

**ANALYZING THE IMPACT OF DONOR
TRANSITION ON PERFORMANCE,
SUSTAINABILITY AND SERVICE DELIVERY
FOR CIVIL SOCIETY ORGANIZATIONS IN
KENYA**



NEWTON ANG'WA OMALE

**MASTER OF PUBLIC POLICY AND
MANAGEMENT**

2025

**ANALYZING THE IMPACT OF DONOR TRANSITION ON PERFORMANCE,
SUSTAINABILITY AND SERVICE DELIVERY FOR CIVIL SOCIETY
ORGANIZATIONS IN KENYA**

**NEWTON ANG'WA OMALE
MPPM 147566**

**“Submitted in Partial Fulfillment of the Requirements for the Degree of Master of
Public Policy and Management at Strathmore University”.**



**“This thesis is available for Library use on the understanding that it is copyright
material and that no quotation from the thesis may be published without proper
acknowledgement”.**

DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, the dissertation contains no material previously published or written by another person except where due reference is made in the dissertation itself”.

© No part of this dissertation may be reproduced without the permission of the author and Strathmore University

Newton Ang’wa Omale

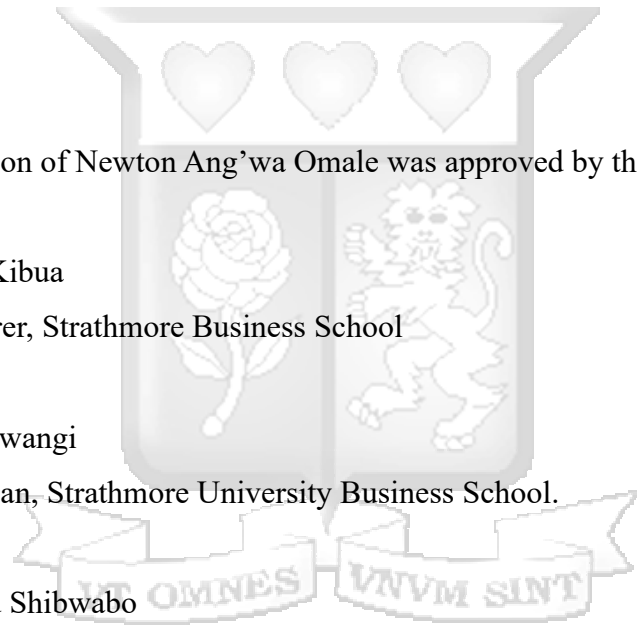
Approval

The dissertation of Newton Ang’wa Omale was approved by the following:

Dr. Thomas Kibua
Senior Lecturer, Strathmore Business School

Dr. Ceaser Mwangi
Executive Dean, Strathmore University Business School.

Prof. Bernard Shibwabo
Director, Office of Graduate Studies



ABSTRACT

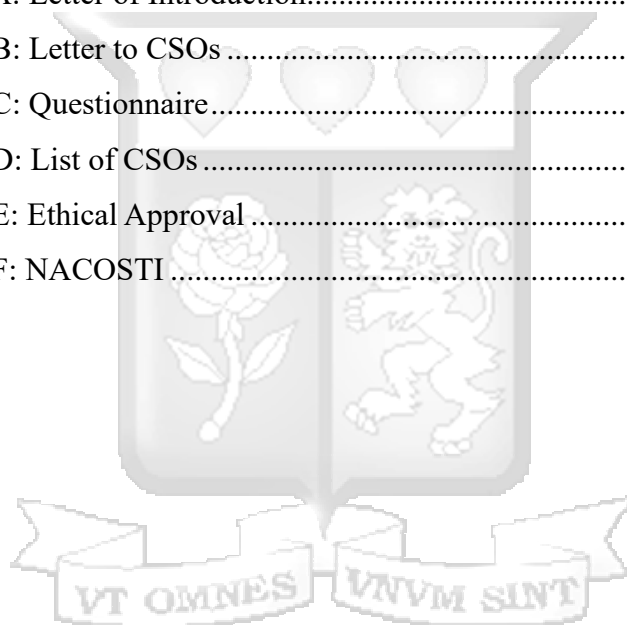
The objective of this study was to evaluate the impact of donor transition on performance, service delivery, and sustainability of Civil Society Organizations (CSOs) in Kenya. Donor transition has been defined as the exit, reduced funding or change in priorities for donor funding that is currently shaking the funding landscape, accelerated in the post-Trump era. My particular focus is the critical role CSOs play in delivering health services in combating HIV, TB, and malaria. The CSOs are often reliant on external donor funding from organizations such as The Global Fund, PEPFAR, USAID and GAVI in the health sector. As Kenya moves towards middle-income status, donor funding is gradually reducing, necessitating a shift towards increased domestic financing and local ownership, as well as private sector involvement—a process commonly referred to as donor transition. This evaluation was anchored in the Resource Dependence Theory, Institutional Theory, and Systems Theory. A post-positivist philosophy and a cross-sectional, descriptive and analytical design was adopted. Data from all 122 CSOs supported by The Global Fund through Amref Health Africa and the Kenya Red Cross Society in a census approach, with a response number of 104 achieved at the end. We used structured questionnaires to collect quantitative data from CSO contact persons, mainly managers, by sending an electronic version of the questionnaire by email. Data collected was analyzed for descriptive statistics, then using Multivariate Analysis of Variance (MANOVA) and multiple linear regression to explore the relationships and dependencies between variables. The findings were revealed that donor transition had a statistically significant impact on organizational performance ($p = 0.0001$, $R^2 = 13.42\%$) and service delivery ($p = 0.0002$, $R^2 = 13.08\%$). However, the relationship between donor transition and sustainability was not statistically significant ($p = 0.3014$, $R^2 = 1.05\%$). This finding indicated that long-term sustainability of CSOs is influenced by other factors like internal governance, leadership, and funding diversification. The study reinforces the fact that there are short-term operational disruptions caused by donor transitions on the organisations—such as staffing challenges, funding shortages, and service interruptions, but donor transition alone may not shape the long-term CSO sustainability, as there may be many other factors in play. The study concludes that effective transition planning must go beyond organisational and financial support to include capacity strengthening, policy engagement, and local ownership strategies as well as diversification of funding. It recommends the development of a national donor transition framework and a social contracting framework for CSO engagement by government. The study also calls for increased domestic investment and strategic partnerships to ensure uninterrupted health service delivery in the post-donor era for many CSOs that serve critical communities.

Table of Contents

LIST OF FIGURES	vii
LIST OF TABLES	viii
ABBREVIATIONS	ix
ACKNOWLEDGEMENT	xi
DEDICATION	xii
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study	1
1.1.1 Donor Transition	2
1.1.2 Civil Society Organization Outcomes	3
1.2 Statement of the Problem	4
1.3 Research Objectives	5
1.3.1 General Objective	5
1.3.2 Specific Objectives	5
1.4 Research Questions	5
1.5 Significance of the Study	5
1.6 Scope of the study	6
CHAPTER 2: LITERATURE REVIEW	7
2.1 Introduction	7
2.2 Theoretical Review	7
2.2.1 Resource Dependence Theory	7
2.2.2 Institutional Theory	8
2.2.3 Systems Theory	10
2.2.4 Theoretical Matrix	11
2.2.5 Summary of Theories	12
2.3 Empirical Literature Review	12
2.3.1 Donor Transition and CSO Performance	12
2.3.2 Donor Transition and CSO Service Delivery	14
2.3.3 Donor Transition and CSO Sustainability	17
2.4 Summary of Research Gaps	18
2.5 Conceptual Framework	19
2.6 Chapter Summary	23
CHAPTER 3: RESEARCH METHODOLOGY	24

3.1 Introduction	24
3.2 Research Philosophy	24
3.3 Research Design.....	25
3.4 Target Population	25
3.5 Sampling Technique.....	25
3.6 Data Collection Methods	26
3.7 Data Collection Procedure	26
3.8 Data Analysis	26
3.9 Research Quality	27
3.10 Research Ethics	28
CHAPTER FOUR: PRESENTATION OF RESEARCH FINDINGS	29
4.1 Introduction.....	29
4.2 Response Rate	29
4.3 General Information.....	29
4.4 Descriptive Summary.....	32
4.4.1 Donor Transition	32
4.4.2 CSO Performance Descriptive Summary.....	33
4.4.3 CSO Sustainability Descriptive Summary	34
4.4.4 CSO Service Delivery Descriptive Summary	35
4.5 Multivariate Analysis of Variance.....	36
4.6 Regression Analysis	37
4.7 Chapter Summary.....	38
CHAPTER FIVE: DISCUSSION, CONCLUSION AND	
RECOMMENDATIONS	39
5.1 Introduction.....	39
5.2 Summary of Study	39
5.3 Discussion	39
5.3.1 Donor Transition and Civil Society Organizations Performance.....	39
5.3.2 Donor Transition and Civil Society Organizations Service Delivery	39
5.3.3 Donor Transition and Civil Society Organizations Sustainability	40
5.4 Conclusion	41
5.4.1 Donor Transition and Civil Society Organizations Performance.....	41
5.4.2 Donor Transition and Civil Society Organizations Service Delivery	41

5.4.3 Donor Transition and Civil Society Organizations Sustainability	42
5.5 Study Contributions	42
5.6 Recommendations	42
5.6.1 To Policymakers and Government Agencies	42
5.6.2 Development Partners and Donors.....	42
5.6.3 Civil Society Organizations	42
5.7 Study Limitations.....	43
5.8 Suggested Areas for Further Research	43
LIST OF REFERENCES	44
APPENDICES	53
Appendix A: Letter of Introduction.....	53
Appendix B: Letter to CSOs	54
Appendix C: Questionnaire.....	55
Appendix D: List of CSOs	59
Appendix E: Ethical Approval	63
Appendix F: NACOSTI	64



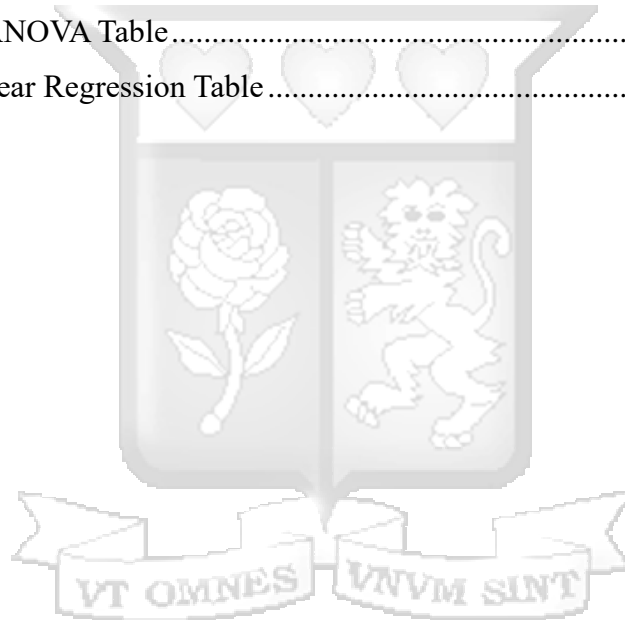
LIST OF FIGURES

Figure 1 Conceptual Framework..... 20



LIST OF TABLES

Table 2.1 Theoretical Matrix showing Relationships with the 3 Theories.....	11
Table 2.2 Operationalization of Variables	21
Table 4.1 General Information	30
Table 4.2 Donor Transition Descriptive Summary	32
Table 4.3 CSO Performance Descriptive Summary.....	33
Table 4.4 CSO Sustainability Descriptive Summary	34
Table 4.5 CSO Service Delivery Descriptive Summary	35
Table 4.6 MANOVA Table.....	36
Table 4.7 Linear Regression Table.....	37



ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome.
AMREF	African Medical and Research Foundation
ART	“Antiretroviral Treatment”
CDC	“Centre for Disease Control”
COMSA	Countrywide Mortality Surveillance for Action
CS	Central Support
CSOs	Civil Society Organizations
DHIS	District Health Information System
FBOs	Faith-Based Organizations
FGDs	Focus Group Discussion
GAVI	Gavi, the Vaccine Alliance
GFATM	The Global Fund for AIDS, TB and Malaria
GP	Geographic Prioritization
HepB	Hepatitis B
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HRHIS	Human resource for health information system
HTC	HIV Testing and Counseling
IDA	International Development Association
I-Tech	International Training and Education Centre for Health
JICA	Japan International Cooperation Agency
KIIs	Key informant interviews
MANOVA	Multivariate Analysis of Variance
MCH	Maternal and child health
MLR	Multiple Linear Regression
MOH	“Ministry of Health”
NACOSTI	“National Commission for Science, Technology, and Innovation”
NGOs	non-governmental organizations
NIP	National Immunization Program
OBA	Output Based Approach
OST	“Opioid Substitution Therapy”
PCV	Pneumococcal Vaccine

PEPFAR	“President's Emergency Plan for AIDS Relief”
RCC	Rolling Continuation Channel
RDT	Resource Dependence Theory
RH	Reproductive Health
RIC	Retention in care
RSSH	Resilient & Sustainable Systems for Health
SPSS	“Statistical package for the social sciences”
SU- ERC	“Strathmore University Ethics Review Committee”
TRA	Transition Readiness Assessments
UHC	Universal Health Care
UK	United Kingdom
US	United States



ACKNOWLEDGEMENT

I extend my deepest gratitude to all the people who supported my masters journey and more importantly, my dissertation progress.

To Dr Thomas Kibua, my supervisor, your invaluable guidance, support and constructive feedback throughout the research process has brought me this far.

I also wish to thank Dr. Bernadette Wanjala, Course Director, for her insightful advice and constant encouragement to rise above the rest to excel.

My sincere appreciation goes to the Civil Society Organizations (CSOs) that participated in this study for their readiness to self-administer the questionnaire and return them filled. I have no words to express my gratitude.

I am very grateful to the lecturers of Public Policy and Management at Strathmore University, whose dedication and expertise inspired my critical thinking during this academic journey.

To my classmates who became friends, thank you for your encouragement and camaraderie, we had very enjoyable discussions and moments!

Your collective support has been instrumental in the successful completion of this dissertation.

