INFLUENCE ON SUSTAINABILITY OF KEY POPULATION PROJECTS AT NYERI COUNTY: A CASE OF MT. KENYA HOSPITAL.

BY

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DECLARATION

This is my original work and has not been presented for award of a degree in the University of Nairobi or any other university.

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This research project has been submitted with my approval as the University Supervisor.

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DEDICATION

This research work is dedicated to my husband Solomon, daughter's sharilyn and Hurleen and my son Joel.

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Lastly, I wish to thank my family for their moral support in the entire period as I carried out my research project.

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ABBREVIATIONS AND ACRONYMS

CASCO	County Aids Control
CBD	Community based Development
FSWs	Female Sex Workers
HIV/AIDS	Human immunodeficiency virus infection
AIDS	Acquired Immunodeficiency Syndrome
IDUs	Intravenous Drug Users
KP	Key Populations which includes FSWs, MSM, IDUs, Truckers
MSM	Men who have Sex with Men
MSW	Male Sex Workers
NASCOP	National AIDS Control Program
NGOS	Non-Governmental Organization
SES	Socio Economic Status
UNAIDS	United Nations Programme on HIV and AIDS,
UNGASS	United Nations General Assembly Special Session on
USAID	United States Agency for International Aid
WHO	World Health Organization

ABSTRACT

Kenya's goal for the 2030 vision is to ensure zero HIV transmission. This is being done partly by targeting the Key Population who is the main source of new HIV infection due to their life styles (KAIS 2012). HIV transmission in Kenya is still high, currently standing at 5.6% in the general population. 44% of new infections are attributed to couples, 15% in MSM and 14% to casual sex. Many donors, government agencies, the community, and the private sectors have played major role in financing and running of the key population projects. In order to attain related Sustainable Development Goals(SDG), stakeholders have to work jointly for better results. These joint efforts to ensure that KP projects operate at optimal level even after the withdrawal by donors (Human Rights Watch, 2008). With the dwindling donor funds, if sustainable independence HIV management approaches are not embraced, achievement of vision 2030 may be another toll order. The situation may be worsened by the fact that Kenya is moving towards attaining middle-income status which means that donor resources may decline further. The study was necessitated by the turn of events when the donors funding the Key Population project reduced their funding in 2015 and projects started experiencing 80% stock outs of essential drugs due to lack of finances to purchase them (Human Rights Watch, 2008). This calls for the implementation of sustainable Key population projects in order to ensure that projects operate at an optimal level for better results. The study was guided by four objectives; to establish how socioeconomic factors, community participation, project management strategies and capacity building influence the sustainability of HIV and AIDs project for the KP at Nyeri County a case of Mt Kenya Hospital. Review of relevant literature revealed that there is little information on influences of sustainability of HIV and AIDs projects for the KP. The study targeted one Key Population Project based at Mt Kenya Hospital. Descriptive survey design was employed to gather information from a sample size of purposively selected 261 respondents using questionnaires and interview guide from the sampled stakeholders. Raw data was organized, edited, coded and analyzed for descriptive and inferential statistics using computer software, Statistical Package for Social Sciences and presented using frequency distribution, percentages and tables. Poor socioeconomic status of the key population and the community outreach workers who are the main beneficiaries of the KP project. Majority of them came from dysfunctional families. It was also established that 84.5% of the families were female headed, 14.4% male headed and 1.7% child headed. There was a high rate of an employment with 66.0% earning between Ksh 0 to 5999. Community members' participation level in conception, design and implementation of the KP project was poor with 49.0% disagreeing with the level of community participation. Only 20.6 % agreed with the level of community participation. The communities were poorly involved in the contribution of resources for the running of the projects. The poor participation was attributed to the communities' poor socioeconomic status. The main source of funding for KP projects was donors' contributions as reported by 60.8%. In responding to the relevance of community trainings for the running of KP projects, 22.2% indicated that the trainings were very useful while 29.9% indicated that they were moderately useful. A majority of 47.9% indicated that the trainings were not useful in the running of the project. The study recommends community participation during project's conception, design and implementation. It is also recommended that project management strategies should be integrated in the project's long term plans in order to enhance long term benefits as well as capacity building in order to build adequate capacity among the community. The study findings will benefit the Government, KP projects, financiers and the community in realizing long term goals of new and existing project

CHAPTER ONE

INTRODUCTION

1.1 Background for the study

HIV and AIDS continue to be a public health problem in Africa, Kenya inclusive. To underscore this further in the year 2012 HIV prevalence was found to be 5.6 in the general population 44% attributed to couples, 15% in MSM and 14% in casual sex. In view of the alarming trend different multiple strategies are indicated so as to respond better in achieving zero HIV transmission by 2015, the Kenya's Vision 2030 and the millennium development goals which have now changed to sustainable development goals. In 2012 there was an estimated 29% of adult mortality, 24% of all morbidity, 20% of maternal mortality and 15% of under-5 mortalities due to HIV related complications (KAIS, 2012). In 2011 ART coverage reached 72% of eligible adults and children with around106, 000 more adults receiving treatment in 2011 than in 2010. In 2010 an estimated 83% of pregnant women were tested for HIV. By 2011, 67% [59-75] of pregnant women living with HIV received the most effective antiretroviral regimen for preventing the Transmission of HIV to their babies (UNAIDs, 2012).

HIV management and care has been made possible by the huge donations injected by international donors. Currently, about 80 per cent of the HIV expenditure comes from international sources with the government and the private sector sharing the remaining 20 per cent. According to the National Aids Control Council, the government makes up about 13 per cent of the total spending on HIV and AIDS activities in the country. The donors mostly channel their donations through NGOs where they play a vital role in financial, operational, management and support roles (UNAIDs, 2006). Donor governments, low-income and middle-income country governments, the private sector, and individuals have contributed to the substantial increase in HIV and AIDS funding from the 1990s into the new millennium. In 2011, an estimated US$16.8 billion was spent on HIV and AIDS (UNGASS) compared to US$300 million in 1996 (UNAIDS 2012) this is also an 11 percent increase on the money spent on HIV and AIDS in 2010(UNAIDS 2012)

From 2009, total global funding for HIV and AIDS flattened; creating a funding gap (the difference in the amount of money needed and the amount actually allocated). In 2010 there was a funding gap of 30 percent between the US$16.8 billion spent, and the 2015 target of US$22-24 million (Management Sciences of Health, 2010).

By 2011, funding from donor governments had dropped 10 percent, raising concerns about the future of the fight against HIV and AIDS. Although part of the decline was linked to exchange rate fluctuations, it was noted that in some cases there were deliberate decreases by some donors in the wake of the global economic crisis. Actual resources available in 2010 were US$6.9 billion, compared to US$7.6 billion in 2009 (UNAIDS 2012).

The global economic crisis that began in 2008 has been linked to decreased donor spending for the HIV and AIDS epidemic in low- and middle-income countries (WHO, 2011). In October 2009, UNAIDS released a series of country studies on the impact of the economic crisis on HIV prevention and treatment programs. The summary report states "the negative impact of the crisis on HIV and AIDS program is real and getting worse."(UNICEF, 2010) for example, the percentage of countries where antiretroviral treatment program were adversely affected by reduced external funding rose from 11% to 21% from July 2008 to July 2009. Prevention programs were identified as the most likely to be worst affected in all countries receiving external funding.

If universal access to HIV prevention, treatment, care and support is to be reached by 2019 - the date provided in the Sustainable Development Goals (SDG) there is need for sustainable KP projects. As the cash crunch begins to bite the projects need to consider how to operate optimally and this will go a long way in ensuring that commodities needed don't run out of stock and capacity-building needed is sustained hence total eradication of HIV and AIDs transmission (Human Rights Watch, 2008).

The impact of donor withdrawal was immensely felt in Malawi when it crippled the country's ability to manage health needs for the country.90% of HIV and Aids funding in Malawi comes from external funder with the Malawi government on contributing 10%. Medical supplies, including life-saving antiretroviral treatment for HIV patients, were 70% of the time out of stock, prompting Malawi's international partners to intervene by directly importing medicines into the country (Resnick, 2012)

In May 2009, a number of donors froze their foreign aid to Zambia's Health ministry following allegations of corruption. Barely four months down the line, was the impact of the donor funds' suspension felt, especially in rural areas where much of the projects were donor funded. The HIV and \Aids projects were operating below the optimal level where by 60% of the staff were laid off and the projects experienced 80% stock outs of essential antiretroviral drugs and food supplements.

According to a study done on The impact of HIV & AIDS on labor productivity in Kenya once the donors withdraw, many projects terminate immaturely or operate at a very low capacity a good example is what happened in Bundalangi Constituency which has the highest HIV prevalence rate at 13.4 per cent. The constituency with a population of approximately 67,000 people has poverty levels of 68 per cent hence high dependency on donors (Fox, 2009).

According to the area coordinator of Constituency Aids Control Committee, donors have contributed to a decline in HIV in the area which stood at 40 per cent in 2003. The Coordinator is a worried man because more than five donors in the area have closed shop and the two remaining organizations cannot cater for all the community needs. The donors like Action aid, World Vision, MSF and USAID who have since left, used to cater for the care and support of orphans. They paid their school fees, supported community projects and gave home based care (Morton ,2005).

In 2010 the Key populations programs suffered a major blow when they were not funded for HIV care and treatment but instead it only funded HIV prevention only. PEPFAR is the main donor in Kenya and it has funded most of the Key population projects. Those on care in this projects where forced to go and seek care from the government which was also facing shortages in ARV supplies since it also depended on donors for the supply of the drugs (Moses,2012).

In 2013 The PEPFAR funded projects also suffered a major blow when they got less than half the donations they usually get. This has forced them to close some of the sites and also give only the essential minimum package of care. (Ouma,2014) The key population experiences a lot of stigma from the public hence in need of health care facilities which are friendly. The MARPs projects have been providing these services free of charge at a friendly environment. This has been made possible by the huge support from the international Donors. If Kenya is to attain its sustainable development goals of Zero HIV AIDs transmission by 2019 this KP projects should continue despite the withdrawal by the donors.

Empirical knowledge about the sustainability of health behavior change programs in health-care settings is limited. (Alley & leake, 2004). Sustainability is a complex process (Anad & sen ,2000) that should be developed and assessed over a period of 10–15 years, involving a range of short medium and long-term program outcomes. Sustainability has been described as the final stage of program use in which the program is incorporated into organizational routines so that it will be maintained once the original

program funding, adopters or program champion are no longer present (Bamberger, 2009). So far, most theories emphasize the process of adoption and pilot implementation rather than explaining how complex organizations solve problems related to the integration of innovations into normal functioning. However, some attempts at modeling sustainability have been made.

To avoid immature closure of the projects, this study will aim at identifying various factors influencing the sustainability of HIV and AIDs projects for the KP projects at Nyeri County a case study of MT. Kenya Hospital.

