: Community involvement in project development and management

Variable	Frequency	Percentage
Strongly Disagree	7	10.3
Disagree	11	16
Not sure	15	21.6
Agree	10	14.4
Strongly Agree	26	37.7
Total	69	100

The study findings in table 4.10 above indicate that more than 50% of the respondents agree with the assertion that the community is well involved in the development and management of CDF funded health projects in Machakos Town constituency. It shows that majority of the residents are of the opinion that health facilities in the area should afford the locals more opportunities to participate actively in day to day management and development of projects. This according to the respondents will enable the constituency the sought after universal health cover, ensuring that every community member has access to a health facility whenever they need medical attention.

iii) **Descriptive Statistics for Community Involvement**

The study further sought to establish the descriptive statistics for community involvement in terms of means and standard deviations. The findings were as tabulated in Table 4.11.

Table 4. 11: Mean and Standard Deviation for Community involvement

Variable	N	Mean	Std Deviation
Strategic Planning	69	2.89624	0.85243
Role in Project Sustainability	69	3.51935	0.92319

According to the findings in Table 4.11, the responses on involvement of the local community in strategic planning for sustainability of CDF health facilities had a mean of 2.89624 and standard deviation of 0.85243. This shows most respondents do not agree with the assertion that the local community is well involved in strategic planning of CDF funded health facilities in Machakos Town constituency. The responses for the role of local community in project sustainability had the mean of 3.51935 and standard deviation of 0.92319 which implies that majority of the respondents are of the opinion that the local community plays a significant role in sustainability of CDF projects within Machakos Town constituency.

4.5.3 Accountability

The study sought to know the respondents' opinion on the accountability of the management and oversight team for the health projects in Machakos Town constituency. Respondents were asked to indicate if they agree with an assertion that accountability of the management team is key to the sustainability of CDF funded health facilities in the constituency. Their responses were as tabulated below.

i) *CDF funded health facilities are open to fiscal accountability*

Table 4. 12: Fiscal accountability of health facilities

Variable	Frequency	Percentage
Strongly Disagree	11	16.8
Disagree	12	18.1
Not sure	14	21.1
Agree	13	18.5
Strongly Agree	19	27.5
Total	69	100

The study findings in table 4.12 indicate that more than 40% agree with the assertion that accountability is key to the sustenance of CDF funded health facilities within Machakos Town Constituency. Majority of the respondents argued that accountability and transparency in the dealings of project managers increase the level of trust among the locals, creating conducive environment for the health project to be sustained to completion. Various studies indicate that publishing audit reports and financial reports of the organization is the best way of showing accountability and transparency to the general public. This enlightens the general public on the financial position of the health facility, as well as showing them how good the CDF money is being put to its intended purposes.

Public health institutions are open to public scrutiny

Table 4. 13: Health facilities are open to public scrutiny

Variable	Frequency	Percentage
Strongly Disagree	27	39
Disagree	12	17
Not sure	9	13
Agree	11	16
Strongly Agree	10	15
Total	69	100

After analyzing the data collected, the findings in Table 4.13 shows the respondents' disapproval of the assumption that health facilities in Machakos Town constituency are open to public criticism and scrutiny. Majority of the respondents said that top management does not fancy being question over issues to do with government and resource utilization within their organizations. It was noted that in few incidences where the public has come out to challenge the leadership or question their way of doing business, things have always turned chaotic. This is because many locals in the area feel that the management is always doing little to improve the services and capacity of health facilities, despite the government pumping in million and millions of shillings. Many local residents therefore feel that there should be a way in which hospitals and other health facilities benefitting from CDF funds should create public awareness on how the funds disbursed are utilized to the benefit of common citizens.

ii) Descriptive Statistics for Accountability

The study further sought to establish the descriptive statistics for accountability in terms of means and standard deviations. The findings were as tabulated in Table 4.14.

