

**ENHANCING THE SUSTAINABILITY OF DONOR-FUNDED HEALTHCARE
PROJECTS IN PASTORALIST COMMUNITIES: A CASE OF SAMBURU
COUNTY.**

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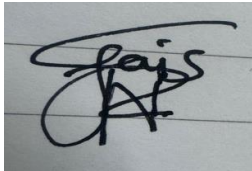
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MAY 2025

DECLARATION

I hereby declare that hereby declare that the study presented in this report is my original work and has not been copied or duplicated from other sources without proper citation. All sources of information have been duly acknowledged in the text. This project complies with ethical standards, and all necessary approvals and consents have been obtained.

Sign



Date: 2/5/2025

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This research project report by Irene Nakae Sais has been reviewed and submitted for examination at Strathmore University Business School with my approval as the University Supervisor.

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ABSTRACT

This study explored the factors that enhance the sustainability of donor-funded healthcare projects in Samburu County, with a focus on four key dimensions: community engagement, financial budgeting, donor policies, and physical healthcare infrastructure. The specific objectives were to examine how each of these factors contributes to the long-term viability of healthcare projects in a pastoralist context. A qualitative research approach was employed, utilizing in-depth interviews and document analysis. The target population included project coordinators and ward administrators working within donor-funded health programs in Samburu County.

Findings revealed that financial budgeting plays a critical role in sustainability. A diversified funding model, encompassing grants, sponsorships, community contributions, and income-generating initiatives, was found to reduce reliance on single donor streams and increase project resilience. Donor policies were also shown to significantly influence sustainability. While formal agreements help promote accountability, they often introduce rigid frameworks that limit flexibility. Projects embedded within local systems from inception, supported by structured exit strategies and active partnerships with community actors, were more likely to sustain impact.

Community engagement emerged as a pivotal enabler of sustainability. Initiatives that involved local leaders, respected elders, and community health volunteers fostered stronger ownership and continuity. Physical healthcare infrastructure also had a profound influence, especially in remote pastoralist areas. However, infrastructure was only sustainable when accompanied by operational plans, maintenance support, and reliable emergency referral systems.

Despite its insights, the study was limited by its reliance on qualitative methods and purposive sampling, which may restrict the generalizability of findings beyond Samburu or similar pastoralist contexts. Additionally, social desirability bias may have affected responses, particularly concerning donor relationships and program challenges.

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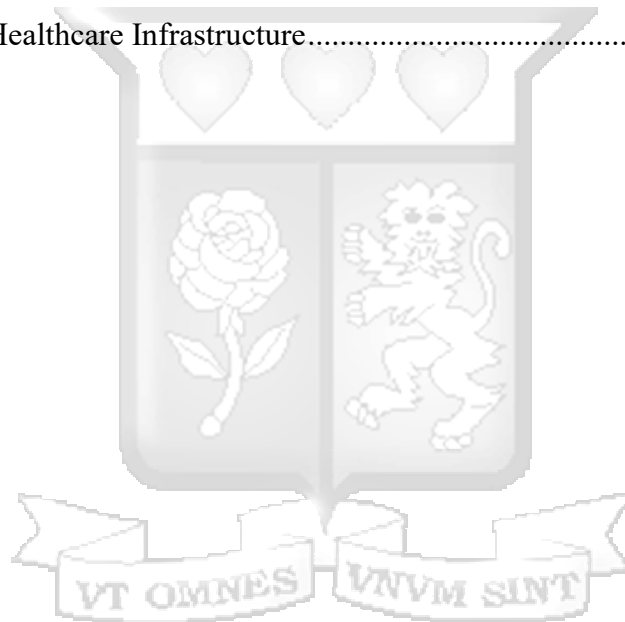
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LIST OF ACRONYMS

DFHPs – Donor Funded Health Projects

USAID - United States Agency for International Development

WHO – World Health Organization

LMIC – Low- and Middle-Income Countries

MIC – Middle Income Countries

NGO – Non-Governmental Organizations

ODA – Official Development Assistance

USA - United States of America

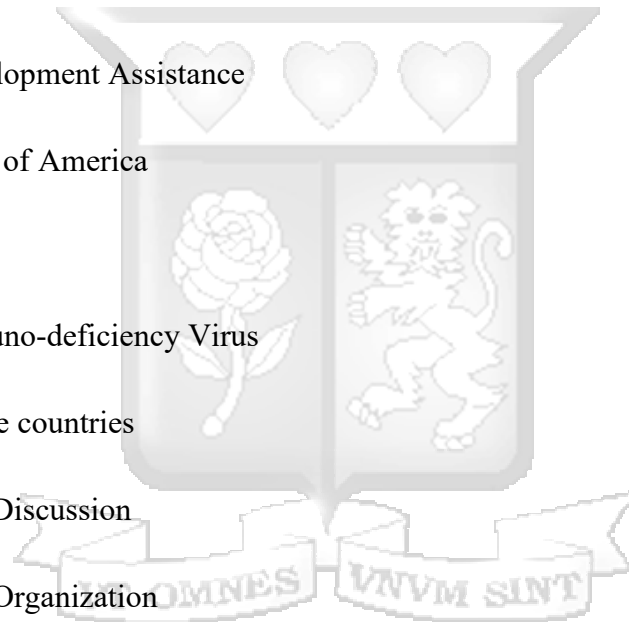
TB – Tuberculosis

HIV – Human Immuno-deficiency Virus

LIC – Lower Income countries

FDG – Focus Group Discussion

CSO – Civil Society Organization



DEFINITION OF TERMS

Sustainability - The ability of a project or program to maintain its operations and benefits over the long term, even after initial funding or support has ended (Bossert, 1990).

Donor-Funded Projects - Projects that receive financial and material support from external donors, such as international organizations, governments, or private foundations (Ridde & Morestin, 2011).

Community engagement - The involvement of community members in the planning, decision-making, and implementation processes of projects that affect them (WHO, 2020).

Healthcare Infrastructure - The physical and organizational facilities, structures, and systems needed for the delivery of healthcare services, including hospitals, clinics, medical equipment, transportation networks, and information systems (WHO, 2010).

Donor policies - Guidelines and rules established by funding organizations to govern the use of their resources. These policies impact the sustainability of healthcare projects by setting frameworks and conditions for project operations (Brugha, 2004).

Stakeholder Engagement - Involvement of all relevant parties, such as community members and donors, in project planning, decision-making, and evaluation. Effective stakeholder engagement ensures that all perspectives and needs are considered, leading to better project outcomes (Bryson, 2004).

Capacity Building- Developing and strengthening the skills and resources of individuals, organizations, and communities to effectively sustain projects. This includes training and providing necessary tools to maintain and improve healthcare projects (Potter & Brough, 2004).

Sustainable Development - Meeting current needs without compromising the ability of future generations to meet their own needs. In the context of your research, it involves creating healthcare projects that can operate and provide long-term benefits, minimizing dependency on external funding (Brundtland Commission. , 1987).



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DEDICATION

This thesis is dedicated to my dear husband, Dr. Lelegwe, for his unwavering support, encouragement throughout this journey. To my beloved daughters, Serianie and Savannah, thank you for your patience and understanding during the many hours of study.



CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background of the Study

Donor funded health projects have played a significant role in restoring and expanding access to essential healthcare services, especially in low- and middle-income countries. These initiatives have been instrumental in combating communicable diseases, improving maternal and child health, and strengthening health systems in underserved regions (Micah et al., 2018). However, despite their contributions, concerns about the effectiveness and long-term sustainability of donor support persist. Many stakeholders have raised questions regarding the ability of health systems to maintain the outcomes of donor-funded programs once external support ends (Ilesanmi & Afolabi, 2022).

The long-term sustainability of healthcare projects in Samburu County, Kenya, is influenced by several critical factors, including stakeholder engagement, resource management, and the socio-political environment. Active involvement of local stakeholders is paramount. Increased stakeholder participation significantly enhances project sustainability, as it fosters ownership and accountability (Keura & Moronge, 2016). Effective communication among stakeholders ensures alignment of goals and facilitates smoother project implementation (Chelagat et al., 2021). Adequate and sustained funding is crucial. Projects that secure ongoing financial support from donors or government sources tend to have better sustainability outcomes (Cheluget & Ngari, 2020). Regular assessment of project performance helps in identifying areas for improvement and ensuring that resources are utilized effectively (Keura & Moronge, 2016). The presence of supportive political leadership can drive project success, while political interference may hinder progress (Chelagat et al., 2021). A conducive policy environment that aligns with project objectives is essential for long-term sustainability (Cheluget & Ngari, 2020).

Evidence from various global contexts suggests that while donor projects often achieve short-term success, many have failed to sustain their impact beyond the funding period, leading to resource wastage and missed opportunities for systemic change (McKinsey, 2021). These failures are often attributed to limited local ownership, weak integration into national health systems, and inadequate planning for post-donor sustainability. As the global aid landscape shifts, many international donors are gradually transferring the responsibility of financing healthcare to recipient governments. This is driven by declining foreign aid budgets, donor

fatigue, and the increasing expectation that governments should assume greater responsibility for achieving their development goals and managing disease burdens (BMC, 2020).

The concept of sustainability in donor-funded healthcare projects refers to the ability of interventions to maintain their benefits and functions over time, particularly after the withdrawal of external funding. Sustainability is multidimensional and is influenced by social, financial, institutional, and technical factors. According to Ltumbesi, Kidombo, and Gakuu (2018), one of the most critical determinants of sustainability is community participation. Programs that involve communities from the outset—through planning, decision-making, and implementation are more likely to generate local ownership and long-term success. Similarly, Ilesanmi and Afolabi (2022) argue that sustainability is strengthened when communities feel empowered and represented, particularly through the involvement of local leaders and administrative structures.

In addition to social engagement, sound financial management is central to project continuity. Ebenezer, Musah, and Ahmed (2020) emphasize that projects with clear budgeting systems, transparency, and accountability frameworks are more likely to survive financial uncertainty. Chepkemioi (2021) supports this by highlighting that the ability of NGOs to generate independent income, diversify their funding sources, and adopt cost-effective strategies are all critical to financial sustainability. Furthermore, the lack of clear participation frameworks and policy alignment has been shown to hinder sustainability, often leading to delays, inefficiencies, or eventual project collapse.

In Kenya, donor funding plays a central role in healthcare delivery, accounting for a significant portion of overall health financing. The health sector is one of the largest recipients of official development assistance (ODA). Key donors include the United States government (particularly for HIV and reproductive health), the Global Fund (for HIV, TB, and malaria), the United Kingdom (FCDO), and Gavi, the Vaccine Alliance (McDade et al., 2021). Despite this support, the country continues to grapple with issues of ownership, integration, and sustainability of donor-funded programs, especially at the county level under Kenya's devolved system of governance.

In Samburu County, these challenges are particularly acute. The region faces significant barriers to healthcare access, including rugged terrain, poor road infrastructure, long distances to health facilities, and high costs of maintaining transport systems such as ambulances. The

shortage of trained health personnel further hampers the functionality of both public and donor-supported health facilities. While various donor-funded initiatives, such as the Uzazi Salama Project, Afya Timiza, and Uzazi Salama Phase 3 have targeted maternal, newborn, and adolescent health outcomes, they continue to face obstacles. These include inconsistent funding, irregular outreach activities, dependency on external support, and poor integration into county health plans (Samburu County Health Sector Annual Performance Review Report, 2019/2020).

Additionally, the predominantly pastoralist lifestyle of the local population introduces complex dynamics. Seasonal migration in search of pasture, deeply rooted cultural norms, and limited literacy contribute to low healthcare utilization and poor health-seeking behavior. These factors complicate the delivery of continuous and structured healthcare services, even when donor funding is available. Given these realities, there is a pressing need to assess the sustainability of donor-funded healthcare projects in Samburu County. The county's dependency on external support, coupled with its systemic and cultural challenges, raises questions about how such projects can be designed, implemented, and institutionalized in a way that ensures their long-term relevance and effectiveness.

This study is motivated by the imperative to examine the sustainability of donor-funded healthcare projects in Samburu County and to identify the conditions necessary to ensure their long-term impact. Specifically, it aims to explore how factors such as community engagement, financial budgeting, donor policies, and physical healthcare infrastructure influence sustainability. By identifying key barriers and enablers, the study seeks to provide evidence-based recommendations for improving program implementation, enhancing resource mobilization, and strengthening county-level ownership and capacity. These insights will be vital for informing policy decisions and for guiding donors, implementers, and government actors in designing more sustainable healthcare interventions in pastoralist contexts.

1.2 Problem statement

Donor-funded healthcare projects play a pivotal role in strengthening health systems and improving access to essential services in low- and middle-income countries. Globally, these interventions have contributed to the restoration and enhancement of healthcare delivery, especially in underserved and marginalized regions (Micah et al., 2018). In Kenya, and specifically in Samburu County, such projects have been instrumental in improving maternal, child, and adolescent health outcomes. Notable donor-supported initiatives include the Uzazi

Salama Project, Afya Timiza, and Uzazi Salama Phase 3, which have focused on reproductive, maternal, newborn, and adolescent health (USAID, 2020; Amref Health Africa, 2021; M-PESA Foundation, 2022).

However, while the short-term benefits of donor-funded healthcare projects are evident, their long-term sustainability remains a significant concern. Studies show that despite substantial investments, many donor-supported programs fail to maintain impact once funding is withdrawn. These concerns stem from issues such as poor integration with government systems, limited community ownership, over-reliance on external resources, and the absence of structured transition plans (Ilesanmi & Afolabi, 2022; Makomborero et al., 2023). Critically, the growing shift in donor priorities and the gradual decline in foreign aid budgets have intensified the pressure on local governments to sustain health outcomes without sufficient financial and institutional capacity (BMC, 2020; Muller, 2022).

In the context of Samburu County, these challenges are exacerbated by a unique set of structural and socio-cultural barriers. The county's vast geographical spread, inadequate road infrastructure, and pastoralist lifestyle hinder regular access to health facilities (Ministry of Health, 2023). Cultural beliefs and low health-seeking behavior further reduce the uptake of healthcare services. Although donor projects have been introduced to address these issues, many remain fragile and donor-dependent, with limited continuity once external funding ceases.

Despite the scale of donor involvement in the county, there is a noticeable research gap in assessing what makes these projects sustainable in the long term. Most existing studies have emphasized project outputs and short-term outcomes rather than examining the critical conditions for long-term viability. For example, the study by LekeSanyal (2021) examined the sustainability of community-based projects during the COVID-19 crisis but did not address systemic or policy-level sustainability drivers. Similarly, Ltumbesi, Kidombo, and Gakuu (2018) underscored the role of community participation in sustaining projects but did not explore how factors such as financial planning, donor policy frameworks, or physical infrastructure influence continuity.

Moreover, previous research has tended to treat sustainability as a secondary consideration, often focusing on whether projects meet targets within the donor cycle rather than whether they can be maintained after donor exit. There is also a lack of integrated approaches that consider

financial sustainability, infrastructure durability, community ownership, and policy coherence as interconnected variables affecting project survival.

This study seeks to address these gaps by undertaking a comprehensive assessment of the factors that influence the sustainability of donor-funded healthcare projects in Samburu County. Specifically, it examines the roles of community engagement, financial budgeting, donor policies, and healthcare infrastructure in determining whether these projects can be sustained beyond the funding period. In doing so, it adopts a mixed-method, multi-stakeholder approach, combining in-depth interviews, document analysis, and policy review to provide actionable recommendations. The study is expected to contribute new evidence on how donor-funded healthcare interventions can be made more resilient, locally integrated, and self-sustaining in marginalized and pastoralist settings like Samburu.

1.3 General Research Objective

To explore the factors that enhance the sustainability of donor-funded healthcare projects in Samburu County, focusing on community engagement, financial budgeting, donor policies, and physical healthcare infrastructure.

1.4 Specific Research Objectives

- i. To explore the role of community engagement in enhancing the sustainability of donor-funded healthcare projects in Samburu County.
- ii. To understand how financial budgeting enhances the sustainability of donor-funded healthcare projects in Samburu County.
- iii. To examine how donor policies influence the sustainability of donor-funded healthcare projects in Samburu County.
- iv. To understand how physical healthcare infrastructure enhances the sustainability of donor-funded healthcare projects in Samburu County.

1.5 Research Questions

- i. How does community engagement contribute to the sustainability of donor-funded healthcare projects in Samburu County?
- ii. In what ways do financial budgeting influence the sustainability of donor-funded healthcare projects in Samburu County?

- iii. How do donor policies shape the sustainability of donor-funded healthcare projects in Samburu County?
- iv. What is the role of physical healthcare infrastructure in enhancing the sustainability of donor-funded healthcare projects in Samburu County?

1.6 Significance of the study

The significance of this study lies in its potential to provide valuable insights into the factors that enhance the sustainability of donor-funded healthcare projects in Samburu County, focusing on community engagement, financial budgeting, donor policies, and physical infrastructure. Donors will benefit by gaining valuable insights into how their policies, funding conditions impact the long-term sustainability of projects. The study will help them assess the effectiveness of their strategies enabling them to design better policies, allocate resources more efficiently, and enhance the sustainability of their investments.

The local communities had a clearer understanding of the role they play in the sustainability of healthcare projects and they will become more proactive in supporting healthcare projects, advocating for better services, and participating in sustainability efforts. Project coordinators understood the factors that drive sustainability, coordinators were better equipped to design and implement strategies that ensure the continuation of healthcare services even after donor funding expires.

Policymakers will gain insights hence it enables them to align national healthcare policies with the needs of donor-funded projects, ensuring that both public and donor resources are used more effectively to enhance the sustainability of donor-funded healthcare projects. Researchers will benefit by having access to new data and knowledge that can be used to further academic studies in similar contexts. The findings will contribute to the growing body of research on sustainability of donor-funded healthcare projects.

1.7 Scope of the study

The scope of the study was on the factors that influence sustainability of donor-funded healthcare projects in Samburu County, the region is selected due to its unique healthcare challenges and presence of donor funded projects. The research covered healthcare projects implemented over the last 10-15 years and the primary variables of interest are financial management practices, community participation, donor policies and existing resources and infrastructure. The study will project coordinators and ward administrators. Their perspective

will be crucial for understanding the factors that contribute to project sustainability. Data was collected from the above stakeholders in between February and March of 2025, both qualitative and quantitative data will be utilized.

1.8 Justification of the Study

Many donor-funded healthcare projects in Samburu County face sustainability challenges after donor support ends. Existing studies focus on short-term success and implementation but overlook key factors influencing long-term success. This study fills that gap by examining the role of community engagement, financial budgeting, donor policies, and healthcare infrastructure. The findings of this study will be useful to policymakers, donors partner, and healthcare stakeholder in enhancing project sustainability.



CHAPTER 2

LITERATURE REVIEW

This chapter delves into the existing body of research related to the factors that influencing the sustainability of donor-funded healthcare projects in pastoralist communities. Purpose for literature review is to present an in-depth summary of existing knowledge, highlight gaps in the research, and establish a theoretical framework for this study. By examining previous studies, we aim to build on existing knowledge and highlight the significance of our research problem.