1.2 Statement of the problem

The establishment of the Key Population (KP) projects in 2011 by the Kenyan government with donor support was one of the flagship projects of the millennium development goals under the ministry of health which was aimed at fighting against HIV and AIDs by offering comprehensive health care services to the key population (female sex workers, Male sex workers, Beach families, prisoners, Truckers and intravenous users) who from statistics are the main source of new HIV and AIDs infections.(Moses,2012). The KPs are the key drivers of the National HIV epidemic with alarmingly high HIV prevalence rates of 29.3 per cent among sex workers, 18.2 per cent among men who have sex with men, and 18.3 per cent among injecting drug users. According to the Kenya Aids Indicator survey (KAIS, 2013) KP projects have contributed to the reduction of overall HIV prevalence from 7.2 percent in 2011 to 5.6 in 2013.

Despite the county government efforts to run the key population project at Nyeri County following the withdrawal of donors in 2015, the project based at Mt.Kenya Hospital has been experiencing severe lack of resources (Saguyo and Weigwa 2015). According to the County AIDS and STI Control-Nyeri (Casco-Nyeri) quarterly report 2016 the project has experienced 80% of stock outs of essential drugs and test kits. 95% of the community outreach workers have absconded duties due lack of their monthly stipends. The Casco report also showed that only 15% of the clients were reached during the reporting period out of the quarterly target of 90%.

The county government acknowledges that the project lacks sustainability and something had to be done to ensure sustainability without which the fight against HIV among the KP will be crippled. (Saguyo and Weigwa (2015). In response to this problem, our study proposes to investigate several factors that influence the sustainability of the KP projects. The Project needs to consider how to operate optimally

and this will go a long way in ensuring that commodities needed don't run out of stock and capacity-building needed is sustained hence total eradication of HIV and AIDs transmission.

1.3 Purpose of the study

The purpose of this study is to investigate the factors influencing the sustainability of Key Population projects at Mt Kenya Hospital Nyeri County.

1.4 Objectives of the study

The study was guided by the following objectives.

1. To establish how socioeconomic factors influence sustainability of key population projects at Nyeri County.
2. To establish how project management strategies influence sustainability of key population projects at Nyeri County.
3. To establish how Community Participation influence sustainability of Key population projects at Nyeri County.
4. To establish capacity building influence sustainability of key population projects at Nyeri County.

1.5 Research questions

The study is aimed at answering the following questions.

1. To what extent do socio economic factors influence sustainability of key population projects at Nyeri County?
2. To what extent do Project Management strategies influence sustainability of Key population projects at Nyeri County?
3. To what extent does Community Participation influence sustainability of Key population projects at Nyeri County?
4. To what extent does capacity building influence sustainability of key population projects at Nyeri County?

1.6 Significance of the study

The main objective of carrying out this research study is to examine the factors influencing of sustainability of KP projects. The results of this study will benefit the government in policy making and the donor funded projects and the community will benefit in ensuring sustainability of KP projects during implementation and post implementation phases. This may guide stakeholders in ensuring continuity of the projects for long term benefits while addressing the problem of HIV and AIDs. This study might lay the basis for researchers who might be interested in this area of study in future.

1.7 Delimitation of the study

The study will be confined at the KP project at Mt Kenya Hospital Nyeri County only. This area was selected because it has the characteristics that the researcher wants to study. It is also a target area by the Donors and other KP implementing partners in the implementation of a sustainable KP project. The study area is also a sample representative region in the county.

1.8 Limitations of the study

This study is limited within a specified time schedule and budget since the researcher is self-sponsored. There is no assurance that the respondents will return all the questionnaires' duly completed.

1.9 Assumptions of the study

It is assumed that the respondents would be co-operative and provide accurate information when responding to the research questions. It is also assumed that the sample size chosen will be adequate to enable the researcher draw a valid conclusion about the population.

1.10 Definition of Key significant terms

Capacity building	Enhancement of skills and knowledge of all the project team members and community members on KP programming.
Community participation	the involvement of community members throughout the project life cycle and in decision making processes and activities during needs assessment, project design and implementation.

Government Policies	These are the laws and procedures formulated by government to govern the design and implementation of KP projects
Project Management Strategies	Refers to the methodologies and approaches employed by the government and development partners in initiation, designing, implementation, monitoring and evaluation of KP of projects.
Socioeconomic factors	Socio-economic status (SES) denotes the position of an individual in a community with respect to the amount of cultural possession, effective income, material possession, prestige and social participation.
Sustainability	Refers to the management of resources in a manner that ensures benefits for both current and future generations.

CHAPTER TWO

LITERATURE RIVIEW

2.1 Introduction

This chapter takes an in-depth review of the factors that influence the sustainability KP projects at Nyeri County. It looks at the four objectives into detail; socioeconomic, capacity building, project management strategies and community participation. The theoretical framework and the conceptual framework will also be discussed too.

2.2 Community participation and Sustainability of KP projects.

Participation is a rich concept that varies with its application and definition. Hence, participation should not be explained with a single definition or interpretation (Adamak, 2003). Baker, (2008) define participation as a means to educate citizens and to increase their competence. It is a vehicle for influencing decisions that affect the lives of citizens and an avenue for transferring political power. Participation is a process by which citizens act in response to public concerns, voice their opinions about decisions that affect them, and take responsibility for changes to their community (Clarkson, 2011).) Participation is also defined as collective efforts to increase and exercise control over resources and institutions on the part of groups and movements of those hitherto excluded from control". This definition points toward a mechanism for ensuring community participation (cook, 2008).In the context of development, community participation refers to an active process whereby beneficiaries influence the direction and execution of development projects rather than merely receive a share of project benefits.

According to studies, conducted by Budetti (2010) in physician and Health system sustainability, local participation is seen as one of solutions to the problem of project sustainability. A participatory approach not only improves the success of the project but also makes projects more efficient, effective and sustainable. Proponents of participation of beneficiaries leading to sustainability of community development projects have most often relied on case studies to document the association (Briggs and Garner (2007).

Studies conducted by Gonzales (2009) in sustaining a school based prevention program multilateral agencies such as the World Bank placed greater emphasis on stakeholder participation as a way to ensure development sustainability. It is now regarded as a critical component which could promote the chances of development initiatives being sustainable through community capacity building and

empowerment (Glasby, 2010). Empowerment in this context means giving people who are marginalized, vulnerable, and excluded from development, the ability to be self-reliant to manage their own resources. It is believed that participation would lead to empowerment through capacity building, skills, and training (Davey, 2005). By increasing the ability of people, projects, and or communities to be self-reliant, they are then able to contribute towards the sustainability of development projects which in turn could contribute to the broader notion of sustainable national development.

There is also a shift to an increasing awareness that development is not just growth of national income, but a means of achieving basic human needs and development particularly those related to individual and collective wellbeing (Ham, 2010). Currently there is a shift in focus of development from material well-being to capability approach. Key characteristics in this approach were strategies that would lead to the empowerment of the poor, an agenda which was taken on by the World Bank and other international donors as part of their response to critiques of 'top-down' development.

Community participation in development projects has become an important element in the design and implementation of development projects. Participation of the community is in the form of Community Based Development (CBD) and is among the fastest growing mechanism for channeling development assistance. The aim of community participation in CBD projects is not only to reverse the existing power relations in a manner that creates agency and voice for the poor but also to allow the poor to have more control over development assistance. It is expected that this will result in the allocation of development funds in a manner that is more responsive to the needs of the poor, better targeting of poverty programs, more responsive government and better delivery of public goods and services, better maintained community assets, a more informed and involved citizenry that is capable of undertaking self-initiated development activity and more sustained projects (Gibbs and Taylor 2008).

Evidence on the performance of community participation approach is scant, but the work that is available suggests that practioners may be overoptimistic and naive about the benefits of the approach (Glendenning, 2003). The empirical literature on community participation acknowledges that there may be a large gap between the idealized textbook representation of the concept and nonprofit organizations experiences with the approach. Case studies show that for a variety of reasons the textbook benefits do not always materialize.

Given that community participatory processes are known to be expensive, demanding and time-intensive, it is vital to better understand the effect of this approach on the sustainability of community development projects. In fact, Mansuri and Rao (2004) conclude that little is known about the effects of community participation on community-based projects. They attribute ignorance on this matter to a lack of thorough and systematic evaluations with counterfactuals. They add that robust evidence regarding the influence of community participation is required urgently.

There are many logical arguments for beneficiary participation in development projects. First are the economic justifications. Public participation will mobilize greater resources and accomplish more with the same project budget. It is also economically efficient in that it uses generally under-utilized labour and, to a lesser extent, can build upon indigenous knowledge which also tends to be underutilized. Thus more services are provided at less cost. Another benefit of participation is better project design. Participation ensures that felt needs are served. Presumably beneficiaries will shape the project to their specific needs in ways that outside planners cannot. A sense of immediate responsibility and ownership by beneficiaries puts pressure on a project to be truly worthwhile. Participation can become a catalyst for mobilizing further local development efforts. There tends to be greater spread effects as villagers communicate with kin and associates in other villages. Community participation creates local-level awareness, competence, and capacity where it did not exist before. Participation is not a totally unmixed blessing, however using existing patterns of local power and organization can reinforce existing inequities rather than stimulate desired system change (Goodwin, 2011)). It favours villages better able to produce plans, local elites, those already better off, and so forth. Sometimes participation faces political opposition in countries where most beneficiaries have not been included in the political system. Such organizing can be seen as threatening to political leaders, or as otherwise upsetting the political balance and generating demands and pressures that governments cannot or do not want to respond to. The main obstacle to participation, however, is the difficulty of implementing it in practice. It takes additional time and resources to mobilize less developed communities. One has continuously to consult with far more people than if the project were executed without their involvement. Participatory projects can slow down or run out of energy. Fragile projects may become overburdened and collapse due to organizational complexity or the frustration of those involved. Delivering aid efficiently is the overriding priority for donor agencies, especially multilateral and bilateral organizations such as the World Bank and AID. Participation is secondary and often not congruent with the political and organizational imperatives of conventionally managed projects.

For there to be a sustainable project there has to be gender balance in the access to resources. Sustainability on gender development (SGD) as an approach identifies inequalities and disparities of power between men and women as an obstacle and limits full participation of the community and hinders the sustainability of community projects. Gender integration into development activities in all sectors leads to better and more equitable results.

According to studies done by the Scottish government (2007) in better health, better care, political inference can affect community involvement in various projects. The project initiative has been sustained but due to power resources, interest groups would like to control or identify with the interest, thus leads to competitions among various actors on the local scene. Administrators of the areas like chiefs, sub-chiefs, members of parliament, governors, senators and non-governmental organization determine the sustainability of community health projects which should not be affected by external politics. Politicians influence projects and it happens when leaders are interested especially in projects which are donor funded, hence the community tend to withdraw and their power to influence decisions are weakened hence political leaders find their way to become the decision makers in the projects hence paralyzing the efforts of creating sustainable projects. Sustainability of KP projects couldn't be achieved if discrimination, injustices and sexual violence are still unsolved in Africa. In developing countries including Kenya, women are responsible for bringing up children and equipping them with values and skills which enables them to sustain building of the Nation. In the world today there are women who are unmarried, divorced, widowed and those who live alone as result of migration of their husbands to towns in search of work in order to sustain their families. All these families need protection from law against male power and stereotyping.