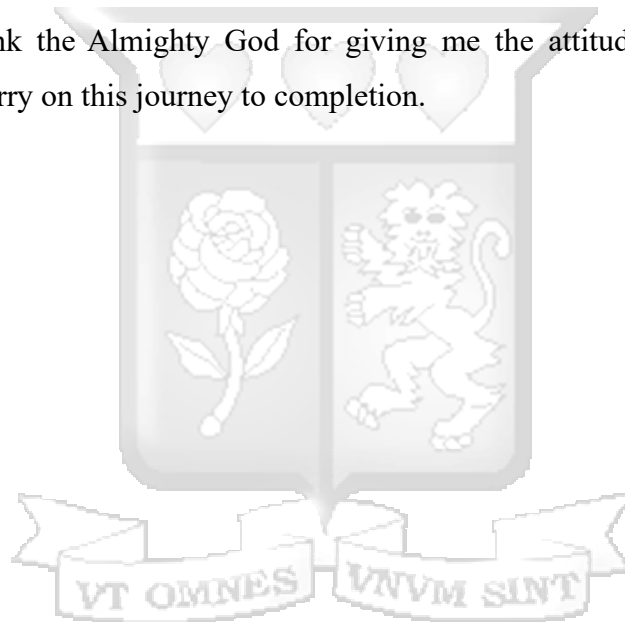
DEDICATION

I wish to dedicate this dissertation to my dear family who have loved me, supported me and sacrificed family time to see me through this journey. I extend my love and deepest gratitude to them.

To my parents, Mark & Beatrice, for instilling the value of education, perseverance, hard work and integrity.

I extend my deepest gratitude to my colleagues, mentors, and friends who have guided and supported me throughout this academic endeavor.

Lastly, I thank the Almighty God for giving me the attitude, strength, grace and wisdom to carry on this journey to completion.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

‘Civil Society Organizations’ (CSOs) continue to play a very important role in Kenya’s health, education, human rights, and development sectors. They are often supported by external donors such as The Global Fund, USAID, GAVI, PEPFAR and other bilateral and multilateral agencies. Over the past two decades, great progress has been made in service delivery and health outcomes due to donor-financed programs. However, recent trends in global health financing indicate a shift from donor dependency to increased domestic ownership and sustainability. This shift, commonly referred to as donor transition, involves the reduction, phasing out, complete withdrawal or change in focus of external financial and technical support to CSOs by donors.

While we acknowledge that donor transition is a necessary step toward sustainability and local ownership of health programs, it poses serious risks to the operational capacity of CSOs when the transition is not adequately planned. The effects can manifest immediately in disrupted service delivery coverage, job losses, compromised quality of care, weakened financial stability, and overall decline in organizational performance. These may reverse the gains made and disrupt the progress towards Universal Health Coverage (UHC) by 2030. In Kenya, the Global Fund supports CSOs in delivering malaria, TB and HIV services at the community level through a dual track mechanism where they receive funds through the non-state principle recipients AMREF and Kenya Red Cross Society. The implications of donor transition are particularly significant for CSOs if the Global Fund reduces funding, exits or changes its focus areas of prioritization for their resources.

The “performance, effectiveness and efficiencies of CSOs can transform an economy to an upwards trend with little ease” (Maingi, 2016). “Despite gradual increases in health budget allocations since devolution, Kenya still faces significant challenges in mobilizing and using available national resources to meet its development goals and improve its population’s well-being” (Health Policy Plus, 2021). This means that

CSOs remain a critical actor in providing health to the majority of Kenyans in terms of HIV, TB and Malaria. The performance and sustainability of CSOs will be a challenge in the wake of reduced funding, and this will affect service delivery.

1.1.1 Donor Transition

In Romania, the Global Fund transition resulted in disruption of service delivery geared towards harm reduction. This led to a spike in HIV prevalence from 1.1% in 2009 to 6.9% in 2012, and a sharp peak of 53% in 2013 due to inadequate state spending (Flanagan et al., 2018). The Ministry of Health (MOH) in Mexico was able to increase public spending by 89% thereby maintaining and exceeding global HIV targets (Flanagan et al., 2018). In India, the Avahan program transitioned from its donor, the Bill and Melinda Gates Foundation (BMGF) to the government in a timely and largely successful manner, indicating relatively high levels of pre-transition planning that resulted in program alignment, capacity building and effective communication. Program performance was not disrupted, as measured by key indicators, therefore the program was sustained (Bennet et al., 2015).

Chiliza et al. (2021) “assessment of retention in care (RIC) post PEPFAR in South Africa’s Western Cape Province” found a 12-month retention decline in the post-PEPFAR era. The results indicated that all NGO-supported clinics, RIC during PEPFAR experienced a 4.0 percentage point decrease from the PEPFAR direct service period. In Ghana, external donors previously accounted for 19% of total health spending, but this figure declined sharply to just 1% in 2022. This significant reduction in financial support raised concerns about the ability of health programs to maintain their reach and impact during the transition period (Mao et al., 2021). In Uganda, donor transition has been mixed. For instance, areas where the Saving Mothers Giving Life (SMGL) initiative operated, there were increases in facility births and in antenatal care attendance after the programme ended while HIV prevalence increased in some districts following the deprioritization of the PEPFAR programme (Zakumumpa et al., 2023).

Rodríguez et al. (2021) found evidence in Kenya that the transition caused decline in access and quality of care, training loss, and discontinuation of certain services. Similarly, Onyango et al. (2024) revealed notable declines in key indicators of performance associated to donor transition of the KfW supported OBA voucher

programme in Kenya. In another study, Paina et al. (2023) found that donor transition further exacerbated the reach of CSOs services for those in need while Qiu et al. (2021) was able to show that reduction in outreach support disrupted community-based HIV education, testing, peer support, and defaulter tracing. This foregoing evidence indicates both positive and negative implications of donor transition and this warrants further investigation on the relationship between donor transition and its outcomes.

1.1.2 Civil Society Organization Outcomes

There are different organizational outcomes used in the literature including performance, service delivery, and sustainability. In this study, these are referred to as CSO outcomes and were used as the study's dependent variables. Mailu and Kariuki (2022) explains that performance refers to an organization's ability to transform the firms' resources in an efficient as well as effective manner to attain organizational goals. Sustainability refers to capability of managers to maintain and retain a business over the long term built by the experiences of people who work and improve the organization (Gul & Morande, 2023). Service delivery refers to the extent to which the services provided by the listed sectors meet or exceed the expectation of the beneficiaries (Shittu, 2020).

In this study, performance, sustainability, and service delivery take unique description in the context of CSOs. **Performance** refers to the "degree of the achievement of objectives or the potentially possible accomplishment regarding the important characteristics of an organization for the relevant stakeholders". A multidimensional set of criteria is therefore used to specify performance (Ghalem et al., 2016). In the study, performance consisted of program output, revenue, expenditure, absorption rate, effectiveness, stakeholders, staff capacity, and service reach.

Service delivery implies that "user of the service is an inactive beneficiary who has the services delivered to them; it is about getting services as effectively and quickly as possible to the intended recipient" (Kathuri, 2014). In this study, service delivery was measured by coverage, any stock outs, any human resources for health (HRH) gaps, closure of access points, access constraints, service delivery gaps, service reach, and key populations reach.

Sustainability refers to the “capability of managers to maintain and retain a business over the long term; it is an ongoing process that is built by the experiences of people who work and improve the organization” (Gui & Morande, 2023). In this study, CSO sustainability was measured by their current donors, domestic resources, alternative funding, level of funding, staff retention, governance structures, future financing trends, integration of services, transition readiness, and contextual factors. Therefore, the study had three dependent variables namely performance, service delivery, and sustainability of NGOs.

1.2 Statement of the Problem

Notwithstanding the growing body of literature on donor transitions in low- and middle-income countries, several important knowledge gaps remain in the Kenyan context. These gaps justify the relevance and timeliness of this study.

Contextually, most existing studies on donor transition have been conducted in countries outside of Kenya or in regional analyses that do not reflect Kenya’s unique socio-political, economic, and institutional dynamics. There is limited empirical evidence that specifically explores how donor transition impacts CSOs, especially in the HIV, TB, and Malaria sub-sectors in Kenya.

Thematically, while prior research has focused on financial sustainability or donor exit strategies, few studies examine the combined effects of donor transition on three interrelated outcomes: organizational performance, service delivery, and sustainability. This study addresses the interlinkages among these critical dimensions. *Methodologically*, many donor transition studies rely heavily on qualitative approaches, such as case studies or policy reviews, without applying rigorous quantitative methods to assess statistical relationships and significance.

This study employs multivariate and regression analyses to quantitatively assess the extent to which donor transition affects key organizational outcomes.

Lastly, previous research often emphasizes donor or government viewpoints, with minimal input from CSOs who are directly affected by transition policies. This study captures first-hand insights from CSOs, ensuring the evidence reflects ground-level realities.

1.3 Research Objectives

The study objectives were as follows.

1.3.1 General Objective

To evaluate the impact of donor transition on the performance, service delivery, and sustainability of civil society organizations in Kenya.

1.3.2 Specific Objectives

- i. To evaluate the relationship between donor transition and the performance of CSOs in Kenya.
- ii. To determine the impact of donor transition on service delivery among CSOs in health in Kenya.
- iii. To assess how donor transition influences the sustainability of CSOs in health in Kenya.

1.4 Research Questions

- i. How does donor transition affect the performance of CSOs in Kenya?
- ii. What is the impact of donor transition on service delivery in CSOs?
- iii. In what ways does donor transition influence the sustainability of CSOs?

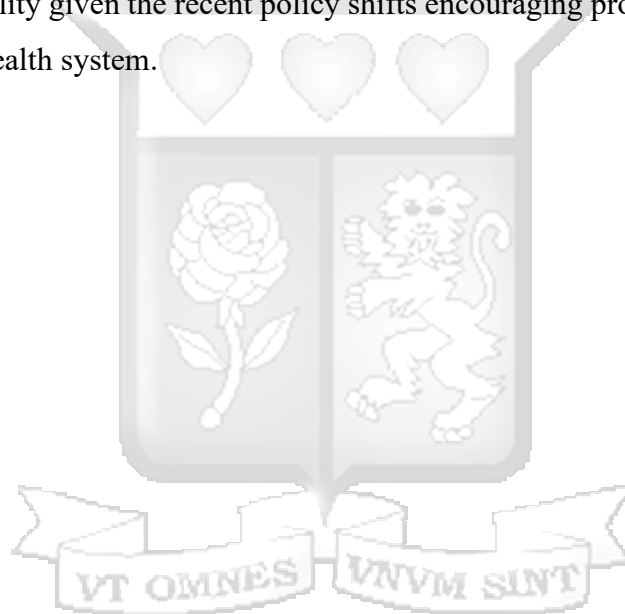
1.5 Significance of the Study

This will be of benefit to policy and decision makers as they are responsible for providing a regulative and legislative framework that will support NGOs in the climate of donor transition providing guidelines for implementing changes to institutions and organizations in the CSO sector.

Second, the study benefits CSO management to be able to identify the consequences of donor transition in their organization and recommends strategies and best practices for maintaining their performance, service delivery, and sustainability going forward. Third, there remain gaps in terms of the consequences of donor transition on the performance, service delivery, and sustainability of CSOs in Kenya and this is a knowledge and theoretical gap the study aims to fill by contributing empirical literature and implications for theories.

1.6 Scope of the study

The independent variable was donor transition while performance, service delivery, and sustainability as the dependent variables for the research. The research is anchored on Resource Dependence Theory (RDT), Institutional Theory, and Systems Theory. The scope of the study was CSOs implementing malaria, TB and HIV programs in the 47 counties in Kenya through Global Fund support. The selection of the 122 CSOs was justified by their easier accessibility via a contact list that I had prior; Also, the fact that they are experiencing donor transition by the Global Fund (such as funding reduction and change in program focus) and some experiences may not have been documented. Also, HIV, TB and malaria being vertically funded is a cause for concern for sustainability given the recent policy shifts encouraging programs to integrate into the general health system.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter introduces its theoretical framework providing the hypothesis, weakness, and rationale and relevance of each theory to this study. An empirical literature review is presented from a global, regional, and local perspective aligned to each research objective. The summary of the literature and emerging research gaps are presented in a table, and the conceptual framework is also presented in this chapter.

2.2 Theoretical Review

Understanding the effects of donor transition on CSOs requires grounding in relevant theoretical frameworks. This chapter discusses three theories that offer conceptual insights into how organizations adapt to changes in external support: Resource Dependence Theory, Institutional Theory, and Systems Theory.

2.2.1 Resource Dependence Theory

The Resource dependency theory (RDT) was advanced by Pfeffer and Salancik (1978). Its main hypothesis is that organizations are inherently resource-inefficient and therefore are dependent on its external donors who own resources and thus place their donor demands on the organization. The greater the dependent an organization has on its stakeholders for resources, the greater the demands placed on it become (Abouassi, 2012). The theory identifies “companies as open systems and depends on the contingencies of the external environment” (Pfeffer & Salancik, 1978).

RDT explains how reliance on donors by CSOs directly affect financial and power dependencies, limiting their autonomy as an organization. In Kenya, many health-focused CSOs are resource-insufficient entities which are dependent on financial, technical and material support from donors to better achieve their own objectives. This means CSOs are continuously dealing with changing demands and needs, and this destabilizes their ability to undertake their mandates and achieve goals and objectives.

Therefore, RDT is adopted in this research to demonstrate how the operations of health CSOs are under the influence of ongoing donor transitions, and this has an impact on their performance, service delivery and sustainability.

The RDT is limited in explaining the relationship between donor transition and CSO outcomes as it does not consider the external environments in which CSOs, and donors form their networks and ties. This external environment is important in this relationship and the RDT does not include power structures, power struggles, and economic pressures and their impact on these relationships. CSOs may have ties with actors controlling their resources but may also have other ties that can assist them to manipulate their environmental constraints. Despite its weaknesses, RDT remains a viable theoretical framework for this study.

Civil Society Organizations, especially in LMICs, rely heavily on donor funding to finance programs, build capacity, and deliver services. Donor transitions, therefore, represent a significant shift in the availability and control of critical resources. According to RDT, such transitions can disrupt performance and service delivery due to reduced financial flows, loss of technical support, and diminished strategic direction.

Implications: To reduce dependency and manage transitions effectively, CSOs must diversify funding sources, develop strategic alliances, and invest in income-generating activities. These adaptive strategies help re-balance power dynamics and enhance organizational resilience—key to sustaining operations post-donor exit.

2.2.2 Institutional Theory

This theory was advanced by DiMaggio and Powell (1983). It explains organizational phenomena, in relation to their dynamism to the environment in which they operate. Its main premise rests on the concept of institutional isomorphism, defined as a “mechanism where one organization went through some organizational transformation by initiating actions that are like other organizations in terms of procedure and outlook, but not in the outcome” (de Freitas & da Silveira, 2020). Institutional theory is the “belief that organisations sharing the same environment will employ similar practices and thus become ‘isomorphic’ with each other” (de Freitas & da Silveira, 2020).

DiMaggio and Powell (1983) presented three mechanisms, or forms of pressure, towards this kind of institutional isomorphism: coercive, mimetic and normative. Coercive isomorphism refers to the influence exerted by norms, laws, and government agencies on organizations (de Freitas & da Silveira, 2020). Mimetic isomorphism occurs when an organization imitates the actions of successful competitors in the market by creating a benchmark for organizational practices (de Freitas & da Silveira, 2020). Normative isomorphism are usually exercised by the parties interested in the organization, whether internal or external, aiming at full efficiency and professionalization (de Freitas & da Silveira, 2020).