Table 4. 14: Mean and Standard Deviation for Accountability

Variable	N	Mean	Std Deviation
Fiscal Accountability	69	2.88125	1.034257
Open to Public Scrutiny	69	3.71923	0.704634

According to the findings in Table 4.14, the responses on the fiscal accountability of CDF funded health facility management team and the local population had a mean of 2.88125 and standard deviation of 1.034257. This shows most respondents failed to agree with the assumption that CDF funded health facilities in Machakos Town constituency portrayed transparency in their public expenditures. On the other hand the responses for the health facilities' openness to public scrutiny had the mean of 3.71923 and standard deviation of 0.704634 which implies that majority of the respondents are of the opinion that CDF funded health facilities in Machakos Town constituency are open to public scrutiny use of funds and resources meant for health projects within the constituency.

4.5.4 Qualification and Management Experience

The study sought to know the respondents' opinions on the managers' experience and management experience required to take charge of health facilities in Machakos Town constituency. The respondents were asked to indicate their agreement with the assertion that the managers' academic qualifications play a significant role in ensuring the sustainability and success of health projects funded by the CDF kitty. Their responses were enumerated as shown below.

- i) *The health organization management academic qualifications determine the success of projects initiated at the facilities*

Table 4. 15: Management academic qualification and project sustainability

Variable	Frequency	Percentage
Strongly Disagree	25	36
Disagree	11	16
Not sure	7	10
Agree	16	23
Strongly Agree	10	15
Total	69	100

The study findings in table 4.15 above show that majority of the respondents disagree with the assertion that individuals' academic qualifications play a significant role in the success and sustainability of health projects in Machakos Town constituency. It was found that close to 60% of the respondents are of the contrary opinion that managers and director of health facilities should selected based on their academic qualifications, due to the direct correlation between academic qualifications and organizational success/performance from various previous studies. However, it was noted that various cases of medical negligence and malpractice have been reported in various health facilities within the constituency. This clearly indicates that academic qualifications and years of experience should not be the only yardstick in selection of health practitioners and project managers. Though some of the respondents acknowledged that a medical practitioner's qualification and expertise gives patients the confidence that they are in safe hands, it also mentioned that individuals' competency and political goodwill are other key factors that determine the sustainability of health projects in facilities in Machakos Town constituency. Despite the 10% being undecided on the academic qualification and project sustainability, a huge percentage of the community feels discontent with the qualifications of the leadership present in various health facilities in Machakos Town Constituency in as far as sustainability of health facilities within the constituency is concerned.

ii) *The managers' years of experience is key in sustainability of health projects*

Table 4. 16: Managers' years of experience enhance sustainability

Variable	Frequency	Percentage
Strongly Disagree	10	15
Disagree	13	18
Not sure	22	32
Agree	14	20
Strongly Agree	10	15
Total	69	100

The study findings in table 4.16 above indicate that more than 30% of the respondents are undecided on whether the manager's years of experience enhance the chances of health project sustainability or not. This is simply because mixed experiences of various respondents with unexpectedly poor performances from very experienced managers in various health facilities in the constituency. Though various studies have found that the more exposure one has in his/her field of specialization, the more expertise they are likely to gain, this assertion does not always hold for residents of Machakos Town County who have had mixed fortunes with regard to management of health facilities funded by CDF funds in the constituency. Majority of those interviewed could not categorically state whether years of experience played a great role in sustainability of health projects or not. They therefore concluded that more than just with the assumption that health facilities in Machakos Town constituency need managers with more years of experience to be able to sustain CDF funded projects to completion.

iii) **Descriptive Statistics for Qualification and Management Experience**

The study sought to establish the descriptive statistics for qualification and management experience of health facility managers in terms of means and standard deviations. The findings were as tabulated in Table 4.17.

Table 4. 17: Mean and Standard Deviation for Qualification and Management Experience

Variable	N	Mean	Std Deviation
Academic Qualifications	69	1.95643	0.895423
Years of Experience	69	2.98936	0.753972

According to the findings in Table 4.17, the responses on the influence of academic qualification of the CDF funded health facility management on sustainability of health projects in Machakos Town Constituency had a mean of 1.95643 and standard deviation of 0.895423. This shows most respondents strongly disagree with the assertion that CDF funded health facility manager and medical practitioners' academic qualifications greatly influenced sustainability of health projects in the constituency. On the other hand the responses for the influence of individuals' years of experience on sustainability of health projects in Machakos Town constituency had the mean of 2.98936 and standard deviation of 0.753972 which implies that majority of the respondents were indifferent on the influence of one's years of experience on the sustainability of health projects in CDF funded health facilities within Machakos Town Constituency.