Women in Kenya depend on agriculture which sustains them and help them generate income. The new roles of women on the domestic front yielded a new family economy that positioned women in practice. Gender inequalities in Kenya persist at all levels and manifest it in various ways (Human rights report (2008). There are gaps in Education system for girls especially at secondary and tertiary levels thus gender disparities exist in political participation and ownership of financial and other assets.KP projects can be sustainable if there is gender equality in terms of roles which often occur in response to changing social economic or political circumstance, including development efforts based mainly on women decision making.

2.3 Project Management strategies and Sustainability of KP projects.

Management is a social process entailing responsibility for the effective and economic planning and regulations of the operations of an enterprise in fulfilment of a given purpose or task. Management entails coordination of all resources through the process of planning, organizing, directing and controlling to achieve set objectives. Project management is the application of a collection of tools and technique to direct the use of diverse resources toward the accomplishment of a unique, complex, one-time task within time, cost, and quality constraints

Effective operation and maintenance (O and M) of KP projects is critical for sustainability of the KP projects. The management of KP projects on operations and maintenance is not successful, if financing resources are not available and frequent supports not provided (Hanssen, (2008). Budgeting and sufficient funding for the KP projects is important for ensuring sustainability and proper maintenance.

According to a study done by Griffiths, (1988) in community care agenda for action, it is a requirement that once a project is implemented and functional, a well-trained team of staff is constituted to ensure good maintenance standards. Financial management is of essence in mobilisation of funds and resources for maintenance and operations activities. A management committee team constituted by the beneficiary community is mandated to providing effective leadership through decision making in all management activities. It is through effective management of resources, human capital in KP projects that successful implementation and sustainability of KP projects after the donor can be achieved.

Studies done by Hanssen (2008) in new reform of the health sector showed that financial feasibility during project planning is critical to ensuring project sustenance without continued external support. Projects should therefore include long term benefits during planning. The benefit model plan ought to make a projection of the operations and maintenance costs, recurrent regular incomes as well as development costs for capital investments. Establishment of a strong community organization to continue the operations of the project efficiently and effectively after the end of the external funding is critical. Such community organizations provide leadership through creating transparency and accountability of the projects benefits. Post implementation management should therefore adopt an assets based approach whereby beneficiaries pay for the services.

2.4 Capacity building and sustainability of KP projects

Studies done by Kodner and Spreeuwenberg, (2002) in integrated care showed that staff training or expertise building in a range of matters, including strategic planning skills, knowledge of needs assessment and logic model construction, leadership skills and financial management is important to project sustainability. Projects that included staff preparation and training, especially training in creative and flexible problem solving, had greater sustainability than projects that did not. Chances of sustainability increase where staff and other stakeholders feel that they or their clients can benefit from the project (Kokko, 2009).

The National Academy of Sciences (1997) observes that competent operating personnel are important to the sustained, optimum operating of health care projects. It is therefore necessary that on job trainings are carried out for all stakeholders according to their training needs in order to ensure a sustainable project. Without adequately trained personnel, even a well-financed and organized system with the most advanced technology and regular compliance visits will fail to deliver.

Lyon, Miller. and Pine (2006) in their study on sustainability of projects, recommend that building adequate skills and capacity to maintain projects is an essential factor to ensuring sustainability of the project. Training educates and creates awareness among the community members giving them an opportunity to participate in the development process. It builds and creates technical capacity of staff in the management of finances, data, reporting, contracts as well as operations and maintenances of projects after the donor exists.

It is therefore imperative that community members should be trained on subjects such as operations and maintenance, business planning, tariff setting, financial management and conflict resolution to build capacity at local level.

Capacity building also includes the organization's information technology capabilities. Having robust information systems for rapid communication between sectors/organizations and within teams is repeatedly cited as an important success criterion. Literature review found that good communication is the bedrock of a successful sustainable project (Cameron and Larts, 2003). Examples of how communication can be improved include: holding patient records electronically and using 'one stop' information gathering from shared assessment (Reed, 2005)

Communication between professionals and service users is clearly also important, although in most cases it is uncertain how successful projects overcame communication challenges. In one example from Sweden barriers to information sharing were removed simply by asking people if information could be shared between participating staff or by involving service users in meetings with staff (Hultberg , 2005).Good communication seems to contribute in the management of collaborative working and in the ability of teams to work together successfully.(Ham, C, 2010).

Conversely, communication difficulties arise from complex or inappropriate documentation, poor record keeping, incompatible IT systems and differences in referral arrangements (Cameron and Larts, 2003). Supportive technology that engages patients, families and all the other stakeholders directly in the process of care by facilitating information access and communication with their caregivers influences the sustainability of the project. These factors can be found at work in a small but growing number of hospitals and medical groups across the country. The capacity of the integrated health system to function smoothly across all key technical domains is an important factor that can affect how well a project is sustainable. Key domains include health work force (numbers and skill level), supply chain management (particularly regarding sufficient stocks of commodities), health information systems and monitoring and evaluation, infrastructure, referral systems, etc. Using the same logic, the capacity and functioning of the base system to which new services are added is equally important in determining the success of sustainability efforts (Adamiak, 2003). The success of a sustainable health project is felt to depend on well-developed performance monitoring systems that include indicators to measure outcomes at different levels. Performance management involves a structured approach to analysis of performance issues and how they might be addressed (Williams, p. and Sullivan H. 2003). There are protocols and procedures that reflect the importance of measuring care processes and outcomes and using the information for service improvement. The focus is often on cost-effectiveness. Ongoing measurement of care outcomes and reporting are important parts of the quality improvement process. Some integrated health systems have mechanisms in place that link compensation to indicator-based performance; reward systems may be redesigned to identify measure and reinforce achievement of organizational priorities and promote the delivery of cost-effective high-quality care (Coburn, 2011).

Quality information systems also enhance communication capacity and information flow across integrated pathways (Weatherly et al. 2003). Electronic health records link consumers, payers and providers across the continuum of care and provide relevant information to these stakeholder groups. It

is essential that information can be accessed from anywhere in the health system, even in remote locations, to facilitate seamless communication between care providers (Billie, 2010). The information system should also enable system wide patient registration and scheduling coordination as well as management of clinical data. The ability to integrate clinical and financial information is viewed as important for monitoring cost-effectiveness and facilitating service planning (Simpson, 2003).

Developing and implementing a sustainable project is time-consuming, complex and costly. Poorly designed electronic information systems, systems that are not used by providers, lack of a clear business plan, lack of common standards, fear of diminished personal privacy, inadequate training and incentives for providers to participate, poor technology solutions and ineffective leadership all contribute to failure of the project (Challis et al ,2006).

Studies done by starndberg and Krasnik, (2009) on measurement of sustainable health care showed that professional education plays an important part in influencing team success and report calls by some writers for a move to inter professional education to replace single discipline learning. Staff training to increase knowledge of the condition and support relationship development with patients and caregivers supports sustainability.

2.5 Socioeconomic factors and sustainability of KP projects.

Socio Economic Status (SES) denotes the position of an individual in a community with respect to the amount of cultural possession, effective income, material possession, prestige and social participation (Petch, 2007),). SES "denotes the position of an individual in a community with respect to the amount of cultural possession, effective income, material possession, prestige and social participation". The factors, which accounts for the SES of individual in a society, are determined by the society. SES is the "relatively positions of a family or Individual on a hierarchical social structure, based on their access to, or control over, wealth, prestige and power. In economics, where the intention is often on measurements, tends to be conceived of in terms of its proxies, such as income, education, or occupation while in sociology where the concepts emanates from, SES is very much conceived of interims of societal rank, prestige and position. Socio-economic implies two scopes namely social and economic, the social scope includes authority, occupational prestige, and education and standing in the community while the economic scope includes employment income, home ownership and financial assets, also it could be divided into three categories which are low SES, middle SES, high SES. In South Africa, "the

hierarchical structure of society, including access to wealth, prestige and power, was constructed to be on the basis of race through decades and even centuries of institutionalized inequality" (Patch 2007),)

Socioeconomic status (SES) is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power and control are emphasized. Furthermore, an examination of SES as a gradient or continuous variable reveals inequities in access to and distribution of resources. SES is an important factor relevant in ensuring the sustainability of projects (Armitage, 2009).

Low SES such as lower education, poverty and poor health, ultimately affect our society as a whole, in particular its development. Inequities in wealth distribution, resource distribution and quality of life are main socioeconomic factors affecting the sustainability of projects. Society benefits from an increased focus on the foundations of socioeconomic inequities and efforts to reduce the deep gaps in socioeconomic status in the society. For there to be a sustainable development there has to be identification of strategies that could alleviate these disparities at both individual and societal levels. Studies done by Appleby (2009) in primary health services provider and consumer perceptions of barriers indicated that SES is a key factor that influences the implementation and sustainability of o projects.

According to researches done by the Council of European Municipalities and Regions (CEMR, 2006) education is very vital in the implementation and sustainability of projects. Quality education leads to an increased number of skilled, educated, and productive citizens contributing to an increased economic output for the private sector and improved governance in the public sector. The primary mechanism through which to increase human capital is education. Hence, public education is one of the most important inputs for nations' social and economic outcomes.

Additionally, education yields indirect benefits to growth by stimulating physical capital Investments and development and adoption of new technology. A good income determines the purchasing power of the community. When the community has reliable sources of income this increases their participation in the implementation of the projects (Armitage, 2009). They can participate in the mobilization of resources through cost sharing and this enhances the sustainability of the projects. The availability of other resources in the community like water can be used by the community to supplement their income and this directs increases their purchasing power and this translates to sustainable development.

Research reports during the past 10 years done by Hickey (2008) have shown that higher levels of socioeconomic status are associated with greater marital stability. Similarly, a number of reports have shown that greater income and financial resources are positively associated with marital stability and this directs affects implementation and sustainability of community based projects. A number of reports have shown that low income, financial instability, or economic problems are associated with lower levels of marital quality (Rothera, 2008). A family where by the father and the mother are present and working are more stable economically than a single headed family. A family which is headed by the father is also more stable economical than a female and child headed families.

2.6 Theoretical Framework

This study will be guided by the Community Coalition Action Theory (CCAT) by Butterfoss and Kegler (2002). CCAT highlights several important factors that affect a community coalition's ability to conduct its core functions of creating collaborative capacity, building community capacity and fostering change at the local level and is thus an important framework for building and evaluating coalitions. The CCAT builds on a number of existing models and frameworks which includes the Community Organization and Development Model, the Framework for Partnerships for Community Development, the Framework of Organization Viability, the Community Coalition Model, the Health Promotion and Community Development Model, the Typology of Community Organization and Community Building and the Model of Community Health Governance.

This theory models the progression of community coalitions from formation to institutionalization and includes a feedback mechanism that loops back to earlier steps in response to new issues and changes in community context. This theory takes into account the various factors which impact community coalitions, such as the community's social and political climate, history and values.
The CCAT begins in the Formation stage, where the lead agency builds a collaboration to respond to a particular community need or mandate. The lead agency identifies and recruits the coalition membership and leaders are selected to develop the coalition's operations and processes and structures. Operations and processes are the coalition's mechanisms for communication among staff and members, decision-making, and conflict management. Structures are the formal rules and procedures that facilitate the coalition's activities. These components make synergy within the coalition more likely.