2.2 Theoretical Review

It is an important part for a research proposal because it examines existing theories and concepts related to your research. It gives guidance to research by ensuring your study is grounded on established theories, it identifies gaps in knowledge and ensures that your research study is contextually relevant. The theories to be reviewed are sustainability theory and institutional theory, they provide the foundation for understanding the factors that influence the sustainability of donor-funded healthcare projects.

2.2.1 Sustainability Theory

This study is anchored in Sustainability Theory, with particular reference to Elkington's Triple Bottom Line (TBL) framework, first introduced in 1997. The TBL model posits that sustainability rests on the balanced integration of three interdependent pillars: economic, social, and environmental dimensions. The theory has gained prominence in development and organizational research as a comprehensive lens for evaluating the long-term viability of projects, systems, and institutions (Elkington, 1997). In the context of donor-funded healthcare projects, the TBL framework provides a valuable foundation for understanding how financial, social, and infrastructural elements collectively determine whether a project can continue delivering intended health benefits beyond the donor funding cycle.

Economic sustainability emphasizes the efficient management of financial resources to ensure continued service delivery and organizational resilience. In this study, it directly relates to the objective on financial budgeting, which explores how effective financial planning, diversified funding sources, and cost-control mechanisms contribute to the long-term viability of donor-supported healthcare programs. A study by Ndibaru (2023) on financial accountability practices in Kenya found that 38% of donor-funded projects fail due to poor financial management, underscoring the central role of financial systems in sustaining program

outcomes. This supports the TBL's economic pillar, reinforcing the idea that without robust budgeting, accountability, and locally anchored financial strategies, donor-funded projects are vulnerable to collapse once external support ends.

Social sustainability refers to the extent to which a project addresses community needs, fosters participation, and promotes equity and inclusiveness. For donor-funded healthcare projects, this means building meaningful relationships with community stakeholders, ensuring responsiveness to local health concerns, and cultivating local ownership. This study links social sustainability to the objective on community engagement, which seeks to explore how community involvement enhances ownership and continuity. According to Lelegwe (2015), community participation in all phases of project development planning, implementation, and monitoring significantly influenced community ownership of donor-funded projects in Samburu County. This aligns with the TBL framework's emphasis on stakeholder inclusion, trust-building, and social cohesion as enablers of project longevity.

Environmental sustainability involves maintaining physical and ecological systems that support service delivery over time. Within healthcare, this extends to the availability and maintenance of infrastructure such as buildings, water systems, energy sources, and transport networks especially in geographically marginalized areas like Samburu. In this study, environmental sustainability corresponds to the objective on physical healthcare infrastructure, which examines how the condition, management, and resilience of health facilities and systems affect the sustainability of donor-funded initiatives. Afolabi (2022) notes that weak infrastructure and health systems often lead to project stagnation or termination after donor exit. This reflects the environmental pillar of the TBL, which stresses the importance of systemic capacity and resource stability for long-term impact. For example, a clinic without reliable water, power, or road access may remain underutilized or abandoned despite being fully constructed and equipped during a donor project. This reinforces the idea that sustainability is not merely about physical presence but functional continuity.

While Sustainability Theory offers a valuable multidimensional lens for evaluating the long-term viability of health interventions, it is not without limitations. One major critique is that it assumes the availability of institutional capacity and policy environments conducive to sustainability, which may not reflect the realities in fragile health systems such as Samburu's. Funding uncertainties, weak local governance, human resource shortages, and fragmented planning often constrain the application of sustainability principles. Moreover, the TBL does

not fully account for power dynamics between donors and host communities, or for political influences that may affect project implementation and transition. In such contexts, the ideal balance among economic, social, and environmental dimensions is difficult to achieve without deliberate system-wide reforms and sustained government commitment.

Despite its limitations, Sustainability Theory provides a solid conceptual framework for this study. It supports an integrated analysis of community engagement, financial planning, donor policy alignment, and infrastructure capacity, the four pillars identified as crucial for the sustainability of donor-funded healthcare projects in Samburu County. The TBL framework enables a holistic understanding of sustainability that goes beyond funding timelines to include community empowerment, infrastructure resilience, and financial accountability. By applying this theory, the study aims to assess not only whether donor-funded healthcare interventions are continuing but how and why they sustain or fail in a marginalized, resource-constrained, and culturally complex setting.

2.2.3 Institutional Theory

This study also draws on Institutional Theory, originally developed by Paul DiMaggio and Walter Powell (1983), to examine how donor policies influence the sustainability of donor-funded healthcare projects. Institutional Theory posits that organizations especially in the public and nonprofit sectors are not driven solely by efficiency or technical goals, but also by the need to conform to external rules, norms, and expectations in order to gain legitimacy, secure resources, and ensure survival over time. According to the theory, organizations adopt certain practices and structures not because they are necessarily the most effective, but because they reflect the expectations of powerful stakeholders such as governments, donors, or regulatory bodies. This process of conforming to institutional pressures is often referred to as isomorphism which can be coercive, resulting from mandates and regulations, normative, driven by professional standards or mimetic, imitation in the face of uncertainty.

Institutional Theory is highly applicable to the study of donor-funded healthcare sustainability in Samburu County, as it explains how donor policies and global health governance structures act as institutional forces shaping the design, implementation, and continuity of healthcare programs. Donor organizations often impose specific operational requirements, such as reporting formats, staffing structures, funding cycles, or implementation guidelines, that recipient organizations must follow to secure and maintain funding. These policies, while

intended to promote accountability and effectiveness, can also restrict local innovation or misalign with the long-term needs of the communities served.

In the context of this study, Institutional Theory helps us understand how donor expectations influence the sustainability trajectory of healthcare projects. Donors not only provide financial support but also introduce institutional norms such as time-bound funding, measurable targets, and exit strategies that impact the way local organizations plan for sustainability. As McDade, Kokwaro, Munge, and Ogbuoji (2021) argue in their study on donor dependency in Kenya's health sector, donor policies can either promote or hinder sustainability depending on how they are structured. For example, they note that sustainability improves when donor frameworks include clear transition plans, local system integration, and long-term capacity building, thereby aligning donor intentions with institutional strengthening at the county level. Conversely, short-term or donor-centric planning risks creating dependency or disjointed implementation that cannot be maintained once funding ceases.

While Institutional Theory offers a valuable lens for examining policy influence and organizational behavior, it also has limitations. One critique is that it may underemphasize the role of agency, innovation, and local adaptation. Organizations in dynamic, resource-constrained environments like Samburu may actively reinterpret or resist donor norms to better suit their operational realities. Moreover, the theory does not fully address the political dimensions and governance challenges that can shape project sustainability—such as county leadership, corruption, or shifting political priorities. Additionally, Institutional Theory is primarily descriptive rather than prescriptive. It explains why organizations behave in certain ways, but not necessarily how to improve sustainability outcomes in complex development settings.

2.3 Empirical Review

The aim of empirical review is to examine existing research on the factors that influence the sustainability of donor-funded healthcare projects, particularly in Samburu County, Kenya. The review provides a comprehensive understanding of the key factors affecting project sustainability, it helps to identify trends, highlights challenge and gaps, provides theoretical foundation, recognizes best practices, supports policy and decision making. The key themes covered in the review are community engagement, financial budgeting, donor policies and physical healthcare infrastructure.

2.3.1 Community Engagement in Donor-Funded Healthcare Projects

Empirical studies consistently emphasize the crucial role of community participation in the sustainability of donor-funded healthcare projects. Research by Ilesanmi and Afolabi (2022) demonstrates that community ownership, particularly through the involvement of local leaders such as district representatives and traditional elders, is instrumental in ensuring the long-term success of health interventions. Their findings suggest that when local leadership structures are engaged, they help build trust, mobilize support, and institutionalize the project within the community, which enhances its sustainability.

Similarly, Wickremasinghe, Hamza, and Umar (2021) found that community acceptance, especially through volunteer-based involvement, contributes significantly to sustaining health projects beyond donor funding cycles. Their study underscores the value of involving communities from the earliest stages of project development using grassroots approaches. This helps to foster a strong sense of ownership and social responsibility among community members, which in turn reduces reliance on external actors and funding sources.

In a related context, Mwakisisile (2023), in a study conducted in Kyela District, Tanzania, observed that community engagement directly influences both participation levels and the long-term sustainability of public health interventions. By identifying community needs and integrating them into the project design, organizations are more likely to achieve greater community commitment and sustained support. When communities perceive a project as aligned with their priorities and values, they are more likely to advocate for its continuation and ensure its operations persist even after donor exit.

Further supporting these perspectives, Chepkemoi (2021) argues that the absence of structured policies and frameworks for participation can undermine implementation and reduce project sustainability. Her study highlights that failure to embed community involvement into all stages of the project cycle, particularly during planning and implementation, can result in a lack of ownership, reduced relevance to local needs, and limited community support. This not only affects the effectiveness of the intervention but also increases the risk of collapse once external support is withdrawn.

Taken together, these studies highlight that sustainable healthcare interventions must go beyond superficial engagement. Sustainability is more likely when community participation is deeply embedded in project structures and when communities play an active role in identifying

priorities, shaping strategies, and maintaining operations. However, most of the reviewed studies tend to focus more on community involvement during implementation phases and less on how communities can be engaged in monitoring, evaluation, and long-term governance of health projects. Additionally, while the importance of participation is well established, there is limited analysis on how participation is negotiated, who is included or excluded, and how power dynamics within communities may affect representation and decision-making.

The literature also shows a gap in examining the role of external actors, particularly donors, in shaping participatory frameworks. While donors often promote participation as a requirement, few studies critically evaluate whether donor policies and funding mechanisms allow sufficient flexibility and time to build authentic, inclusive community partnerships. Therefore, while the empirical evidence affirms the importance of community engagement for sustainability, further inquiry is needed into how such engagement is operationalized, institutionalized, and supported both locally and externally.

2.3.2 Financial Budgeting and Sustainability of Donor-Funded of healthcare projects

The relationship between financial budgeting and the sustainability of donor-funded healthcare projects has become increasingly significant, particularly in low- and middle-income countries where health systems often depend on external support. A growing body of literature suggests that effective financial planning and budget management serve as foundational elements for ensuring that health interventions continue to operate beyond the donor funding cycle. In Tanzania, Marwa and Mankambila (2024) found that strong financial management skills and structured budgeting mechanisms led to more efficient fund utilization and better healthcare outcomes. Their findings demonstrate that internal capacity to manage finances not only supports implementation but also contributes to project continuity. Complementing this, Ototo et al. (2024), in a Kenyan context, emphasize that the inclusion of capital depreciation plans and the adoption of digital budgeting systems are critical to enhancing the lifespan of donor-funded healthcare infrastructure. Their research suggests that without such forward-looking financial practices, assets acquired during donor support periods may deteriorate quickly, leading to service interruptions.

Conversely, weak budgeting practices can jeopardize sustainability. Lishoni (2023) illustrates this risk through a study on HIV/AIDS programs in Namibia, showing that when donor funding was reduced without proactive financial planning, service delivery rapidly collapsed. Similarly, Mutimba (2013) found that in Kenya's Kilifi County, donor-funded initiatives often failed to

align with local government development frameworks, which resulted in duplicated efforts, poor coordination, and ultimately unsustainable programs.

At a global level, studies further reinforce the importance of budgeting strategies that support transitions. Pallas et al. (2015) observed that donor exits were smoother when national health systems had already incorporated transition budgeting and expenditure forecasting into their planning processes. Likewise, Vian et al. (2012) highlighted that performance-based budgeting fosters accountability and transparency, key elements in sustaining donor confidence and facilitating program handover.

Additional evidence supports the argument that sustainability planning should begin at project inception. Deloitte (2019) found that including recurrent operational costs early in budgeting, rather than focusing solely on capital investments, enabled health projects to continue functioning after donor exit. This approach ensures that essential elements such as staffing, maintenance, and supply chains are sustained. Asante, Roberts, and Hall (2012) further note that aligning donor budgeting models with national fiscal constraints can mitigate the adverse effects of conditional aid, particularly in settings with limited fiscal space. Similarly, Mikkelsen-Lopez et al. (2011) advocate for more flexible program-based or activity-based budgeting systems, as opposed to rigid line-item budgets, which often limit adaptability in dynamic health environments. The Gavi Alliance (2020) provides a practical example, demonstrating that countries which integrated co-financing and government uptake strategies into their budgeting during the donor phase experienced fewer disruptions post-exit. These examples point to a growing consensus that budgeting is not only a financial process but also a strategic planning tool for sustainability.

In addition to technical budgeting practices, systemic and governance-related factors significantly influence financial sustainability. Agbo (2024) reports that financial inefficiencies can account for as much as 30–40% of health spending, a gap often driven by poor planning and weak accountability mechanisms. While improved budgeting can reduce waste, Agbo also highlights the risk of corruption and poor governance, which can result in misallocation of funds. Political instability further complicates the alignment between health policies and budgetary commitments, often undermining long-term planning and continuity.

Moreover, Ilesanmi and Afolabi (2022) emphasize the importance of integrating community ownership and local resource mobilization into financial planning. Projects that incorporate

these elements are more likely to endure once external funding ceases. They also point to the role of local financial leadership in enhancing effectiveness—without competent budget managers or clear financial governance structures, even well-funded projects may struggle to sustain.

Literature clearly supports the argument that financial budgeting is central to the sustainability of donor-funded healthcare projects. However, sustainability is not determined by financial planning alone. Budgeting must be aligned with governance systems, community dynamics, political conditions, and infrastructural realities. While technical budgeting practices are essential, they must be embedded within broader institutional and social frameworks to truly enable long-term project viability.

2.3.3 Donor policies and their Influence on Healthcare Sustainability of donor- funded healthcare projects

Empirical literature strongly suggests that donor policies play a fundamental role in shaping the design, funding scope, and sustainability of donor-funded healthcare projects. These policies often define contract terms, set the duration of funding, determine which activities receive financial support, and establish compliance standards (Australian Government's Overseas Aid Program, 2020). As such, they serve not only as administrative tools but as strategic frameworks that can either facilitate or hinder long-term sustainability.

A notable study by Murage (2014) examined the impact of adherence to donor regulations on the financial performance of 42 donor-funded organizations in Nyeri County, Kenya. Using a descriptive research design and quantitative data collection methods, the study combined structured questionnaires with both closed and open-ended questions. The analysis included descriptive statistics, Pearson's correlation, and multiple regression. The findings indicated a strong positive relationship between compliance with donor regulations and financial performance. In particular, the study emphasized that donor-recipient relationships are inherently contractual and regulated by strict requirements for transparency, accountability, and adherence to funding conditions. Organizations that failed to comply with these regulations often faced financial instability, weakened donor relations, and even withdrawal of funding—factors that ultimately compromised the sustainability of their projects.

Beyond financial risks, the study revealed that most donor-funded organizations remained heavily dependent on external sources, with local income generation efforts falling short of

budgetary needs. This reliance made them especially vulnerable to disruptions arising from non-compliance or abrupt changes in donor policy. As a result, the study recommended the establishment of continuous dialogue platforms between donors and recipient organizations to improve mutual understanding and refine regulatory frameworks. It also emphasized the need for organizations to strengthen internal financial controls, align internal guidelines with donor expectations, and actively monitor the implementation of audit recommendations.

While Murage's study offers valuable insights into the regulatory dimensions of donor relations, it presents several contextual and methodological limitations. First, the study was conducted in Nyeri County, a region with distinct socio-economic characteristics that differ significantly from Samburu County, which is predominantly pastoralist and marked by high levels of geographic marginalization. These contextual differences—especially in terms of infrastructure, health-seeking behavior, and administrative capacity—limit the direct applicability of findings to Samburu's donor-funded health environment. Second, the study is now a decade old, during which time both donor policy frameworks and government regulations have evolved considerably, highlighting the need for updated empirical research. Finally, Murage employed a largely quantitative approach, which, while robust in measuring correlations, may lack the qualitative depth necessary to explore how donor policies are experienced, negotiated, or resisted at the local level—an area the current study seeks to investigate.

Further support for the importance of donor policy alignment comes from a study by Danya Long and Deane (2018) in Tanzania, which found that policy frameworks that aim to strengthen local institutions and build administrative capacity are critical for improving grant effectiveness and sustainability. Their findings reinforce the argument that sustainability cannot be achieved through financial inputs alone; rather, it requires donor policies that are responsive to local governance realities and that prioritize long-term capacity building.

Despite the relevance of these studies, both present gaps in time, location, and method. The Tanzanian context differs structurally and administratively from Kenya's devolved system, particularly with regard to county-level health governance. Moreover, given the evolving nature of donor strategies, aid conditionalities, and health system needs, their findings may not fully reflect the current realities in pastoralist counties like Samburu. The use of structured questionnaires and quantitative tools in previous studies also limits the exploration of more

nuanced policy effects, such as the adaptability of donor guidelines, the flexibility of funding mechanisms, or the degree of alignment with county-level health priorities.

In sum, existing literature affirms that compliance with donor policies and alignment with local institutional capacities are critical to the sustainability of externally supported health programs. However, it also reveals gaps in terms of how donor policies are interpreted and operationalized within diverse local contexts. The current study aims to fill this gap by examining how donor policies influence the sustainability of healthcare projects in Samburu County through a qualitative lens, allowing for deeper insights into implementation dynamics, policy coherence, and practical challenges faced by implementing partners. It also contributes to ongoing discussions around the need for policy reforms, donor-recipient dialogue, and flexible frameworks that support both accountability and local ownership.

2.3.4 Physical Healthcare Infrastructure influence on Sustainability of donor- funded healthcare project

Healthcare infrastructure refers not only to the physical structures, such as hospitals, clinics, and medical equipment, but also encompasses the technological, human, and procedural systems that support the delivery of health services. According to the World Health Organization (WHO, 2010), healthcare infrastructure includes essential components like water and sanitation systems, transport networks, digital health technologies, and qualified human resources, all of which are necessary for an efficient and equitable health system. In low-resource settings, the availability, functionality, and accessibility of these components are critical to improving service delivery and sustaining healthcare interventions.

McKee, Edwards, and Atun (2017) extend this view by arguing that healthcare infrastructure must also include organizational procedures and management protocols, which ensure the long-term provision and reliability of healthcare services. Their work positions infrastructure not just as a static resource, but as a dynamic system that requires continual investment, coordination, and adaptation, especially in fragile and underserved environments.

In a recent study, Shahzadi (2024) found that healthcare infrastructure plays a central role in the sustainability of donor-funded healthcare projects (DFHPs) by expanding access to underserved rural areas. The presence of pre-existing infrastructure such as roads, health facilities, and communication systems can significantly reduce the start-up costs of donor projects, thereby making them more feasible and efficient. Shahzadi also notes that

infrastructure contributes to broader economic and environmental sustainability, as it enables communities to leverage their natural and human resources for development. While this study offers valuable insights, its generalization may be limited due to the setting which differs significantly from the context of Samburu County, Kenya. India has more advanced infrastructure systems and a distinct approach to health system financing, including a stronger domestic capacity for managing health investments and donor transitions.