Some criticisms have been levelled against institutional theory. One, institutional theory has been accused of being “inherently static” while the world of organizational politics, which it seeks to explain, is almost “inherently dynamic”. Institutional theories, therefore, are better at explaining differences among types of institutions than in explaining the development of one or another individual institution (Mohamed, 2017). Two, Mohamed (2017) criticized the theory because it was focused on effects completely ignoring the institutionalization process. Moreover, the new institutionalists focused on institutionalization only on macro-levels despite the fact that it also took place on macro levels

Institutional theory remains relevant for this study despite its weaknesses. In Kenya, coercive pressures are evident in the regulatory environment led by the NGO coordination board and the policy advisories or change in guidelines as advised by the Ministry of Health. Mimetic pressures are manifested in the best practices that CSOs borrow or adapt to their organization from others as a benchmark for their operations. Normative pressures emanate from the internal or external stakeholders among CSOs including their donors, beneficiaries, and staff. This means that any changes in the donor environment signals a shift in the normative pressures of CSOs. Therefore, Institutional theory highlights the need for CSOs to develop strong community engagement, accountability mechanisms, and alignment with national health systems to maintain relevance and continuity beyond donor influence.

2.2.3 Systems Theory

This theory was advanced by Von Bertalanffy (1968). It argues that individuals are not able to fully comprehend a phenomenon until they break it up into elementary parts and then reform it by applying a global vision to underline its functioning. Systems theory is an “interdisciplinary theory” about every system in nature, in society, and in many scientific domains as well as a framework with which we can investigate phenomena from a holistic approach” (Mele et al., 2010). A system can be understood at the “macro, micro, meso, and exo systems” (Crawford, 2020).

The microsystem represents a “pattern of activities, roles, and interpersonal relations experienced by a developing person with physical and material characteristics” (Crawford, 2020). The mesosystem is made up of linkage between the different microsystems in a person's life and these may work with (or against) each other (Crawford, 2020). The exosystem is made up of microsystems that interact with each other; “however, at least one of the microsystems cannot contain the person at the center of this system” (Crawford, 2020). The macro system is defined broadly as the overall culture and societal structure and it creates a pattern of interaction between and among the different micro-, meso-, and ecosystems (Crawford, 2020).

The theory has been criticized in two major fronts. One, it has been criticized for being too general. The theory does not take into considerations that organizations operate in, and this can be a source of the response to emerging issues in their environment. Thus, it lacks practical application for managers (Strauss, 2002). The theory has been criticized for lacking adequate operationalization of its variables which means it lacks empirical evidence that shows the predictive power of its variables (Alabintei-Ignis et al., 2022). Lastly, the theory has been accused of focusing too much on the external environment at the expense of the internal environment and forces in a system (Alabintei-Ignis et al., 2022).

In the context of donor transition, this is a macro system factor that disrupts the CSOs sector and its subsystems simultaneously at the meso (health CSOs), exosystem (funding policies and legislation), and microsystem (staff). Therefore, adopting a system perspective will allow CSOs to appreciate interdependence of organizational components and the importance of feedback loops in adapting to change. CSOs must

therefore take a holistic view, recognizing that disruption in one area (donor funding) can cascade into broader organizational dysfunction. CSOs that invest in systems thinking are therefore able to strengthen their internal coordination, feedback mechanisms, and strategic planning and will be better equipped to navigate donor exits.

In Kenya’s health sector, donor transition represents a macro-system disruption. It impacts not only the national-level funding architecture but also cascades down to the meso-level (CSOs), exo-level (development partners), and micro-level (health workers and communities).

2.2.4 Theoretical Matrix

The theoretical matrix shows how each theory addresses CSO capacity, performance, and sustainability in the context of donor transition.

Table 2.1 Theoretical Matrix showing Relationships with the 3 Theories

Dimension	RDT	Institutional Theory	Systems Theory
Performance	Performance of CSOs influenced by access to financial & technical resources e.g. job losses due to funding cuts	External expectations or policy directions affect CSOs e.g. a change in HIV guidelines by MoH	A donor exit at the national level (macro) will affect the day-to-day operations at the community level (micro), thereby affecting performance.
Sustainability	RDT sees the risks of high donor dependency and advocates for diversification and autonomy.	CSOs adapting to the UHC reforms are likely to be integrated and hence sustain	CSOs that are adaptable to internal and external environments, and able to integrate their systems will likely sustain.
Service Delivery	Service delivery depends on availability of	CSOs adapting MOH led service models to be able to provide services	Service delivery is part of a broader health

	donor inputs e.g. commodities, human resources.	e.g. the push to integrate into Primary Healthcare reforms.	system and is inter-dependent.
--	---	---	--------------------------------

2.2.5 Summary of Theories

The three theories provide a robust conceptual framework for understanding how donor transition affects CSOs in Kenya. RDT highlights financial and power dependencies; Institutional Theory explains shifts in legitimacy and organizational behavior; and Systems Theory captures the dynamic and interconnected nature of organizational adaptation. Collectively, these theories underscore the complexity of donor transition and the need for multifaceted strategies to safeguard performance, ensure service continuity, and promote long-term sustainability.

2.3 Empirical Literature Review

This chapter reviews empirical studies that have examined the consequences of donor transition on CSOs, focusing on performance, sustainability, and service delivery. The review identifies common findings, contextual variations, and research gaps relevant to the Kenyan setting.

2.3.1 Donor Transition and CSO Performance

McDonough and Rodríguez (2020) investigated donor strategies used in the past to support CSOs as accountability advocates across the international development sector by exploring what activities are supported, how support is provided and who receives support. A literature review of 4 databases of peer-reviewed literature, websites focused on civil society support and snowball searching identified 180 documents for review, after application of exclusion criteria, covering up to December 2019. The results revealed that donor transition was a threat to the operational and technical capacity of CSOs.

Huang et al. (2024) presented an innovation and practice report that examined five distinct health initiatives implemented in China and Georgia, each supported by international donors including the World Bank, UK Department for International

Development (DFID), GAVI and the Global Fund. These initiatives addressed the rural healthcare system enhancement and opioid substitution therapy. A critical barrier identified across the programs was the limited allocation of domestic funding for capacity-building, both during and post transition. Additionally, high personnel turnover, loss of skilled personnel, inadequate integration of external partners in the transfer of technical expertise were found to seriously undermine the operational effectiveness and performance of CSOs.

In Indonesia, Aji et al. (2022) explored stakeholders' roles in transitions to generate practical experiences of each actor and the sustainability of maternal and child health programme. The data was collected by conducting Focus Group Discussion (FGDs) and key informant interviews (KIIs) among selected actors. The five major findings included were: coordination and partnership challenges, stakeholder commitments, organizational capacity, collaborative culture among stakeholders, policies for maintaining institutionalization, and constraints to sustainable local financial support.

In Uganda, Zakumumpa et al. (2023) undertook qualitative research in Luuka and Bulambuli Districts that involved performing in-depth interviews with PEPFAR officials at national and sub-national levels, district health officers, and antiretroviral therapy (ART) clinic managers and facility in charges. The data analysis revealed that there were critical problems associated with transition from international to local NGOs, and that local NGOs were ill-equipped to carry on the functions. The respondents attributed this to existing CSO capacity issues that prevent many local NGOs from handling bigger projects.

In Ethiopia, Hailegebriel (2017) reported that local NGOs experienced declining program quality following a shift from foreign to domestic resource mobilization, with performance indicators falling short due to weak financial systems and limited strategic planning.

Okech et al. (2016) on the U.S. PEPFAR transition in Kenya found that the withdrawal of funding led to performance gaps in HIV program delivery, due to reduced technical support and staff attrition. Similarly, Biesma et al. (2009), examining donor transitions in health programs across five countries, observed that reductions in external funding

often resulted in poor performance due to lack of absorptive capacity among local institutions.

2.3.2 Donor Transition and CSO Service Delivery

Across numerous countries, CSOs and private healthcare providers are key contributors to the delivery of HIV services, particularly for the marginalized and high-risk groups. CSOs are especially vital in reaching vulnerable populations, offering essential services in HIV prevention including testing, counseling and support. Key populations are particularly at risk during a transition because services for key populations frequently lack political support and are complicated by punitive legal frameworks. A minimum acceptable level of service for key populations should be agreed between the donor and the institution leading the transition before the donor begins to exit. In several of the case studies below, the domestic government had long financed HIV treatment but was leaving prevention programming, particularly for key populations, to donors (STOPAIDS, 2015).

Using a scoping review, Huffstetler et al. (2022) did their research for published material from 1990 to 2018 from academic sources adopting the WHO ‘building blocks’ approach to structure and synthesize the analysis from 89 publications deemed relevant. Most studies examined donor transitions of the Global Fund and Gavi agencies. The factors associated with successful donor transition included pre-transition investments in logistics, finance, and technical capacity, planning and leadership. However, lack of these factors resulted in service disruptions, financial and human resource shortages, and product and supply stock outs.

In their research in Mexico, Flanagan et al. (2018) undertook an assessment on the ongoing and past donor transition finding that despite limited funding from the Global Fund and PEPFAR, the nation was able to meet the HIV treatment targets and those PLHIV getting treatment. Mexico was able to reach this target because of its commitment to provision of ARV treatment from 2003. However, the nation remains behind in terms of knowledge of HIV status (64%) and those receiving viral suppression (75%). The success was associated with leadership in their national HIV program and history of social contracting which witnessed a smooth transition from CSOs to the national government.

In China, Shroff et al. (2024) did a document review of the transition of donors, the processes and effects of the transition. His analysis included coverage objectives, sustainability of the organizations after transition had occurred, and the pre-post comparison of data. CSOs were encouraged by the Global Fund through the country dialogue process to play a role in decision-making around HIV policy. This was fundamentally at odds with the government's view of them as service providers with little agency of their own. HIV testing and treatment rates were sustained and even increased post-transition. However several CSOs were wound up after the Global Fund's exit and China's HIV programme faced challenges in accessing the most vulnerable and hard-to-reach groups.

In Uganda, Wilhelm (2019) assessed 226 health facilities following donor transition using a survey to collect data on motivation, incentives, and time-allocation from 479 respondents. The assessment also used secondary data before (2013-2017) and after (2015-2017) transition from the District Health Information System (DHIS) 2 and human resource for health information system (HRHIS) respectively. Indicators in service utilization were not different between maintenance and transition. There was greater declining supervision in private not-for-profit facilities, and this was also reported in terms of HIV testing and counseling (HTC), reduced time on HIV care, and discontinued outreach.

In a follow up study, Zakumumpa et al. (2023), carried out a qualitative case study in two districts of Eastern Uganda (Luuka and Bulambuli) that experienced changes in PEPFAR funding priorities. The research involved key informant interviews with PEPFAR representatives at both national and local levels, district health officials and health facility managers, a total of about 8 participants. There was a general finding that funding shifts led to significant disruptions in follow up efforts to support patient adherence and maintain viral suppression. There was a noticeable rise in missed appointments, and retention in care declined due to reduced outreach activities such as reminder calls and home visits.

In a later study, Ssegujja et al. (2023) assessed maternal and child health (MCH) services provision following post-transition of the USAID between 2012 and 2021 by using qualitative methods. The research site was in Rwenzori sub-region in mid-western Uganda that was selected purposively to include 36 participants from different

levels of government, donor representatives and community members. Much of the programme was maintained post-transition. The positive outcome was associated with the adoption of a phased implementation method that integrated other successor grants, co-financing with the government, inclusion of midwives into public payroll, salary harmonization, continued utilization of infrastructure such as newborn intensive care units, and sustained support for MCH services through PEPFAR even after the transition.

In Kenya, Rodríguez et al. (2021) undertook mixed method research on HIV and non-HIV service delivery in Central Support (CS) facilities using quantitative data from 230 facility data supported by FGDs and interviews at national and county government level. The results showed that there was early announcement of the transition but there was less consultation with actors at the county level despite recent devolution. The transition caused decline in access and quality of care, training loss, and discontinuation of certain services, laboratory testing disruptions, and inadequate financial rewards for health workers. Yet, service coverage was not adversely affected but clinician strikes post-transition were likely confounders.

In Kenya, Ojal et al. (2019) evaluated the cost-effectiveness of continued pneumococcal vaccine (PCV) in Kilifi County by undertaking an anticipated disease incidence and associated mortality for either continuation or discontinuation of Gavi support. The costs per disability-adjusted life-year (DALY) were calculated and revealed that donor discontinuation would result in an increase in disease incidence while continued DAH would prevent diseases and deaths within the study period. Donor transition would require an additional annual US\$15.8 million compared with discontinuing vaccination. The results provided support for expansion of the budget for PCV.

In Kenya, Awino et al (201 (Awino J.O, 2019) evaluated the influence of staffing on service delivery for donor-funded projects in Nyeri county. The study revealed that many staff members lacked the necessary skills to effectively deliver projects and limited. capacity of staff seriously impacted service delivery.

2.3.3 Donor Transition and CSO Sustainability

In the European and Asian regions, Gotsadze et al. (2019) did an investigation into the challenges experienced after a transition period in health systems of ten nations from 2015 to 2017. The systematic data was for social and economic indicators while qualitative data was gathered from 264 stakeholders. The study revealed that restrictive laws limit both the capacity and willingness of governments to allocate public funding or engage CSOs in delivering services targeted at key populations (KPs). Such legislation creates significant obstacles to accessing essential services, which in turn hampers efforts to sustainably transfer responsibility for certain preventive programs. These challenges highlight gaps in implementing social contracting mechanisms.

Shroff et al. (2024) conducted a comparative study by examining donor transition experiences in four countries – China, Georgia, Sri Lanka, and Uganda. They identified 16 key factors influencing the continued delivery of services after donor withdrawal. These factors spanned across policy actors, policy processes, the design of donor-supported programs, and the wider political and economic landscape. The findings from the nine distinct initiatives across these nations indicate that sustained coverage following transition was more likely when favorable economic and political conditions aligned with strong governance, financing mechanisms, resource management, service delivery systems, and well-structured transition planning.

In Sri Lanka, Bharali et al. (2020) study aimed to understand preferences of in-country stakeholders for potential policy options to manage donor transitions by conducting a discrete choice experiment with attributes and levels developed from 17 qualitative interviews. The data was collected from 61 respondents consisting of government agencies, NGOs, donor agencies, and other sectors and analyzed by Hierarchical Bayes model. The results indicated that NGO stakeholders preferred not to take loans after transition from donor aid thereby indicating their positive perceptions towards their sustainability.