With members and systems in place, the coalition then goes through the Maintenance stage, which involves the pooling of resources to maintain its activities, the engagement of members and effective planning strategies. Finally, community coalitions move into the institutionalization stage, in which successful coalition strategies, such as community policies, practices, and other activities can facilitate community change outcomes. Community change outcomes can increase community capacity to respond to its own needs and create health and social outcomes such as reductions in mortality and progress towards social goals. The community coalition may institutionalize its activities within the community to build community capacity. Throughout this process, coalitions may return to earlier stages as a means of responding to changes in the coalition or community. The community context can affect the coalition at any stage.

The CCAT introduces several important coalition characteristics such as leadership, membership and structure that affect a community coalition's ability to foster changes in the community. The theory highlights the idea that a coalition's strategies can create community capacity outcomes as well as health and social outcomes. The CCAT model proposes fourteen constructs. The first construct is based on the stages of development from coalition formation, maintenance and institutionalization. The twelve factors in the model include leadership, decision-making, communication, conflict resolution, benefits and costs, organizational climate, staffing, capacity building, member profile, recruitment pattern, organizational structure and community capacity. Member participation, satisfaction, and quality of action plan measures coalition effectiveness (Butterfoss and Kegler, 2002).

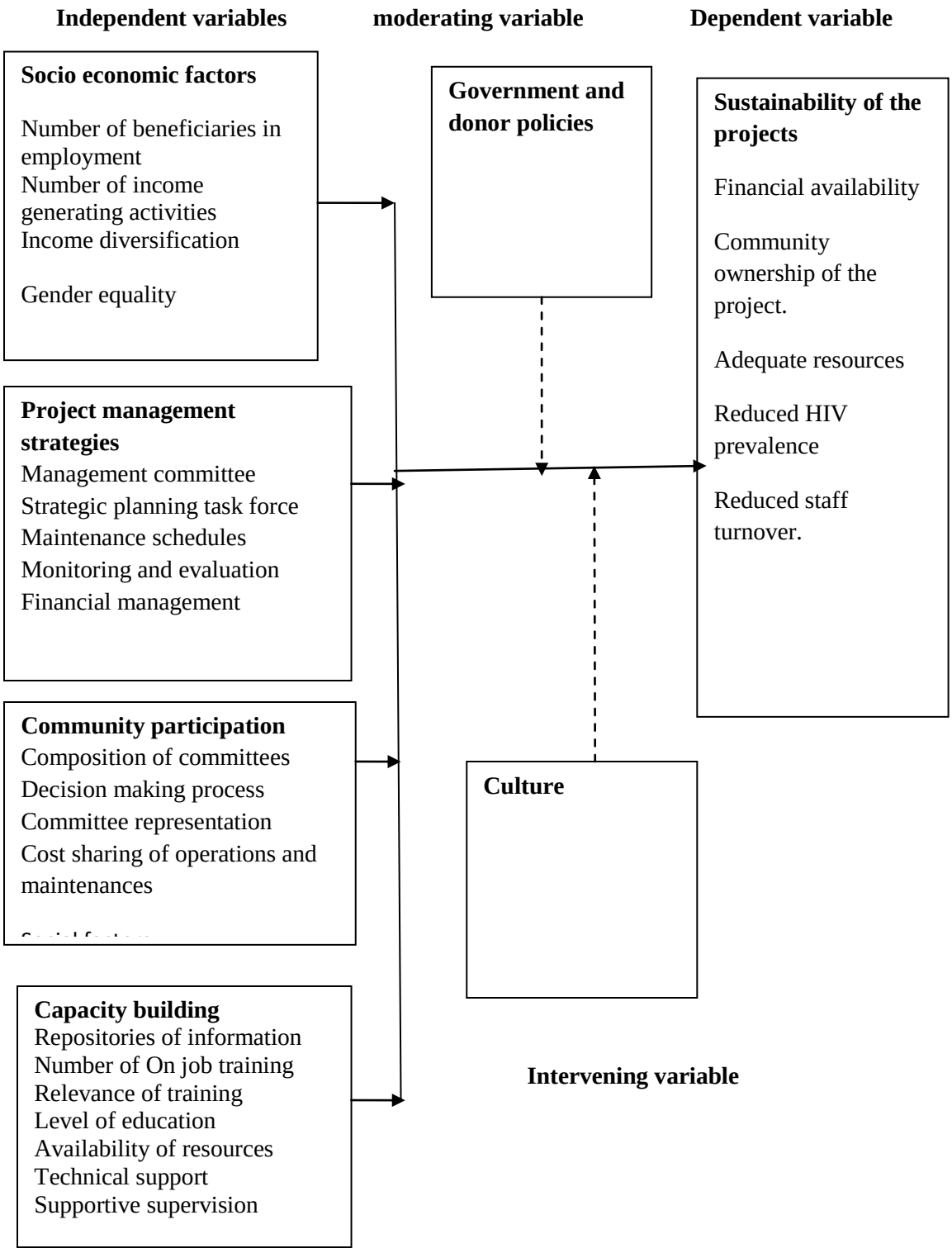
These constructs provide a framework and a set of guidelines in ensuring project sustainability from conceptualization through implementation and post implementation. It is imperative that community participation and enhanced community capacity through training, leadership skills and excellent management skills should be integrated in the long term sustainability action plan of KP projects.

2.7 Conceptual framework

Conceptual framework is a schematic presentation which identifies the variables that when put together explain the issue of concern. The conceptual framework is therefore the set of broad ideas used to explain the relationship between the independent variables (factors) and the dependent variables (outcome).

The study will have both the independent variables and the dependent variable. The independent variables for this study are socioeconomic factors, community participation, project management strategies, and capacity building. The dependent variable of this study will be sustainability of HIV and AIDs projects for the Key Population. The study will investigate how the independent variables influence the dependent variable. The other variables include the moderating and intervening variables. This study will be guided by the conceptual framework illustrated in Figure 1.

Figure 1: Conceptual Framework



2.8 Summary of literature reviewed

According to the reviewed literature, community participation implies a proactive process in which the beneficiaries influence the development and management of the projects. Community participation therefore involves capabilities and willingness of communities to take charge, influence and determine the nature of project during its life cycle to ensure long lasting impacts. The identified indicators of community participation are community participation in decision making, Community contribution, representation, responsibility, social factors and informed choice. It has also been indicated that the level of involvement of communities in the running of the projects is still low in most developing countries.

Project management strategies are the techniques and methods to project activities to meet or exceed the stakeholder's needs and expectations. Project management has three main aims, namely to ensure a project is completed within budget, time frame meets the desired functional and technical performance to satisfy the end user requirements. The three important processes involved in project management strategies are organizational planning, staff acquisition and team development and financial management. Engaging skilled managers and establishing effective communication structures are critical for sustainable KP projects.

Human capacity development is important through specialized training and education of project managers, staff, community members and the whole project team. The indicators for community training and education include level of awareness, types of training, relevance of training and number of trainees. Lack of community education is one of the factors which could lead to breakdown and non-sustainability of KP projects.

Socioeconomic factors determine the purchasing power of the beneficiaries and this directly impacts on the sustainability of the KP projects. The indicators for socioeconomic factors are number of beneficiaries in employment number of income generating activities Income diversification and gender equality.

However, there is gap in terms of studies already done locally to investigate the determinants of sustainable KP projects in Kenya. This indicates a local knowledge gap on KP project sustainability issues. Therefore, this study seeks to investigate the determinant factors of sustainable KP projects in Kenya, with a focus on Nyeri County.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the Research methodology that was used in the study. It describes the research design, target population, sample design and size, data collection methods, instruments and data collection procedures and data analysis.

3.2 Research Design

This study employed a descriptive research design which involved describing the characteristic of a particular pronominal by seeking an answer to question like what, when and how and therefore the researcher considered it most appropriate in examining the determinants of sustainable KP projects .The descriptive research design is well suited to studies in which individuals are used as a unit of analysis in order to measure generalizations .This research design allowed the researcher to gather numerical and descriptive data to assess the relationship between the variables because it involved an in depth study. The descriptive research design was conducted among 261 respondents to examine the various factors that influenced implementation of sustainable KP projects at Nyeri County. The research used questionnaires and interview guide to gather this information. The study recorded information about the subjects and respondents' information related to sustainability of KP projects at Nyeri County.

3.3 Target Population

Target population is the totality of cases of people, organization, or institutions which possess certain common characteristics that is relevant to the study. The target population of this was the county health care workers at Mt Kenya Hospital, KP project staff, KP community outreach workers, the county health management team and the Key Population. This study targeted 20 County health care workers, 30 community outreach workers, 10 project staff, 4000 key population and 7 members of the county health management team. This information was gotten from the Health Care workers deployment register at the county office and also the client enrollment registers at Mt Kenya Hospital.

3.4 Sampling and sampling procedures

Sampling is the process by which a relatively small number of individuals, objects or event is selected and analyzed in order to find out something about the entire population from which it was selected. A sample is a small proportion of targeted population selected using some systematic format. Due to the nature of the study, the researcher adopted stratified random sampling technique where by the strata included the KPs, community outreach workers, project staff, county health management team and the county health care workers working at Mt Kenya Hospital.

The researcher adopted a formula by Cochran (1963) to determine the sample size of the KPs at 7% level of significance as follows:

$$; n = \frac{N}{[1+N(e^2)]}$$

Whereby n is the sample size

N is the target population (key population) =4000

e is the level of significance = 0.07

$$n = \frac{4000}{[1+4000*0.07^2]} = 194\ KPs$$

Purposive sampling method was also used to purposely select the group of the project staff, community outreach workers, the health management team and the county health care workers as they were believed to have the required information.

The sampling frame of stakeholders is presented in Table 3.3

Table 3.1 Sampling frame of stakeholders

	Target group	Population size	Sample
1	Project staff	10	10
2	Government Health Care Workers	20	20
3	County health management team	7	7
4	Key population	4000	194
5	Community outreach workers	30	30
	Total	4067	261

3.5 Research instruments

The Researcher developed the data collection instruments. Primary data was collected using questionnaires and interview guides. Questionnaires were used to collect data from the KP and the Community outreach workers while an interview guide was used to collect data from the County and Project staff and the County Health Management team. Questionnaires contained structured questions for closed-ended question and a few open ended questions. These types of questions were accompanied by a list of possible alternatives from which respondents are required to select the answer that best describes their situation. The main advantage of close ended questions is that they are easier to analyse since they are in an immediate usable form. They are also easy to administer because each item is followed by an alternative answers and is economical to use in terms of time saving. Personal interviews were employed to collect data from key informants. This method was preferred because it allowed face to face contact with the respondent.

3.6 Pilot testing of the instruments

The pilot study was conducted by selecting 10% of the sample size respondents at Mt Kenya Hospital. This helped in testing the credibility, logic; clarity, brevity, and duration of completing the questionnaires so as to enable the researcher make amendments before the actual collection of the data. The flow of the interview guide was also checked.