Supporting these findings, Straka (2016) highlights the critical role of infrastructure, particularly road development, in promoting rural growth. Improved roads and transport systems increase access to healthcare facilities, clean water, electricity, and communication services, which collectively contribute to higher quality of life and greater access to essential services. While the study focuses on general rural development, the implications for healthcare are direct, particularly in regions where transport barriers inhibit access to emergency and routine medical care.

However, both Shahzadi (2024) and Straka (2016) offer only limited insight into the challenges of maintaining and sustaining healthcare infrastructure, particularly in rural or pastoralist areas. These challenges are acutely relevant in Samburu County, where donor-funded health facilities often face equipment shortages, poor maintenance of solar and water systems, and inadequate staffing. Without a strong maintenance plan, many facilities deteriorate shortly after donor withdrawal, resulting in underutilization or complete service failure. Moreover, these studies do not sufficiently address the issue of systemic integration, such as how infrastructure aligns with county health budgets, government staffing plans, or supply chain systems—all of which are crucial to ensuring sustainability.

Despite these contextual limitations, the reviewed studies affirm the centrality of infrastructure in sustaining healthcare interventions. Their findings underscore that donor-funded health projects benefit from leveraging and improving existing infrastructure to reduce costs, increase access, and promote long-term utility. Importantly, these studies also support the idea that infrastructure development should be paired with sustainable funding models, local ownership, and institutional capacity to manage ongoing operations and maintenance.

In the context of Samburu County, where rugged terrain, dispersed populations, and weak institutional support systems prevail, the presence of healthcare infrastructure alone is not sufficient. There is a pressing need to ensure that infrastructure is adapted to local realities,

properly staffed, and maintained through coordinated partnerships between donors and county governments. Donor-funded healthcare projects must therefore prioritize infrastructure as both a physical asset and a strategic pillar of sustainability, aligning investment with operational viability and resilience to systemic shocks.

In summary, while existing literature from other regions provides valuable theoretical support for the role of infrastructure in sustaining donor-funded health interventions, there is a clear need for context-specific research that examines how infrastructural challenges, such as staffing gaps, maintenance constraints, and limited integration with public systems, uniquely affect project outcomes in pastoralist settings like Samburu. This study contributes to filling that gap by investigating infrastructure sustainability not only as a matter of construction, but as a broader system of service continuity, institutional ownership, and post-donor resilience.



2.4 Conceptual Framework

This is a crucial research tool designed to provide researchers with a concise understanding of the problem under investigation, enabling them to develop a clearer perspective and effectively communicate their findings (Kombo & Tromp, 2019).

Independent variables

Dependent variable

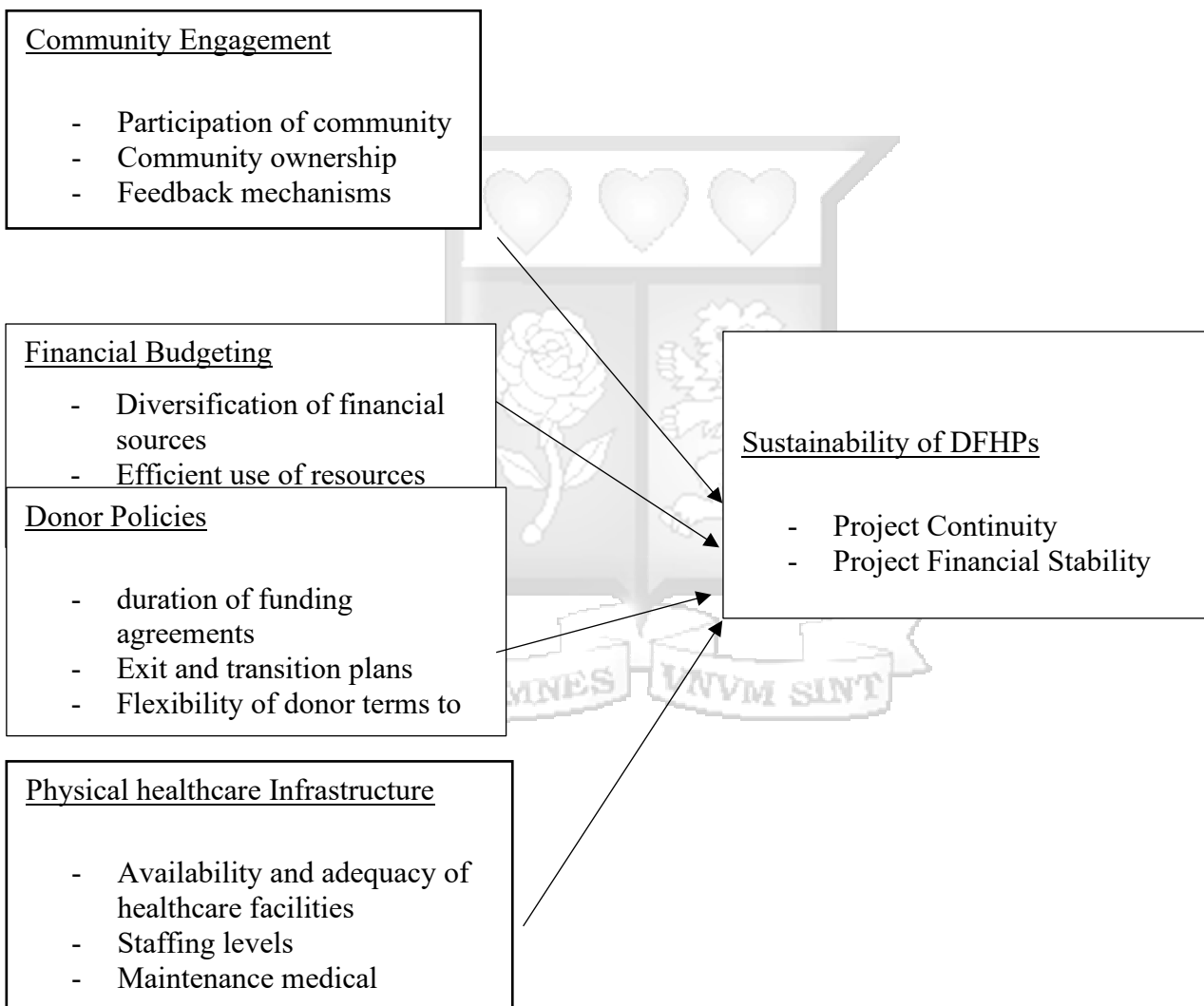


Figure 2.1: Conceptual Framework

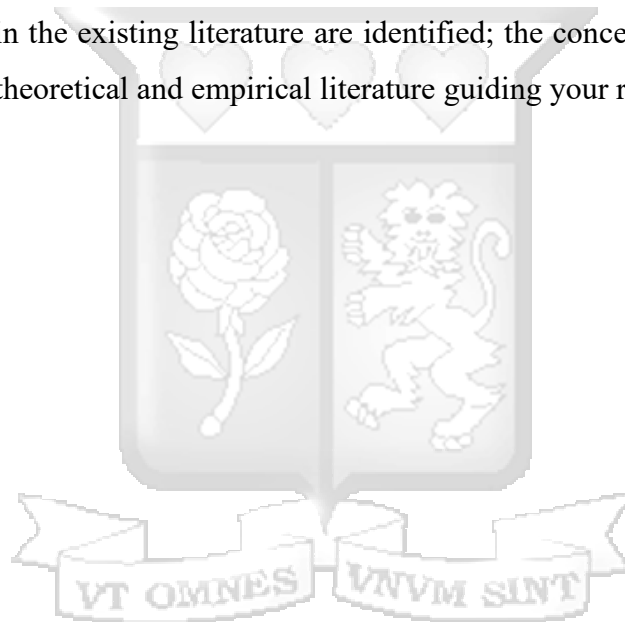
2.5 Operationalization of Variables

Table 2.1: Operationalization of Variables

Independent variable	Definition	Measurement method	Measurement of variable
Community engagement	Community participation refers to the active involvement, participation, and engagement of the community members who are beneficiary's donor of donor funded healthcare projects. (WHO, 2020).	Interviews	<ul style="list-style-type: none"> • Community involvement • Community program enrolment • Participation in local governance • Volunteer participation rates
Financial budgeting	Financial budgeting refer to the methods and processes used to plan, direct, monitor, organize, and control the financial resources of a project to ensure its sustainability. (OECD , 2019).	Interviews Document review	<ul style="list-style-type: none"> • Financial reporting • Budget planning • Financial planning
Donor Policies	Refers to the set of policies, guidelines and structures established by donors to ensure transparency, accountability, and effective management of projects. (Brugha, 2004).	Interviews Document analysis	<ul style="list-style-type: none"> • Compliance with donor policies • Policy awareness and trainings • Governance meetings • Donor exit strategies
Infrastructure	Refers to the presence and accessibility of healthcare facilities, electricity, and roads. (WHO , 2010)	Interviews	<ul style="list-style-type: none"> • Accessibility of roads • Availability of health facilities
Dependent variable			
Sustainability of donor funded-healthcare projects	ability of these initiatives to continue delivering healthcare services effectively beyond the initial donor support period. It involves maintaining financial, institutional, social, and environmental viability to ensure long-term impact without relying entirely on external funding. (OECD , 2015).	<ul style="list-style-type: none"> • Qualitatively 	<ul style="list-style-type: none"> • Financial sustainability • Project continuity

2.6 Chapter Summary

The chapter gives a collective overview for existing theories, and research related to the study of factors influencing sustainability of donor healthcare projects in the County of Samburu. The theoretical framework discusses the sustainability theory and community institutional theory. Sustainability theory focuses on the long-term maintenance of healthcare projects so that continue to benefit the communities, it highlights key components such as social, economic and environmental aspects on how they impact sustainability of DFHPs. Institutional theory emphasizes on the significance of institutional structures in shaping organizational behavior and sustainability of DFHPs. The empirical review provides research on the sustainability of healthcare projects, community engagement, financial budgeting, donor policies and physical healthcare infrastructure. These studies provide a solid foundation for understanding our research study. Gaps in the existing literature are identified; the conceptual framework gives key insights from the theoretical and empirical literature guiding your research and analysis.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology for studying factors that influence sustainability of donor-funded healthcare projects in Samburu County, Kenya. It covers key aspects such as the research philosophy, design, data collection methods, target population, sampling techniques, and data analysis procedures. Additionally, it discusses measures to ensure research quality and ethical considerations that was followed throughout the study. Research methodology aims to provide a comprehensive plan for conducting the research and it ensures that the research is carried out systematically to allow reliable and valid results that can inform future projects and policies to achieve the project objectives

3.2 Research Philosophy

Research philosophy refers to the set of beliefs and assumptions that guide how a study is conducted. It shapes the approach to data collection, analysis, and interpretation. According to Creswell and Creswell (2022), the selection of a research philosophy depends on how the researcher views reality, conceptualizes the research problem, and formulates a research strategy.

Several philosophical paradigms commonly guide research design. Positivism is grounded in the belief in an objective reality that can be observed and measured through scientific methods. It typically involves quantitative data and emphasizes generalizability and replicability (Saunders, Lewis, & Thornhill, 2019). Interpretivism focuses on understanding the subjective meanings and social realities constructed by individuals. It emphasizes qualitative methods such as interviews to capture rich, contextual insights (Bryman, 2016). Pragmatism adopts a flexible approach, combining qualitative and quantitative methods based on what works best for addressing the research problem. It prioritizes practical outcomes over strict adherence to any one philosophical stance (Creswell & Creswell, 2022). Critical Realism recognizes the existence of an objective reality but argues that our understanding is always influenced by social, cultural, and historical contexts. It often explores issues of power, structure, and agency (Bhaskar, 1978; Fletcher, 2017). Postmodernism challenges the notion of universal truths, emphasizing the diversity of perspectives shaped by discourse, language, and culture. It seeks to deconstruct dominant narratives and give voice to marginalized perspectives (Denzin & Lincoln, 2018).

Each philosophical orientation influences the research design, choice of methods, and analytical approaches. The choice depends on the research objectives and the nature of the inquiry. This study adopts an interpretivist philosophy, as it is best suited to explore the subjective perspectives and lived experiences of project coordinators and ward administrators regarding the sustainability of donor-funded healthcare projects. It emphasizes the importance of understanding context-specific factors that influence project success and allows for the exploration of meaning within a real-world setting (Bryman, 2016).

3.3 Research Design

Research design is the structured framework that outlines how a study will be conducted, including the research methods and procedures used to collect and analyze data. The research study employed a qualitative research approach to explore the sustainability of healthcare projects, data was collected through in-depth interviews and document analysis. The aim was to gain rich insights on the perceptions and experiences of project coordinators and ward administrators.

3.4 Population and Sampling

This category provides the target population for the research study, sampling technique, and determination of sample size

3.4.1 Target Population

According to Dawson (2019), a study population comprises individuals, events, or records that contain the relevant information needed to address the research questions. Defining the study population helps determine whether data should be collected from the entire population or from a representative sample. When a sample is used, it must be sufficiently large and adequately representative to allow for valid inferences about the target population (Martínez-Mesa et al., 2016).

The target population for this study includes project coordinators and ward administrators involved in donor-funded healthcare projects in Samburu County, Kenya. Project coordinators are responsible for overseeing the planning and implementation of donor-funded projects. They possess relevant knowledge in areas such as project management, community engagement, financial budgeting, and donor compliance policies. Ward administrators manage community-level services and are knowledgeable about local healthcare infrastructure, community needs, and the sustainability challenges associated with healthcare service delivery in remote settings.

These groups were selected because of their direct involvement in both the strategic and operational aspects of healthcare projects, making them well-positioned to provide insights into the sustainability of donor-funded initiatives.

3.4.2 Sampling Procedure

Sampling is a method used to select a subset of individuals from a larger population to make inferences about that population. It plays a critical role in research by enabling efficient data collection, reducing costs and time, and allowing for the generalization of findings (Babbie, 2020; Lohr, 2021). For a sample to be effective, it must be reliable and efficient. Researchers must also be aware of potential sampling errors and account for them in the study design (Creswell & Creswell, 2018). This study employs purposive sampling, a non-probability sampling technique that involves the deliberate selection of participants based on their knowledge and experience related to the research topic. In this case, participants were selected for their direct involvement in and understanding of factors influencing the sustainability of donor-funded healthcare projects in Samburu County. Specifically, the study targets project coordinators and ward administrators, as they hold key positions in managing these initiatives and overseeing community-level services. The study selected 20 project coordinators involved in donor-funded healthcare projects, and 10 ward administrators in Samburu.

3.5 Data Collection methods and tools

Data collection methods are systematic approaches used to gather relevant information for a study, categorized into qualitative techniques like interviews and focus groups, and quantitative methods such as surveys and experiments (Creswell & Creswell, 2018). The research study used three key qualitative methods to gather in-depth insights on sustainability of donor funded healthcare projects in Samburu County. In-depth Interviews is the primary method for collecting data, it helped to explore the experiences, perceptions, and challenges faced by project coordinators and ward administrators in sustainability of donor-funded healthcare projects. The participants are project coordinators covering community engagement, financial budgeting, and donor policies, and ward administrators covering community engagement and physical healthcare infrastructure. The interviews were semi-structured with open-ended questions to give room for detailed responses. Document Analysis was conducted to examine relevant reports for evidence of financial budgeting, donor policies, and sustainability planning. Documents to be Reviewed are, The Samburu County Health Strategic and Investment Plan, the CIDP 2023–2027, and the Kenya Health Policy 2014–2030.

3.6 Research Quality

3.6.1 pilot testing

Pilot testing was conducted to assess the clarity of interview questions, it ensures participants can understand the interview questions and they can give relevant responses. It helped in revealing gaps in missing in data collection, and it determined the feasibility of the study participant availability, travel, and interview duration. A small sample of 3 participants were selected, 2 project coordinators and 1 ward administrator. Data collection tools were tested by conducting mock interviews to check whether the respondents understand the questions and whether the responses are aligning with the research study objectives. Responses from the pilot test will be evaluated to check if some questions are unclear and if the responses are insightful or superficial. Research feasibility will be assessed in terms logistics, time, access to participants and quality of data recording. The interview guide, observation checklist, and logistics plan based on the pilot results will be revised and adjusted.

3.6.2 Research reliability

To ensure reliability in our qualitative study on the sustainability of donor-funded healthcare projects (DFHPs) in Samburu County, the research will utilize multiple techniques to enhance consistency, dependability, and trustworthiness of findings. Dependability will be ensured by maintaining a detailed audit trail that documents all the research processes, including interview transcriptions, thematic coding procedures, and data analysis steps. Additionally, a peer review **will** be conducted, where research supervisor or colleagues will assess the methodology and interpretations to ensure consistency. A reflexivity journal will also be kept to document researcher biases, decisions, and reflections throughout the study.

Triangulation was conducted to strengthen reliability of the findings by collecting data multiple sources. This through interviews, document reviews and observations. This technique ensures findings are cross verified to increase credibility and reduce bias.

To ensure consistency the process of data analysis, the code-recode method was applied. Data will be coded in the beginning, the coding process will be repeated after two week interval to ensure consistency in the identified themes and patterns. This assisted in reducing subjective bias and ensure consistency of data interpretation.

To increase accuracy of the interpretations, summarized findings will be shared with the selected participants to verify if their perspectives have been accurately represented. In case of Any discrepancies or misinterpretations, it will then be addressed further for clarification.

3.6.3 Research Validity

To enhance validity of this research study, multiple approaches will be employed. Credibility will be increased by prolonging the field engagement time to build trust with the local context, triangulation of data from multiple sources will be done, checking on with the participants to reduce the misinterpretation of data. Dependability will be maintained throughout and confirmability to increase the study findings trustworthiness and credibility.

3.8 Data Analysis

Data Preparation will be done through transcription by converting audio-recordings for interviews into written record, documents will be gathered, organized and categorized for easy accessibility during analysis and observational data is written clearly with detailed notes about the context. Interview transcripts, documents and observation notes will be read through multiple times to gain deep understanding of the contents. Patterns, key words and interesting statements will be highlighted for further exploration. Data will be broken into small and meaningful segments, codes will then be assigned to the segments, in order to organize data into categories. A comprehensive list of codes with clear definitions will be developed to ensure consistency throughout the analysis. Nvivo software for qualitative data analysis will be utilized to manage and organize codes efficiently.

The coded data will be examined to identify themes and recurring patterns, the identified themes will be organized hierarchically into main themes and sub-themes for a clear structure. Thematic mapping will be done by creating visual representations to show how main themes and sub-themes are related.

Data will be contextualized by interpreting the themes in relation to research objectives, considering the specific contextual factors of Samburu County. Data sources will be integrated, the findings will be linked to the research objectives of the study.

Findings will be validated through triangulation by cross-verifying data from multiple sources to enhance reliability of research findings. Results will also be shared with participants to confirm the accuracy of interpretations.