4.5.5 Moderating effect of government policy

The study sought to know the respondents' opinions on the moderating effect of government policies on sustainability of CDF funded projects in health facilities within Machakos Town constituency. The respondents were asked to indicate their agreement with the assertion that stringent allocation and expenditure measures put in place by the CDF committee minimizes embezzlement of funds and goes a long way in ensuring sustainability of health projects in Machakos Town Constituency. Their responses were enumerated as shown below.

i) *CDF Resource Allocation and the sustainability of healthcare projects*

Table 4. 18: Resource allocation and project sustainability

Variable	Frequency	Percentage
Strongly Disagree	13	19
Disagree	9	13
Not sure	10	14
Agree	19	28
Strongly Agree	18	26
Total	69	100

The study findings in table 4.18 reveal that majority of the respondents agree with the assumption that government policies play a greater role in ensuring sustainability of CDF funded healthcare projects in facilities within Machakos Town constituency. Parliamentary acts for instance provide guidelines on how CDF funds should be distributed equitably among all the constituencies in the country. For instance, the Commission on Revenue Allocation (CRA) is the body mandated to oversee equitable distribution of resources in the country. This normally include proceeds from minerals and other natural resources, as well as distributing development funds so that every region in the country gets what it is supposed to get for the uniform economic growth. Government policies on the distribution and utilization of funds from the CDF kitty therefore go a long way in ensuring the success and sustainability of projects at constituency level. The red tape measure put on the expenditure of CDF funds and the accountability standard requirements set by the parliament on utilizing CDF funds on development projects leaves a very small window for misappropriation and misallocation of funds, which would make the projects collapse. This therefore ensures that the allocated funds meant for Machakos Town constituency are released by the treasury to the constituency offices, who then ensure the funds are expended only on the intended projects, and financial statements forwarded back to the constituency offices.

4.6 Regression Analysis

The study employed multiple linear regression on Model 1 to establish how the sustainability of health projects in Machakos Town constituency related with the four deterministic variables. The results of the regression model comprised of the model summary, the analysis of variance (ANOVA) test results, and an account of the regression coefficients as shown below.

4.6.1 Model Summary

Table 4. 19: Model Summary

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate
1	.715 ^a	.678	.607	.137712

a. Predictors: (Constant), Project Funding, Community Involvement, Accountability, Qualification and Management Experience

Table 4.19 above shows that the coefficient of determination (R-square) value is 0.678, which implies that 67.8% of the changes in sustainability of CDF funded health projects in Machakos Town constituency can be explained by variables within the model of the study, while 32.2% of the changes can only be explained by external factors not captured within the variables in the model of the study. The correlation coefficient (R) value is 0.715, which indicates a strong relationship between the variables of the study.

4.6.2 Analysis of Variance

The ANOVA test results were as shown in table 4.16 below.

Table 4. 20: ANOVA Test Results

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	.404	4	.101	5.325	.002 ^b
	Residual	.664	35	.019		
	Total	1.068	39			

a. Dependent Variable: Sustainability of health projects in Machakos Town constituency Predictors: (Constant), Project Funding, Community Involvement, Accountability, Qualification and Management Experience

The results in Table 4.20 show that the F value is 5.325 which is significant at 5% significance level since the P-value ($0.002 < 0.05$). This clearly shows that the regression model is important to explain the influence of the deterministic variables on the sustainability of CDF funded health projects in Machakos Town constituency.

4.6.3 Regression Coefficients

Using the study regression model in SPSS computer application, the study found the regression coefficients as shown in table 4.21 below.

Table 4. 21: Regression Coefficients

	Unstandardized		Standardized	t	Sig.
	Coefficient		Coefficients		
	B	Std. Error	Beta		
(Constant)	6.553	.740		8.852	.000
Project Funding	.608	.621	.618	-.847	.403
Community Involvement	.562	.016	.565	-2.288	.028
Accountability	.505	.060	.508	2.708	.010
Qualification and Experience	-.036	.012	-.038	2.880	.007

a. Dependent Variable: Sustainability of CDF funded health projects in Machakos Town constituency