3.7 Validity of instruments

Validity refers to the degree to which results obtained from analysis of the data actually represent the phenomenon under study. The question of validity is raised in the context of the form of the test, the purpose of the test and the target population. To asses' content validity, a pilot study was carried out. Research experts including the supervisor were consulted to ensure that the instrument measured what it was intended to measure.

3.8 Reliability of instruments

Reliability is the degree to which a test consistently measures whatever it measures (Gay, 1987). Reliability is the ability to consistently yield the same results when repeated measurements are taken under the same conditions. Reliability was assessed using the half split technique and responses from the two parts were correlated. In half split approach the data collection instrument will be designed into two parts and subject scores from one part correlated with scores from the other part.

This method was preferred to other techniques such as test retest and equivalent forms since it eliminated chance error due to differing test conditions.

3.9 Data Analysis Technique.

Data analysis refer to systemic organization and synthesis of research data and testing of hypothesis in order to gain information pertinent to a given research question. The researcher checked the returned questionnaires for completeness and consistent answers before leaving them to the respondents. This step entailed closed checking of the questionnaire items in order to identify the ones which have been left blank or incomplete, the legibility and any items wrongly responded to. Data was then coded to reduce the number of responses to classes and then classified according to the items in the questionnaire parts.

Descriptive statistics and content analysis was used to analyse the data collected. Measures of central tendencies such as the mean, median, mode shall be used. Closed questions were analysed through the help of the Statistical Package for Social Science (SPSS) computer software by assigning numbers to responses for analysis of qualitative data as it is efficient and give straight formal analysis. Content analysis was applied to analyse qualitative data by identifying patterns and themes. After data analysis, the results were presented using tables.

3.10 Ethical Issues

Ethical issues are the accepted philosophy that guides a researcher's conduct and behaviour while carrying out a research. The researcher endeavours to uphold professional and personal ethics while carrying out the research. The researcher sought informed consent from respondents and concerned authority before collecting data. All the information was kept confidential and private to restrain inflicting psychological harm to the respondents.

3.11 Operational definition of variables

The measurement of the various variables in this study will be undertaken as shown in Table 3.4.

Table 3.2 Operational definitions of variables

Objectives	Variables Independent	Indicators	Measurement	Measure-ment scale	Tools of analysis	Type of analysis
1. To establish how socioeconomic factors influence sustainability of the key population projects at Nyeri County	Socioeconomic factors	beneficiaries in employment	Number of beneficiaries in employment	Ratio	Means, percentages	Descriptive
		Income generating activities	Number of income generating activities	Ratio	Means, percentages	Descriptive
		Income diversification	Number of beneficiaries with more than 1 source of income	Ratio	Means, percentages	Descriptive
		Gender equality	Number of women in formal employment	Ratio	Means Percentages	Descriptive
1. 2. To establish how project management strategies	Project management strategies	Management committee	Composition of management committee	Ratio	Means, percentages	Descriptive
		Strategic planning task	Availability of a	Ratio	Means,	Descriptive

factors influence sustainability of the key population projects at Nyeri County		force	strategic planning task force		percentages	
		Monitoring and evaluation	Monitoring and evaluation activities	Ratio	Means, percentages	Descriptive
		Financial Management				
			Cost sharing	Ratio	Means percentages	Descriptive
To establish how capacity building factors influence sustainability of the key population projects at Nyeri County		Repositories of information	Availability repositories of information	Ratio	Means, percentages	Descriptive
		Availability of resources	Frequency of stock outs	Ratio		
		Trainings	Frequency and relevance of trainings	Ratio	Means, percentages	Descriptive
		Technical Support	Frequency of technical support activities	Ratio	Means, percentages	Descriptive
		Education	Level of Education	Ratio		
To establish how community	Community participation	Composition of committees	Involvement of the community in the	ratio	Means, percentages	Descriptive

participation factors influence sustainability of the key population projects at Nyeri County			planning meetings			
		Decision making process	Involvement of the community in decision making	Ratio	Means, percentages	Descriptive
		Cost sharing of operations	Level of community contributions	Ratio	Means, percentages	Descriptive
	Dependent Sustainable project	Adequate resources Cost sharing	Zero stock outs Number of stakeholders' cost sharing	Interval Ratio	Means and percentages	Descriptive

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter provides data analysis, presentation and interpretation. Raw data was analyzed according to the objectives of the study and variables of sustainability of Key Population projects for descriptive statistics and correlations using computer software Statistical Package for Social Sciences version 18.0. The variables included socioeconomic factors, Capacity building, project management strategies and community participation. Data was presented in frequency distribution, percentages, and narratives and interpreted according to the four objectives of the study.

4.2 Questionnaire return rate

A total sample of 261 respondents, who consisted of 194 KP, 10 project staff, 20 Government health care workers, 7 members of the County health management team and 30 community outreach workers. The response rate of the selected stakeholders was at 100%.

4.3 Influence of Socioeconomic factors on sustainability of KP projects

The study sought to establish the influence of socioeconomic factors on sustainability of KP projects. The results of the opinions of the KP respondents on the indicators are explained below and presented in Tables 4.1 to 4.11.

4.3.1 Gender of the Key Population respondents

Among the key population respondents, (84) 43.3% were male while (110) 56.7% where female. This shows that there were more females at a higher risk of contracting HIV than males in Nyeri. It also shows that more women than men accessed the services offered by the KP projects.

Table 4.1 Gender of the KP respondents

Gender	Frequency	Percentage
Male	84	43.3
female	110	56.7
Total	**194**	**100.0**

4.3.2 Gender of the Community Outreach workers

Table 4.2 shows that (7) 23.0% of the community outreach workers were male while (23) 77.0% were female. This shows that more women were working as community outreach workers more than men.

Table 4.2 Gender of the community outreach workers

Gender	Frequency	percentage
Male	7	23.0
female	23	77.0
Total	**30**	**100.0**

4.3.3 Gender of the county health care workers.

Table 4.3 shows that majority of the county health care workers were female. The female county health care workers were at (15)75.0% while the male county health care workers were at (5)25.0%. This indicates that more women were working in the KP projects than the men.

Table 4.3 Gender of the County health care workers

Gender	Frequency	percentage
Male	5	25
Female	15	75
Total	**20**	**100.0**

4.3.4 Marital status of the Key Population.

Among the KP respondents (103)53.0% were single, 7(4)38.3% were divorced and only (17)8.7% were married. This indicated that most Key Population came from single parent families.

Table 4.4 Marital status of the Key Population respondents

Marital status	Frequency	percentage
married	17	8.7
single	103	53.0
Divorced	74	38.3
Total	**194**	**100.0**

4.3.5 Education status of the Key Population.

Among the KP respondents, (126)64.9% had gone to until primary level (31)15.7% had never attended school, (26)13.8% had gone to secondary level and only (11)5.6% had gone to secondary level. These indicate high illiteracy level among KP respondents.

Table 4.5 Education status for the Key Population respondents

Education status	Frequency	percentage
never attended school	31	15.7
primary level	126	64.9
secondary level	26	13.8
university level	11	5.6
Total	**194**	**100.0**

4.3.6 Age status of the Key Population.

Among the KP respondents, (30)15.5% was aged below 20 years, (96)49.5% were aged between 21-35 years, (58)29.9% were aged between 36- 50 years, and (10)5.1% were aged between 51-70. This indicated that the most dominant age group in this community was between the ages of 21 to 35 years.

Table 4.6 Age status for the Key Population respondents

Age	Frequency	percentage
Below 20 years	30	15.5
21-35 years	96	49.5
36-50years	58	29.9
51-70 years	10	5.1
Total	**194**	**100.0**

4.3.7 Family status for the respondents.

Among the KP respondents most of the families were female headed which was at (163)84.0% and male headed were at (28)14.4% and child headed were at (3)1.7%. This shows that most of the Key population came from single headed families.

Table 4.7 Family status for the respondents

Family status	Frequency	percentage
male headed	28	14.4
Female headed	163	84.0
child headed	3	1.7
Total	**194**	**100.0**

4.3.8 Medical expenses for the KP respondents.

From the results (44)22.7% of the KP were paid for expenses by the government thorough the NHIF which is the insurance cover offered by the government to its citizen upon pavement of a certain premium. (150)77.3% catered for their own medical expense.

Table 4.8 Medical expenses for the KP respondents

Medical expenses	Frequency	percentage
NHIF	44	22.7
Self -pay, out of pocket	150	77.3
Total	**194**	**100.0**

4.3.9 Key population home status

From the results the KP did not own homes instead majority rented a place to live. (159)82% lived in rented houses with only (1)0.5% owning a place to sleep. (25)12.9% lived with friends and (9)4.6% lived with family.

Table 4.9 Key population home status

Home status	Frequency	percentage
It is rented for money by you	159	82
It is occupied without payment or money or rent	1	.5
I live with friends	25	12.9
I live with family	9	4.6
Total	**194**	**100.0**

4.3.10 Key population income status

From the results most of the KP was low income earners with (128)64.6% of them earning between ksh 0-5999 and the rest earning between KSH 6000-10000.No one earned above Ksh10, 000.From the county health management team interview it came out strongly that the key population was depended on menial jobs which were temporary hence did not have a steady sources of income.

Table 4.10 Key population income status

Income status	Frequency	percentage
0-5999	128	64.6
6000-10000	66	33.3
Total	**194**	**100.0**

4.3.11 Key Population other resources status.

Table 4.11 shows that (127)65.5% of the KP did not own other resources to support their families and only (67)34.5% had other resources to support their families. From the project and county health care workers interviews it was deduced that the Key population who are the primary beneficiaries of the KP projects depended entirely on the menial jobs and most of them did not have other resources which could help them raise more income.

Table 4.11 Key Population other resources status

Resource status	Frequency	percentage
Yes	67	34.5
No	127	65.5
Total	**194**	**100.0**

4.4 Influence of project management strategies on sustainability of KP projects

The study sought to establish the influence of project management strategies on sustainability of KP projects. The indicators of the study variable included sources of funding for the KP projects, level of community contributions towards operations and maintenances, functionality of the organization structure, rating for application of standard management tools, level of knowledge and skills of the project operators and frequency of project review meetings. The results of the opinions of the KP respondents on the indicators are explained below.

4.4.1 Project goals and objectives.

This question aimed at finding how clear the goals and the objectives were clear to the KP. From the results majority disagreed with the clarity of the goals and objectives. (76)39.2% disagreed, (27)13.6% strongly disagreed, (43)22.2% were neutral, (21)10.8% agreed and (27)13.9 strongly agreed. This indicates that the beneficiaries did not understand the goals and objectives of the project.

Table 4.12 Project goals and objectives

Goals and objectives	Frequency	percentage
Strongly agree	27	13.9
Agree	21	10.8
neutral	43	22.2
Disagree	76	39.2
strongly disagree	27	13.6
Total	**194**	**100.0**

4.4.2 Defined lines of authority

(64)34.5% disagreed with the defined lines of authority (67)33.0% did not have anything to say about the defined lines of authority. (36)18.6% agreed with lines of authority and (27)13.9% disagreed with the lines of authority. This indicated that majority did not agree with the defined lines of authority.