In Nigeria, Ogbuabor et al. (2023) did interviews and a document analysis of the HIV response financial sustainability with national and regional stakeholders and analyzed this information thematically. The findings revealed low level of funding from the government compounded by weak participation of government officials in releasing

funds increased the chances for CSOs sustainability. However, there was a chance for local funding from the HIV trust and philanthropy from the private sector suggesting the possibility for CSO sustainability.

In Namibia, Lishoni (2023) analyzed the impact of reduced funding on sustainability of the projects carried out by NGOs in Namibia using a descriptive research design in a population of 233 NGOs which are part of the Network of AIDS Service Organizations (NANASO) network. Multistage sampling was used to select the 144 respondents from each of the sampled NGOs. The revealed that reduced donor funding has a negative impact on project sustainability as it impacts on adequacy of resources needed for the project and on the attainment of objectives as there will be limited financial resources.

In Ghana, Mao et al. (2021) conducted a qualitative study to explore the main challenges and potential benefits the country may encounter during the transition from donor aid. The research involved semi-structured interviews with 18 key stakeholders representing government bodies, donor organizations and civil society groups. Participants from the CSOs highlighted several potential advantages of the transition process, such as greater autonomy, improved efficiency, stronger reliance on domestic funding sources, and enhanced capacity for local resource mobilization.

In their 2023 study, Paina et al. conducted a power dynamics assessment related to donor transition in East Africa, with specific focus on geographic prioritization (GP) in Kenya and Uganda. Applying Gaventa's power cube framework, the research compared how power was exercised and distributed across both contexts. The study utilized qualitative methods to evaluate the effects of the GP in the two countries. Findings indicated that while CSOs had the capacity to advocate for vulnerable populations and push for accountability from both PEPFAR and government institutions, their influence was limited by opaque decision-making processes and restricted access to policy spaces.

2.4 Summary of Research Gaps

Across contexts, donor transition poses significant risks to CSO performance and service delivery, particularly where financial and institutional capacities are weak.

Sustainability outcomes vary widely, often depending on the extent of transition preparedness, organizational maturity, and domestic resource mobilization strategies. The empirical literature thus highlights the critical need for structured, phased transitions, aligned with national systems and local ownership frameworks.

2.5 Conceptual Framework

The ‘conceptual framework’ is used to illustrate the existence of association between Donor Transition (independent variable) and the three key outcome variables: Performance, Service Delivery, and Sustainability of CSOs. This framework is informed by the theoretical foundations (RDT, Institutional Theory, Systems Theory) and grounded in empirical evidence reviewed in Chapter 2. It is designed to guide the investigation into how donor transition affects the operations of Civil Society Organizations (CSOs) in Kenya.

Donor Transition refers to the process through which external donor agencies reduce, phase out, or withdraw financial and technical support to CSOs. It includes both planned transitions (phased, supported) and abrupt exits. In this study, donor transition was measured by funding reduction, donor exit notice, and program focus.

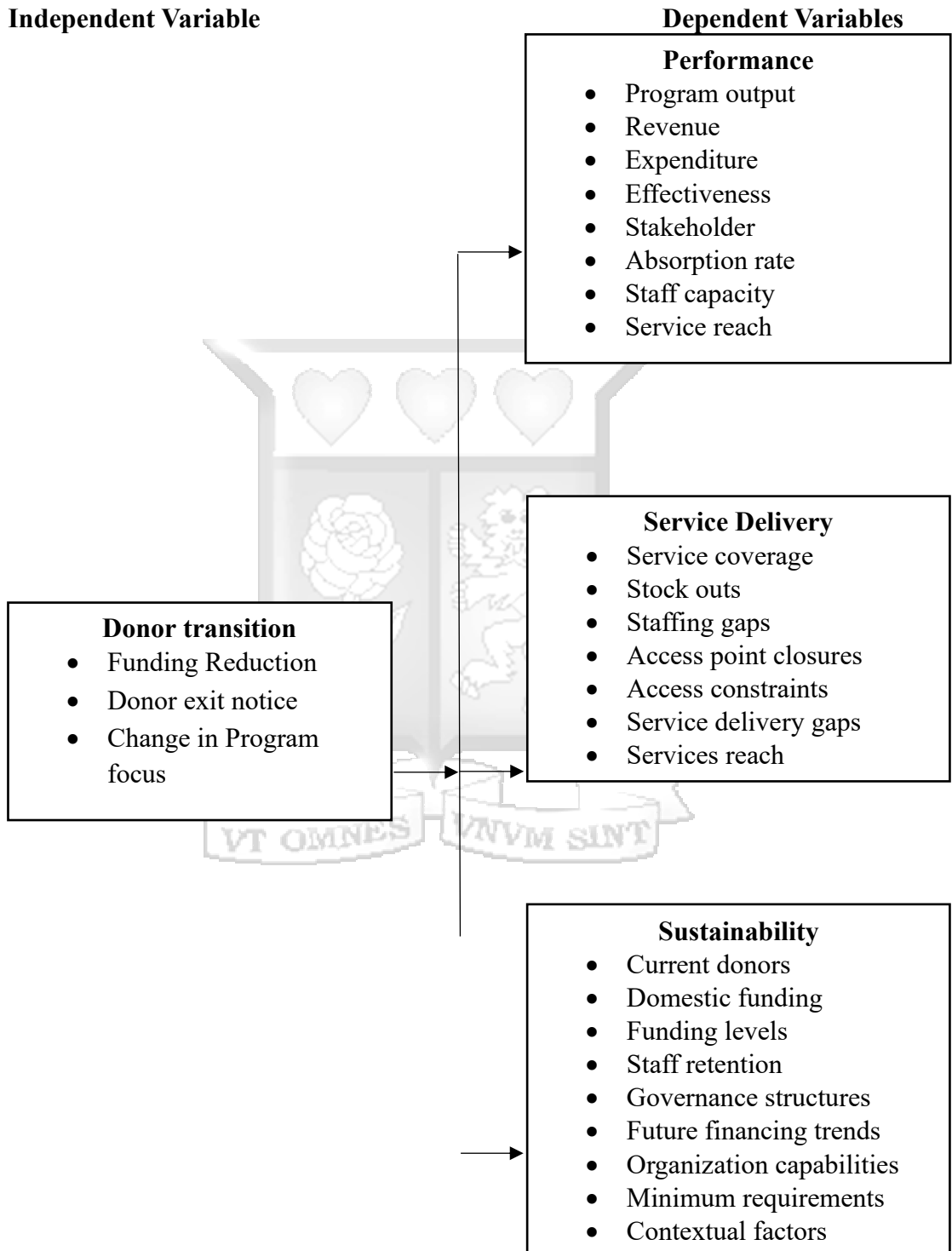
Performance refers to the “degree of the achievement of objectives or the potentially possible accomplishment regarding the important characteristics of an organization for the relevant stakeholders” (Ghalem et al., 2016). In the study, CSOs performance was measured by program output, revenue, expenditure, absorption rate, program effectiveness, stakeholders, staff capacity, performance of indicators, service reach.

Service delivery refers to the “extent to which the services provided by the listed sectors meet or exceed the expectation of the beneficiaries” (Shittu, 2020). In this study, service delivery was measured by coverage, any stock outs, any human resources for health (HRH) gaps, closure of access points, access constraints, service delivery gaps, service reach, and key populations reach.

Sustainability refers to the “capability of managers to maintain and retain a business over the long term; it is an ongoing process that is built by the experiences of people who work and improve the organization” (Gui & Morande, 2023). In this study, CSO sustainability was measured by their current donors, domestic resources, alternative

funding, level of funding, staff retention, governance structures, future financing trends, integration of services, transition readiness, and contextual factors.

Figure 2.1 Conceptual Framework



Source: Researcher (2025)

Table 2.2 Operationalization of Variables

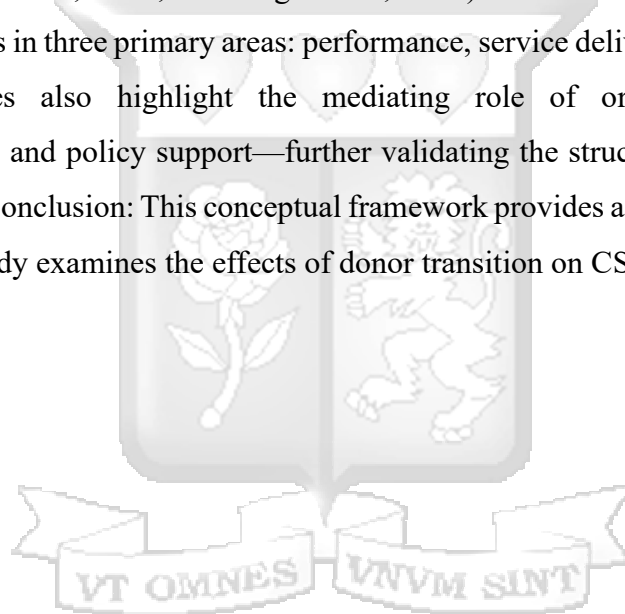
Variable Name	Conceptual Definition	Operational Definition	Measurement Indicators	Source
Donor Transition	Process through which external donors reduce, withdraw support, or change focus of their grants	Assessed based on scale, speed, and type of transition experienced by the CSO	Funding Reduction Donor exit notice Program focus	Rodríguez et al. (2021); Chiliza et al., (2021).
Performance	The ability of a CSO to achieve goals effectively and efficiently	Evaluated through program outcomes, staff retention, and goal achievement	Program output Revenue Expenditure Effectiveness Stakeholder Absorption rate Staff capacity Service reach	Chiliza et al. (2021); Zakumumpa et al. (2023)
Service Delivery	Provision of services (reach, quality, and timeliness to beneficiaries)	Measured by number of services offered, client satisfaction, and service continuity	Service coverage Stock outs Staffing gaps Access point closures Access constraints Service delivery gaps Services reach	Huffstetler et al. (2022); Schroff et al. (2021); Wilhelm (2019)
Sustainability	CSO's ability to continue operations and impact post-donor support	Assessed through financial, programmatic, and institutional sustainability indicators	Current donors Domestic funding Funding levels Staff retention Governance structures Future financing trends	Bharali et al. (2021); Lishoni (2023); Ogbuabor et al. (2023)

			Organization capabilities Minimum requirements Contextual factors	
--	--	--	---	--



2.6 Chapter Summary

The study introduces its theoretical framework that includes the RDT that is adapted to explain how donor transition impacts CSO performance and service delivery by altering access to critical financial and technical resources. The Institutional Theory is adapted as it clarifies how legitimacy and alignment with external actors shift post-transition, affecting sustainability and service continuity while systems theory appreciates the interconnectedness nature of performance, service delivery, and sustainability, emphasizing that a disruption in donor funding affects the entire CSO ecosystem. The empirical studies from Kenya and similar contexts (Githinji et al., 2020; Musau et al., 2021; Kavanagh et al., 2019) have shown that donor transition impacts CSOs in three primary areas: performance, service delivery, and sustainability. These studies also highlight the mediating role of organizational capacity, preparedness, and policy support—further validating the structure of this conceptual framework. Conclusion: This conceptual framework provides a structured lens through which the study examines the effects of donor transition on CSOs in Kenya.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methods used in assessing the impact of donor transition on civil society organizations (CSOs) performance, service delivery and sustainability in Kenya. It covers the research philosophy, research design, census approach, data collection, analysis and ethical considerations.

3.2 Research Philosophy

This study adopts a post-positivist research philosophy, which is a critical revolution of the traditional positivist paradigm. “While positivists assert that reality is objective, measurable and observable, post-positivism acknowledges the limitations of human observation and subjectivity in interpreting reality” (Tripathi et al., 2024). Within the post-positivist theory, the ontological perspective recognizes that reality is complex and may be interpreted in various ways depending on individuals. The epistemological stance emphasizes the development and validation of knowledge through a combination of empirical evidence and theoretical reasoning. The axiological standpoint upholds ethical standards that underpin research, ensuring protection of human dignity for its participants (Tripathi et al., 2024).

Therefore, the study adopted this philosophy given the nature of the research problem, - understanding the effects of donor transition on the performance, service delivery and sustainability of CSOs. This is a complex and interrelated problem which is also heavily influenced by external factors (political, economic, social) that are varied. A post positive approach allows use of quantitative methods like questionnaires but acknowledges their limitations and contextual factors. This also gives room for acknowledgement of the role of bias, measurement error and human perceptions that may influence outcomes.

The post-positivist approach is also consistent with the empirical literature above that used structured data to evaluate the impact of donor transitions but also incorporated contextual factors and stakeholder perspectives. Therefore, this approach is well suited

for this study as its realistic and cautious and aligns to the study objectives, the complexity of investigating this research problem, and the evolving literature on donor transitions.

3.3 Research Design

The study employed a cross-sectional descriptive and analytical design. This allowed for capturing a snapshot of how donor transition affects organizational performance, service delivery, and sustainability among CSOs. The design combined quantitative data collection and analysis to provide statistically robust findings.

3.4 Target Population

The target population refers to a specific subset or segment within the larger population that is the primary focus of a study or intervention and it represents a narrower group of individuals who possess specific characteristics or meet certain criteria (Willie, 20230). Therefore, the study targeted all 122 civil society organizations that are supported by the Global Fund through AMREF and Kenya Red Cross Society (KRCS). These CSOs implement HIV, TB, and Malaria programs across all 47 counties in Kenya. The unit of analysis were the CSOs while the units of observation were a member of management staff in each of the 122 CSOs.

3.5 Sampling Technique

The study adopted a census approach, meaning all 122 eligible CSOs were included. This eliminated the need for sampling and allowed for comprehensive analysis of the population of interest. Singh and Masaku (2014) recommend for researchers to use the entire population as the sample. Cost considerations may make a census illogical for large populations, but is more attractive for small populations of 200 or less. A census involves the complete enumeration of every individual within the target population, resulting in sample size that is equal to the population size. This approach eliminates sampling error, as data are gathered from the entire population rather than a subset of the population.

3.6 Data Collection Methods

Data was collected using a structured questionnaire designed to capture quantitative data on donor transition, performance, service delivery, and sustainability. Structured questionnaire is a “document that consists of a set of standardized questions with a fixed scheme, which specifies the exact wording and order of the questions, for gathering information from respondents” (Taherdoost, 2022).

Section one highlighted background information and this consisted of close-ended questions. Sections 2-5 consisted of yes and no response for the variable items: donor transition (3 items); performance (9 items); sustainability (10 items), and service delivery (8 items).

3.7 Data Collection Procedure

A quantitative approach to data collection was adopted. The method involves quantitative data collection and analysis techniques. The researcher then designed a Google form and this was sent to the contact officers for the respective organizations to facilitate a member of management staff to respond to the questionnaire. The structured format was used to design the instrument (Appendix 2), and this allowed respondents to select predefined responses. Reminders were thus made to the respondents to complete the survey and this was done at the end of each week until 104 respondents were reached.