To present findings, themes and insights will be summarized, direct quotes from participants will be incorporated to support your analysis and add authenticity. Visual aids will be utilized that is thematic maps to visually represent relationships between themes and detailed examples will be provided to illustrate the themes in a way that captures the richness of the data.

3.9 Research Ethics

The researcher will adhere to ethical research standards throughout the study. Prior to data collection, approval and a letter of recognition will be obtained from the Strathmore University Institutional Review Board, along with a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI) and authorization from the County Government. The data collection instruments will be designed to protect respondents' privacy and ensure they are not exposed to any discomfort or distress during data collection process. All information will be treated with strict confidentiality, participation will be voluntary, and respondents will provide informed consent before taking part in the study.

3.10 Data Management

To ensure the confidentiality, integrity, and proper handling of research data, the study adhered to strict data management protocols. All interview recordings and transcriptions were stored in encrypted digital formats on password-protected devices, with access restricted to the principal investigator and authorized research assistants. Data access rights were clearly defined, with each team member signing a confidentiality agreement before participation in data handling. Physical documents, such as consent forms and notes, were stored in locked cabinets accessible only to the research team. The data collected will be stored securely for a duration of five years after project completion, in accordance with ethical guidelines and institutional policies. After this period, all data will be permanently destroyed using secure digital deletion and shredding of physical records to ensure participants' privacy.

3.11 Data Dissemination Plan

The findings of the study will be disseminated through several channels. First, a plain-language summary of key results will be shared with study participants and community stakeholders via community meetings in Samburu County. This approach aims to ensure that participants and local leaders understand how their input contributed to the overall findings. Secondly, the study results will be presented to healthcare project coordinators, NGOs, and donor organizations through stakeholder workshops to support evidence-based decision-making. Academic dissemination will include publication in peer-reviewed journals and presentations at relevant

conferences. Efforts will also be made to translate key findings into local languages and culturally appropriate formats, such as posters or radio broadcasts, for broader community access.



CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the data analysis and findings from the data collected through interviews. The findings are presented in line with the study objectives including, to explore the role of community engagement in enhancing the sustainability of donor-funded healthcare projects in Samburu County, to understand how financial budgeting enhances the sustainability of donor-funded healthcare projects in Samburu County, to examine how donor policies influence the sustainability of donor-funded healthcare projects in Samburu County, and to understand how physical healthcare infrastructure enhances the sustainability of donor-funded healthcare projects in Samburu County.

4.2 Participants Demographics

The study involved 20 in-depth interviews with project coordinators and 5 key informant interviews with ward administrators in Samburu County. The participants held mid- to senior-level leadership positions within non-governmental organizations (NGOs) operating in the region. Their roles included project coordinators, technical advisors, and program officers, each responsible for various aspects of the project life cycle—ranging from design and budgeting to implementation and monitoring.

Participants represented a diverse array of public health interventions aligned with both national and county health priorities. Their programs covered areas such as maternal and child health, nutrition, mental health, emergency response, and community health systems strengthening.

In their day-to-day responsibilities, participants regularly engaged with donor agreements, financial reporting requirements, exit strategies, and compliance audits. This involvement provided them with valuable insights into how donor policies and practices can either facilitate or constrain the sustainability of healthcare initiatives in resource-limited and pastoralist settings.

Table 4.1: Participant Background

Background	Interpretation
Professional Position	Leadership roles with responsibilities in planning, budgeting, M&E, and community outreach.
Sector Expertise	Broad coverage across maternal health, mental health, infrastructure, emergency response, and community systems.
Local Experience	Deep knowledge of Samburu County's socio-cultural, geographic, and logistical realities.
Donor System Knowledge	Familiarity with funding cycles, compliance, donor agreements, and exit planning.

4.3 Influence of Financial Budgeting on Sustainability of Donor-Funded Healthcare Projects

In examining the financial budgeting practices across organizations working on healthcare projects in Samburu County, several themes emerged. These themes reflect the complexity of operating in pastoralist regions where financial stability, donor alignment, and community trust are paramount. The themes emerging as shown in Table 4.2 include, multiple sources of funding, diversification of financial sources, needs assessments for budgeting, efficient use of financial resources, cost reduction strategies, contingency planning, and budget adherence.

Table 4.2: Financial Budgeting

Theme	Sub Theme	Illustrative quotes
Funding Sources	Multiple sources, Cost-sharing	<i>"We have about maybe more than two... one is some grant funding... Secondly, now this is a child-sponsored organization... Thirdly, we have also some income-generating activities... and some community contribution also."</i>
Diversification Strategies	Resource mobilization; Strategic resource mobilization plan, diversified donor countries, government + NGO synergy	<i>"We can meet communities, they can give us land... we can even invest."</i>
Needs Assessments	Annual needs assessment, Surveys, FGDs, stakeholder input, participant-based annual reviews	Participant 1 echoed the significance of frequent evaluations, citing <i>"monthly, quarterly... surveys and focus group discussions."</i>
Cost Efficiency	Cost sharing with government, Partnering with local orgs, shared staffing	<i>"You make sure that your priorities are right... stick to your set of values... and justify changes through a supplemental budget."</i>
Contingency Planning	Unallocated funds, adaptable budgeting, supplemental budgets	Participant 3 described the existence of <i>"unallocated funds"</i> and donor adaptability during crises: <i>"They allow us to change... we adapted during COVID-19."</i>

Multiple Sources of Funding

Participants provided varied responses on the nature and number of funding sources. Participant 2, from the Samburu Children's Programme, detailed a diversified model stating,

"We have about maybe more than two... one is some grant funding... Secondly, now this is a child-sponsored organization... Thirdly, we have also some income-generating activities... and some community contribution also."

This comprehensive approach helps the organization reduce risk from over-dependence on any single source. Participant 3 also acknowledged multiple funding sources, noting, *"We only have, let's say we have two sources of funding, but the main one is USAID... and the other one is PHA,"* indicating a more centralized structure. Participant 4, while not naming funders directly, emphasized the importance of shared responsibility and government contributions, implicitly suggesting a mixed funding model.

Diversification of Financial Sources

All participants discussed deliberate strategies to diversify financial inflows. Participant 10 described an emerging resource mobilization plan designed to attract support at local, national, and international levels, including engaging communities through joint ventures and land donations: *"We can meet communities, they can give us land... we can even invest."* Participant 13 elaborated on an expansive strategy to seek funding from global donors including those in *"UK, Denmark, Germany,"* and emphasized partnerships with CSR-driven corporates. Participant 1 reference to *"resource mobilization from other countries"* aligned with these efforts but lacked operational detail. Participant 4 added a philosophical lens, advocating for strategic cost-sharing: *"We are not coming here to support the activities fully. We are only doing, like, a cost share,"* arguing against complete donor dependence which could destabilize systems after donor exit.

Needs Assessments for Budgeting

Needs assessments were highlighted as foundational to informed financial planning. Participant 2 explained their process includes engagement with *"children, parents, teachers, health providers, board members,"* using *"focus groups discussions and structured questionnaires."* Participant 3 described a robust multi-layered methodology, including a *"two-year diagnostic study"* to analyze root causes of community health challenges, followed by annual participant-based surveys and a monthly *"current momentary system"* to ensure adaptive programming. Participant 1 echoed the significance of frequent evaluations, citing *"monthly, quarterly... surveys and focus group discussions."* Participant 4 brought in the role of real-time assessment in emergency contexts, noting the use of both long-range and short-term smart surveys.

Efficient Use of Financial Resources

Ensuring resource efficiency was uniformly emphasized. Participant 2 underscored the importance of aligning budgets with clearly defined community needs, stating,

"You make sure that your priorities are right... stick to your set of values... and justify changes through a supplemental budget."

Participant 3 described internal systems such as concept notes and monthly budget reviews to ensure alignment with strategic objectives. He added,

"You also now check whether these concept notes are aligned with a strategy... you cannot be able to implement randomly."

Participant 1 highlighted operational tactics such as decentralizing operations: *"Presence in the ward offices... different sub-counties compared to a central point."* Participant 4 emphasized system reinforcement over substitution: *"Partners should be there to strengthen the systems... not erode them."*

Cost Reduction Strategies

All participants implemented practical strategies to manage limited resources. Participant 2 explained: *"We do training using our own resources... in the community, we use training halls... use one car instead of several,"* showcasing operational efficiency. Participant 3 described aligning project activities geographically and functionally to reduce travel and per diem costs: *"Instead of using four cars... we re-align activities... use one trip to kill multiple birds."* Participant 1 reiterated the benefits of partnering with grassroots organizations and maintaining staff presence at the ward level. Participant 4 pointed out the long-term damage of overfunding: *"When you pay everything 100%, when you leave, it will be a crowd debt,"* reinforcing the value of local buy-in.

Contingency Planning

Contingency mechanisms varied in formality and flexibility. Participant 2 noted that unplanned changes were addressed through supplemental budgeting, pending donor and board approval. Participant 3 described the existence of *"unallocated funds"* and donor adaptability during crises: *"They allow us to change... we adapted during COVID-19."* Participant 1 acknowledged the presence of contingency planning, though governed by approvals: *"Every instance has to*

be approved... but it is there." Participant 4 framed flexibility within broader system resilience, relying on government and local structures to absorb shocks.

Budget Adherence

All respondents stressed strict compliance with budgetary frameworks. Participant 12 emphasized procedural rigor: *"If budget changes exceed 15%, we must report and redo the budget."* Participant 3 shared their strong record of adherence, *"By the end of the five years, we were at 99% spent... 90% of the time we are within the 80% spending threshold,"* supported by monthly expenditure tracking. Participant 1 reaffirmed budget discipline, especially with stringent international donors: *"You have to stick to the budget... some donors don't allow overspending."* Participant 4 added that sustainable budgeting avoids assuming full cost burdens that local systems can not sustain once donor support ends.

Overall, findings reveals that financial management in donor-funded healthcare projects in Samburu County is characterized by cautious optimism, strategic diversification, and an increasing shift toward local empowerment and ownership. Across all interviews, there is a strong emphasis on financial accountability, participatory budgeting, and building systems resilient enough to endure beyond the life of donor investments.

Across the interviews community engagement was portrayed as a dynamic and essential component in the success of healthcare projects, especially within the unique socio-cultural and geographical landscape of Samburu County. All respondents acknowledged that community involvement has evolved positively over time, though it remains context-dependent and influenced by mobility, cultural norms, and security challenges. Respondent 8 emphasized that community engagement is often mediated through traditional clan leadership structures. They cited a maternal health project that succeeded by involving women's groups and elders in dialogue sessions, illustrating the centrality of these actors. However, nomadic pastoralists remain difficult to consistently engage, as seasonal migrations often result in mobile clinics missing key population groups. As Respondent 8 noted:

"In Samburu, engagement is often tied to clan leadership. For example, a recent USAID maternal health project succeeded by involving women's groups and local elders in dialogues. However, nomadic pastoralists are harder to engage consistently, mobile clinics often miss them during seasonal migrations."

Respondent 10 reinforced this by noting that in areas like Suguta Valley, insecurity and mobility limit attendance at health forums, making it difficult to establish consistent communication and service delivery. Respondent 9 offered a more optimistic view, stating that while initial resistance existed, particularly around mental health topics, continued sensitization has led to more openness and participation, especially among youth and church-based groups.

Strategies to ensure participation at all stages of the project cycle were well articulated. In terms of planning, Respondent 8 described the use of "barazas," traditional community meetings facilitated by elders, to identify health priorities. Respondent 10 echoed this by highlighting the use of "loipi," traditional Samburu gatherings, as a culturally embedded space to co-develop health goals. Implementation strategies included training local youth and morans (young warriors) as community health volunteers or hygiene ambassadors, thereby leveraging trust and familiarity within the community. Respondent 9 explained that community health units and local leaders such as chiefs, elders, and youth representatives were consulted before launching any health activity. Monitoring mechanisms varied, but commonly included household clusters (*Nyumba Kumi*), community-led audits of dispensaries, and post-event feedback tools like suggestion boxes and anonymous forms. As Respondent 9 explained:

"We work through the local community health units. Before launching any activity, we hold consultative meetings with chiefs, elders, CHVs, and youth leaders. We also have suggestion boxes and feedback forms after forums to help us understand what is working and what is not."

Effective strategies for sustaining engagement emphasized cultural resonance and trusted leadership. Respondent 8 outlined how partnering with elders and morans bolstered acceptance of vaccination drives, while radio dramas in the local Samburu language helped communicate health messages through familiar storytelling formats. Similarly, Respondent 9 described the impact of local leaders championing mental health sessions, stating, "When people see someone they trust supporting a project, they are more likely to get involved." Respondent 10 noted that a cultural ceremony in Baragoi was used to launch a successful vaccination campaign, reinforcing the idea that integrating health messages into existing cultural practices significantly boosts community buy-in.

However, several persistent challenges hinder full community participation. Nomadic mobility remains a significant issue. Respondent 10 recounted a TB outreach that failed because the

herder population had migrated across the border. Gender norms also continue to affect participation, with both Respondents 8 and 10 highlighting how men sometimes restrict women's involvement in family planning and other health forums. Illiteracy was mentioned as another barrier, particularly by Respondent 8, who pointed out that written materials are often ineffective, thus necessitating oral communication and storytelling approaches. As they explained:

"Gender norms and illiteracy continue to be barriers. Men sometimes restrict women's participation in health workshops, and written materials are ineffective because many cannot read. Oral communication, especially storytelling and using local dialects, is preferred and more effective."

Cultural and social factors heavily influence how healthcare is perceived and accessed. All three respondents mentioned the role of traditional healers, who often serve as the first point of contact for many community members. Respondent 8 described collaborative efforts to integrate traditional healers into the referral system for severe cases, while Respondent 19 highlighted that emotional expression is culturally constrained, especially for men, thereby reducing willingness to seek mental health services. However, aligning interventions with local values can also enhance participation, as seen in livestock-related health campaigns that drew strong support when framed through the lens of cattle welfare.

The county government was seen as a key partner in strengthening engagement. Respondent 8 noted that the county has been instrumental in training CHVs and co-funding infrastructure projects. Respondent 9 pointed out the role of the County Health Promotion Office in coordinating outreach efforts and radio talk shows, while Respondent 20 highlighted partnerships with organizations like AMREF to establish emergency response plans.

All respondents offered recommendations to improve community engagement. A recurring suggestion was the use of digital tools like mobile phones and WhatsApp to notify communities, particularly pastoralists, of vaccination schedules and health events. Respondents also emphasized the need for greater inclusion of youth and women in leadership and decision-making roles. Respondent 10 lamented that only two out of fifteen health committee members in their ward were women, calling for more equitable representation. Respondent 9 proposed the creation of peer support groups and more frequent community dialogues as a way to sustain momentum after awareness forums. As they recommended:

"I think follow-up is key. Sometimes, after a training or awareness forum, there is no sustained contact. We need more frequent community dialogues and maybe even peer support groups. Also, using digital tools like WhatsApp groups has potential for reaching younger people."

This analysis reveals that financial budgeting in donor-funded healthcare projects in Samburu County is characterized by cautious optimism, strategic diversification, and an increasing shift toward local empowerment and ownership. Across all interviews, there is a strong emphasis on financial accountability, participatory budgeting, and building systems resilient enough to endure beyond the life of donor investments.

4.4 Influence of Donor Policies on Sustainability of Donor-Funded Healthcare Projects

In exploring donor policies influencing the management and sustainability of healthcare projects in Samburu County, several interrelated themes emerged. These include the presence of formal donor agreements, clarity and structure of exit strategies, the development and implementation of sustainability plans, and donor flexibility (Table 4.3). The responses from project coordinators revealed both the structured nature of donor relations and the growing efforts by local organizations to localize and institutionalize sustainability beyond donor support.

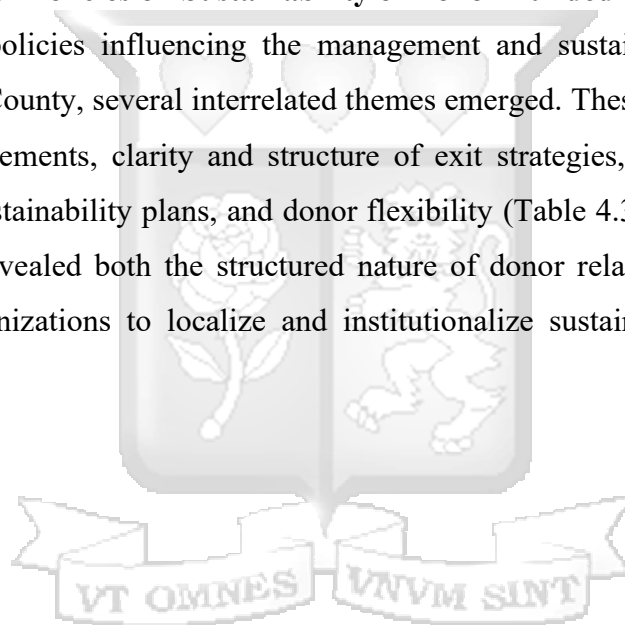


Table 4.3: Financial Budgeting Themes

Theme	Sub Theme	Illustrative quotes
Formal Donor Agreements	Formal grant agreements, timelines and extensions	<i>"All our projects are defined by timelines, they are within a funding cycle, typically five years... It's a contractual obligation and both parties have to agree before implementation."</i>
Exit Strategy	Success plan, strategic planning, phased withdrawal, community/government handover	<i>"We have what we call a sustainability and exit plan... it's embedded at the beginning of the project, reviewed annually... When the donor exits, we don't stop the services."</i>
Sustainability Plans	Local partnerships, Strategic & financial sustainability plans, Strengthening local systems, ownership	<i>"We start with a strategy... followed by a financial sustainability plan... we involve stakeholders to ensure that even when the donor leaves, they can continue running some components."</i>
Donor Flexibility	Donors highly adaptable	<i>"Some donors are extremely flexible, for example, during COVID, they allowed us to repurpose funds... Others have very rigid frameworks that require prior approvals even for small changes."</i>

Formal Donor Agreements

All respondents confirmed that their organizations work within the framework of formal donor agreements, which define funding periods, responsibilities, deliverables, and disbursement terms. These agreements provide a clear financial and operational roadmap, ensuring accountability on both sides. Participant 25 highlighted the importance of such agreements, noting,

"Yes, we do sign grant agreements, and they clearly define how long the donor is going to support... It can be one year, two years, three years, or five years depending on the agreement."

These terms often shape the design and phasing of project activities. Participant 3 expanded on this by emphasizing contractual commitment:

"All our projects are defined by timelines, they are within a funding cycle, typically five years... It's a contractual obligation and both parties have to agree before implementation."

Participant 1 stressed that project spending cannot begin without this formal structure in place:

"It's obvious... before even you get the money from the donors... you have to call for the cost of the month... you can't spend money without a roadmap."