Table 4.13 Defined lines of authority

Lines of Authority	Frequency	percentage
Strongly disagree	27	13.9
Agree	36	18.6
Neutral	67	33.0
Disagree	64	34.5
Total	**194**	**100.0**

4.4.3 Application of standard management tools.

With regards to application of standard management tools among the community outreach workers, (10)33.3% disagreed with the use of standard management tools, (6)26% strongly disagreed, (2)0.7% was neutral, (7)23.3% agreed and (5)16.7% strongly disagreed.

Table 4.14 Application of standard management tools.

standard management tools	Frequency	Percentage
Strongly Agree	5	16.7
Agree	7	23.3
Neutral	2	0.7
Disagree	10	33.3
Strongly Disagree	6	26.0
Total	**30**	**100.0**

4.4.4 The use project progress report.

Table 4.15 shows that (95)49% of the KP respondents agreed disagreed with the reporting of the project progress report at the meetings and with (40)20.6% strongly disagreeing. (27)13.9% agreed and (32)16.5% were neutral about the reporting of the progress report at the meetings.

Table 4.15 the use of Progress report

Progress report	Frequency	percentage
Agree	27	13.9
Neutral	32	16.5
Disagree	95	49.0
Strongly Disagree	40	20.6
Total	**194**	**100.0**

4.4.5 Source of funding for KP projects.

Table 4.16 indicated that (118)60.8% of KP funding is from the donor, (40)20.6% from the community contribution and only (36)18.6% is from the government. This shows that the KP projects are run mainly by the donors with domestic funding being the least.

Table 4.16 Source of funding for KP projects

Source of funding	**Frequency**	**percentage**
Government	36	18.6
Donors/NGOs	118	60.8
community contribution	40	20.6
Total	**194**	**100.0**

4.5 Influence of community participation on sustainability of KP projects.

The study sought to establish the influence of community participation on sustainability of KP projects. The indicators of the study variables included level of participation in project conception, design and implementation, women representation in KP management committees, level of community participation in operations and maintenances, stakeholders' representations in management committees and gender representations in project committees. The results of the opinions of respondents on the study are by the Tables 4.17 to 4.20

4.5.1 Community Participation in implementation of the KP project.

From the results (95)49.0% disagreed with the level of community participation in the project implementation. (27)13.9% strongly disagreed with level of community participation. (32)16.5% were neutral on the level of community participation and (40)20.6% agreed on the level of community participation in the implementation of the project.

Table 4.17 Community Participation in implementation of the KP project

Community participation	**Frequency**	**percentage**
Agree	40	20.6
Neutral	32	16.5
Disagree	95	49.0
Strongly Disagree	27	13.9
Total	**194**	**100.0**

4.5.2 Committee Representation.

(87)44.8% disagreed that committees do not include all the stakeholders. (43)22.2% strongly disagreed with the stakeholder's representation in the committees. Those who strongly agreed and the neutral one were each at (32)16.5%. This indicated that not all stakeholders were involved in decision making.

Table 4.18 Committee representation

Committee representation	Frequency	percentage
Strongly Agree	32	16.5
Neutral	32	16.5
Disagree	87	44.8
Strongly Disagree	43	22.2
Total	**194**	**100.0**

4.5.3 Community contribution in the running of the KP projects.

With regard to the community contribution in kind and cash towards operations and maintenances of the project (55)28.4% disagreed with the level of their participation. (32)16.5% strongly disagreed with the KP contributions towards the running of the project. A meager (32)16.5% agreed that they were involved in the contributions in kind and cash towards the operations and maintenances of the project. The interviewed members of the County management team agreed that the community was les involved in the contribution of cash in the running of the projects due to their poor economic status. They also agreed the community had not been given the opportunity to contribute since they were used to the fact that donor was contributing entirely to the running of the project.

Table 4.19 Community contribution in the running of the KP project.

Responses	Frequency	percentage
Strongly Agree	43	22.1
Agree	32	16.5
Neutral	32	16.5
Disagree	55	28.4
Strongly Disagree	32	16.5
Total	**194**	**100.0**

4.5.4 Women representation in the KP management committees.

In responding to the level of women representation in KP management committees among the KP' respondents, only (40)20.6% agreed that women were being involved, (27)13.9% were neutral and (127)65.5% disagreed with the level at which women were being involved in the management committee. One of the Government Officer's interviewed indicated that the treasurer's position in the executive committee positions' was a special reserve for women members. From the interview the project staff indicated that the community was gender sensitive and they were pushing for the gender equity rule of 30% gender representation in leadership positions.

Table 4.20 Women representation in the KP management committees

Women representation	Frequency	percentage
Agreed	40	20.6
Neutral	27	13.9
Disagreed	127	65.5
Total	**194**	**100.0**

4.6 Influence of capacity building on sustainability of KP projects

The study sought to establish the influence of capacity building on sustainability of KP projects. The indicators of the study variable included the number of trainings, relevance of trainings to operations and management, level of trainees' participation in project operations and rating of trainers' technical skills. The opinions of KP' respondents are explained below.

4.6.1 Training on KP programming.

On responding to whether ongoing training on KP programming has been taking place (64)33.0% KP respondents indicated that they had received ongoing KP programming training while (130)67.0% of the KP respondents indicated that they had not received ongoing KP programming training. This indicated that the beneficiaries had little knowledge on KP programing.

Table 4.21 Training on KP programming

Key Population Training	**Frequency**	**percentage**
YES	64	33.0
NO	130	67.0
Total	**194**	**100.0**

4.6.2 Number of trainings on KP programming.

Among the KP who received training (20)10.3% indicated receiving between 1to 5 training sessions while (26)13.4% receiving 6 to 10 trainings. The county health management team indicated that few people had been trained on KP programming because of donor priorities which were mostly service delivery and very few resources had been set aside for the trainings.

Table 4.22 Number of trainings on KP programming.

No. of trainings	Frequency	percentage
None	130	67.0
1-5	20	10.3
6-10	26	13.4
above 10	18	9.3
Total	**194**	**100.0**

4.6.3 Technical skills for the trainers on KP programing

In responding to the level of trainers' technical skills among community outreach workers, (20)66% indicated no technical skills of the trainers while a minority of (10)33% indicated that the trainers had technical skills. This indicated that the trainers who trained the community outreach workers had little knowledge on KP programing.

Table 4.23 Technical skills for the trainers on KP programing

Technical skills	Frequency	percentage
Yes	10	33
No	20	66
Total	**30**	**100.0**

4.6.4 Relevance of the training in the running of KP projects

In responding to the relevance of community trainings for the running of KP projects, (43)22.2% indicated that the trainings were very useful while (58)29.9% indicated that they were moderately useful. A majority of (93)47.9 indicated that the trainings were not useful in the running of the project. The project staff interviewed indicated that much of the training conducted were highly relevant but inadequate and skewed on operations and maintenances only. It is a necessity that

trainings on operations and maintenances, financial management, record keeping, procurement and conflict resolutions are conducted to ensure long term benefits of the project.

Table 4.24 Relevance of the training in the running of KP projects.

Relevance of Training	Frequency	percentage
very useful	43	22.2
moderately useful	58	29.9
Not at all useful	93	47.9
Total	**194**	**100.0**

4.6.5 Adequacy of resources in the running of the project.

In the response to the adequacy of resources in the running of the project (32)16.5% of the community outreach workers' respondents indicated that the resources were satisfactorily adequate while (75)38.7% indicated that the resources are fairly adequate. A whopping (87)44.8% indicated that the resources were not adequate for the running of the project. Project staff interviewed indicated that the project was running out of resources since the donors withdrew considering that they were the main funders of the project.

Table 4.25 Adequacy of resources in the running of the project.

Adequacy of resources	Frequency	percentage
satisfactorily adequate	32	16.5
fairly adequate	75	38.7
not adequate	87	44.8
Total	**194**	**100.0**

4.7 Staff Supportive supervision

In the response to staff supportive supervision, (43)21.2% of the respondents indicated that supportive supervision was not useful and (64)33% indicated that it was moderately useful. A majority of the respondents which were at (87)45.8% indicated that the staff supportive supervision was not useful. The county health staff interview indicated that the supportive supervision was not adequate and it was mostly subjective not objective.

Table 4.26 Staff Supportive supervision

Supportive supervision	**Frequency**	**percentage**
very useful	43	21.2
moderately useful	64	33
not useful	87	45.8
Total	**194**	**100.0**

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Chapter five presents a summary of the findings, discussion, conclusions, recommendations of the study and suggestions for further studies. The purpose of the study was to investigate the factors influencing sustainability of HIV and AIDs projects for the Key Population at Nyeri County a case of Mt .Kenya Hospital.

5.2 Summary of findings

The findings of the study are summarized and presented according to the four variables of study namely, Socioeconomic factors, community participation, project management strategies and capacity building.

5.2.1 Socioeconomic factors and sustainability of Key Population projects

The study established a poor socioeconomic status of the key population and the community outreach workers who are the main beneficiaries of the KP project. Majority of them came from dysfunctional families where by (103)53% were single, (74)38.2% were divorced and only (17)8.7% were married. There was a high rate of an employment with (128)64.6% earning between Ksh 0 to 5999. Among the key population respondents, (84)43.3% were male while (110)56.7% where female. This shows that there were more females at a higher risk of contracting HIV than males in the Nyeri.it also shows that more women accessed the services offered by the KP projects. Among the KP respondents, (126)64.9% had gone until primary level (31)15.7% had never attended school, (26)13.8% had gone to secondary level and only (11)5.6% had gone to secondary level. These indicated high illiteracy level among KP respondents.

5.2.2 Community participation and sustainability of Key Population projects

Study findings established that community members' participation level in conception, design and implementation of the KP project was poor with (95)49.0% disagreeing with the level of community participation. Only (40)20.6 % agreed with the level of community participation. Further findings indicated that the community played a passive role in the running of the project. The community was not contented at the level which women were involved in the running of the project considering that women are the majority in the KP project. The communities were poorly involved in the contribution of resources for the running of the projects which from the interview the poor participation was attributed to the communities' poor socioeconomic status. Further findings

established that (43)22.1% of the community members who participated in the running of the project made cash contributions towards implementation while some others contributed in providing locally available construction materials such as sand, ballast, building stones and timber. They also contributed in providing unskilled and skilled human labor during construction. Further findings from the interviews showed that community's representation in the committees was poor with the majority of the committee members being the donors, project staff and county staff. The community was also not involved in in decision making where mostly the project used Top bottom approach in the making of decisions.