3.8 Data Analysis

The data underwent thorough cleaning to identify and correct any errors, then coded and entered into the “Statistical package for Social Sciences” (SPSS) Statistics version 26 for analysis. Descriptive statistical analysis was performed first, and these consisted of frequency and count distributions to summarize the background and general information on respondents and organizations sampled.

The next phase was to measure the association between donor transition and CSO performance, sustainability and service delivery. Multivariate Analysis of Variance (MANOVA) was used to assess the overall effect of donor transition on performance, service delivery, and sustainability. MANOVA is one of the methods of variance

analysis in which the researcher can enter several dependent variables into the analysis. It is used to examine the difference between group means with multiple conditions and where there are several dependent variables (Warne, 2014). Thus, MANOVA was used to measure effects of donor transition on each of the three outcome variables.

Thereafter, multiple linear regression analysis was performed to determine the effect of the independent variable on the dependent variables at the 95% confidence interval. The findings were presented in tables, charts, and interpreted using p-values and R-squared statistics.

3.9 Research Quality

The research quality of the study was improved by confirming that the data collection instrument and protocol was valid and reliable. Therefore, this section covered the validity, reliability, and piloting.

Validity “refers to how well the results among the study participants represent true findings among similar individuals outside the study” (Kaya, 2015). Its major forms of internal and external validity. Internal validity is established when differences and/or changes in a dependent variable can be credited to differences and/or changes in an independent variable rather than being caused by other exogenous or endogenous factors. On the other hand, “external validity refers to the extent to which the results of a study are generalizable to the sample and the population it is purported to represent” (Kaya, 2015).

To determine its internal validity, the study used statistical significance threshold of 0.05 to confirm the confidence level of its findings. On the other hand, external validity was addressed by delineating inclusion and exclusion criteria by describing participants and assessing generalizability. Therefore, only CSOs s funded under AMREF Kenya and KRCS were included as units of analysis and only managers in the respective organizations were included as the units of observation given their expertise on funding practices.

Reliability refers to the “consistency of the results obtained when the measuring instrument is applied to the same sample group at different times” (Sürücü & Maslakçı, 2020). To determine its reliability, the test-retest method was used. Test–

retest reliability refers to “a measure of the consistency of scores (or the minimisation of error) obtained from an individual when a test is administered multiple times” (Smithies et al., 2023).

Piloting means to “conduct a research on small scale to know about the future of the study. This study tells us that either to conduct the research or not”. (Ullah et al., 2023). It is also defined as “the process of pre-testing of the research instrument such as questionnaire, tests, and interview schedule”. The sample size for a pilot study is recommended as 10 to 20 members of the population (Ullah et al., 2023). Therefore, 10 members of the sample size were selected randomly and included in the pilot study where the questionnaire was administered twice to the same respondents after a duration of one week between the first and second test.

3.10 Research Ethics

In fulfilling ethical principles of research, ethical approval (Appendix 5) was obtained from the “Strathmore University Institutional Ethics Review Committee” (SU-IERC). Thereafter, a research license (Appendix 6) was obtained from the “National Commission for Science, Technology and Innovation” (NACOSTI). During the administration of the questionnaire, an informed consent sheet that guarantee the voluntary, anonymity, free from harm, confidentiality, and privacy principles of ethical research for respondents was attached to the instrument. additionally, an introduction letter (Appendix II) from Strathmore University was attached to the questionnaire.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

This chapter provides the presentation and analysis of the findings which are presented in tables supported by interpretations. The subsections include the response rate, the general information section, descriptive statistics, correlation analysis, linear regression analysis section and a chapter summary.

4.2 Response Rate

There were 122 questionnaires administered from which 104 returned successfully and these were filled, and therefore met the minimum standards for data analysis. This indicated a response rate of 85.2%.

4.3 General Information

Table 4.1 presents the general background information for the study respondents.

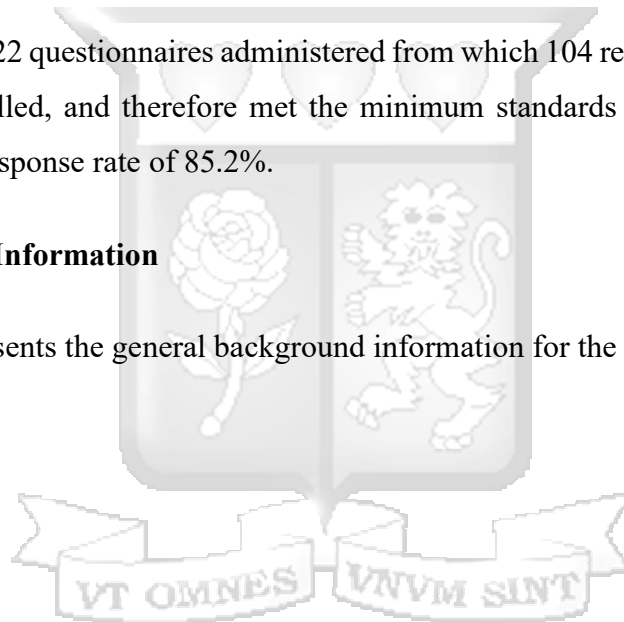


Table 4.1 General Information

Categories	n=104 (%)
Highest educational attainment	
Diploma	5 (4.8%)
Postgraduate degree	35 (33.7%)
Undergraduate Degree	62 (59.6%)
Vocational training	2 (1.9%)
Educational qualification	
Medical Laboratory Science	15 (14.4%)
Clinical officer	6 (5.7%)
Doctor	14 (13.5%)
Finance & Economics	20 (19.2%)
Human Resource	5 (4.8%)
Nutritionist	6 (5.8%)
Leadership and management	8 (7.7%)
Project Management	13 (12.5%)
Public health	12 (11.5%)
Psychiatrist	5 (4.8%)
Designation	
Chief executive officers	46 (44.2%)
Director	13 (12.5%)
M&E Officer	5 (4.8%)
Program Manager	40 (38.5%)
Work experience	
1-2 years	5 (4.8%)
2-5 years	11 (10.6%)
5-7 years	13 (12.5%)
Less than one year	7 (6.7%)
More than 7 years	68 (65.4%)
Type of CSO	
Community-based organization	39 (37.5%)
Faith based organization	19 (18.3%)
International NGO	6 (5.8%)

Categories	n=104 (%)
Local NGO	35 (33.7%)
PLHIV Network	3 (2.9%)
Private Company	2 (1.9%)
Health problem your organization focuses on	N=104 (%)
All the above	12 (11.5%)
Curative and preventive health	6 (5.8%)
HIV, TB and Malaria	3 (2.9%)
HIV/AIDS	58 (55.8%)
Malaria	3 (2.9%)
Tuberculosis (TB)	22 (21.2%)

Majority of the respondents (59.6%) had an undergraduate degree, followed by 33.75 with postgraduate degree, with diploma and vocational training at 4.8% and 1.8% respectively.

In terms of their educational qualifications, majority of the respondents (19.2%) had an educational background of finance and economics, respondents had a Bachelor of Science in Medical Laboratory Science and these represented 14.4% with those doctors and dentists representing 5.8% respectively. Those with CPA 1 and clinical officers represented 3.8% of the sample. There were more chief executive officers in the sample and this represented 44.2% followed by program managers (24.0%), program officer (14.4%), and directors (11.5%).

More than half of respondents had more than 7 years of experience and these accounted for 65.4% followed by medical laboratory science (14.4%), doctors (13.5%), and project management (12.5%). Public Health background were 11.5% and the rest had below 10%.

Majority of the respondents (44.2%) were designated Chief executive Officers, followed closely by Program Managers (38.5%). Directors were 12.5% while Monitoring and Evaluation Officers were 4.8%.

Majority of the respondents (65.4%) had more than 7 years experience. Those with 5-7 years experience were 12.5%, and 2-5 years were 10.6%. The rest (4.8%) had worked for under 2 years.

Most of the CSOs (37.5%) were CBOs, followed by local NGOS at 33.7% and FBOs at 18.3%. 55.8% of the CSOs were working in the HIV sector with 21.2% working in TB, while 11.5% were working with all the health interventions listed. There were those in curative and preventive health were only 5.8% while those working with HIV, TB and Malaria accounted for 2.9%.

4.4 Descriptive Summary

This section focuses on summarizing the data in form of multiple response function where the defined variable sets for each variable were tabulated in terms of the yes responses. Therefore, for each variable, the yes responses are highlighted.

4.4.1 Donor Transition

Table 4.2 Donor Transition Descriptive Summary

Items	n=104 (%)
A reduced budget will affect the organizations activities in future	96 (92.3%)
The organization expects to receive a donor exit notice soon	97 (93.3%)
Donors shift from community-level services to focus on core and activities the organization undertakes	78 (75.0%)

The findings show that a majority of the respondents (92.3%) agreed that reduced budgets would affect their organization activities in the future. 93.3% of the respondents that agreed CSOs were expecting a donor exit notice in the future while 75.0% of respondents agreed that donors were shifting from community-level services to focus on core activities that the organization undertakes.

4.4.2 CSO Performance Descriptive Summary

Table 4.3 CSO Performance Descriptive Summary

Items	n=104 (%)
The organization's program output has declined due to donor transition	77 (74.0%)
The organization's revenue has declined due to donor transition trends	78 (75.0%)
The organization's expenditure has declined from donor transition trends	82 (78.8%)
The absorption rate of the organization is under threat from donor transition	72 (69.2%)
The program effectiveness is under threat from ongoing donor transition	86 (82.7%)
The number and quality of stakeholders has been threatened by donor transition	86 (82.7%)
The staff capacity has been compromised due to donor transition	82 (78.8%)
The organization's performance indicators have declined due to donor transition	80 (76.9%)
The organization's service reach has declined due to donor transition	80 (76.9%)

The findings indicate that 82.7% of the respondents agreed that the number and quality of stakeholders has been threatened by donor transition, with a similar number agreeing that the program effectiveness is under threat from ongoing donor transitions. The findings show that 78.8% of the respondents agreed that staff capacity has been compromised due to donor transition, with a similar number agreeing that the organization expenditure is on a decline due to reduced funding. The findings also revealed that 76.9% of the respondents agreed that organization's performance indicators and service reach had declined due to donor transition policies. The

respondents agreed that the organizational revenue (75.0%), output (74.0%) and absorption (69.2%) had all declined due to donor transition policies.

4.4.3 CSO Sustainability Descriptive Summary

The findings in Table 4.4 show the responses on organizational sustainability in CSOs vis-à-vis donor transition.

Table 4.4 CSO Sustainability Descriptive Summary

Items	n=104 (%)
The status of current donors is under threat from ongoing donor transition	74 (71.2%)
The organization will have access to domestic resources post-donor transition	40 (38.5%)
The organization has ability for alternative funding post donor-transition	84 (80.8%)
The organization's level of funding is under threat from donor transition	81 (77.9%)
The organization will struggle in retaining staff under donor transition	87 (83.7%)
The organization's governance structures will suffer post-donor transition	63 (60.6%)
The organization will be adaptable to future financing post donor-transition	84 (80.8%)
The organization has capabilities to integrate its services post-donor transition	84 (80.8%)
The organization will be able to achieve the required minimum requirements for donor transition readiness	82 (78.8%)
The contextual factors are favorable for the organization to be successful post-donor transition	33 (31.7%)

The findings revealed that 83.7% of respondents agreed that organizations will struggle in its retention of staff in the ongoing donor transition. 80.8% of respondents agreed the organization can source alternative funding post donor-transition. The same

80.8% of respondents agreed that the organization will be able to adapt to future financing trends post donor-transition. Another 80.8% of respondents agreed that the organization has the capabilities to integrate its services post-donor transition.

There were 78.8% of respondents who were optimistic that the organization will be able to achieve the required minimum requirements for donor transition readiness. 77.9% of respondents agreed the organization’s level of funding is under threat from ongoing donor transition. There were 60.6% respondents who agreed the organization’s governance structures will suffer post-donor transition. However, the findings revealed that 38.5% of the respondents were optimistic that the organization will have access to domestic resources post-donor transition. Based on respondent opinions, 31.7% of respondents agreed that contextual factors are favorable for the organization to be successful post-donor transition.

4.4.4 CSO Service Delivery Descriptive Summary

The CSO service delivery descriptive summary is presented in table 4.5 below.

Table 4.5 CSO Service Delivery Descriptive Summary

Items	n=104 (%)
The organization has experienced stock outs under donor transition climate	66 (63.5%)
The organization has experienced gaps in its human resources for health due to ongoing donor transition	67 (64.4%)
The organization had to close access points due to donor transition	81 (77.9%)
The organization has experienced access constraints for its beneficiaries due to threats of donor transition	58 (55.8%)
The organization has service delivery gaps due to donor transition	83 (79.8%)
The organization’s service reach is compromised due to donor transitions	83 (79.8%)
The organization’s reach to key population is threatened by donor transition	62 (59.6%)
The organization’s service coverage has suffered under donor transition	83 (79.8%)

The findings summarized in Table 4.4 show that 79.8% of respondents agreed that organization’s service reach was compromised due to donor transitions. A similar number of respondents felt the organization had experienced service delivery gaps due to donor transition, and that organization’s service coverage had suffered under donor transition.

There were 77.9% respondents that agreed that the organization had to close service delivery points due to donor transition. There were 64.6% that experiencing gaps in its HRH due to ongoing donor transition. The findings revealed that 63.5% of organizations had experienced stock-outs under donor transition climate. 59.6% of respondents agreed that the organization’s reach to key populations is threatened by donor transition. 55.8% of the respondents agreed that the organization has experienced access constraints for its beneficiaries due to threats of donor transition.

4.5 Multivariate Analysis of Variance

A “Multivariate Analysis of Variance” (MANOVA) was conducted to test whether donor transition had a statistically significant effect on three dependent variables: CSO performance, service delivery, and sustainability.

Table 4.6 MANOVA Table

Dependent variable	Observations (n)	R-squared	F-statistic	p-value
Performance	104	0.1342	15.81	0.0001
Service Delivery	104	0.1308	15.34	0.0002
Sustainability	104	0.0105	1.08	0.3014

Table 4.6 shows donor transition had a significant effect on both performance ($p = 0.0001$) and service delivery ($p = 0.0002$), accounting for approximately 13.4% and 13.1% of the variance, respectively. However, donor transition did not significantly affect sustainability ($p = 0.3014$), with only 1.1% of the variance explained. The R-squared value of 1.05% indicates that other factors likely contribute to more to the long-term sustainability of CSOs.

4.6 Regression Analysis

The multiple linear regression analysis gives a detailed impact of how donor transition affects performance, service delivery and sustainability for CSOs. A “multiple linear regression analysis” was conducted to assess the strength and direction of the relationship between donor transition and each outcome variable individually. The regression model was specified as follows:

$$Y_i = B_0 + B_1X + e$$

Where:

Y_i represents the dependent variables (Performance, Sustainability, Service Delivery)

X represents Donor Transition (the independent variable),

B₀ is the intercept (constant),

B₁ is the coefficient for **Donor Transition**, indicating the effect of donor transition on the outcome variables,

e represents the error term.