From the results on Table 4.21 the resultant regression equation for Model 1 is

$$Y_1 = 6.553 + 0.526X_1 + 0.562X_2 + 0.505X_3 - 0.036X_4$$

The results on show that project funding (X_1), community involvement (X_2), as well as accountability (X_3) have significant positive effect on the sustainability of CDF funded health projects. However, a significance level of 0.403 implies that even though project funding positively contributes to the sustainability of health projects in Machakos Town constituency, the variable is not statistically significant to be used in the model. On the contrary, management experience (X_4) portrayed a statistically significant but inverse effect on the sustainability of health projects in Machakos Town constituency. This clearly indicates that project funding, community involvement, and accountability have a notable effect on the sustainability of CDF funded health projects in Machakos Town constituency, while qualification and management experience has an insignificant relationship with project sustainability.

4.7 Correlation Analysis

Correlation analysis is useful in testing the relationship strength between given variables. The values of correlation coefficient varies between -1 and 1 with values close to one (in absolute terms) suggesting perfect correlation. On the other hand, a correlation coefficient close to zero suggests absence of correlation. In this study, Pearson correlation coefficient was used to examine the relationship between sustainability of CDF funded health projects and explanatory variables. Correlation analysis was employed to establish the nature and the degree of the interaction between the lead variables in the research. Table 4.22 shows the results obtained

Table 4. 22: Correlation Matrix

	Health Project Sustainability	Project Funding	Community Involvement	Accountability	Qualification & Experience
Health Project Sustainability	1				
Project Funding	.681**	1			
Community Involvement	.567	.669**	1		
Accountability	.506	.598**	.671**	1	
Qualification and Experience	-.104	-.041	-.096	.011	1

Source: Author (2018)

The results of in Table 4.22 show that a significantly positive relationship exists between sustainability of CDF funded health projects and project funding, with a correlation coefficient of 0.681. There is also a positive relationship between CDF project sustainability and community involvement and accountability with a correlation coefficient of 0.567 and 0.506 respectively. The results also show an inverse correlation between health project sustainability and quality and management experience with a correlation coefficient of -0.104.

4.8 Interpretation of Findings

The study examined the factors influencing sustainability of CDF funded health facilities in Machakos Town constituency. The study found that there is a positive relationship between the project funding and sustainability of CDF funded health projects, as well as accountability of organizational management, and involvement of the local community which means that any reduction in project funding will negatively affect the sustainability of the projects. These findings conform to those of Shahrudin, Samad & Bhat (2009), which found that there exists a direct correlation between project funding and the success or sustainability of a construction project. Saharudin et al (2009) also found that lack of accountability by project managers erodes the level of trust between the managers and funders, which would ultimately lead to termination of the funding programme, since the management cannot clearly account for the monies received.

The study also shows an adverse effect of academic qualifications and management experience and health project sustainability, which may imply that putting so much emphasis on academic qualifications in recruitment without factoring integrity, skills, and diligence may misinform the health facility management to employ personnel that may end up not contributing much to the sustainability of CDF funded projects at the facility. These findings concur with those of Rahman, et al. (2009), which posits that prioritizing high academic qualifications at the expense of integrity, skills and diligence in the construction project normally erodes competency of the manpower. This increases the probability of a project collapsing before completion.

The study also found that involving the local community in the project cycle has a positive effect and significantly influences the sustainability and success of construction projects. This means that the management should hold consultative meetings with the local leadership on the benefits of the project to the residents for the project to stand a chance of being sustained by the local population once the

construction is finished. Shrestha & Subedi (2014) in their study found that there exist a positive relation between sustainability of social projects and involvement of the local community within which the project is establishment. The study findings above therefore concur with the Shrestha & Subedi (2014) findings on the positive correlation between project sustainability and community involvement.

These findings conform to those of Rahman, et al. (2009), which avers that a rise in the academic qualifications and the managers' years of experience ensures the higher chances of a project being constructed with the utmost care and the diligence it requires. Osoro & Ogeto (2014) also support this observation that raising qualification standards for project managers would raise the standards of building structures and other projects.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presented summary of the findings, conclusions as well as the recommendations of the study. This study focused on factors influencing sustainability of CDF funded health projects in Machakos Town constituency.