Although Participant 13 did not reference formal contracts directly, he stressed a similar emphasis on shared accountability, especially between donors, NGOs, and government agencies, noting that alignment with public systems creates a more enforceable framework.

Exit Strategies and Transition Planning

Exit strategies were seen as vital for ensuring program sustainability post-donor funding. These strategies are typically outlined during the program inception phase and adjusted as implementation progresses. Participant 23 described their organizational process in detail:

"We have what we call a sustainability and exit plan... it's embedded at the beginning of the project, reviewed annually... When the donor exits, we don't stop the services."

This proactive approach reflects a deliberate design to ensure continuity of care and institutional memory. Similarly, Participant 2 reported,

"We do our strategic plans with that in mind... we put in a financial sustainability strategy and a transition plan... when the donor exits, we don't get shocked."

Participant 1 referred to these plans more broadly as a *"success plan,"* aimed at ensuring that local actors can continue functioning:

"That's why we are working with all those actors, the local partners... they will be here tomorrow."

Participant 3 provided a sobering reminder of the dangers of abrupt transitions, cautioning that,

"The donor shouldn't pay everything... there should be a well-structured phase-out plan... If you come in fully, when you leave it's going to be a shock."

Sustainability Planning

All respondents emphasized embedding sustainability into project design and operations from the start. Participant 2 explained,

"We start with a strategy... followed by a financial sustainability plan... we involve stakeholders to ensure that even when the donor leaves, they can continue running some components."

This includes capacity building, fostering local ownership, and establishing local revenue streams. Participant 3 took it a step further by showing how external sustainability planning is tied to local government development priorities:

"Our plans are aligned to the County Integrated Development Plan (CIDP)... we make sure that the Ministry of Health is at the center of our transition planning."

The integration of project activities with government policy ensures continuity and shared investment. Participant 1, too, emphasized engaging partners with permanent presence in the community:

"That's why we are working with all those actors... they will be here tomorrow."

Participant 3 reinforced the principle that sustainability must be driven by government and local communities:

"The government must be in the driver's seat... we are only strengthening their systems."

Donor Flexibility

Experiences around donor flexibility were diverse, ranging from adaptive partnerships to rigid contractual constraints. Participant 3 offered a clear contrast:

"Some donors are extremely flexible, for example, during COVID, they allowed us to repurpose funds... Others have very rigid frameworks that require prior approvals even for small changes."

This duality requires organizations to develop internal agility and maintain ongoing dialogue with funders. Participant 2 reflected this as well:

"If there is a change, we engage... and donors listen. You can do a budget reallocation or a no-cost extension."

Participant 1 spoke to the bureaucratic side of flexibility, indicating that while adjustments are possible, they often require rigorous internal approvals:

"When you are approved in your office, you have to be sure to release it... but it is there."

Participant 3 advocated for systems built around adaptability rather than dependence, stating,

"If you build your systems with flexibility and cost-sharing in mind, you don't get stuck... that's why we avoid taking full financial responsibility."

Together, these findings show that while donor frameworks provide structure and discipline to healthcare projects, organizations in Samburu County are actively engaging with and shaping these frameworks to support long-term sustainability. Transparent and flexible donor agreements, well-conceived exit strategies, embedded sustainability planning, and alignment with government systems are enabling local actors to not only comply with donor policies but to lead in defining development pathways that endure beyond donor timelines.

4.5 Role of Community Engagement in Enhancing the Sustainability of Donor-Funded Healthcare Projects

Community engagement emerged as a critical and cross-cutting pillar across all interviews conducted with project coordinators and ward administrators working in Samburu County. Thematic insights revealed that true sustainability of donor-funded healthcare projects hinges on the degree to which local communities are involved in decision-making, feedback mechanisms, implementation processes, and long-term ownership (Table 4.4). The following sections explore how community engagement is approached, structured, and strengthened across different organizations to enhance project sustainability.

Table 4.4: Community Engagement Themes

Theme	Sub Theme	Illustrative quotes
Frequency and Depth of Community Involvement in Planning	Consultations with stakeholders, shared planning	<i>"At the beginning of every year, we do an annual needs assessment... We go to the community... the children, parents, caregivers, teachers, health providers, the board members."</i>
Mechanisms for Collecting and Incorporating Feedback	FGDs, surveys, direct stakeholder consultation, Weekly/monthly meetings, toll-free lines, local feedback structures	<i>"We use FGDs, especially with caregivers and community health volunteers... We also do regular surveys to track satisfaction and emerging needs,"</i>
Perceived Sense of Ownership in the Community	Ownership via cost-sharing, Community contributes in-kind & financially, embedded in design	<i>"About 90% of the project is co-owned... The CHVs, the facility in-charges, even the volunteers know it's their project,"</i>
Strategies to Strengthen Community Ownership	Training, message transfer, asset transfer, Shared implementation & resource input, Government + community-led continuation	<i>"We train them, we empower them to take up roles in monitoring... They become our eyes and ears on the ground."</i>

Frequency and Depth of Community Involvement in Planning

Respondents affirmed that community participation is foundational and continuous throughout project lifecycles. Participant 2 emphasized the embedded nature of participation in their planning, stating,

"At the beginning of every year, we do an annual needs assessment... We go to the community... the children, parents, caregivers, teachers, health providers, the board members."

This participatory planning process ensures that interventions are not imposed but evolve in response to grassroots realities. Participant 3 described even more structured interactions, citing quarterly and sometimes monthly meetings:

"We have deep human-centered design (HCD) sessions with stakeholders... and community dissemination forums every quarter where we validate the designs."

These sessions help ensure that community voices are incorporated at critical design points. Participant 1 supported the frequency of involvement without precise timeframes: *"Community involvement is done frequently in planning and decision-making,"* suggesting an adaptive engagement model. Participant 23 emphasized joint planning with government and the public:

"Shared planning with government and community is key... if they feel heard from the start, they own it."

Mechanisms for Collecting and Incorporating Feedback

All participants acknowledged the importance of systematic feedback loops in fostering community trust and improving service delivery. Participant 24 explained,

"We use FGDs, especially with caregivers and community health volunteers... We also do regular surveys to track satisfaction and emerging needs," indicating structured data collection methods that inform program iterations.

Participant 3 described a robust multi-modal feedback system:

"We have a toll-free line for complaints and suggestions, community reflection meetings monthly, and CHVs report back from households."

This triangulated approach ensures both proactive and reactive feedback. Participant 11, while less detailed, confirmed the importance of incorporating feedback through adaptive internal processes: *"Yes, we collect and incorporate community feedback into project activities."* Participant 3 added that government frameworks also serve as formal channels for feedback:

"We go out every quarter, meet the people, listen to what worked and what didn't... their views are logged and fed back into reports."

Perceived Sense of Ownership in the Community

Respondents reported that community ownership grows over time and is influenced by both process and structure. Participant 3 offered a quantifiable perspective, stating,

"About 90% of the project is co-owned... The CHVs, the facility in-charges, even the volunteers know it's their project," reflecting deep community integration.

Participant 2 illustrated ownership through community contributions:

"We involve the community in building classrooms or health posts... When they donate land or materials, they take pride in it."

Such contributions build emotional and material investment. Participant 1 linked ownership to program duration:

"You can't come today and expect ownership tomorrow... but over time, with the right messaging, they begin to see it as theirs."

Participant 3 made a strong case for co-investment:

"If you give everything free, they sit back. But if they co-invest, even with just a venue or a meal, they defend the project," highlighting how even small contributions can foster a sense of shared responsibility.

Strategies to Strengthen Community Ownership

Strategies to reinforce ownership ranged from participatory implementation to capacity-building and progressive transitions. Participant 22 described a model where community members serve as monitors and decision-makers:

"We train them, we empower them to take up roles in monitoring... They become our eyes and ears on the ground."

Participant 3 echoed this and stressed the importance of early sensitization about project timelines:

"We tell them from day one, this project will one day end... but you will carry it forward."

Participant 1 identified several strategies:

"One, you can train them. Two, you can give them a message. Three, transfer something small to them," reinforcing a phased empowerment approach.

Participant 3 underscored the value of gradual transition and internal leadership development:

"Hand over bit by bit... Build champions within the system who will take over when you're gone."

Community engagement in Samburu's healthcare projects is multifaceted and deeply shaped by cultural, social, and environmental factors. Effective engagement strategies hinge on respectful collaboration with traditional authorities, culturally relevant communication, and a shared sense of responsibility fostered through inclusion and dialogue. While challenges persist, particularly related to mobility, gender equity, and literacy, the growing use of localized strategies and digital tools signals a promising shift toward more responsive and sustainable healthcare delivery in pastoralist settings.

4.6 Influence of Physical Healthcare Infrastructure on Sustainability of Donor-Funded Healthcare Projects

The interviews reveal critical insights into the state of physical healthcare infrastructure in Samburu County, with a number of themes emerging including, Uneven Distribution and Inaccessibility of Infrastructure, Donor-Driven Infrastructure Development, Critical Gaps in Emergency and Mental Health Services, Environmental and Security Barriers, Human Resource Constraints, Sustainability Linked to Local Capacity and Government Involvement (Table 4.5).

Table 4.5: Physical Healthcare Infrastructure

Theme	Sub Theme	Illustrative quotes
Uneven Distribution and Inaccessibility of Infrastructure	Inequalities between urban and remote areas, gaps in patient-centered amenities	<i>"Samburu's infrastructure is underdeveloped. Urban centers like Maralal have hospitals, but remote wards lack even basic dispensaries. Roads are poor, and facilities face equipment shortages, for example some clinics lack refrigerators for vaccines."</i>
	Developing healthcare infrastructure	<i>"Donors have filled critical gaps. For instance, construction of neonatal unit in Lodwar, which has helped reduce infant mortality. However, a donor-funded maternity ward is underused due to staff shortages."</i>
Donor-Driven Infrastructure Development		
Critical Gaps in Emergency and Mental Health Services	Lack of emergency and mental health services	<i>"Mental health support is nonexistent despite trauma from cattle raids. Mobile clinics are too few to cover vast grazing lands."</i>
	Insecurity, Droughts, water shortages	<i>"Droughts drain boreholes, leaving clinics without water. Insecurity is another issue, health workers avoid postings near conflict zones."</i>
Environmental and Security Barriers		
Human Resource Constraints	Staff shortages, overburdened staffs, unsupported personnel	<i>"Health workers avoid remote postings due to insecurity and poor housing."</i>
	Integration with public systems	<i>"Some are sustainable, especially those that involve training local staff and working through government systems. But when projects bring in things like sophisticated equipment without a clear maintenance plan, they often end up unused."</i>
Sustainability Linked to Local Capacity and Government Involvement		

Uneven Distribution and Inaccessibility of Infrastructure

The physical infrastructure for healthcare in Samburu County is marked by stark inequalities between urban and remote areas. Urban centers like Maralal have hospitals, but many villages and wards lack even basic dispensaries. Respondent 18 explained:

"Samburu's infrastructure is underdeveloped. Urban centers like Maralal have hospitals, but remote wards lack even basic dispensaries. Roads are poor, and facilities face equipment shortages, for example some clinics lack refrigerators for vaccines."

Respondent 10 emphasized similar issues:

"Facilities are sparse and unevenly distributed. Maralal Referral Hospital is overburdened, while villages many villages in remote areas lack even basic dispensaries. Equipment is outdated, some clinics have no functional fridges for vaccines due to erratic power."

Even in more developed areas, Respondent 9 highlighted gaps in patient-centered amenities:

"Infrastructure has improved in the main centers, but rural facilities still lack privacy for counseling, basic mental health meds, or even trained staff. Some don't even have proper waiting bays."

Donor-Driven Infrastructure Development

Donors have played a critical role in developing healthcare infrastructure, but sustainability varies depending on how projects are transitioned to local control. Respondent 8 pointed to a project failure due to lack of follow-through, *"Some projects fail post-handover due to unpaid staff salaries after the donor exited."*

Respondent 10 shared a similar experience:

"Donors have filled critical gaps. For instance, construction of neonatal unit in Lodwar, which has helped reduce infant mortality. However, a donor-funded maternity ward is underused due to staff shortages."

Respondent 9 noted that even modest donor support can make an impact:

"In our project, we helped renovate a counseling room in two health centers and provided furniture, shelves for files, and posters on mental health. It may sound small, but it created a more welcoming space for clients to open up."

Critical Gaps in Emergency and Mental Health Services

The lack of emergency and mental health services emerged as a major issue across all interviews. Respondent 10 described:

"Emergency services are lacking, in some onstance women travel 70km for child birth. Mental health support is nonexistent despite trauma from cattle raids. Mobile clinics are too few to cover vast grazing lands."

Respondent 8 reinforced this concern:

"The biggest gaps are in emergency care and mental health services. Many mothers deliver at home due to distance. Additionally, trauma care is lacking in areas affected by cattle rustling violence."

Respondent 9 emphasized the lack of trained professionals and medications:

"Most facilities are overstretched. There are very few trained mental health professionals, and medical like antidepressants are not always available. Transport for referrals is also a big challenge."

Environmental and Security Barriers

Environmental challenges and insecurity further complicate healthcare project sustainability. Droughts disrupt operations and create water shortages in clinics. Respondent 11 observed: *"Droughts drain boreholes, leaving clinics without water. Insecurity is another issue, health workers avoid postings near conflict zones."*

Respondent 8 noted resistance to facilities based on cultural beliefs: *"Communities sometimes reject facilities built on 'cursed' land."*

These challenges require adaptable and culturally sensitive approaches to infrastructure development.

Human Resource Constraints

Staff shortages are a recurring issue, particularly in remote areas. Respondent 9 highlighted the burden on individual staff members: *"Sometimes, there's only one nurse handling everything, outpatient, maternity, and mental health."*

Respondent 8 mentioned that staffing issues are tied to insecurity and poor conditions: *"Health workers avoid remote postings due to insecurity and poor housing."*

Without sufficient and well-supported personnel, even well-equipped facilities may become difficult to sustain to the future.

Sustainability Linked to Local Capacity and Government Involvement

Sustainability was recognized as achievable when local governments and communities are involved from the start. Respondent 8 explained:

"Sustainability is weak if projects don't involve the county early. For example, a Dutch-funded mobile clinic broke down because the county wasn't budgeted for repairs. Sustainable projects have trained locals to manage them."

Respondent 10 shared a similar case:

"Sustainability is rare. A built dispensary was forced to close down when solar panels broke, as no local technicians existed. However, a Kenya Red Cross project trained locals to maintain equipment, which still operates today."

Respondent 9 emphasized integration with public systems:

"Some are sustainable, especially those that involve training local staff and working through government systems. But when projects bring in things like sophisticated equipment without a clear maintenance plan, they often end up unused."

In conclusion, while donor support has been instrumental in enhancing Samburu's healthcare infrastructure, major gaps remain in equitable access, service coverage, and sustainability. Efforts that prioritize local capacity, culturally appropriate planning, and governmental alignment offer the most promise for long-term impact.

4.7 Document Review

This document review synthesizes insights from three critical policy documents.

1. Samburu County Health Strategic and Investment Plan (SCHSIP) 2018–2023
2. Samburu County Integrated Development Plan (CIDP) 2023–2027
3. Kenya Health Policy 2014–2030

The documents collectively envision a transition from externally driven healthcare interventions toward locally owned, integrated, and financially sustainable systems.

The findings are structured around emerging themes previously identified in the interviews with project coordinators and ward administrators. The research focused on sustainability of

donor-funded healthcare projects in Samburu County. The Samburu County Health Strategic and Investment Plan, the CIDP 2023–2027, and the Kenya Health Policy 2014–2030 converge around critical factors enhancing the sustainability of donor-funded healthcare projects as highlighted in Table 4.6.

Table 4.6: Factors enhancing the sustainability of donor-funded healthcare

Theme	Interpretation	Risk if Ignored
Community Engagement	Deep integration of communities in decision-making, monitoring, and accountability	Project rejection or under-utilization
Financial Budgeting	Integrating donor funds into county frameworks and diversifying financing	Abrupt collapse of services post-donor
Donor Policies	Strong coordination and alignment with county priorities	Duplication, inefficiency, wasted resources
Physical Healthcare Infrastructure	Equitable distribution, resilient design, and maintenance plans	Facility abandonment, inequitable access

4.7.1 Community Engagement

From the review SCHSIP 2018–2023 highlights community engagement as a critical enabler for service delivery, stating:

“The success of primary healthcare interventions depends largely on the degree of community ownership and participation, facilitated through community health volunteers (CHVs), local health committees, and stakeholder forums.” (SCHSIP, p.45)

CIDP 2023–2027 emphasizes even more explicitly that participatory processes are mandatory in all stages of project planning and implementation:

“Community consultation is a prerequisite for project identification, design, and prioritization to ensure sustainability and relevance to the needs of Samburu residents.” (CIDP, p.33)

Kenya Health Policy 2014–2030 strengthens this view at the national level:

“Empowered communities are central to a responsive and sustainable health system... Community units shall be strengthened to act as a platform for local engagement and accountability.” (Kenya Health Policy, p.32)

These documents demonstrate that early and continuous community engagement is important. In addition, CHVs and local leaders act as primary agents for sustaining donor-funded healthcare interventions. Again, Cultural sensitivity such as using elders, religious leaders are essential for trust and uptake of services (Table 4.7).

Table 4.7: Community Engagement Practices

Theme	Interpretation
Early and Continuous Community Engagement	Must start before project design and continue through all stages; fosters ownership and responsiveness.
Role of CHVs and Local Leaders	Serve as anchors for health delivery, trusted communicators, and permanent structures for post-donor continuity.
Cultural Sensitivity	Essential for legitimacy, trust, and service uptake; must incorporate local leadership, traditions, and communication norms.

4.7.1.1 Early and Continuous Community Engagement

Across the reviewed documents, SCHSIP 2018–2023, CIDP 2023–2027, and the Kenya Health Policy 2014–2030, early and ongoing community engagement is not only encouraged but presented as foundational for the success and sustainability of donor-funded healthcare projects.

The Samburu County Health Strategic and Investment Plan (2018–2023) states:

“Community ownership and active participation must begin at the design phase to ensure that health interventions are relevant, accepted, and locally supported throughout their lifecycle.” (SCHSIP, p.45)

Similarly, the Third CIDP (2023–2027) specifies that community consultation is not a one-off exercise but a continuous dialogue throughout project planning, implementation, and monitoring phases:

“Community consultation shall be an ongoing process to adapt project interventions to emerging needs, enhance transparency, and foster long-term ownership.” (CIDP, p.33)

The Kenya Health Policy 2014–2030 supports this by framing engagement as a *right and a responsibility* for communities:

“Communities must be fully empowered to participate meaningfully in health service design, delivery, and evaluation to ensure services respond to real needs.” (Kenya Health Policy, p.32)

When communities are involved early, before projects are funded, built, or launched, they are more likely to perceive these initiatives as *theirs*, not as externally imposed. Continuous engagement ensures that healthcare interventions remain flexible to evolving local realities, boosting long-term relevance and utilization. Without sustained involvement, projects risk falling into disuse after donor withdrawal.