Table 4.7 Linear Regression Table

Dependent Variable	Coefficients	Std Error	t-value	p-value	95% Confidence Interval	
					Lower	Upper
Performance	1.61**	0.405	3.980	0.000	0.81	2.4
Service Delivery	1.64**	0.418	3.920	0.000	0.81	2.5
Sustainability	0.29	0.280	1.040	0.301	-0.26	0.9

** p<.05

The model explained approximately 13.4% and 13.1% of the variance in performance and service delivery, respectively, but only 1.1% in sustainability. Constant term is also significant ($\beta = 0.72$, $p < 0.01$), highlighting that even without the independent variables, donor transition remains influenced by other unaccounted factors. The effect of donor transition on three outcomes: performance, sustainability, and service delivery. The analysis revealed that donor transition had a “positive and statistically significant effect” on performance ($\beta = 1.61$, $p < 0.001$) and service delivery ($\beta = 1.64$, $p < 0.001$) of CSOs. A unit increase in donor transition challenges was associated with

a 1.61-point increase in performance scores and a 1.64-point increase in service delivery scores.

However, the effect of donor transition on sustainability was not significant ($\beta = 0.29$, $p = 0.301$), suggesting that other factors may play a more critical role in determining sustainability outcomes beyond donor transition alone. Constant term is also significant ($\beta = 0.72$, $p < 0.01$), highlighting that even without the independent variables, donor transition remains influenced by other unaccounted factors. Overall, while donor transitions appear to influence immediate organizational performance and service delivery, they have less of an effect on sustainability, highlighting the need for additional factors – such as internal governance, diversified funding, or policy support – to support the long-term viability of CSOs.

4.7 Chapter Summary

This study employed both MANOVA and multiple linear regression to investigate how donor transition influences the performance, sustainability, and service delivery outcomes of CSOs operating in Kenya's health sector. The results offer nuanced insights into the differential effects of donor transition across the three domains. These findings reveal that while donor transition creates measurable shifts in how CSOs perform and deliver services, it does not significantly alter their long-term sustainability. Moreover, the statistically significant findings for performance and service delivery reflect transitional challenges such as reduced operational funding, staffing losses, and service interruptions that are common when external support phases out. These insights highlight a key implication: support mechanisms beyond funding—such as technical assistance, leadership development, and domestic advocacy—are essential to cushion CSOs during transition periods.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of key findings, draws conclusions based on the analysis, and provides actionable recommendations to improve the sustainability, performance, and service delivery of CSOs in the context of donor transition.

5.2 Summary of Study

This study aimed to assess how donor transition influences the performance, sustainability and service delivery of CSOs operating in the 47 counties in Kenya and receiving support through the Global Fund mechanism. Specifically, it focused on evaluating the effects on CSO performance, examining implications for their sustainability, and analyzing any effects on service delivery. The research was guided by resource dependency theory, institutional theory and systems theory.

The study was guided by a post-positivist research philosophy and employed a descriptive cross-sectional design. The target population comprised 122 CSOS, with senior managers from each serving as units of observation. Given the manageable size and accessibility of the population, a census approach was used to eliminate sampling error and any potential bias. Data collection was done using a structured questionnaire, which was pretested through a pilot phase prior to full deployment. The results indicated that although donor transition leads to observable changes in CSO performance and service delivery, it has minimal impact on their long-term sustainability.

5.3 Discussion

5.3.1 Donor Transition and Civil Society Organizations Performance

5.3.2 Donor Transition and Civil Society Organizations Service Delivery

The output showed donor transition significantly impacted CSOs service delivery positively. Other studies have confirmed a positive outcome of service delivery post-transition. For example, Wilhelm (2019) found that indicators in service utilization

were not different between maintenance and post-transition. In Uganda, Ssegujja et al. (2023) found that despite donor transition in MCH, there were positive service delivery outcomes. This was associated with its phased implementation that included other successor grants, co-financing with the government, absorption of health workforce (midwives) into the payroll, salary harmonization, and continued use of infrastructure.

The evidence from the four countries study indicated concluded that having a “favorable economic and political context together with elements of governance, financing, input management, service delivery arrangements, and transition processes was associated with sustained service delivery coverage post-transition” (Shroff et al., 2024).

The finding does not corroborate previous research that has found a negative effect of service delivery among CSOs post-transition. For instance, using a SLR, Huffstetler et al. (2022) found the lack of or poor pre-transition investments in logistics, finance, and technical capacity; planning and leadership resulted in service disruptions, financial and human resource shortages, and product and supply stockouts.

In China, donor exit culminated in some “CSOs stopping their service delivery due to challenges faced in accessing the most vulnerable and hard-to-reach groups” (Shroff et al., 2024). Gotsadze et al. (2019) found that “punitive legislation-imposed access barriers to services and this was associated to difficulties in achieving sustainable handover of certain preventive services post-transition”. In Kenya, Rodríguez et al. (2021) revealed that early announcement of donor transition resulted in discontinuation of laboratory testing services.

5.3.3 Donor Transition and Civil Society Organizations Sustainability

The findings indicated that donor transition effect on sustainability was not statistically significant. This implies that there was no relationship between donor transition and sustainability of CSOs. The findings disagreed with previous studies that have shown that donor transition had a negative effect on sustainability of CSOs. For instance, such evidence comes from Namibia where Lishoni (2023) established that reduced funding had a negative impact on project sustainability.

In Ghana, Ogbuabor et al. (2023) reported there was a low level of government funding for the HIV response following donor transition compounded by weak engagement of state officials and this unpredictability and untimely release of budgeted funds posed a risk of sustainability. In Uganda, Ssegujja et al. (2023) revealed that “despite capacity building and support provided to CSOs during donor transition, the community referral systems which initiated during donor support faced sustainability challenges post-transition”.

Despite ongoing donor transition, some CSOs that have managed to remain sustainable, and the finding also goes against these previous studies. For example, Sri Lanka, Bharali et al. (2020) results indicated that NGO stakeholders preferred not to take loans after transition from donor aid thereby indicating their positive perceptions towards their sustainability. In India Oberth and Whiteside (2016) highlight the Avahan Project that was able to remain sustainable post-transition from the Bill and Melinda Gates Foundation between 2009 and 2013. The project was set up with a vision to hand over to government from the outset, which may have contributed to its sustainability.

5.4 Conclusion

5.4.1 Donor Transition and Civil Society Organizations Performance

The first objective aimed to determine the relationship between donor transition and CSO performance. From the findings, a “positive and statistically significant effect” of donor transition on performance of CSOs was established. Therefore, it is the study’s conclusion that donor transition has a positive effect on performance of CSOs.

5.4.2 Donor Transition and Civil Society Organizations Service Delivery

The second objective aimed to determine the existence of a relationship between donor transition and CSO performance. From the findings, a “positive and statistically significant effect” of donor transition on CSOs service delivery was established. Therefore, it is the study’s conclusion that donor transition has a positive effect on CSOs service delivery.

5.4.3 Donor Transition and Civil Society Organizations Sustainability

The third objective aimed to determine the existence of a relationship between donor transition and CSO sustainability. From the findings, a positive and statistically insignificant effect of donor transition on sustainability of CSOs was established. Therefore, it is the study's conclusion that no relationship exists between donor transition and CSOs sustainability.

5.5 Study Contributions

A gap exists between transition planning and CSO preparedness. Many organizations are not adequately capacitated to absorb financial and operational risks during donor withdrawal. There is an urgent need for national and subnational governments to step in as donors phase out, to safeguard health service continuity for vulnerable populations.

5.6 Recommendations

The study makes the following recommendations based on its findings.

5.6.1 To Policymakers and Government Agencies

There is a need for policy and government agencies to develop a national donor transition policy framework that outlines roles, timelines, and support mechanisms for CSOs. In addition, there is a need for an increase in domestic health financing to gradually replace donor investments and ensure uninterrupted services.

5.6.2 Development Partners and Donors

There is a need for development and health actors to integrate transition planning into the program cycle from the onset of funding relationships. Secondly, there is a need for development and health actors to provide capacity-building support to CSOs in governance, financial management, and resource mobilization ahead of transition.

5.6.3 Civil Society Organizations

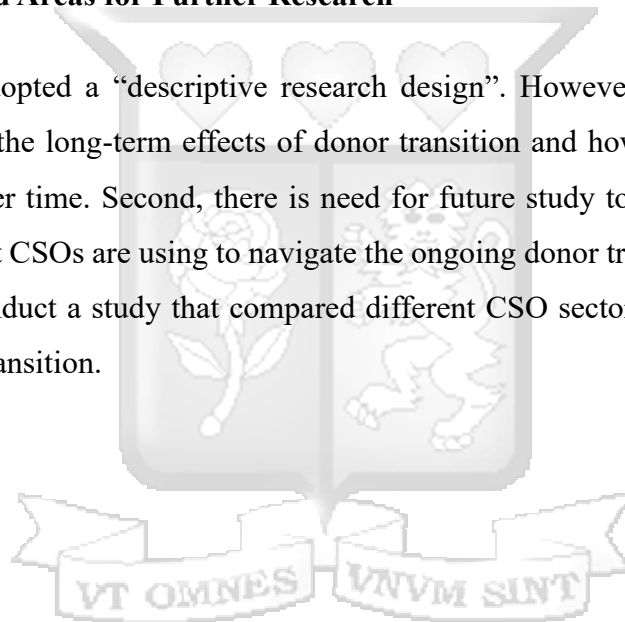
There is a need for CSOs to diversify funding sources by exploring local philanthropy, social enterprise models, and private sector partnerships. Secondly, there is a need for CSOs to strengthen internal systems, including strategic planning, monitoring and evaluation, and board governance.

5.7 Study Limitations

The inability to acquire financial or secondary data meant the study was limited to self-reported data that is vulnerable to bias as respondents at this point are relying on their ability to recall and this may hamper the internal validity of the findings. Second, the cross-sectional research design limited the extent to which the study could account for the dynamic nature of donor transition. Third, the study was limited in terms of accounting for other confounding factors that may affect performance, service delivery, and sustainability of CSOs including their corporate governance and employee factors.

5.8 Suggested Areas for Further Research

The study adopted a “descriptive research design”. However, a longitudinal study could assess the long-term effects of donor transition and how it has affected CSOs outcomes over time. Second, there is need for future study to examine the response strategies that CSOs are using to navigate the ongoing donor transition. Third, there is a need to conduct a study that compared different CSO sectors and their experience with donor transition.



REFERENCES

- Abaha, T., & Warue, B. N. (2021). Factors Affecting Leadership in Service Delivery among Civil Society Organizations in South Sudan: A Case Study of Imehejek County of Torit State. *The University Journal*, 3(2), 127-148.
- Abouassi, K. (2012). Hands in the Pockets of Mercurial Donors: How Three Theories Explain NGO Responses to Shifting Funding Priorities. *Nonprofit and Voluntary Sector Quarterly*, 42(3), 584–602.
- Aji, B., Anandari, D., Soetikno, H., & Sumawan, H. (2022). Sustaining maternal and child health programs when donor funding ends: A case study of stakeholder involvement in Indonesia. *Health planning and management*, 37(4), 2049-2062.
- Alabintei-Ignis, E. I., Ikpo, M. N., & Inko, T. A. (2022). Critics Of Open System Theory. *BW Academic Journal*, 10(3), 58-63.
- Asenahabi, B. M. (2019). Basics of Research Design: A Guide to selecting appropriate research design *International Journal of Contemporary Applied Research*, 6(5), 76-98.
- Asige, M. L., Omuse, O. D., & Echukule, L. J. (2022). Civil Society Organizations: A Panacea for National Cohesion and Integration in Kenya. *Academic Journal of Current Research*, 9(9), 46-57.
- Barney, J. (1991). Firm Resources and Sustained Competitive Advantage. *Journal of Management*, 17(1), 99 – 120.
- Bennett, S., Rodriguez, D., Ozawa, S., Singh, K., Bohren, M., Chhabra, V., & Singh, S. (2015). Management practices to support donor transition: lessons from Avahan, the India AIDS Initiative. *BMC Health Services Research*, 15(232), 1-11.
- Bharali, I., Mao, W., Huffstetler, H., Hoole, A., Perera, P., & Ogbuoji, O. (2020). Perspectives on transitions away from donor assistance for health: discrete choices experiment in Sri Lanka. *The Lancet Global Health*, 8(25), doi:10.1016/S2214-109X (20)30166-2
- Biesma, R. G., Brugha, R., Harmer, A., Walsh, A., Spicer, N., & Walt, G. (2009). The effects of global health initiatives on country health systems: A review of the

- evidence from HIV/AIDS control. *Health Policy and Planning*, 24(4), 239–252. <https://doi.org/10.1093/heapol/czp025>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Thousand Oaks, CA: Sage Publications.
- Brinkerhoff, D. W., & Morgan, P. J. (2010). Capacity and capacity development: Coping with complexity. *Public Administration and Development*, 30(1), 2–10.
- Bukenya, B., & Hickey, S. (2014). NGOization and the logic of government responsiveness: The case of a reproductive health NGO in Uganda. *IDS Bulletin*, 45(5), 81–91.
- Chikovani, I., Soselia, G., Huang, A., Uchaneishvili, M., Zhao, Y., Cao, C., Lyu, M., Tang, K., & Gotsadze, G. (2024). Adapting national data systems for donor transition: comparative analysis of experience from Georgia and China. *Health Policy and Planning*, 39(1), 9–20. doi.org/10.1093/heapol/czad098
- Chiliza, J., Laing, R., Feeley, F. G., & Borba, C. P. C. (2021). Program sustainability post PEPFAR direct service support in the Western Cape, South Africa. *PLoS ONE*, 16(5): e0251230. <https://doi.org/10.1371/journal.pone.0251230>
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education* (8th ed.). London: Routledge.
- de Freitas, V. B., & da Silveira, M. A. P. (2021). Institutional Theory and the Isomorphic Pressures in the Search for Knowledge: A Study in an APL of Goiás – Brazil. *International Journal of Advanced Engineering Research and Science*, 8(1), 113-126.
- d'Orey, J., Anna, M., & Prizzon, A. (2019). *Exit from aid: An analysis of donor experiences*. London: Overseas Development Institute.
- Flanagan, K., Rees, H., Huffstetler, H., McDade, K. K., Yamey, G., Gonzalez, D., & Hecht, R. (2018). *Donor transitions from HIV programs: What is the impact on vulnerable populations?* Retrieved from https://centerforpolicyimpact.org/wp-content/uploads/sites/18/2018/12/Donor-Transitions-from-HIV-Report_Final.pdf
- Gathingu, T., Wasike, S., & Mote, P. (2022). Competitive Strategies and Performance of Selected NonGovernmental Organizations in Nairobi County, Kenya. *International Journal Of Innovative Research & Development*, 11(5), 13-33.
- Ghalem, Â., Okar, C., Chroqui, R., & El Alami, S. (2016). Performance: A concept to define! *Logistica*, 1-13. DOI: 10.13140/RG.2.2.24800.28165