5.2 Summary of findings

The study population comprised of 357 respondents from all the seven wards in Machakos Town Constituency namely Kalama, Mua, Mutitini, Machakos Central, Mumbuni North, Muvuti/Kiima-Kimwe, and Kola Wards. Questionnaires were used to collect primary data from 77 respondents comprising of 40 constituents, 21 Medics, 7 Accountants and 9 Project management committee members, with 69 questionnaires completed and duly returned, representing a response rate of 89.61%. The study found that of the 69 respondents, 55% were male, while the remaining 45% were female, implying that the study was gender sensitive and balanced, hence no biases during selection of respondents for the study. Similarly, majority of the respondents were aged between 25-50, followed by those aged above 50 years, with very few respondents below 25 years. This could have been influenced by the fact that majority of those in management position are in their prime ages between 30 and 50 years owing to the academic requirement to occupy senior positions.

In the assessment of factors influencing sustainability of CDF funded, the study found that there is a positive relationship between the project funding and sustainability of CDF funded health projects, as well as accountability of organizational management, and involvement of the local community which means that any reduction in project funding will negatively affect the sustainability of the projects. These findings conform to those of Shaharudin, Samad & Bhat (2009), which found that there exists a direct correlation between project funding and the success or sustainability of a construction project. The study findings also displayed adverse effects of academic qualifications and management experience and health project sustainability, which may imply that putting so much emphasis on academic qualifications in recruitment without factoring integrity, skills, and diligence may misinform the health facility management to employ

personnel that may end up not contributing much to the sustainability of CDF funded projects at the facility.

5.2.1 Project Funding and CDF Healthcare Project Sustainability

The study examined the influence of project funding on sustainability of CDF funded healthcare projects in Machakos Town Constituency. It was found that there is a positive relationship between project funding and sustainability of CDF projects. This simply implies that any alterations in the amount of funds set aside for the project would greatly influence the sustainability of healthcare projects in the constituency.

5.2.2 Community Involvement and Healthcare Project Sustainability

According to the study findings, involving the local community in the project cycle has a positive effect and significantly influences the sustainability and success of construction projects. This means that the management should hold consultative meetings with the local leadership on the benefits of the project to the residents for the project to stand a chance of being sustained by the local population once the construction is finished. Therefore an increase in the community involvement at all levels of management, ensuring that every community member has access to a health facility whenever they need medical attention within Machakos Town constituency. Carrying out civic education on the significance and benefit of the project to the local community gives the local community an impetus to conserve and take good care of the facilities once they are ready for use.

5.2.3 Accountability and Sustainability of CDF Projects

The study assessed the influence of accountability of the health facility management on the sustainability of health projects within Machakos Town constituency. It was found that there is a positive relationship between accountability and sustainability of CDF funded projects in healthcare facilities in Machakos Town constituency. This implies that accountability and transparency in the dealings of project managers increase the local community's level of trust in the health facility management, which creates conducive environment for the health project to be taken good care of since it benefits the locals more than management. Various studies indicate that publishing audit reports and financial reports of the organization is the best way of showing accountability and

transparency to the general public. This enlightens the general public on the financial position of the health facility, as well as showing them how good the CDF money is being put to its intended purposes.

5.2.4 Qualification and Management Experience and Sustainability of Health Projects

The study established a correlation between academic qualifications and years of management experience and sustainability of CDF funded health projects in facilities within Machakos Town constituency. The findings show that there is a negative relationship between academic qualification and management experience and sustainability of health projects. The inverse relationship may simply be due to mixed experiences of various respondents with unexpectedly poor performances from very experienced managers in various health facilities in the constituency. Though various studies have found that the more exposure one has in his/her field of specialization, the more expertise they are likely to gain, this assertion does not always hold for residents of Machakos Town County who at the look of responses seem to have had mixed fortunes with regard to management of health facilities funded by CDF funds in the constituency. This simply means that the organizations should ensure the health facility managers should improve their interaction skills with the local community to ensure care gives do not harass or treat them badly. Rather, the team should seek ways to improve on their service delivery and customer relations, so that there is no friction between health facility management and the local community.