5.2.3 Project management strategies and sustainability of Key Population projects

Study findings show that the main source of funding of the KP projects was from donors' contributions as indicated by (118)60.8% respondents and only (36)18.6% Government and (40)20.6% from the community contribution. Study findings also show that a majority of 39.2% disagreed with the clarity of goals and objectives and indicated that they were not well guided in their activities and development plans. Study findings indicate that (64)34.5% disagreed with how the lines of authority and functional responsibilities were. Only (27)13.9% agreed with how the lines of authority and functional responsibilities were defined. (67)33.0% did not have anything to say about the defined lines of authority. (36)18.6% agreed with lines of authority and (27)13.9% strongly agreed with the lines of authority. (95)49.0% of the KP respondents disagreed with the reporting of the project progress report at the meetings and with (40)20.6% strongly disagreeing. (27)13.9% agreed and (32)16.5% were neutral about the reporting of the progress report at the meetings. The County Health Management Team agreed that there was active reporting of the progress reports in the meetings although the beneficiaries were poorly represented in the meetings.

5.2.4 Capacity building and sustainability of Key Population projects

On responding to whether ongoing training on KP programming has been taking place (64)33.0% KP respondents indicated that they had received ongoing KP programming training while (130)67.0% of the KP respondents indicated that they had not received ongoing KP programming training.

Among the KP who received training (20)10.3% indicated receiving between 1 to 5 training sessions while (26)13.6% receiving 6 to 10 trainings. The county health management team indicated that few people had been trained on KP programming because of donor priorities which were mostly service delivery and very few resources had been set aside for the trainings.

In responding to the level of trainers' technical skills among community outreach workers, (20)66.0% indicated no technical skills of the trainers while a minority of (10)33.0% indicated that the trainers had technical skills.

In responding to the relevance of community trainings for the running of KP projects, (43)22.2% indicated that the trainings were very useful while (58)29.9% indicated that they were moderately useful. A majority of (93)47.9% indicated that the trainings were not useful in the running of the project. The project staff interviewed indicated that much of the training conducted were highly relevant but inadequate and skewed on operations and maintenances only. It is a necessity that trainings on operations and maintenances, financial management, record keeping, procurement and conflict resolutions are conducted to ensure long term benefits of the projects.

In the response to the adequacy of resources in the running of the project (32)16.5% of the community outreach workers' respondents indicated that the resources were satisfactorily adequate while (75)38.7% indicated that the resources are fairly adequate. A whopping (87)44.8% indicated that the resources were not adequate for the running of the project. Project staff interviewed indicated that the project was running out of resources since the donors withdrew considering that they were the main funders of the project.

In the response to staff supportive supervision, (43)21.2% of the respondents indicated that supportive supervision was not useful and (64)33% indicated that it was moderately useful. A majority of the respondents which were at (87)45.8% indicated that the staff supportive supervision was not useful. The county health staff interview indicated that the supportive supervision was not adequate and it was mostly subjective not objective.

5.3 Discussion of findings

A discussion of the findings is given according to the four variables of the study;

5.3.1 Socioeconomic factors and sustainability of Key Population projects.

The study established a poor socioeconomic status of the key population and the community outreach workers who are the main beneficiaries of the Key Population project. Majority of them came from single headed families.3% were single ,38% were divorced and only 8.7% were married. It was also established that 84.5% of the families were female headed, 14.4% male headed and 1.7% child headed. This did not concur with (Heaton,2002) research reports for the past 10 years which have shown that higher levels of socioeconomic status are associated with greater marital stability (Heaton, 2002).Similarly, a number of reports have shown that greater income and financial

resources are positively associated with marital stability and this directly affects implementation and sustainability of community based projects There was a high rate of unemployment with 66% earning between Ksh 0 to 5999. This did not concur with (Armitage, 2009) that good income determined the purchasing power of the community. When the community has reliable sources of income this increases their participation in the implementation of the projects. They can also participate in the mobilization of resources through cost sharing and this enhances the sustainability of the projects.

From the research findings, 64.9% of the key population had gone until primary level 15.7% had never attended school, 13.8% had gone to secondary level and only 5.6% had gone to secondary level. These indicate high illiteracy level among KP respondents. This did not concur with (CEMR, 2009) that education is very vital in the implementation and sustainability of projects. Quality education leads to an increased number of skilled, educated, and productive citizens contributing to an increased economic output for the private sector and improved governance in the public sector. Hence, public education is one of the most important inputs for nations' social and economic outcomes.

5.3.2 Community participation and sustainability of Key Population projects.

Parsons (2006) advanced that beneficiary participation is the single most important factor contributing to project effectiveness. Without participation, it has been claimed that systems are unlikely to be sustainable even with the availability of resources and qualified staff. Community participation in KP projects may take different forms such as, selection of appropriate technology and siting, provision of labour and local materials, contributions of cash to the project cost and selection of management committees (Harvey and Reed, 2006). Community participation is a tool for improving the efficiency of a project because it is believed to enhance project acceptance and ownership. Pillay (2002) advanced that participation is a key instrument in creating self-reliant and empowered communities by stimulating local mechanism for collective action and decision making. Participation is a powerful tool in addressing to marginalization and inequity. It is aimed at increasing the sense of ownership over the KP projects. The top –down service delivery by the Government and NGO's normally leaves a legacy of dependency in beneficiary community on external support.

Study findings established that community members' participation level in conception, design and implementation of the KP project was poor with 49% disagreeing with the level of community participation. Only 20.6 % agreed with the level of community participation. Further findings

indicated that the community played a passive role in the running of the project. The community was not contented at the level which women were involved in the running of the project considering that women are the majority in of the KP project. The communities were poorly involved in the contribution of resources for the running of the projects which from the interview the poor participation was attributed to the communities' poor socioeconomic status. Further findings established that 22.1% of the community members who participated in the running of the made cash contributions towards implementation while some others contributed in providing locally available construction materials such as sand, ballast, building stones and timber. They also contributed in providing unskilled and skilled human labor during construction. This is in agreement with findings by Davis and Lyer (2002) who established that community members' contributions may take the form of money, labor, material, equipment, or participation in project-related decision-making. Further findings show that community's representation in the committees was poor with the majority of the committee members being the donors, project staff and county staff. The community was also not involved in in decision making where mostly the project used Top bottom approach in the making of decisions.

The study also found out that women were not well represented in the KP projects (Table 4.13). This indicates noncompliance with the gender equity principle of 30% gender representation. It guarantees a fair and equal participation by both men and women in decision making processes, implementation, operations and maintenances. It was also established that stakeholders were poorly represented in the KP projects (Table 4.12). These findings concur with past findings by OECD (2002) who established that a strong sense of local ownership and genuine participation in design, project implementation and monitoring and evaluation by both men and women are critical to successful implementation and sustainable benefits. Simpson, Miller, & Bowers, (2003) who indicate that participation is characterized by community contribution, control, representation in management, responsibility to operate and maintain, participation in decision making process. The rationale of community participation is to promote control and ownership of the KP projects by the beneficiaries which is a key factor to ensuring sustainability. It is therefore necessary for all aspects related to project development and implementation to be based on community preferences. More so, communities need to contribute willingly to the development and operation of the project. Those responsible for managing community KP projects should represent the diversity within the community and be elected democratically. The community ought to have the authority to make decisions relating to the project on behalf of the users. To promote community participation, there is need to develop by laws and local constitution for each of the community organization to aid and

guide community members in financial management of their contributions, proper selection of committee members, gender and stakeholders' representation and development of an organization structure.

5.3.3 Project management strategies and sustainability of Key Population projects

Study findings show that the main source of funding of the KP projects was from donors' contributions as indicated by 60.8% respondents and only 18.6% Government and 20.6% from the community contribution. The source of project funding determines the extent of ownership of the KP projects after completion of implementation, which is a key factor to sustainability. Community members are more inclined to protecting assets they had funded to ensure maximum benefits. Study findings show that majority disagreed with the clarity of the goals and objectives.39.2% disagreed, 13.6% strongly disagreed, 22.2% were neutral, 10.8% agreed and 13.9 strongly agreed. Lacking clear project goals and objectives may shorten the life of the projects. This was contrary with observations made by lush (1999) who pointed out that it is essential for every member of the project team to clearly understand the goals and objectives of the KP projects at every stage of the project implementation. Further findings show that committee members rated the application of standard management tools such as work plans at 81% and 2% for fair and good applications levels respectively. 34.5% disagreed with the defined lines of authority,33% did not have anything to say about the defined lines of authority,18.6%agreed with lines of authority and 13.9% disagreed with the lines of authority.

Application of standard management tools ensures that projects are implemented within the constraints of time and budget and as expected. While meetings are good communication tools on deliberations of management and operations issues and enhancement of transparency and accountability, the frequency of community meetings to report project review was found inadequate. This is contrary to the recommendations given by leutz (2005) and who observes that communication within a team influence the fate of most components of team management and their interdependencies. Establishment of a strong community organization to continue the operations of the project efficiently and effectively after the end of the external funding is critical. Such community organizations provide leadership through creating transparency and accountability of the projects benefits. Post implementation management should therefore adopt an assets based approach whereby beneficiaries pay for the services.

5.3.4 Capacity building and sustainability of Key Population projects

Findings have shown that few ongoing trainings on KP programming has been taking place with 33.0% KP respondents indicating that they had received ongoing KP programming training while 67.0% of the KP respondents indicating that they had not received ongoing KP programming training. This is not in agreement with observations made by Campos (2008) who recommends training on issues like operations and maintenance to empower communities manage the KP projects thereby promoting sustainability. Lack of community education is one of the factors which could lead to breakdown and non-sustainability of KP projects in developing countries (Stewart, Petch, and Curtice, (2003). In responding to the relevance of community trainings for the running of KP projects, 22.2% indicated that the trainings were very useful while 29.9% indicated that they were moderately useful. A majority of 47.9% indicated that the trainings were not useful in the running of the project. The project staff interviewed indicated that much of the training conducted were highly relevant but inadequate and skewed on operations and maintenances only. It is a necessity that trainings on operations and maintenances, financial management, record keeping, procurement and conflict resolutions are conducted to ensure long term benefits of the projects

The skewed trainings however indicate inadequate knowledge and skills among community members who are not adequately trained on maintenances, financial management, conflict resolution, record keeping and tariff setting which are critical to ensuring sustainability of the projects. This is contrary to observations made by Macron (2005) who argues that staff training or expertise building in a range of matters including strategic planning skills, knowledge of needs assessment, leadership skills and financial management is important to project sustainability (phere, A (2009) observes that projects that included staff preparation and training, especially training in creative and flexible problem solving, had greater sustainability than projects that did not. Chances of sustainability increase where staff and other stakeholders feel that they or their clients can benefit from the project

Among the KP who received training 20% indicated receiving between 1to 5 training sessions while 26.0% receiving 6 to 10 trainings. The county health management team indicated that few people had been trained on KP programming because of donor priorities which were mostly service delivery and very few resources had been set aside for the trainings. In responding to the level of trainers' technical skills among community outreach workers, 66.0% indicated no technical skills of the trainers while a minority of 33.0% indicated that the trainers had technical skills.

This is contrary to observations made by the National Academy of Sciences (1997) who recommends competent operating personnel to the sustained, safe operations of KP projects. It is therefore

necessary that good on job training is carried out to ensure improved KP projects. Without adequately trained personnel, even a well-financed and organized system with the most advanced technology and regular compliance visits will fail to deliver.