- Gilbert, K., Tenni, B., & Lê, G. (2019). Sustainable Transition from Donor Grant Financing: What Could It Look Like? *Asia Pacific Journal of Public Health*, 31(6), 485-498. doi:[10.1177/1010539519870656](https://doi.org/10.1177/1010539519870656)
- Githinji, M., Wamai, R. G., & Mwaura-Tenambergen, W. (2020). Impact of donor exit on health service delivery by local NGOs in Kenya: A qualitative case study. *African Journal of Health Systems*, 5(1), 20–35.
- Gotsadze, G., Chikovani, I., Sulaberidze, L., Gotsadze, T., Gogvadze, K., & Nertila Tavavxhi, N. (2019). The Challenges of Transition from Donor-Funded Programs: Results from a Theory-Driven Multi-Country Comparative Case Study of Programs in Eastern Europe and Central Asia Supported by the Global Fund. *Global Health: Science and Practice*, 7(9), 258-272. doi.org/10.9745/GHSP-D-18-00425
- Granovetter M (1973). The Strength of Weak Ties. *The American Journal of Sociology*, 78(6), 1360-1380.
- Grin, J., Rotmans, J., & Schot, J. (2010). *Transitions to sustainable development: New directions in the study of long-term transformative change*. New York: Routledge.
- Gul, K., & Morande, S. (2023). Factors Influencing Sustainability of Non-Governmental Organizations in the developing world. *SEISENSE Business Review*, 3(1), 1-21.
- Gul, K., & Morande, S. (2023). Factors Influencing Sustainability of Non-Governmental Organizations in the developing world. *SEISENSE Business Review*, 3(1), 1-21. <https://doi.org/10.33215/sbr.v3i1.885>.
- Hailegebriel, D. (2017). Sustainability challenges of local NGOs after donor withdrawal: Evidence from Ethiopia. *Journal of African Development Studies*, 9(2), 40–55.
- Health Policy Plus (2021). *Is Kenya Allocating Enough Funds for Healthcare? Findings and Recommendations from National and County Budget Analyses*. Washington, DC: Health Policy Plus.
- Hirschman, A. O. (1970). *Exit, voice, and loyalty: Responses to decline in firms, organizations, and states*. Cambridge, MA: Harvard University Press.
- Holling, C. S. (1973). Resilience and stability of ecological systems. *Annual Review of Ecology and Systematics*, 4(1), 1–23. <https://doi.org/10.1146/annurev.es.04.110173.000245>

- Huang, A., Cao, C., Zhao, Y., Soselia, G., Uchaneishvili, M., Chikovani, I., Gotsadze, G., Lyu, M., & Tang, K. (2024). Innovation and Practice Report External technical assistance and its contribution to donor transition and long-term sustainability: experience from China and Georgia. *Health Policy and Planning*, 39, 137–144. DOI: <https://doi.org/10.1093/heapol/czad088>
- John, A. C. (2015). Reliability and Validity: A Sine Qua Non for Fair Assessment of Undergraduate Technical and Vocational Education Projects in Nigerian Universities, *Journal of Education and Practice*, 6(34), 68-75.
- Johnson, B., & Christensen, L. (2014). *Educational Research: Quantitative, Qualitative, and Mixed Approaches* (5th ed.). London: SAGE Publications.
- Junjie, M., & Yingxin, M. (2022). The Discussions of Positivism and Interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 4(1), 10-14.
- Kairu, A., Orangi, S., Mbuthia, B., Ondera, J., Ravishankar, N., & Barasa, E. (2021). Examining health facility financing in Kenya in the context of devolution. *BMC Health Services Research*, 21(1086), 2-13. doi.org/10.1186/s12913-021-07123-7
- Kathuri, W. (2014). *Effects Of Organizational Systems on Service Delivery in Civil Organizations in Marsabit County*. Unpublished research project. United States International University. Nairobi. Kenya.
- Kavanagh, M. M., Erondy, N. A., Tomori, O., Dzau, V. J., Okiro, E. A., Maleche, A., & Gostin, L. O. (2019). Access to lifesaving medical resources for African countries: COVID-19 testing and response, ethics, and politics. *The Lancet*, 395(10238), 1735–1738.
- Kaya, C. (2015). Internal validity: A must in research designs. *Educational Research and Reviews*, 10(2), 111-118.
- Kazadi M. (2015). *Evaluation of Transitioning an HIV Response to Local Ownership in Four Countries*. Baltimore, MD: Catholic Relief Services
- Lincetto, O., Mothebesoane-Anoh, S., Gomez, P., & Munjanja, S. (2021). Donor transition in Sub-Saharan Africa: Sustaining health gains. *Health Policy and Planning*, 36(3), 312–321. <https://doi.org/10.1093/heapol/czaa180>
- Lishoni, B, W. (2023). *An Analysis of The Impact of Reduced Donor Funding on Sustainability of Namibia Network of Aids Service Organizations (NANASO)*. Unpublished Thesis. The University of Namibia. Lusaka. Namibia.

- Mailu, R. M., Kariuki, P. (2022). Influence of strategic leadership on performance in non governmental organizations in Nairobi County. *International Academic Journal of Human Resource and Business Administration*, 4(1), 386-407.
- Maingi, M. M. (2016). *Role And Impact of Civil Society on Kenya's Development Agenda*. Unpublished research project. University of Nairobi. Nairobi. Kenya.
- Mao, W., McDade, K. K., Huffstetler, H. E., Dodoo, J., Abankwah, D. N. Y., Coleman, N., Riviere, J., Zhang, J., Nonvignon, J., Bharali, I., Shashika Bandara, S., Ogbuoji, O., & Yamey, G. (2021). Transitioning from donor aid for health: perspectives of national stakeholders in Ghana. *BMJ Global Health*, 6, 1-9. doi:10.1136/bmjgh-2020-003896
- Masolo, V. A. (2024). Grant Management Strategies and Project Performance of Non-Governmental Organizations in Nairobi City County – Kenya. *International Journals Of Academics & Research*, 6(2), 84-95.
- McDade, K. K., Schäferhoff, M., Ogbuoji, O., Bharali, I., Dixit, S, Mao, W., Bandara, S., & Yamey G. (2020). *Transitioning away from donor funding for health: a cross-cutting examination of donor approaches to transition*. Durham: Duke Global Health Institute.
- McDonough, A., & Rodríguez, D. C. (2020). How donors support civil society as government accountability advocates: a review of strategies and implications for transition of donor funding in global health. *Globalization and Health*, 16(110), 2-18. <https://doi.org/10.1186/s12992-020-00628-6>
- Mohajan, H. K. (2017). Two Criteria for Good Measurements in Research: Validity and Reliability, *Annals of Spiru Haret University*, 17(3), 58-82.
- Mohamed, I. A. H. (2017). Some Issues In The Institutional Theory: A Critical Analysis *International Journal Of Scientific & Technology Research*, 6(9), 150-156.
- Momos, L. (2024). Influence of Strategy Implementation Practice on Organizational Performance of Ngos in Nairobi County. *Journal Of Multidisciplinary Research And Development*, 1(2), 108-124.
- Mudezeri, S. (2015). *Nongovernmental Organizations' Transition from Donor Funding to Self-Sustenance: A Case of Lifeline Namibia*. Unpublished research report. University of the Witwatersrand.

- Mukherjee, J. S., Barry, D., Weatherby, N., & Adhikari, M. (2020). The challenge of sustainability in health care: Lessons from Ghana. *Global Health: Science and Practice*, 8(4), 635–644. <https://doi.org/10.9745/GHSP-D-20-00145>
- Mureithi, F. N. (2019). *Effects Of Donor Funding on the Performance of Non-Governmental Organizations in Kenya*. Unpublished research project. University of Nairobi.
- Musau, S., Njiru, H., & Omondi, J. (2021). Resilience or collapse? Civil society adaptation in Kenya post donor transition. *Kenya Policy Review Journal*, 4(2), 55–68.
- Nginya, D. W. (2024). *Stakeholder Management And Performance Of Nongovernmental Organizations Supported Health Care Projects In Nairobi County, Kenya*. Unpublished master thesis. University of Nairobi.
- NGOs Co-Ordination Board (2023). *Annual NGO Sector Report Year 2021/2022*. Nairobi: NGOs Co-Ordination Board.
- Non-Governmental Organizations Co-ordination Board (2019). *Annual Ngo Sector Report 2018/19*. Nairobi. NGO Co-ordination Board.
- Oberth, G., & Whiteside, A. (2016). What does sustainability mean in the HIV and AIDS response? *African Journal of AIDS Research*, 15, 1–9
- Obi, U. S., Ogbuoji, O., Mao, W., Shahid, M., Obinna Onwujekwe, O., & Yamey, G. (2021). Progress in the face of cuts: a qualitative Nigerian case study of maintaining progress towards universal health coverage after losing donor assistance. *Health Policy and Planning*, 36, 1045–1057. <https://doi.org/10.1093/heapol/czab051>
- Obi, U. S., Ogbuoji, O., Mao, W., Shahid, M., Onwujekwe, O., & Yamey, G. (2021). Progress in the face of cuts: A qualitative Nigerian case study of maintaining progress towards universal health coverage after losing donor assistance. *Health Policy and Planning*, 36, 1045–1057 DOI: doi.org/10.1093/heapol/czab051
- Ogbuabor, D., Olwande, C., Semini, I., Onwujekwe, O., Olaifa, Y., & Ukanwae, C. (2023). Stakeholders' Perspectives on the Financial Sustainability of the HIV Response in Nigeria: A Qualitative Study. *Global Health: Science and Practice*, 11(2), 1-15.
- Ojal, J., Griffiths, U., Hammitt, L. L., Adetifa, I., Akech, D., Tabu, C., Scott, J. A. G., & Flasche, S. (2019). Sustaining pneumococcal vaccination after transitioning

- from Gavi support: a modelling and cost-effectiveness study in Kenya. *Lancet Global Health*, 7, 644–654.
- Okech, T. C., Mutai, J., & Odundo, E. (2016). The effect of donor funding on the performance of health projects in Kenya: A case of HIV/AIDS programs. *International Journal of Project Management*, 34(5), 890–903.
- Onyango, J. O., Ogira, D., Murunga, A., & Kokwaro, G. (2019). Understanding the Challenges and Opportunities in sustaining health interventions during the transition from external assistance: A Case study of the Output-Based Voucher Scheme in Kenya. *Research square*, 1-29. DOI: doi.org/10.21203/rs.3.rs-3779689/v1
- Oubihi, J., & Elouidani, A. (2016). The Stakeholder Value: Contributions and Limitations. *International Journal of Business and Social Science*, 7(4), 86-90.
- Owusu, K. K., Abdulai, A., Adu-Gyamfi, R., Forson, D., BoakyeYiadom, E. S., Amegashie, E., Kimera, D., & Addo, S. A. (2022). *Assessment of supply chain management practices during HIV guideline transitions: Evaluation of Ghana's Recent Transition*. Accra: National AIDS/STI Control Programme.
- Paina, L., Rodriguez, D. C., Zakumumpa, H., Mackenzie, C., Ssenooba, F., & Sara Bennett, S. (2023). Geographic prioritization in Kenya and Uganda: a power analysis of donor transition. *BMJ Global Health*, 8, 1-14. doi:10.1136/bmjgh-2022-010499
- Perera, P. N., Amarasinghe, S. N., Fonseka, S. H., Abeysinghe, N., & Rannan-Eliya, R. P. (2024). Factors impacting sustained coverage in the context of donor transitions: *Experience from Sri Lanka*. *Health Policy and Planning*, 39(1), 33–49. DOI: doi.org/10.1093/heapol/czad099
- Pfeffer, J., & Salancik, G. (1978). *The External Control of Organizations: A Resource Dependence Perspective*. New York, NY: Haper and Row Publishers.
- Pfeffer, J., & Salancik, G. R. (1978). *The external control of organizations: A resource dependence perspective*. New York: Harper & Row.
- Qiu, M., Paina, L., Rodríguez, D. C., Wilhelm, J. A., Eze-Ajoku, E., Searle, A., Zakumumpa, H., Ssenooba, F., MacKenzie, C., & Bennett, S. (2021). Exploring perceived effects from loss of PEPFAR support for outreach in Kenya and Uganda. *Global Health*, 17(80), 2-14. doi.org/10.1186/s12992-021-00729-w
- Resch, S., & Hecht, R. (2018). Transitioning financial responsibility for health programs from external donors to developing countries: Key issues and

- recommendations for policy and research. *Journal of Global Health*, 8(1), 1-7. doi:10.7189/jogh.08.010301.
- Riaz, A., & Rahman, M. S. (2015). *NGOs and civil society*. London, UK: Routledge.
- Rodríguez, D. C., Macicame, I., Adriano, A., Chicumbe, S., Duce, P., Kante, A., Mavie, V. A., Mbalane, E., Nhachungue, S., Titus, N., van Dyk, F., & Amouzou, A. (2023). From External to Local: Opportunities and Lessons Learned from Transitioning COMSA-Mozambique. *The American Journal of Tropical Medicine and Hygiene*, 108(5), 47–55. doi:10.4269/ajtmh.22-0284
- Rodríguez, D. C., Mohan, D., Mackenzie, C., Wilhelm, J., Eze-Ajoku, E., Omondi, E., Qiu, M., & Bennett, S. (2021). Effects of transition on HIV and non-HIV services and health systems in Kenya: a mixed methods evaluation of donor transition. *BMC Health Services Research*, 21(457), 2-17. doi.org/10.1186/s12913-021-06451-y
- Sahley, C. (2006). *Strengthening the capacity of civil society organizations to deliver services: Evidence from Malawi*. USAID Development Experience Clearinghouse.
- Salazar, L., & Armando, L. (2017). The Resource-Based View and the Concept of Value: The Role of Emergence in Value Creation. *Mercados y Negocios*, 35, 27-35.
- Shittu, A. K. (2020). Public Service and Service Delivery. In: Farazmand, A. (eds) *Global Encyclopedia of Public Administration, Public Policy, and Governance*. Springer, Cham.
- Shroff, Z. C., Sparkes, S. P., Paina, L., Skarphedinsdottir, M., Gotsadze, G., Zakumumpa, H., Tang, K., Perera, P. N., Yuan, M., & Hanson, K. (2021). Managing transitions from external assistance: cross-national learning about sustaining effective coverage. *Health Policy and planning*, 39(1), 50–64
- Smithies, T. D., Toth, A. J., & Campbell, M. J. (2024). Test–retest reliability and practice effects on a shortened version of the Category Switch Task – a pilot study. *Journal of Cognitive Psychology*, 36(6), 742–753.
- Ssegujja, E., Namakula, J., Kabagenyi, A., Kyoziira, C., Musila, T., Zakumumpa, H., & Ssenooba, F. (2023). The impact of donor transition on continuity of maternal and newborn health service delivery in Rwenzori sub-region of Uganda: A qualitative country case study analysis. *Globalization and Health* 19(48), 2-16. doi.org/10.1186/s12992-023-00945-6