5.2.5 Moderating effect of government policies and sustainability of CDF funded health projects

The study findings shows that parliamentary committee on CDF guidelines on the disbursement and use of CDF funds go to a greater length in ensuring that CDF funded projects are successfully completed and handed over to the local communities. This hands the mandate over to the locals to ensure the projects are well taken care of so that their benefits may be enjoyed for a longer period of time. This also ensures minimization of maintenance costs met by the government or funding agency, since a well sustained project should be self sufficient according to Roy & Seth (2009).

5.3 Conclusion of the Study

From the research findings, it is evident that availing adequate project funding, involving the local community in development of the projects, ensuring accountability and transparency in expenditure of disbursed CDF funds on the project, as well as recruitment of not only academically qualified personnel but also competent with unquestionable integrity ensures sustainability of CDF funded projects in health facilities within Machakos Town constituency. The study therefore concludes that timely and adequate provision of project funds, constant and continuous community involvement, recruitment of qualified personnel with integrity and competence, as well as ensuring accountability and transparency in handling of CDF funds is the only sure way of ensuring sustainability of completed health projects in Machakos Town constituency.

5.4 Recommendations of the Study

From the study findings discussed above, it is evident that the sustainability of CDF funded projects is dependent on so many factors. Ensuring that the health facility management team adheres to the set regulations and policies on expenditure of CDF funds when expending the funds on the facilities gives the whole project a better chance of being completed sustained. The study therefore recommends that all project managers and health facility management personnel adhere to CDF management policies set by the parliamentary committees and the commission on resource allocation (CRA). The team should also ensure the project funding is timely and adequate to avoid gaps and delays in implementation. The management team should actively involve the local community in the construction process as well as sustainability programs. Frequent audit reports and periodicals on the project progress and constituency expenditures should be made public to improve accountability and transparency. The organization management should also consider other individual attributes such as integrity and competency during recruitment, and not solely rely on academic qualifications.

5.5 Suggestions for Further Research

This study was examining the factors influencing sustainability of CDF funded projects in health facilities within Machakos Town constituency. The study therefore recommends that more studies should be done on the same in all the 290 constituencies in the country to completed projects are conserved to benefit future generations instead of the government having to construct the same projects again and again.

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APPENDICES

APPENDIX I: INTRODUCTION LETTER

Dear Respondent,

I humbly request you to participate in my study titled “factors influencing sustainability of Constituency Development Fund funded projects: the case of health facilities in Machakos Town Constituency, Machakos County, Kenya”.

Kindly answer the questions in the attached questionnaire as accurately as possible. Your response is confidential and anonymous and shall be used for academic purposes only.

Kind tick in the box [] corresponding to whatever your choice is.

Thank you in advance.

Yours,

Catherine Naitore Nkonge

APPENDIX II: QUESTIONNAIRE

Interview guide

Part A	Demographic Information
Part B	Politics and Sustainability of Projects
Part C	Community Participation and Sustainability of Projects
Part D	Accountability and Sustainability of Projects
Part E	Qualification and Management Experience & Sustainability of Projects
Part F	Government Policies and Sustainability of Projects
Part G	Management Of CDF Management Committees

A: Demographic Information

1. What is your Gender? Male [] Female []

2. What is your age?

<25 years [<input type="checkbox"/>]	25-35 [<input type="checkbox"/>]
36- 45 years [<input type="checkbox"/>]	46-55 years [<input type="checkbox"/>]
55+ years [<input type="checkbox"/>]	

3. What is your highest academic qualification?

High school [<input type="checkbox"/>]	College cert [<input type="checkbox"/>]	Diploma [<input type="checkbox"/>]
Degree [<input type="checkbox"/>]	PG Diploma [<input type="checkbox"/>]	
Masters [<input type="checkbox"/>]	PhD [<input type="checkbox"/>]	Others- Specify.....

4. What role do you play in CDF funded health facilities?

Community Member [<input type="checkbox"/>]	Medic [<input type="checkbox"/>]
Accountant [<input type="checkbox"/>]	PMC Member [<input type="checkbox"/>]

**SECTION B: Project Funding and Sustainability of CDF Health Facility
Projects in Machakos Town Constituency**

5. To what extent do you agree with the following statements? Use the scale:

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

Attribute	Rating				
	1	2	3	4	5
i. Funds disbursed are always adequate to sustain CDF health projects					
ii. Funds are released at the required time for CDF health projects in Machakos Town constituency.					
iii. Funds released are well managed by relevant committees					
iv. Once approved by the parliament, disbursement of CDF funds is normally delayed by the treasury.					
v. Non-governmental Organizations face opposition from the area MP when financing/sponsoring development of health facilities in the constituency.					