5.4 Conclusion

The following conclusions were made from the study:

1. It was concluded from the study findings that socioeconomic factors have a role to play in the sustainability of KP projects. Socioeconomic factors enhance the purchasing power of the community and this enables them to run the projects without external support.

2. It is concluded that project management strategies are important towards enhancing accountability and transparency of operations and management issues of the KP projects. Effective project management strategies enhance efficient project management during and after implementation thereby countering setbacks such as poor management of finances, corruption, poor definition of organization structures and inadequate strategic plans. It is concluded that sources of funding implementation and maintenances of the KP projects greatly determined a sense of ownership among community members.

3. It was concluded that community members' participation in conception, design and implementation of the KP projects greatly influenced sustainability. The study also concluded that gender balance and stakeholders' representation in management committee enhanced fair representation of opinions and interests among the various community groupings. Study findings thereby conclude that in order to achieve the desired benefits active community participation in projects' activities in all phases of the project is of outmost importance. Active involvement of community members influences positive decisions for the entire community.

4. It was concluded from the study findings that capacity building was an important factor in enhancing sustainability of KP projects. It is concluded that relevant and adequate training is important towards successful implementation and operations of the project. Community training on a range of subjects such as financial management, record keeping, procurement, tariff setting and conflict resolution is of outmost importance to building capacity at the local level. Project success is as a result of adequate skills among project implementers and managers.

5.5 Recommendations

The following recommendations were made in order to enhance sustainability of KP projects:

1. There is need to empower the community socioeconomically through education and creation of job opportunities and promoting family values family.

2. Effective project management strategies should be adopted to enhance accountability and transparency among community members on management issues and steer away conflict. To achieve this, committee members need to develop local constitution for each of the KP project organization to guide and direct management of their finances, election of committee members and define a functional organization structure.

4. It is recommended that community participation from conception through design and implementation is of outmost importance to enhance ownership of the KP projects. The opinions of the community members should be considered in all decisions concerning the KP project. Community members should be encouraged to participate in contributing cash, materials or labor during implementation and post implementation phases.

5.6 Suggestions for further research

The following are suggestions for further studies;

1. It is suggested that further research on sustainability of Key Population projects should be conducted with a focus on how integration influences sustainability.

2. It is suggested that further research on sustainability of KP projects should be conducted with a focus on political influence in the sustainability of KP projects.

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APPENDICES

Appendix 1: Letter of Transmittal

Juliana Ndunge
P.O Box 11950 00400
Nairobi
0728460488

Dear Sir/Madam,

REF: REQUEST FOR PARTICIPATION IN RESEARCH STUDY

I am a student of the University of Nairobi pursuing Master of Arts Degree in Project Planning and Management. I am carrying out a research project on factors determining the implementation of integrated comprehensive health care services at Mt Kenya Hospital.

I will appreciate if you could kindly take part in the study. Your identity will be treated with outmost confidentiality.

Thank you.

Juliana Ndunge

L50/65549/2013

Appendix 2: Questionnaire for the KP and the Community Outreach Workers

Instructions

The questionnaire seeks to gather information from the community outreach workers and the KP. Please tick in the appropriate box and also fill in the blank spaces provided for those questions where elaborate answers are required. Please do not include your name on the questionnaire. Participation will be voluntary and information will be used for research only. Kindly spare your time to provide answers as honestly and objectively as possible.

A. Socio economic factors

1. Please indicate your gender Male ( ) Female ( )

2. Please indicate your age group

Below 20 years ( ) 21-35 years ( ) 36-50 years ( ) 51-70 year ( )
Over 71 years ( )

3. What is your marital status?

Married ( ) Single ( ) Divorced ( ) Others ( )

(Specify)……

4. Please indicate the highest level of education attained

Never attended school ( ) Primary level ( ) Secondary level ( ) University level ( )
Never attended ( )

5. Please indicate the type of your family.

Male headed ( ) Female headed ( ) Child headed ( )

6. Please describe the home where you live

a. It is owned or being bought by you (or someone in the household)
b. It is rented for money by you (or someone in the household)
c. It is occupied without payment or money or rent
d. I live with friends
e. I live with family Yes No
f. I have no permanent residence

7. How do you pay for your health care and medical expenses?

a) NHIF

Yes ( ) No ( )

b) Private insurance

Yes ( ) No ( )

c) Self-pay, out of pocket

Yes ( ) No ( )

8. What is your employment status?

a) Working full time
b) Working part time
c) Not working and not looking for work
d) Unemployed and looking for work
e) Disabled or retired and not looking for work
f) Currently in school

9. Do you have other resources to support your family?

Yes ( ) No ( )

10. What is your total combined family income for the past 12 months, from all Sources, wages, public assistance/benefits, help from relatives, and so on?If you don't know your exact income, please estimate.

a) 0-5999
b) 6000-10000
c) 10001-20,000
d) 20001 and above

C. Project management strategies

Kindly indicate the extent to which you agree with the following statements with regards to project management skills, whereby Strongly Agree= SA, Agree = A, Neutral = N, Disagree = D and Strongly Disagree = SD.

	Practice	**SA**	**A**	**N**	**D**	**SD**
11	projects goals and objectives are clear					
12	Functions, responsibilities and lines of authority of the project manager and the government and project staff are properly defined.					
13	Project manager has the necessary					

	knowledge and skills required for successful implementation of the KP projects					
14	Standard project management tools and techniques such as work plans and monitoring and evaluation plans are used for managing the project					
15	The progress of the project implementation and project team work is frequently reported in project meetings					

16. Which is the main source of funding for implementation of your project?

Government ( ) Donors/ NGO's ( ) community contribution ( )

17. In case of breakdown who always meet the cost of operations and maintenances?

Government ( ) Donors/ NGO's ( ) Community contribution ( )

D. Community Participation

Kindly indicate the extent to which you agree with the following statements with regards to Community Participation, whereby Strongly Agree= SA, Agree = A, Neutral = N, Disagree = D and Strongly Disagree = SD.

	Practice	**SA**	**A**	**N**	**D**	**SD**
18	Community members participate in the conception, design and implementation of the KP projects					
19	Women are fairly represented in the management committees of the projects					
20	Committee representation in the projects is inclusive of all stakeholders.					
21	Community members are responsible and have the authority in operations activities of the project					
22	Community members make contributions in kind and cash towards operations and					

	maintenances of the project					

E. Capacity building

23. Have you been trained on KP programing?

Yes ( ) No ( )

24. If yes how many trainings have you received?

1 – 5 ( ) 6- 10 ( ) above 10 ( )

25. Were the trainings facilitated by trainers with technical background in KP programing?

Yes ( ) No ( )

26. To what extent has the trainings been useful in the carrying of your day to day activities at the project?

Very useful ( ) moderately useful ( ) Not at all useful ( )

27. In your own opinion how do you rate the adequacy of resources?

Satisfactorily adequate ( ) fairly adequate ( ) Not adequate

28. To what extent has supportive supervision been useful in the operations of the project?

Very useful ( ) moderately useful ( ) Not at all useful ( )

Recommendations

In your own opinion what recommendations would you propose in order to have optimal operation pf the project?

…….

……

Thank you

Appendix 3: Interview guide for the project and the county health staff and the county health management team.

A: Respondents Details

1. Position of the respondent.....
2. 1. Please indicate your gender Male ( ) Female ( )

B: Socio economic factors

1. In your own assessment what is the main source of income for the KP.
2. In your own opinion is cost sharing adequate to sustain the project?

C. Project Management Strategies

Kindly indicate the extent to which you agree with the following statements with regards to project management skills whereby Strongly Agree= SA, Agree = A, N = Neutral, Disagree = D and Strongly Disagree = SD.

	Practice	**SA**	**A**	**N**	**D**	**SD**
3	Projects goals and objectives are clear					
4	Functions, responsibilities and lines of authority of the project manager and government and project staff are properly defined.					
5	Project manager has the necessary knowledge and skills required for successful implementation of the projects					
6	Standard project management tools and techniques such as work plans and monitoring and evaluation plans are used for managing the project					
7	Implementation, operations and maintenances is frequently reported in project meetings					

D. Community Participation

8. To what extent do community members participate in the conception and design of the project?
9. How do community members participate in the implementation of the projects?
10. In your opinion, do you feel that your contributions influenced decisions made during conception, design and implementation of the projects?
11. Do community members make contributions in kind or cash for implementation and running of the project?
12. In your own assessment of how is women representation in the membership of community structures for management of the project?

E. Capacity building

13. Does the management do training needs assessment for all the stakeholders?

IF yes is the training informed by the assessment?

14. In your opinion, were the trainings carried out relevant towards enhancing the Capacity of the community members to run the project?
15. Who facilitated the training sessions and what were their qualifications?

Recommendations

What are your recommendations in improving sustainability of KP projects?

……

……

……

Thank you

Appendix 4: Informed Consent

I am Juliana Ndunge, a Masters student in the University of Nairobi. Am carrying out a research on the factors influencing the sustainability of HIV and Aids projects for the Key population a Nyeri County. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. Please you can ask me or give me a call wherever you come across a statement which you don't understand.

This research will involve self-administered questionnaires for the Key Population, and the community outreach workers. An interview guide will be used for both County and project staff and the CASCO who is the county representative of the KP projects at the county. Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, all the services you receive at this clinic will continue and nothing will change. You may change your mind later and stop participating even if you agreed earlier.

When you participate in this research there may not be any benefit for you but your participation is likely to help us find the answer to the research question. There may not be any benefit to the society at this stage of the research, but future generations are likely to benefit.

The information that we collect from this research project will be kept confidential. Information about you that will be collected during the research will be put away and no-one but the researchers will be able to see it. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except the researcher and the University Board.

This proposal has been reviewed and approved by the University Board which is a committee whose task it is to make sure that the researcher has adhered to all the research requirements. It has also been reviewed by the Ethics Review Committee which ensures that all the research participants are protected from harm.

Certificate of consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Participant's Personal number_____

Signature of Participant _____

Date _____Day/month/year

Appendix 5: Approval letter to conduct research at MT Kenya Hospital

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF NYERI

MT.KENYA HOSPITAL

Medical Officer In charge
Mt. Kenya Hospital
P.O Box 201
NYERI

To: Whom it may concern **Date:** 22nd April 2015

From: Medical Officer In charge

Mt. Kenya Sub County Hospital

Subject: Approval Letter for Juliana Ndunge to Conduct Research at Mt Kenya Hospital.

It is my understanding that Juliana Ndunge Waema a student of the University of Nairobi will be conducting a research study at Mt Kenya Hospital on factors affecting the implementation of integrated comprehensive health care services for the Key population projects.

Juliana has informed me of the design of the study as well as the targeted population. I support this effort and will provide any assistance necessary for the successful implementation of this study.

Thank you

MEDICAL OFFICER IN CHARGE
22 APR 2015
P. O. Box 102,
NYERI
MT. KENYA HOSPITAL

Dr. A. K. Wainaina
Medical Officer In-charge
Mt. Kenya Nyeri Sub County Hospital.
Phone no: 0726 582 866