4.7.1.2 Role of CHVs and Local Leaders

The documents heavily emphasize the mobilization and empowerment of Community Health Volunteers (CHVs) and local governance structures such as community health committees, elders, religious leaders, as vital to sustaining healthcare initiatives.

SCHSIP 2018–2023 notes:

“Community Health Volunteers form the backbone of community-based health service delivery and serve as trusted agents linking households to the formal health system.” (SCHSIP, p.46)

CIDP 2023–2027 further strengthens this, proposing structured training, supervision, and incentives for CHVs:

“The County shall institutionalize CHV programs and strengthen health committees to ensure continuity of services beyond donor project timelines.” (CIDP, p.58)

Kenya Health Policy 2014–2030 nationalizes this approach:

“Community units led by trained CHVs and supported by health facility linkages are critical for the delivery of preventive and promotive health services at the grassroots level.” (Kenya Health Policy, p.34)

CHVs and local leaders embody sustainability because they *remain* in the community after donors exit. They maintain health education, basic services, referrals, and public trust. They also ensure that health information and practices align with local social structures. Projects that neglect to build, train, and institutionalize such community actors risk rapid collapse once external funding ends.

4.7.1.3 Cultural Sensitivity

Another major theme from all three documents is the necessity for culturally sensitive programming. The Samburu community, like many pastoralist societies, is deeply rooted in traditional governance, beliefs, and social structures. Ignoring these realities results in mistrust, resistance, or outright rejection of healthcare interventions.

SCHSIP 2018–2023 explicitly advises:

“Cultural practices, local dialects, and traditional governance structures must be incorporated into healthcare programming to ensure acceptance and efficacy.”
(SCHSIP, p.45)

CIDP 2023–2027 acknowledges the diversity and influence of Samburu's cultural landscape:

“Successful healthcare outreach must work through clan elders, morans, women’s groups, and religious figures who command respect and social authority within communities.” (CIDP, p.32)

Kenya Health Policy 2014–2030 makes cultural competence a pillar of service delivery:

“Health interventions must be respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse communities.” (Kenya Health Policy, p.21)

Culturally insensitive healthcare projects, for instance, building facilities on ‘cursed’ land without consultation, introducing treatments without explaining them through accepted norms, or bypassing elders' authority, face enormous resistance. Conversely, when interventions are presented by respected figures (elders, pastors, CHV leaders) using familiar channels like storytelling in local languages for example Samburu dialects, they gain legitimacy, are better understood, and are more likely to be embraced by the community.

4.7.2 Financial Budgeting

From the review SCHSIP 2018–2023 acknowledges chronic underfunding and calls for integrating donor resources into public budgeting systems:

“Donor contributions must be reflected in the county budgetary framework and aligned with the Medium-Term Expenditure Framework (MTEF) to ensure continuity post-project.” (SCHSIP, p.52)

CIDP 2023–2027 outlines strategies to diversify health sector funding:

“The County shall prioritize public-private partnerships (PPPs) and innovative financing mechanisms such as performance-based financing to supplement donor and exchequer resources.” (CIDP, p.55)

Kenya Health Policy 2014–2030 promotes sustainable health financing at national and county levels:

“The sustainability of health programs requires a shift from donor dependence towards domestic resource mobilization and pooled risk financing models.” (Kenya Health Policy, p.48)

These documents inform three key financial budgeting practices that would contribute to sustainable donor funded healthcare projects including, Integration of Donor Funds, Funding Diversification, and Flexible Financial Planning (Table 4.8).

Table 4.8: Financial Budgeting Practices

Theme	Interpretation
Integration of Donor Funds	Embedding donor projects into official county budgets ensures seamless transition and avoids service interruptions post-donor exit.
Funding Diversification	Reducing dependence on donors by engaging private sector, communities, and philanthropy protects health systems against external shocks.
Flexible Financial Planning	MTEF processes must be adaptive, planning for full absorption of donor-funded activities within a defined timeframe (typically 3–5 years).

4.7.2.1 Integration of Donor Funds

Across the three reviewed documents, a strong emphasis is placed on ensuring that donor-funded healthcare initiatives are not treated as parallel systems but are formally integrated into the county’s Medium-Term Expenditure Framework (MTEF) and annual budgets.

In SCHSIP 2018–2023, it is stated:

“Donor resources must be reflected in county health sector budgets to facilitate continuity of service delivery beyond the project lifespan.” (SCHSIP, p.52)

The CIDP 2023–2027 takes this further by recommending that:

“All externally funded projects should be captured under relevant sector plans and included in the County Budget Review and Outlook Paper (CBROP) and Annual Development Plans (ADP) for seamless absorption.” (CIDP, p.56)

Similarly, the Kenya Health Policy 2014–2030 warns against heavy dependence on external funding without local budgeting adjustments:

“County governments must plan for eventual takeover of externally supported programs by providing fiscal space within their budgets.” (Kenya Health Policy, p.47)

Integrating donor contributions into county financial planning ensures that programs do not abruptly collapse when external funding ends. It creates predictability for services like maternal health, immunizations, and outreach, and allows the county government to progressively take ownership over staffing, supplies, maintenance, and operational costs. Lack of integration often results in sudden service interruptions, community mistrust, and loss of investments.

4.7.2.2 Funding Diversification

A notable evolution in the planning documents is the explicit call to reduce reliance on donors by diversifying health sector funding sources, including bringing in the private sector through Public-Private Partnerships (PPPs) and Corporate Social Responsibility (CSR) programs.

The CIDP 2023–2027 clearly advocates for this:

“To enhance resilience and expand resource envelopes, the County will pursue partnerships with private sector actors, philanthropic organizations, and community-based financing mechanisms.” (CIDP, p.57)

Similarly, SCHSIP 2018–2023 recommends:

“Samburu County shall strengthen engagement with private health providers and NGOs to deliver complementary health services under formalized partnership arrangements.” (SCHSIP, p.48)

The Kenya Health Policy 2014–2030 also frames private sector collaboration as critical:

“Partnerships with the private sector, civil society, and faith-based organizations shall be pursued to mobilize additional resources, enhance innovation, and expand service delivery networks.” (Kenya Health Policy, p.42)

Relying solely on government or donor funding is increasingly seen as unsustainable, especially given Kenya’s devolution challenges and global donor fatigue. Encouraging diverse funding streams, such as health insurance schemes, faith-based investments in rural clinics, corporate sponsorships for health campaigns, and local community savings groups, spreads financial risk and fosters innovation. This diversification ensures that if one stream dries up, for instance when a donor withdraws, healthcare services can still be maintained through other sources.

4.7.2.3 Flexible Financial Planning

The documents make it clear that the Medium-Term Expenditure Framework (MTEF), a key budgeting tool in Kenya’s public finance system, must be flexible and responsive enough to absorb donor-supported programs into regular county operations.

SCHSIP 2018–2023 outlines this requirement:

“The MTEF process must anticipate the phasing out of donor programs and progressively allocate county resources to sustain critical health interventions initiated through external support.” (SCHSIP, p.53)

The CIDP 2023–2027 echoes this with an operational strategy:

“Annual Program-Based Budgets shall forecast and plan for sustainability of externally funded projects within three years of project initiation.” (CIDP, p.58)

At the national level, Kenya Health Policy 2014–2030 stresses:

“Planning and budgeting cycles must integrate external support into long-term service delivery targets to reduce vulnerability to funding gaps.” (Kenya Health Policy, p.45)

MTEF frameworks typically operate on a rolling three-year horizon and dictate county spending priorities. If donor-funded projects, such as new health centers, mobile clinics, or CHV stipends, are not incorporated into MTEF planning, they risk being treated as temporary experiments. By embedding these activities into formal budget ceilings early, counties ensure that donor-initiated health services have guaranteed fiscal backing once external financing ends. It also enables progressive county ownership of staff costs, drug supplies, facility maintenance, and health program expansion.

4.7.3 Donor Policies

From the review SCHSIP 2018–2023 calls for harmonization and alignment of donor activities:

“Uncoordinated donor interventions create duplication and inefficiencies. A county-level donor coordination mechanism is critical for resource optimization and strategic alignment.” (SCHSIP, p.58)

CIDP 2023–2027 proposes institutionalizing coordination structures:

“A Health Sector Stakeholders’ Forum will be established to ensure harmonized planning and reporting among donors, NGOs, and county departments.” (CIDP, p.57)

Kenya Health Policy 2014–2030 stresses donor harmonization at a broader level:

“All external assistance shall be channeled through national and county structures and must strengthen—not replace—existing systems.” (Kenya Health Policy, p.50)

The reviewed documents inform three key donor practices that would contribute to sustainable donor funded healthcare projects including, Integration of Donor Funds, Funding Diversification, and Flexible Financial Planning (Table 4.9).

Table 4.9: Donor Policies

Themes	Interpretation
Coordination Forums	Prevent duplication, enhance efficiency, promote shared accountability, and ensure alignment with county strategies.
Donor Flexibility	Adaptive and needs-based project designs increase community acceptance, project relevance, and long-term viability.
Capacity Building	Donor support should empower local institutions, not replace them. Skill transfer, system strengthening, and integration into government frameworks are essential for sustainability.

4.7.3.1 Coordination Forums

One of the most consistent findings across the policy documents is the need for strong coordination mechanisms between donors, county governments, and implementing partners to avoid duplication, fragmentation, and misalignment of resources. Without proper coordination, well-intentioned donor efforts may overlap, conflict, or bypass existing county priorities and structures, undermining sustainability.

The SCHSIP 2018–2023 explicitly addresses this risk:

“Uncoordinated donor interventions create duplication and inefficiencies in service delivery. A county-level donor coordination platform is essential to ensure alignment with the County Health Sector Strategic Priorities.” (SCHSIP, p.58)

The CIDP 2023–2027 proposes institutional structures to manage these engagements:

“A Health Sector Stakeholders’ Forum will be established to harmonize planning, implementation, and monitoring of all donor and NGO-supported health initiatives.” (CIDP, p.57)

At the national level, the Kenya Health Policy 2014–2030 echoes this need:

“Donor coordination will be enhanced to align partner support with national and county health priorities and avoid fragmentation of service delivery.” (Kenya Health Policy, p.46)

Without a structured coordination mechanism, multiple NGOs and donor programs may implement overlapping projects in the same geographic area or neglect underserved regions altogether. Effective forums allow stakeholders to pool resources, share data, reduce overhead costs, and enhance collective impact. Furthermore, coordinated efforts ensure that donor-funded activities build upon and strengthen county health strategies rather than operate in isolation.

4.7.3.2 Donor Flexibility

Another crucial theme across the documents is the importance of donor flexibility, the ability of donors to adapt project design, timelines, and funding mechanisms in response to evolving local realities and government priorities. Rigid project frameworks often result in irrelevant or unsustainable outcomes.

The SCHSIP 2018–2023 points to the need for adaptive donor engagement:

“Donors must adopt flexible funding models that allow for contextual adaptation, respond to emerging health priorities, and align with county planning and budget cycles.” (SCHSIP, p.57)

The CIDP 2023–2027 encourages collaborative and adaptive engagement:

“All donor projects should be subject to joint needs assessments with the county government and communities to ensure they are grounded in local demand and context.” (CIDP, p.56)

The Kenya Health Policy 2014–2030 warns against donor-driven agendas that override local autonomy:

“Development partners shall be expected to align with the priorities of the Kenyan health sector and promote ownership, transparency, and mutual accountability.” (Kenya Health Policy, p.45)

Donor-funded healthcare projects that are designed in distant headquarters and delivered with limited local input often miss the mark. Flexibility allows donors to incorporate local voices, adjust to unanticipated challenges including, drought, displacement, outbreaks, and pivot toward interventions that matter most to the communities served. Projects that respond to actual needs rather than pre-set donor templates have greater acceptance, longer relevance, and stronger local buy-in.

4.7.3.3 Capacity Building

Perhaps the strongest principle in all three documents is that donor interventions should not substitute government functions, but rather build and strengthen local systems. When donors create parallel systems—by employing their own staff, running independent supply chains, or building exclusive reporting tools—they often undermine the very systems they seek to support.

The SCHSIP 2018–2023 cautions against bypassing government mechanisms:

“The sustainability of donor-funded programs depends on their integration into county systems and their focus on building local human resource, managerial, and technical capacities.” (SCHSIP, p.53)

The CIDP 2023–2027 includes a requirement that donor funds should contribute to long-term system resilience:

“Donor programs must transfer skills, systems, and knowledge to county staff and be designed for handover within a defined period.” (CIDP, p.58)

The Kenya Health Policy 2014–2030 frames capacity building as a donor responsibility:

“Development partners must commit to strengthening Kenya’s health systems by supporting local training, technology transfer, and institutional development.” (Kenya Health Policy, p.47)

Short-term donor projects that run parallel to public services may show quick results but leave no lasting capacity. Real sustainability comes when counties gain the knowledge, tools, and confidence to operate health systems independently. This means donor funding should focus on training health workers, digitizing public reporting systems, supplying government-managed health facilities, and enabling county health leadership to take the reins post-project.

4.7.4 Physical Healthcare Infrastructure

From the review, SCHSIP 2018–2023 outlines infrastructure deficits:

“Majority of health facilities are ill-equipped and geographically inaccessible to remote communities, necessitating deliberate investment in infrastructure expansion and upgrading.” (SCHSIP, p.42)

CIDP 2023–2027 includes substantial infrastructure ambitions:

“The County aims to construct, rehabilitate, and equip at least 30 new dispensaries and health centers across underserved wards during the CIDP period.” (CIDP, p.49)

Kenya Health Policy 2014–2030 frames infrastructure as a rights-based obligation:

“Every Kenyan must have access to a functional health facility within a reasonable distance, adequately equipped to provide essential services.” (Kenya Health Policy, p.22)

These documents inform three key policy focus that would contribute to sustainable donor funded healthcare projects including, Expansion, Sustainability, Referral Systems (Table 4.10).

Table 4.10: Physical Healthcare Infrastructure

Themes	Interpretation
Physical Infrastructure Expansion and Maintenance	Equitable expansion of health facilities is essential to address historical geographic and economic health inequities.
Sustainability Plans	Infrastructure projects must include operational budgets, maintenance protocols, staff planning, and utility services like water, power, and sanitation.
Emergency Transport and Referral Systems	Emergency transportation and inter-facility referral capacity are just as important as the physical buildings themselves. Without these, critical services like maternal care, surgeries, and trauma response are inaccessible to rural populations.

4.7.4.1 Physical Infrastructure Expansion

All three documents clearly identify infrastructure development as one of the most pressing and foundational challenges to sustainable healthcare delivery in Samburu County. The geographical remoteness, poor road networks, and nomadic lifestyle of many Samburu residents mean that physical proximity to health facilities is often a barrier to access.

The Samburu County Health Strategic and Investment Plan (SCHSIP) highlights this as a fundamental bottleneck:

“Over 60% of the population must travel more than five kilometers to access basic healthcare services. There is a critical need to construct, equip, and staff additional facilities in underserved regions.” (SCHSIP, p.42)

Similarly, the Third CIDP (2023–2027) prioritizes infrastructure under the County’s flagship health projects:

“The County shall construct at least 30 new dispensaries and health centers across remote wards, prioritizing areas with the highest maternal and child mortality.” (CIDP, p.49)

The Kenya Health Policy 2014–2030 frames infrastructure access as a health rights issue:

“Every Kenyan shall be entitled to access an operational health facility within a reasonable distance. Equity in the distribution of infrastructure shall guide health sector investments.” (Kenya Health Policy, p.22)

Infrastructure development is not just about adding buildings. In Samburu’s case, it addresses deep-rooted access inequalities. Poor households in remote pastoralist areas often face a two-day walk to the nearest dispensary. Expanding the physical footprint of health facilities—along with outreach posts and mobile clinics—is essential not only for immediate service delivery but also for reducing maternal deaths, increasing immunization rates, and improving early diagnosis of preventable diseases.

4.7.4.2 Maintenance and Sustainability Plans

All documents stress that physical expansion without accompanying operations, maintenance, and sustainability plans leads to waste and eventual facility abandonment. This concern is

particularly valid for donor-constructed facilities that lack long-term local ownership or resource allocation.

The SCHSIP 2018–2023 offers a cautionary example:

“Several facilities constructed through donor support have fallen into disuse due to lack of trained staff, broken water systems, or inoperable solar installations. Future infrastructure investments must be accompanied by operational plans and recurrent funding provisions.” (SCHSIP, p.44)

The CIDP 2023–2027 reiterates the importance of forward planning:

“To avoid underutilization and deterioration of new health facilities, the County will establish a Health Infrastructure Maintenance Fund, and partner with community-based organizations for minor repairs.” (CIDP, p.51)

The Kenya Health Policy 2014–2030 provides national guidance on infrastructure sustainability:

“Infrastructure must be maintained to national service standards and equipped with sustainable water, energy, and sanitation systems. Infrastructure audits shall inform future investments.” (Kenya Health Policy, p.30)

Building a dispensary without ensuring access to clean water, reliable electricity, or a repair mechanism for broken equipment renders it dysfunctional. Communities often abandon facilities when they become unusable including lack of water for deliveries, no power for vaccines, or collapsed roofs. Sustainability planning must include not only recurrent budget lines for repairs and staffing but also local capacity-building for minor maintenance.

4.7.4.3 Emergency Transport and Referral Systems

A shared finding across the documents is that physical structures alone are insufficient unless accompanied by functional emergency transport systems and referral mechanisms, particularly in rural, conflict-affected, and nomadic areas.

The SCHSIP 2018–2023 identifies the inadequacy of current referral systems as a critical gap:

“Many women continue to deliver at home due to lack of transport, and preventable deaths occur during referrals because of delayed ambulance services. The county must

prioritize emergency referral networks alongside infrastructure expansion.” (SCHSIP, p.48)

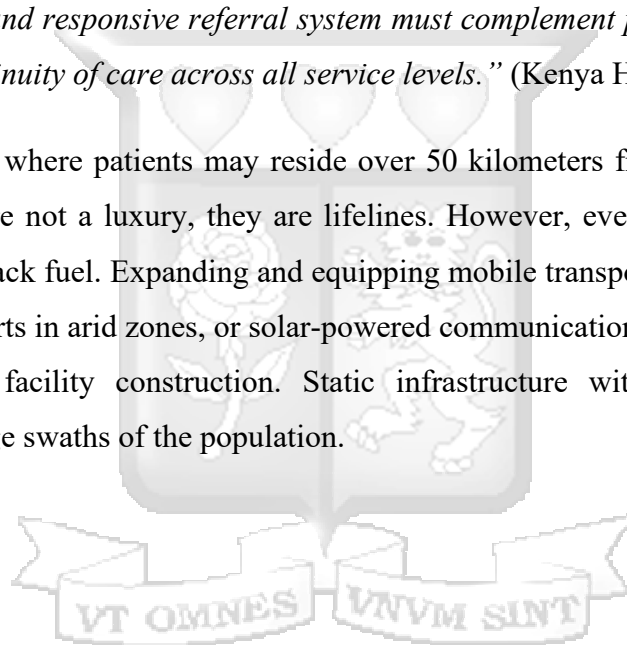
The CIDP 2023–2027 commits to expanding emergency response capacity:

“The County will increase the number of operational ambulances from 9 to 18 and train drivers and paramedics to improve rural emergency response times.” (CIDP, p.52)

Nationally, the Kenya Health Policy 2014–2030 places the referral system at the heart of a functional health infrastructure ecosystem:

“An efficient and responsive referral system must complement physical infrastructure to ensure continuity of care across all service levels.” (Kenya Health Policy, p.26)

In Samburu’s terrain, where patients may reside over 50 kilometers from the nearest health center, ambulances are not a luxury, they are lifelines. However, even existing ambulances often break down or lack fuel. Expanding and equipping mobile transport systems (motorbike ambulances, camel carts in arid zones, or solar-powered communication for referrals) must go hand in hand with facility construction. Static infrastructure without mobility equals inaccessibility for large swaths of the population.