- Steinbach, R. (2019). *Growth in Low-Income Countries Evolution, Prospects, and Policies*. Washington: World Bank.
- Strauss, D. F. M. (2002). The scope and limitations of Von Bertalanffy's systems theory. *South African Journal of Philosophy*, 21(3), 164-179.
- Sürücü, L. & Maslakçı, A. (2020). Validity and Reliability in Quantitative Research. *BMIJ*, 8(3), 2694-2726. doi: <http://dx.doi.org/10.15295/bmij.v8i3.1540>
- The Global Fund. (2023). *Kenya country transition readiness assessment report*. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Tripathi, K. P., Giri, S., & Tripathi, N. (2024). Post-positivism Research Paradigm and Philosophical Assumption of Sport Tourism. *AWADHARANA*, 8(1), 113–127.
- Vian, T., Feeley, F. G., & Domingos, A. (2012). Transitioning from donor health funding: A case study of Mozambique. *Health Systems & Reform*, 3(1), 56–67.
- Vu, M., Holec, M., Levine, R., Makunike-Chikwinya, B., Mukamba, J., Barnhart, S., Wiktor, S., Weiner, B., & Feldacker, C. (2022). Working toward sustainability: Transitioning HIV programs from a USA-based organization to a local partner in Zimbabwe. *PLoS ONE*, 17(11), 1-15. e0276849. doi.org/10.1371/journal.pone.0276849
- Warne, R. T. (2014). A Primer on Multivariate Analysis of Variance (MANOVA) for Behavioral Scientists. *Practical Assessment, Research & Evaluation*, 19(17), 1-10.
- Wernerfelt, B. (1984). A resource-based view of the firm. *Strategic Management Journal*, 5, 171-180.
- Wilhelm, A. J. (2019). *The Impact of Transitioning Donor Health Programs: Evidence from the PEPFAR Geographic Prioritization in Uganda*. Unpublished dissertation. Johns Hopkins University. Baltimore, Maryland.
- World Health Organization. (2022). *Transitioning to sustainable health financing in Africa*. WHO Regional Office for Africa.
- World Health Organizations (2020). *World malaria report 2022*. Geneva: WHO.
- Yamey, G., Ogbuoji, O., & Nonvignon, J. (2019). Middle-income countries graduating from health aid: Transforming daunting challenges into smooth transitions. *PLoS Medicine*, 16(6), 6–10. doi: 10.1371/journal.pmed.1002837

APPENDICES

Appendix A: Letter of Introduction

Ole Sangale Rd, Madaraka Estate,
P.O Box 59857 00200, Nairobi, Kenya.
Cell: +254 703 414/6/7, Twitter: @SBSKenya
Email: info@sbs.ac.ke or visit www.sbs.strathmore.edu



Wednesday, 22 May 2024

To Whom It May Concern,

RE: FACILITATION OF RESEARCH – NEWTON OMALE

This is to introduce Newton Omale who is a **Master's in Public Policy and Management (MPPM)** student at Strathmore University Business School, admission number MPPM 147566/21. As part of our MPPM Program, Newton is expected to do applied research and undertake a project. This is in partial fulfilment of the requirements of the MPPM course. To this effect, he would like to request appropriate data from your organization.

Omale is undertaking a research paper on “**An evaluation of the impact of donor transitions on CSOS in Kenya**”.

The information obtained from your organization shall be treated confidentially and shall be used for academic purposes only.

Our MPPM Program seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct use to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and of practical value to your organization.

We appreciate your support and shall be willing to provide any further information if required.

Yours Faithfully,

A handwritten signature in black ink, appearing to read "Njoki Kiagiri".

Njoki Kiagiri
Manager – Graduate Programmes

Appendix B: Letter to CSOs

NEWTON OMALE
P.O. BOX 27351- 00100
NAIROBI

22nd May 2024

RE: REQUEST TO CONDUCT A STUDY WITH YOUR ORGANISATION FOR MY DISSERTATION

My name is Newton Omale, a Master of Public Policy and Management (MPPM) student at Strathmore University Business School. I am undertaking a Research Paper on “An evaluation of the impact of donor transitions on Civil Society Organizations (CSOs) in Kenya’s health sector’, in partial fulfilment of the requirements of the MPPM course.

I will be sending out a questionnaire to your organization requesting appropriate data to this study. The information obtained from your organization shall be treated confidentially and shall be used for academic purposes only.

I will be glad to share with you the findings after the research, and I hope it will be of great interest, useful and practical to your organization.

Thank you in advance for your willingness to support.



Newton Omale

Newton Ang'wa Omale - 0722357932 - newtonangwa@gmail.com

Appendix C: Questionnaire
Section One: Background Information

1. Please indicate your highest educational attainment

Vocational training

Diploma

Undergraduate degree

Postgraduate degree

2. Please indicate your educational qualification (area of specialization)

Laboratory science

Accounting

Economics

Finance

Human resources

Nutrition

Pharmacy

Dentistry

Project management

Midwifery

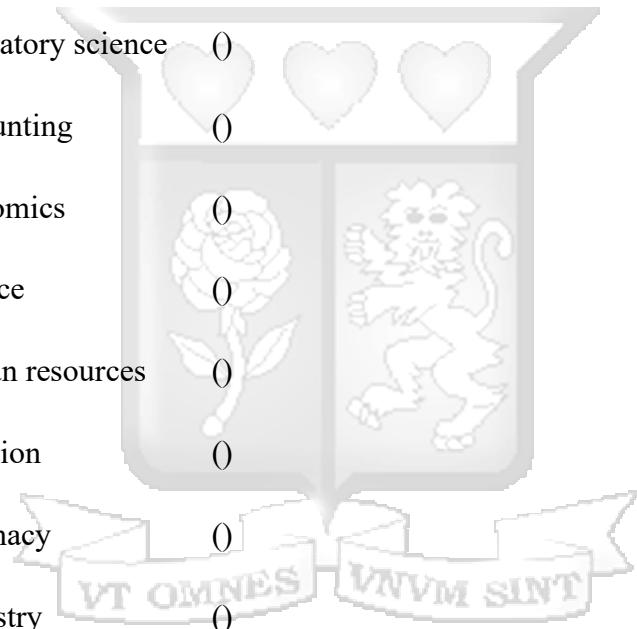
Leadership and management

Psychiatry

Public health

Clinical medicine

Medicine



3. Please indicate your managerial role/designation

Chief financial officer

Program manager

M&E officer

Director

HR manager

Program officer

Project officer

4. Please indicate your work experience

Less than one year

1-2 years

2-5 years

5-7 years

More than 7 years

5. Please indicate the type of CSO your organization belongs to

Local NGO

International NGO

Community-based organization

ndegwa based organization

Private company

7. Please indicate the health problem your organization focuses on

HIV/AIDS

Malaria

- TB ()
- All the above ()
- Curative & preventive health ()

Section Two: Donor transition

Please indicate your organization’s experience with donor transition		Yes	No
1	A reduced budget reduction will affect the organizations activities in future		
2	The organization expects to receive a donor exit notice soon		
3	Donors will shift from community-level services to focus on core and non-core activities the organization undertakes		

Section Three: Performance

Please indicate the outcome of donor transition on the performance of your organization		Yes	No
1	The organization’s program output has declined due to donor transition trends		
2	The organization’s revenue has declined due to donor transition trends		
3	The organization’s expenditure has declined from the donor transition trends		
4	The absorption rate of the organization is under threat from the ongoing donor transition		
5	The program effectiveness is under threat from the ongoing donor transition		
6	The number and quality of stakeholders has been threatened by the ongoing donor transition		
7	The staff capacity has been compromised due to the ongoing donor transition		
8	The organization’s performance indicators have declined due to ongoing donor transition		

9	The organization's service reach has declined due to ongoing donor transition		
---	---	--	--

Section Four: Sustainability

Please indicate the outcome of donor transition on sustainability of your organization		Yes	No
1	The status of current donors to the organization is under threat from ongoing donor transition		
2	The organization will have access to domestic resources post-donor transition		
3	The organization can source alternative funding post donor-transition		
4	The organization's level of funding is under threat from ongoing donor transition		
5	The organization will struggle in its retention of staff in the ongoing donor transition climate		
6	The organization's governance structures will suffer post-donor transition		
7	The organization will be able to adapt to future financing trends post donor-transition		
8	The organization has the capabilities to integrate its services post-donor transition		
9	The organization will be able to achieve the required minimum requirements for donor transition readiness		
10	The contextual factors (economic and political) are favorable for the organization to be successful post-donor transition		

Section Five: Service delivery

Please indicate the outcome of donor transition on the service delivery of your organization		Yes	No
1	The organization's coverage of its services has suffered in the ongoing donor transition		

2	The organization has experienced stock outs in the ongoing donor transition climate		
3	The organization has experienced gaps in its human resources for health due to ongoing donor transition		
4	The organization has had to close some of its access points due to threats of donor transition		
5	The organization has experienced access constraints for its beneficiaries due to threats of donor transition		
6	The organization has experienced service delivery gaps due to ongoing donor transition trends		
7	The organization's service reach has been compromised due to ongoing donor transitions		
8	The organization's reach to key population is under threat in the ongoing donor transitions		

Appendix D: List of CSOs

1	Food for the Hungry	National Empowerment Network of People Living With HIV & AIDS in Kenya (NEPHAK)
2	Samburu network	Neighbours in Action- Kenya (NIAK)
3	DARAJA MBILI VISION VOLUNTEERS YOUTH GROUP	Our Lady of Perpetual Support For People Living with AIDS and Orphans (OLPS)
4	MEI	OUT-REACH
5	OGRA FOUNDATION	Pokot Rural Development Project Self Help Group (PRDP)
6	WORLD VISION KENYA	Respiratory Society of Kenya
7	NATIONAL ORGANIZATION OF PEER EDUCATORS - NOPE	Sisters Maternity Home
8	UGENYA COMMUNITY AGAINST HIV - UACHA	St Joseph

9	DAUWOYE	SWOP Kenya
10	GLOBAL COMMUNICATION INSTITUTE	Talaku Community Based Organization
11	KYDESA	World Relief International
12	KANCO	World Vision Kenya (WVK)
13	TEENSWATCH CENTRE	Youth Fighting HIV & AIDS in Kenya (YOFAK)
14	ADS PWANI	KIC TB
15	AMKENI	Community Support Platform
16	Connect to Reatin	North Star Alliance
17	Hope Network	RODI Kenya
18	Apese Ere	Sema Limited
19	ASANTE AFRICA FOUNDATION	Kenya AIDS NGOs Consortium (KANCO)
20	FASI	Population Services Kenya (PS Kenya)
21	AFRICAN GENDER AND MEDIA INITIATIVES TRUST - GEM	Integrated Development Facility (IDF)
22	DEAF EMPOWERMENT KENYA	Youth Fighting AIDS in Kenya (YOFAK)
23	APTDC	Impact Research Development Organization (IRDO)
24	ONYX	Rural AIDS Prevention and Development Organization (RAPADO)
25	AFRICAN DEVELOPMENT AND EMERGENCY ORGANIZATION - ADEO	Catholic Medical Missions Board (CMMB)
26	CHAO CBO	Malteser International
27	OPAHA Wajir	Abdikadir Mohamed Ibrahim
28	WEFKO	Nicholas Ochieng

29	MOGROUP	Billow Ali Issak
30	KICE CBO	Nassir Mohammed Mbwana
31	ACK DEVELOPMENT SERVICES NYANZA	Samuel Omondi
32	TOP	Dilmua Mohammed
33	HAPA KENYA	Jamal Kyana
34	CONPHAK	Alex Katana
35	SUPPORT FOR ADDICTIONS PREVENTION AND TREATMENT IN AFRICA - SAPTA	Dr. William Sinkele
36	KHAPPS	Rasoah Wanyama Khaindi
37	HOYMAS	John Mathenge
38	HWWK	Dr. Julius Nguku.
39	NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH AIDS/HIV IN KENYA	Nelson Otwoma
40	ICWK	Christina Henrievna
41	CMMB	Dr. James Kisia
42	IRDO	Prof. Ogot Kawango
43	MILDMAY INTERNATION - KENYA	Elizabeth Oluoch
44	MAAYGO	Henry Victor
45	REACHOUT CENTRE TRUST	Taib Abdulrahman
46	MEWA	Salim Galgani
47	PEMA KENYA	Ishmael Bahati
48	Tuvumiliane Witu	Sir Nancy Mongina
49	AICHM	Jacob Kimote
50	NEPHAK	Nelson Otwoma

51	Neighbours in Action- Kenya	Emmanuel K. Lagat
52	ICWK	Lucy Ghati
53	Q-Initiative	Festus Kisa
54	CREADIS	Gladys Nabiswa
55	ISHTAR	Peter Njane
56	BHESP	Peninah Mwangi
57	SISTERS MARTENITY HOME - SIMAHO	Mr. Rumano Noor Ahmed
58	MZAZI FOUNDATION	Elizabeth Ongoche Ambundo
59	JIVIS CBO	Gladys Rehema Bomu
60	NORTH STAR ALLIANCE	Eva Mwai , Regional Director
61	HIV FREE GENERATION	Zilpher A.Kepher



Appendix E: Ethical Approval



28th June 2024

Dr Omale Newton,
newton.angwa@strathmore.edu

Dear Dr Omale,

RE: An Evaluation of the Impact of Donor Transitions on Civil Society Organisations in Kenya

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** proposal. Your application reference number is **SU-ISERC2302/24**. The approval period is from **28th June 2024 to 27th June 2025**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Appendix F: NACOSTI



REPUBLIC OF KENYA



NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **180940**

Date of Issue: **04/June/2024**

RESEARCH LICENSE



This is to Certify that Dr. **NEWTON ANG'WA OMALE** of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: **AN EVALUATION OF THE IMPACT OF DONOR TRANSITION ON CIVIL SOCIETY ORGANIZATIONS IN KENYA** for the period ending : **04/June/2025**.

License No: **NACOSTI/P/24/36317**

180940

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



NOTE: This is a computer generated License. To verify the authenticity of this document,
Scan the QR Code using QR scanner application.

See overleaf for conditions