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

Very High [] High [] Moderate []
 Low [] Very Low []

C: Community Participation and Sustainability of Health Projects in Machakos Town Constituency

7. To what extent do you agree with the following statements? Use the scale:

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

Attribute	Rating				
	1	2	3	4	5
i. Community members are actively involved in developing strategic plan for the facilities					
ii. Community members are involved in developing health projects policies					
iii. Community members participate in developing vision, mission and objectives of CDF health projects.					
iv. The community can provide grassroots and practical auditing of CDF projects and monitor the projects after completion, hence ensuring sustainability of these projects					

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

Very High [] High [] Moderate []
 Low [] Very Low []

9. Are you satisfied with the manner in which stakeholders are involved in health projects? a) Yes b) No

10. If the answer to question 9 above is No, give the reasons for dissatisfaction

D: Accountability and Sustainability of Health Projects

11. To what extent do you agree with the following statements? Use the scale:

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

Attribute	Rating				
	1	2	3	4	5
i. Information on the ongoing projects in Machakos Town Constituency is readily available					
ii. Constituency finance managers are open to fiscal audits and accountability.					
iii. Constituency projects are displayed in all necessary public places/center/offices with Machakos town Constituency					
iv. Constituency project managers are open to public scrutiny and accountability questioning					

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

Very High [] High [] Moderate []
 Low [] Very Low []

E. Qualification and Management Experience & Sustainability of Health Projects in Machakos Town Constituency

13. To what extent do you agree with the following statements? Use the scale:

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

Attribute	Rating				
	1	2	3	4	5
i. Years of experience of a medical officer affects sustainability of the health facility.					
ii. The health organization management academic qualifications determine the success of projects initiated at the facilities					

iii.	Our project personnel have knowledge on how to implement project activities efficiently and sustainably					
iv.	Our health facilities projects are managed by officials who lack the requisite skills to manage health facilities					
v.	The managers' years of experience is key in sustainability of health projects					
vi.	Employment in our CDF health facilities is based on merits, right skills and, minimum qualification.					

F: Government Policies and Sustainability of Health Projects in Machakos Town Constituency

14. To what extent do you agree with the following statements? Use the scale:

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

Attribute	Rating				
	1	2	3	4	5
i. Members of Parliament influence what project to be undertaken					
ii. Most infrastructural frameworks have been influenced by Political decisions					
iii. CDF resource allocation committee regulates use of resources meant for health projects in the constituency					
iv. The government implements policies that ensure that there are enough numbers of medical practitioners in CDF funded health facilities.					

15. How are CDF projects identified?

Its CDF committee decision Influenced by political leaders
 Use of CDF identification criteria Based on community needs

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

CDF Committee members	[]	Government officers	[]
The community members	[]	Community members	[]

THANK YOU FOR YOUR PARTICIPATION.

APPENDIX III: RESEARCH PERMIT


THIS IS TO CERTIFY THAT:
MS. CATHERINE NAITORE NKONGE
of UNIVERSITY OF NAIROBI, 0-100
Nairobi, has been permitted to conduct
research in Machakos County


Permit No : NACOSTI/P/18/95690/23230
Date Of Issue : 13th June,2018
Fee Received :Ksh 1000

on the topic: FACTORS INFLUENCING
SUSTAINABILITY OF CONSTITUENCY
DEVELOPMENT FUND PROJECT: A CASE
OF HEALTH FACILITIES IN MACHAKOS
TOWN CONSTITUENCY, MACHAKOS
COUNTY, KENYA.

for the period ending:
8th June,2019




.....
Applicant's
Signature


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

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
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APPENDIX IV: RESEARCH AUTHORIZATION



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/95690/23230**

Date: **13th June, 2018**

Catherine Naitore Nkonge
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Factors influencing sustainability of constituency development fund project: A case of health facilities in Machakos Town Constituency, Machakos County, Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Machakos County** for the period ending **8th June, 2019**.

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

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Machakos County.

The County Director of Education
Machakos County.