CHAPTER FIVE

DISCUSSION, CONCLUSION, AND RECOMMENDATION

5.1 Introduction

This chapter presents a discussion of the study findings. It also includes the conclusion and recommendations drawn from the study findings. The discussion is aligned to the study objectives.

5.2 Discussion

5.2.1 Influence of Financial Budgeting on Sustainability of Donor-Funded Healthcare Projects

Based on the study findings, the respondents stated that they maybe had more than two sources of funding, one was some grant funding, the other was child-sponsored organization, and some income-generating activities and community contribution. This comprehensive approach helped the organization reduce risk from over-dependence on any single source. Contrary to these findings, Holmes et al. (2014) noted that organizations like The Centre for Infectious Diseases Research in Zambia (CIDRZ) exclusively relies on external grant support from private and public funding sources to support its mission in enhancing access to quality healthcare. Further, the findings showed that the respondents emphasized the importance of shared responsibility and government contributions, implicitly suggesting a mixed funding model. In line to these findings, Murunga and Kipchumba (2023) postulated that active stakeholder engagement, including government participation, significantly enhances project sustainability. The study emphasized that when stakeholders are involved in setting project visions and priorities, the initiatives remain relevant and are more likely to endure beyond the funding period.

Results indicated that respondent 10 described an emerging resource mobilization plan designed to attract support at local, national, and international levels, including engaging communities through joint ventures and land donations. In correspondence with these findings, Ilesanmi et al. (2022) postulated that in Africa, community ownership of the project was facilitated by involving community stakeholders in its design and execution, utilizing locally accessible resources, establishing an interdisciplinary team to support capacity building, and using sound infrastructure. Based on the study findings, respondent 3 elaborated on an expansive strategy to seek funding from global donors including those in "UK, Denmark, and Germany". Contrary to these, Muniu (2024) stated that Tanzania's Commissioner for External

Finance at the Ministry of Finance and Planning Rished Bade insisted on the need of having a sustainable mechanism for the health sector, which would enable it transition from donor-funded projects to domestic resource funding as it aimed to shift to a middle-income from a low-income status. The respondent further emphasized on the need for partnerships with CSR-driven corporates. Parallel to these findings, Rigby (2025) noted that The Global Fund was seeking to raise close to 50% of its contributions from private entities such as philanthropic institutions highlighting the role of corporate partnerships and philanthropy in sustaining health projects. Further, the findings showed that respondent 4 advocated for strategic cost-sharing since complete donor dependence could destabilize systems after donor exit. On the contrary, Okun (2012) noted that developmental projects funded and/or initiated by donor agencies performed poorly and majority became non-operational on withdrawal of donor support.

The findings noted that needs assessments were highlighted as foundational to informed financial planning. On the contrary, Ravaghi et al. (2023) noted that needs assessments are typically created to analyze the gaps that exist between the intended results and the present circumstances, as well as potential ways to close such gaps. In addition, respondents brought in the role of real-time assessment in emergency contexts, noting the use of both long-range and short-term smart surveys. In a similar view, INTRAC (2017) noted that the purpose of a real-time evaluation (RTE) was to give anyone organizing or carrying out a project or program quick (real-time) feedback so they may adjust and are typically connected to humanitarian or emergency response activities. Usually, this feedback was given during the fieldwork for the evaluation rather than after.

Further, the respondents highlighted operational tactics such as decentralizing operations. Parallel to these findings, Dick-Sagoe (2020) postulated that many developing nations, including Ghana, Lesotho, and Nigeria, have started implementing national reforms financed by donors with the goal of transferring authority from the national government to local governments through decentralization. The respondent also emphasized on system reinforcement over substitution. In line with these findings, Wellens and Jegers (2017) noted that scarcity and the fact that many states in developing countries have not fully met their social responsibilities, has generated a condition in which donor funded projects have added value to development within communities

According to the findings, the respondents noted the existence of unallocated funds and donor adaptability during crises. In relation to these findings, Munson et al. (2021) found that local

organizations in countries like Afghanistan and Bangladesh utilized flexible grants to adapt their programs in response to emerging crises, such as the COVID-19 pandemic. These organizations reported high expenditure rates and used the funds to cover core costs, including staff salaries and strategic planning, which are often underfunded in traditional donor agreements. Further, sharma et al. (2024) noted that in Malawi, the Ministry of Health developed aid coordination and resource mapping tools to align donor funding with national health priorities and district planning systems. These tools facilitated better alignment of donor funding with government priorities, although challenges remained due to power imbalances and misaligned incentives.

The respondents noted that flexibility within broader system resilience, relying on government and local structures to absorb shocks. Contrary to these findings, Khodor et al. (2024) noted that for NGO-donor collaboration in Lebanon to be flexible, donors must be trustworthy, coordinate frequently, and be receptive to the requirements of NGOs. Amid this light, they revealed that flexible NGO-donor collaboration boosts NGOs' resilience capacities amid shocks, allowing them to operate flexibly. This link enhances the resilience of the health system by bolstering the resilience of NGOs, which in turn enhances the resilience of the larger health system.

5.2.2 Influence of Donor Policies on Sustainability of Donor-Funded Healthcare Projects

The respondents noted that their organizations work within the framework of formal donor agreements, which define funding periods, responsibilities, deliverables, and disbursement terms. These agreements provide a clear financial and operational roadmap, ensuring accountability on both sides. In a similar view, WPAB (2025) established that grant agreements serve as the foundation of funding relationships, ensure that the donor and the recipient are both aware of their duties and obligations by outlining the terms and conditions under which money are supplied. Further, grant agreements are crucial instruments that promote accountability, transparency, and efficient project execution since they are not just administrative formalities.

The findings emphasized on shared accountability, especially between donors, NGOs, and government agencies, noting that alignment with public systems creates a more enforceable framework. In correlation to these findings, Greiling and Stotzer (2015) emphasized that performance-based contracts between NGOs and government bodies in Austria have been

instrumental in ensuring performance accountability leading to enhanced social service outcomes. Further, Tjilos (2021) stated that in Kenya, the partnership between government agencies and NGOs in implementing the Community Health Worker Assessment and Improvement Matrix (CHW AIM) tool exemplifies this alignment. Such collaborations have led to improved health service delivery at both national and sub-national levels.

According to the study findings, the respondents stated that "the donor shouldn't pay everything... there should be a well-structured phase-out plan... If you come in fully, when you leave it's going to be a shock". Yamey (2025) stated that the sudden cessation of donor funding can destabilize health systems, as evidenced by the U.S. administration's 2025 freeze on foreign aid, which led to the shutdown of HIV clinics and malaria control programs in several low-income countries. This disruption resulted in patients being turned away, critical supplies halted, and staff dismissed, highlighting the devastating impact of unplanned donor exits on public health infrastructure. Therefore, the sudden shocks did not accelerate the transition process rather it belw it up and this could cause disease resurgence.

The respondents emphasized on embedding sustainability into project design and operations from the start. Contrary to these findings, Chaulema (2023) discovered that one of the elements influencing the sustainability of donor-funded initiatives is the belief that programs belong to donor partners while recipients were not involved in their design. In light of these findings, the study suggested that community members actively participate in the project design phase of any community-based development initiative as it would facilitate the collection of local perspectives and experiences, which was likely to improve the project's viability and sustainability. Based on the findings, the respondents emphasized engaging partners with permanent presence in the community. In line with these findings, WPAB (2025) stated that partners with a longstanding presence in the community often have established trust and rapport with residents. This trust is crucial for effective communication, community mobilization, and the successful implementation of projects as such partners can act as intermediaries, bridging the gap between donors and the community, ensuring that project goals align with local aspirations. The respondents noted that sustainability must be driven by government and local communities. Parallel to these findings, Hao, Nyaranga, and Hongo (2022) emphasized on the need for governments to foster public participation in governance processes. An interactive relationship between the government and citizens, where public input is valued in policymaking and project implementation, is essential for sustainable development.

Based on the respondents, some donors were extremely flexible while others were very rigid frameworks that require prior approvals even for small changes. This duality requires organizations to develop internal agility and maintain ongoing dialogue with funders. Conversely, Stevens (2024) noted that donors that have established trust-based relationships with their partners were more inclined to offer flexible funding. Trust enables donors to grant autonomy to implementing organizations, confident in their capacity to manage funds effectively and adapt to changing circumstances. Stevens (2024) further demonstrates the advantages of flexible funding by allowing grantees to reallocate resources swiftly in response to unforeseen challenges, thereby enhancing the effectiveness and responsiveness of interventions. Further, Khodor et al. (2024) indicated that donors with prior positive experiences with NGOs were more likely to provide flexible funding arrangements, recognizing the value of adaptability in achieving project goals.

The respondents noted that the donor flexibility was bureaucratic indicating that while adjustments were possible; they often required rigorous internal approvals. In correspondence to these findings, Ahsan and Kumar Paul (2018) indicated that donor flexibility in international development projects was often bureaucratic, as adjustments, although technically possible, frequently necessitate extensive internal approvals. They noted that changes to project scope, budgets, or timelines must navigate complex approval processes within donor organizations. These processes are designed to ensure accountability but could create delays and hinder responsiveness. The rigid structure intended to maintain oversight may, in practice, result in inefficiencies, as project teams were required to submit multiple requests for adjustments, each subjected to layers of scrutiny. This bureaucratic approach could undermine the flexibility needed for effective project implementation in dynamic environments despite the potential for adjustments and flexibility in funding mechanisms, such flexibility is frequently restricted by the rigorous internal approval processes of both donors and the recipient organizations. Based on the findings, the respondent advocated for systems built around adaptability rather than dependence. In relation to these findings, Keng (2024) established that in a context marked by fragility and uncertainty, UNDP Somalia adopted adaptive management to navigate complex challenges. This approach involved constant analysis, experimentation, and recalibration, enabling the program to remain responsive and effective amid evolving circumstances.

5.2.3 Role of Community Engagement in Enhancing the Sustainability of Donor-Funded Healthcare Projects

The respondents noted that community participation was foundational and continuous throughout project lifecycles. At the beginning of every year, we do annual needs assessment... We go to the community... the children, parents, caregivers, teachers, health providers, the board members." This participatory planning process ensures that interventions are not imposed but evolve in response to grassroots realities. In line with these findings, Kirigha (2016) noted that locals were involved in project selection, project planning and design, resource identification and allocation, project execution, and monitoring and evaluation. Similarly, Gilbert (2021) highlighted that engaging the community empowers them to take control of their own development and come up with approaches that tackle their grassroots problems. Based on the findings, the respondent noted that there importance of incorporating feedback through adaptive internal processes such as project activities. In relation to these findings, Kimote and Muchai (2024) posited that feedback from various stakeholders was often incorporated and used to strengthen the delivery of various project activities.

According to the findings, the respondent noted community involvement was done frequently in planning and decision-making. On the contrary, Daniel John and Pallangyo (2024) stated that sustainability of donor-funded community-based education projects lay down on community participation and project implementers. Therefore, the study recommended enhancement of community participation through effective communication, and provision of education to community members. Further, the respondents acknowledged the importance of systematic feedback loops in fostering community trust and improving service delivery. We use FGDs, especially with caregivers and community health volunteers... We also do regular surveys to track satisfaction and emerging needs indicating structured data collection methods that inform program iterations. On the contrary, Makokha (2023) highlighted the importance of feedback loops, in which the subsystem responsible for monitoring and evaluation provided feedback to other subsystems, resulting in modifications and enhancements to the project implementation process.

The study respondents noted that government frameworks also served as formal channels for feedback where they went out every quarter, met the people, listened to what worked and what didn't... their views were logged and fed back into reports. Contrary to these findings, Khan et al. (2018) noted that in countries like Cambodia and Pakistan, donors have impacted health

policy decisions through financial resources, technical expertise, and political incentives. While such influence could align national policies with global standards, it may also lead to tensions regarding domestic ownership and priority setting. The study emphasized the need for balanced partnerships that respect local contexts and promote sustainable policy development.

In addition, the respondents reported that community ownership grew over time and was influenced by both process and structure. Parallel to these findings, Loparimoi and Ng'eno (2023) stated that community involvement and engagement fostered project ownership and continuation of project benefits when support was withdrawn. Contrary to these findings, Chaulema (2023) posited that many of the beneficiaries were not actively involved especially during the design stage of the project which implied that few of the beneficiaries were not aware of the operation of the project and the associated challenges and opportunities leading to lack of a sense of ownership. Based on the findings, the respondent illustrated that ownership through community contributions. In line with these findings, Mukunga (2012) found that participation through material donation was a primary issue of community ownership, therefore, the sustainability of the intervention.

Results indicated that the respondents described a model where community members serve as monitors and decision-makers. Contrary to these findings, Matsa et al. (2023) postulated that only 3% of study respondents were part of decision-making of the projects executed by NGOs in Binga District Zimbabwe. The findings showed that the respondent underscored the value of gradual transition and internal leadership development. In correlation to these findings, Perera et al. (2024) noted that the successful transitioning of the Expanded Programme on Immunization (EPI) and the Anti-Malaria Campaign (AMC) programs in Sri Lanka was attributed to well-established service delivery structures, stewardship and financial advocacy by technically competent managers, and favorable and well-established pharmaceutical procurement processes. Further, based on the study findings, the respondents stressed on the importance of early sensitization about project timelines. In line with findings, Ndungu and Karugu (2019) highlight the positive effect of community participation on the performance of donor-funded youth projects in Korogocho, Nairobi. Their study revealed that active community involvement in project identification, planning, implementation, and monitoring significantly improved project performance. This underscores the need for early sensitization to ensure that community members are well-informed and actively engaged throughout the project lifecycle.

5.2.4 Influence of Physical Healthcare Infrastructure on Sustainability of Donor-Funded Healthcare Projects

The respondents noted that infrastructure was underdeveloped. Parallel to these findings, Kivanguli (2019) noted that Kenya lacked the required infrastructure to provide health care services. on the contrary, Buklungu (2020) noted existence of good infrastructure for basic services. Further, the findings indicated that the roads were poor and facilities faced equipment shortages such as refrigerators for vaccines. In a similar view, Buhlungu (2020) found that road network was in a fair to poor state with a mix of tarred and dust roads. Based on the findings, the respondent noted that facilities were unevenly distributed. In line with these findings, Mwaura (2024) noted that Kenya's healthcare system is unevenly distributed, with professionals, facilities, and resources more concentrated in urban areas over rural ones.

Further, the respondent highlighted gaps in patient-centered amenities where infrastructure had improved in the main centers, but rural facilities still lacked privacy for counseling, basic mental health meds, or even trained staff. Some don't even have proper waiting bays. In a similar view, Mutale et al. (2017) noted that concerns regarding the lack of room at health facilities, particularly for individuals in need of supportive maternal health services, were voiced by community members in certain locations. Further, lack of privacy caused by small rooms was identified as a barrier to delivery in health facilities. According to the findings, the respondent note that some donor projects failed post-handover due to unpaid staff salaries after exit. In relation to these findings, Jerving (2023) stated that an audit dispute within the Mastercard Foundation and Africa CDC's \$1.5 billion Saving Lives and Livelihoods program led to prolonged non-payment of community health workers involved in COVID-19 vaccination efforts. The delay in salaries resulted in significant financial strain for the workers, some of whom remained unpaid for months, highlighting the vulnerability of healthcare personnel to funding disruptions.

The respondents noted that donors had filled critical gaps by constructing a neonatal unit which helped reduce infant mortality. In relation to these findings, in collaboration with Swedish Government, UNICEF renovated NICUs and provided essential medical equipment therefore enhancing care for 30,000 newborns annually and addressing high infant mortality rates (UNICEF, 2023). Similarly, Akau (2024) indicated that UNICEF and its partners upgraded a newborn unit hence transforming a Nigerian facility into not only into a referral hospital but also a leading provider into neonatal care. Additionally, the research findings noted that the

respondent had helped renovate a counseling room in two health centers and provided furniture, shelves for files, and posters on mental health. In correlation to these findings, Ooko (2014) stated that the Safaricom Foundation refurbished three mental health wards, upgraded laundry facilities, and purchased beds and office furniture.

The findings indicated that emergency services were lacking forcing onstance women travel 70km for child birth or many mothers were forced to deliver at home due to distance. In agreement to these findings, The World Health Organization, WHO (2018) noted that the South Sudanese health system can hardly perform routine service delivery and respond to emergencies despite 80% of health services being provided by health partners. Further, the respondents noted that mental health support was nonexistence despite trauma from cattle raids. Also, there were very few trained mental health professionals and medical like antidepressants are not always available. In a similar perspective, Fils-Aimé et al. (2018) notes that before the mobile clinic, Kas residents lacked access to mental health services. A community-based epidemiological study conducted in the region in 2011 found that there was a significant level of mental health needs, including suicide thoughts and symptoms of anxiety and depression.

The respondents postulated that mobile clinics were too few to cover vast grazing lands. In contrast to these findings, Dulacha et al. (2022) noted that the emergency program of the World Health Organization (WHO) South Sudan includes a standby emergency mobile medical team (eMMT). The eMMT is used to confirm, look into, and address disease outbreaks and other public health situations. The frontline Health Cluster partners carry out their role of delivering basic health and essential services, such as surveillance and emergency response, in fragile, conflict-affected, and vulnerable contexts, while the WHO eMMT functions within the Health Cluster framework.

According to the findings, the respondents noted that environmental challenges such as droughts disrupted operations and created water shortages in clinics. In line with these findings, Janakot (2024) noted that donor-funded projects face various risks unforeseen environmental challenges, economic fluctuations, and political instability. The respondents also noted that insecurity was another issue that resulted to health workers avoid postings near conflict zones. In contrast, Miller et al. (2020) health workers were often able to continue providing services during acute and protracted crises, including prolonged periods of conflict and insecurity and during population displacement. However, the health workers reduced their service provision in the early phases of emergencies. Lastly, based on the study findings, the respondents noted

that staff shortages were recurring with only one nurse handling everything. In line with these findings, Mutale et al. (2017) noted that poor health services, especially in the most remote areas, were a result of a lack of human resources at the community and health facility levels. The majority of healthcare facilities were run by a single, qualified healthcare professional.

5.3 Conclusion

The study revealed that financial budgeting plays a critical role in the sustainability of donor-funded healthcare projects. A diversified funding approach, including grants, sponsorships, community contributions, and income-generating activities, proved essential in reducing dependency on single donor sources and enhancing project resilience. The integration of government support, community ownership, and stakeholder engagement emerged as key drivers for long-term sustainability. Moreover, strategic practices such as needs-based planning, decentralization, real-time assessments during emergencies, and flexible financial mechanisms contributed to improved adaptability and system strengthening. Despite contrasting literature highlighting challenges in donor dependence and coordination, the study findings affirm that effective financial planning and operational flexibility significantly enhance the sustainability of healthcare projects in resource-constrained settings.

The findings reveal that donor policies significantly influence the sustainability of donor-funded healthcare projects through formal agreements that promote accountability, yet often introduce rigidity that can hinder adaptability. Sustainability is best achieved when projects are embedded in local systems from the outset, with structured exit plans, active community participation, and partnerships with long-standing local actors. While donor flexibility enhances responsiveness, bureaucratic processes often constrain timely decision-making. Ultimately, sustainability is most effective when it is co-owned by donors, implementing organizations, government agencies, and communities, ensuring alignment with local priorities and resilience beyond donor involvement.

The findings underscore that community engagement is a pivotal factor in enhancing the sustainability of donor-funded healthcare projects. Active involvement of community members throughout the project lifecycle, from needs assessment, planning, and implementation to monitoring and evaluation, promotes relevance, ownership, and responsiveness. Structured feedback mechanisms, such as focus group discussions, regular surveys, and government-facilitated forums, further reinforce trust and improve service delivery. While evidence from the study affirms that participatory approaches foster long-term impact, contrasting literature

highlights gaps in inclusion and ownership in other contexts, emphasizing the need for consistent and context-sensitive engagement strategies.

The study reveals that physical healthcare infrastructure significantly influences the sustainability of donor-funded healthcare projects in pastoralist communities. While donor interventions have made notable contributions, such as constructing neonatal units and upgrading mental health and counseling facilities, core systemic challenges persist. These include uneven distribution of health facilities, inadequate road networks, shortage of medical equipment, and a critical lack of trained healthcare personnel, particularly in remote areas. Furthermore, insecurity, environmental disruptions like droughts, and weak emergency response systems continue to impede service delivery. These infrastructural deficiencies contribute to a fragile healthcare ecosystem that becomes increasingly vulnerable once donor support diminishes or ends.

5.4 Study Contribution

This study makes several significant contributions to both academic literature and practical health systems strengthening efforts, particularly in the context of donor-funded healthcare projects in marginalized and resource-constrained regions such as Samburu County, Kenya. While existing studies have explored the effectiveness of donor-funded healthcare initiatives, few have holistically examined the sustainability of these projects through the integrated lens of community engagement, financial budgeting, donor policies, and physical healthcare infrastructure. This study bridges that gap by providing context-specific empirical evidence from a pastoralist setting, offering insights into the multifaceted conditions necessary for sustaining health projects beyond the donor funding cycle. By employing a qualitative approach and engaging with project coordinators and local stakeholders, the study captures nuanced, ground-level perspectives that are often overlooked in quantitatively dominated donor evaluations.

Much of the literature on sustainability in healthcare projects is either global in scope or focused on urban or peri-urban areas with more established health systems. Samburu County presents a unique socio-cultural and geographical context—marked by mobility, remoteness, weak infrastructure, and traditional governance structures—that poses particular sustainability challenges. This study contributes a deep, localized understanding of how these contextual realities shape project outcomes and what adaptations are necessary to ensure continuity in such settings. It helps fill a geographical and demographic gap in sustainability studies, offering

valuable lessons for similar counties across Kenya and other pastoralist regions in Sub-Saharan Africa.

The study applies and extends the Sustainability Theory (via the Triple Bottom Line framework) and Institutional Theory to examine the sustainability of donor-funded health projects. By doing so, it provides a richer theoretical grounding for understanding how economic, social, and infrastructural dimensions intersect with institutional norms and donor regulations to influence long-term outcomes. The study demonstrates how donor policies act as institutional forces that shape implementation behavior, while emphasizing the importance of integrating sustainability thinking into project design from the outset.

Findings from this study offer practical recommendations for donor agencies, county governments, and implementing partners. These include the need for, Embedding community ownership mechanisms throughout the project cycle, Aligning budget planning with local fiscal realities and post-donor operations, Designing flexible donor policies that support local adaptation and long-term transition, Ensuring that investments in physical infrastructure are accompanied by maintenance plans and operational sustainability frameworks. The study supports the development of evidence-based guidelines to inform the planning, monitoring, and exit strategies of donor-supported health interventions, particularly within Kenya's devolved healthcare system.

By highlighting systemic bottlenecks and areas of strength, the study contributes to ongoing efforts to strengthen health system resilience at the county level. It advocates for improved coordination between donors and county governments, capacity building for financial and project management, and deeper integration of community structures into formal health governance. This adds to broader health sector discourse on transition readiness and sustainability planning in donor-reliant contexts.

5.5 Recommendations

To enhance the sustainability of donor-funded healthcare projects, organizations should adopt a mixed funding model that combines external donor contributions with domestic resources, corporate social responsibility (CSR) partnerships, and community-driven initiatives. Strengthening government involvement and promoting community ownership from the design phase can reinforce local relevance and continuity. Furthermore, implementing flexible budgeting frameworks that allow for real-time adjustments during emergencies, coupled with

rigorous financial compliance mechanisms, will ensure efficient fund utilization and system resilience. Donors and implementing agencies should also invest in capacity-building for local institutions, fostering decentralization and enabling long-term sustainability through strengthened local governance and resource mobilization.

Donors and implementing agencies should prioritize sustainability by designing projects with built-in phase-out strategies, engaging community stakeholders in all stages of the project cycle, and fostering partnerships with local organizations that have established trust within the community. Donor agencies should move towards adaptive funding models that balance accountability with flexibility, enabling implementers to respond effectively to changing conditions. Governments should strengthen their role in coordinating donor efforts, aligning them with national health strategies, and institutionalizing community involvement to promote ownership and long-term impact. Lastly, streamlining donor approval processes for project adjustments can enhance agility and improve outcomes in dynamic environments.

To strengthen the sustainability of donor-funded healthcare initiatives, it is recommended that project implementers institutionalize inclusive and iterative community engagement practices. This should include capacity-building for local leaders, early sensitization on project timelines, and the integration of structured feedback loops into all phases of the project. Donors and implementing partners should prioritize transparency and co-creation with communities, ensuring that interventions align with local priorities and build long-term self-reliance. Additionally, embedding community monitors and decision-makers within governance structures can cultivate leadership and facilitate the smooth transition of project responsibilities over time.

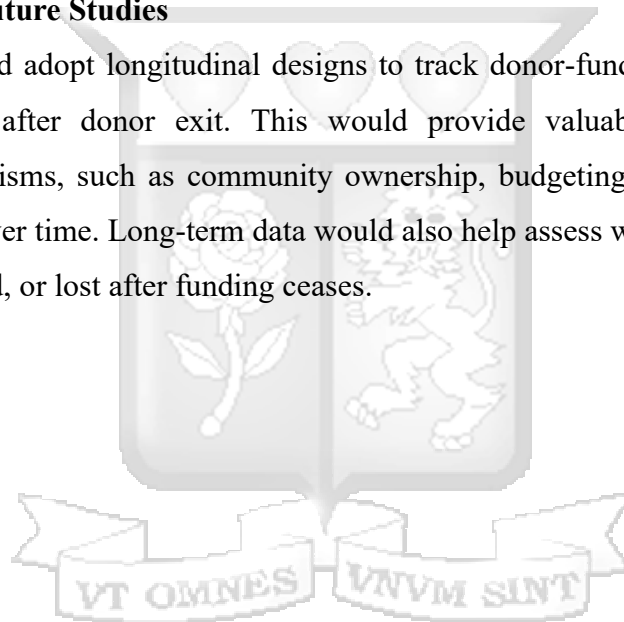
To enhance the sustainability of donor-funded healthcare initiatives, a multi-stakeholder approach is essential. The government should prioritize equitable distribution of healthcare infrastructure, especially in underserved rural and pastoralist areas, by improving road networks, staffing health facilities adequately, and ensuring availability of essential medical equipment and drugs. Donors and implementing agencies must integrate sustainability plans from project inception, including capacity building for local health workers and maintenance planning for infrastructure. Additionally, expanding mobile health services and incorporating climate-resilient infrastructure can help address geographical and environmental challenges. Finally, policy interventions should focus on incentivizing healthcare workers to serve in insecure or remote areas, ensuring continuity of care beyond the life span of donor projects.

5.6 Limitations of the Study

Despite its contributions, this study had several limitations. Firstly, the reliance on qualitative methods and purposive sampling may limit the generalizability of findings beyond Samburu County or similar pastoralist settings. Secondly, some project coordinators and ward administrators were unavailable or unwilling to participate, potentially excluding key perspectives. Thirdly, social desirability bias may have influenced responses, particularly in discussing donor relationships or project weaknesses. Lastly, logistical challenges such as remote locations and language barriers may have affected the depth of data collection in some areas. These limitations were mitigated through triangulation with document analysis and the use of local research assistants familiar with the community context.

5.7 Suggestion for Future Studies

Future research should adopt longitudinal designs to track donor-funded healthcare projects before, during, and after donor exit. This would provide valuable insights into how sustainability mechanisms, such as community ownership, budgeting strategies, and policy alignment, perform over time. Long-term data would also help assess whether project benefits are retained, improved, or lost after funding ceases.



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APPENDICES

Appendix 1: Letter of Introduction

Irene Sais

Student Strathmore University Business School

irene.sais@strathmore.edu

[Date]

Dear Respondent,

RE: INTRODUCTION LETTER

My name is Irene Sais, a student at Strathmore University Business School, pursuing MBA Healthcare Management. I am conducting a research study on the factors influencing the sustainability of donor-funded healthcare projects in Samburu County. The study is for academic purposes only and we are seeking participants who can provide valuable insights for this study.

Your participation in the study will involve completing a questionnaire, participating in interviews and, if willing, taking part in a focus group discussion. All information provided will be kept confidential and used solely for research purposes.

If you have any questions or would like to participate, please contact me at

irene.sais@strathmore.edu

0708099066

Thank you for your consideration.

Sincerely, Irene Sais

[Your Name]

Appendix 2: Interview Guide

Semi-structured Interview Guide for Project Coordinators

The purpose of this interview is to understand financial budgeting, donor policies, and community engagement in your project.

Date:

Interviewer:

In person:

Phone call:

Start Time:

End Time:

Background Information

Role and Experience:

Project Overview:

1. Financial Budgeting

- Does your organization have more than one source of funds? What approaches are putting in place to diversify financial sources and reduce dependency on a single donor?
- Do you conduct a needs assessment for your budget plans?if yes, how?
- How does your organization ensure efficient use of available financial resources while maintaining service delivery? Are there any strategies in place to reduce costs?
- Are there any long-term financial plans in place to sustain the project beyond donor funding?
- Does your organization operate within the budget in place? Does it spend below or above the budget? How often do you meet your budget plans
 - Do you have a contingency plan for unforeseen expenses?

2 Donor Policies

- Does your organization have a the donor funding agreement? Does it define the length of the funding period? Long-term or short-term?
- Have the donors outlined a clear exit strategy and transition plans once the funding period ends?
- Are there clear pathways and sustainability plans? when donor funding ends? If so, how are they developed?
- In your experience, how flexible are donor policies in adapting to local healthcare needs?

3. Community Engagement

- How often do you involve the local community in project planning and decision-making?
- What mechanisms are in place to gather feedback from the community regarding project ?
- In your opinion, to what extent does the community feel ownership of the project? What could enhance this sense of ownership?

Conclusion

Thank you for your time and participation.

Please feel free to share any additional comments, insights or suggestions.

Semi-structured Interview Guide for Ward Administrators

The purpose of this interview is to understand financial budgeting, donor policies, and community engagement in your project.

Date: _____ Interviewer: _____

In person: _____ Phone call: _____ Start Time: _____ End Time: _____

Section A: Background Information

1. Could you please introduce yourself, what is your main role ?
2. How long have you served in this position?
3. What are your main responsibilities related to healthcare projects in your ward?

Section B: Community Engagement in Healthcare Projects

4. What is the level of community involvement in donor-funded healthcare projects in your ward?
5. How do healthcare projects engage local community members in planning, implementation, and monitoring?
6. Are there specific strategies used by donor-funded projects to ensure meaningful community participation?
7. What challenges do these projects face in engaging the community?
8. How do local cultural and social factors influence community participation in healthcare projects?
9. How does the county government support or coordinate with donor-funded projects to enhance community engagement?
10. In your opinion, what could be improved in the way communities are involved in healthcare projects?

Section C: Physical Healthcare Infrastructure

11. What is the current state of physical healthcare infrastructure (e.g., hospitals, clinics, equipment) in your ward?
12. Have donor-funded projects contributed to the improvement of healthcare infrastructure? If so, in what ways?
13. How adequate are the existing health facilities in meeting the healthcare needs of the community?
14. What are the major infrastructure gaps or challenges in healthcare service delivery in your ward?
15. In your view, are donor-funded infrastructure projects sustainable in the long term? Why or why not?

Section D: Recommendations and Future Outlook

18. What ways do you think would improve community engagement in healthcare projects?
19. What approaches should be taken to ensure the sustainability of healthcare infrastructure improvements?
20. Is there anything else you would like to add regarding community engagement or healthcare infrastructure in your ward?

Conclusion:

Thank you for your time and insights. Your contribution is highly valuable in understanding and improving the sustainability of healthcare projects in Samburu County. If you have any questions or would like to receive the study findings, please feel free to share your contact information.

Appendix 3: Participant Information Sheet and Consent Form

We invite you to take part in our research study. Before you decide whether to participate, you should understand why the research is being done and what it will involve.

Study Title: Factors influencing the sustainability of donor-funded healthcare projects in Samburu County

Purpose: The study aims to assess the factors that influence the sustainability of donor-funded healthcare projects.

What happens when Participants take part:

- The interviews will last for approximately 20 to 30 minutes or if one would like to talk more
- With your permission, the interview will be audio-recorded.
- You can stop the interview at any time, and you do not have to answer a particular question if you don't want to.
- Allow review of relevant documents (e.g., project reports, financial statements).

Where will the interview will take place in person at a specific location or over the phone.

Voluntary Participation:

Participation is voluntary, and if a participant decides they no longer wish to be part of the study, they can withdraw at any time without consequences or giving a reason. They can also ask for their data to be removed from the study and destroyed.

Confidentiality:

All the information you give us will be kept strictly confidential, anonymized and solely used for research purposes only. The procedures for handling, processing, storing and destroying the data will comply with the Data Protection Act of 2019

Benefits:

You will be helping develop our understanding of factors that influence sustainability of donor healthcare projects hence contributing towards improvement of healthcare project sustainability.

For questions, concerns or to find out more:

Irene Sais

0708099066

irene.sais@strathmore.edu

Strathmore University Business School

By participating, the individuals are consenting to their responses being used for research purposes.

Thank you for taking the time to read this document.

This information sheet is for you to keep.

Participant consent form

1. I confirm that I have read and have understood the information sheet dated [] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected.

3. I understand that, under the Data Protection Act 2019, and I can also request the destruction of that information if I wish.

4. I agree for the data I provide to be archived at University of Liverpool. I understand that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

5. I agree to take part in the above study.

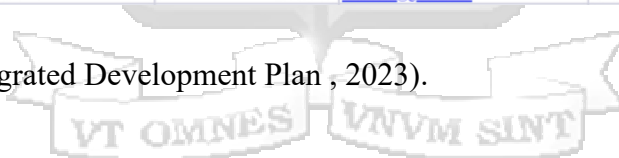
Participant name	Date	Signature
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Researcher	Date.	Signature
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Appendix 4 : List of Organizations for donor funded healthcare projects in Samburu County

	NAME OF ORGANIZATION OR PROJECT	FOCAL PERSON	PHONE NUMBER	EMAIL	ACTIVITIES SUPPORTED
1	WORLD VISION KENYA	PURITY WANJIRA	0727157361	wanjira@wvi.org	<ul style="list-style-type: none"> Emergency Response activities Mass screening Outreaches Capacity building of HCWS
2	UNICEF	JAMES KAMAU	0721157782	amesk@unops.org	<ul style="list-style-type: none"> Supporting health system strengthening provision of therapeutic feeds capacity building of HCWs
3	ACF	KIOKI KIAMBA	0722464215	kiokikiamba@nutriset	Emergency Response , NUTRITION and wash (check v
4	SAVE THE CHILDREN	TITUS LEOKOE	0728147436	Titus@savethechildren.org	Nutrition and Wash
5	MERCY CORPS	SIMON ERIS	0724920990	seris@mercycorps.org	
6	FEED THE CHILDREN	BRIAN ASANDE	072029906	Brian.asande@gmail.com or Brian.asande@feedthechildren.org	Nutrition wash
7	WFP	CHARLES SONGOK		charles.songok@wfp.org	SFP Commodities
8	KENYA RED CROSS	lekakeny olekiremu	0791747130	lekakeny.olekiremu@redcross.or.ke	emergency response, supervision, blood drives, GBV
9	WORD CONCERN SUPPORTING NUTRITION, EMERGENCY RESPONSE SAMBURU EAST	MUIGAI	0724014259		<ul style="list-style-type: none"> Intergrated health outreaches Care group trainings Care group kitchen garden and healthy cooking demons Support county with dewormers on annual basis (memb Support sub-county review meeting (these are tied to ou Support Malezi Bora (Support CHP's with daily stipend county mobilization), this is based on availability of funds
10	SPLN	Rael mbalunye	704152142	raelwilliams@gmail.com	care and treatment of PLHIV, PMTCT, human rights and
11	CHAT	rose kimanzi	728699094	chatprojectsmanager@gmail.com	community outreach activities, stakeholders meetings, su and CHUC,
		sharon wreford	720198942	mobileclinicsafrica@gmail.com	
12	PS KENYA(DESIP,Accelerate)	purity Koech	796530562	pkoech@pskenya.org	check excel document on ps kenya activities
13	persons of interest CBO	Miriam Chege	729014959	mirriamchege@yahoo.com	depends on funding
14	AMURT	Jeremiah Letirok	726061048	jletirok@gmail.com	TB activities
15	UTJ	Stephen Ajuoga	721939883	sajuoga@usaidtjuggiamii.org	HIV AIDS, Nutrition, leadership, governance
16	AMREF, M&E IN RH	herbert barasa	723102418	herbert.wanyonyi@amref.org	m&e, research, strategic plan, in RH
17	USAID AFYA THABITI	Dickens omedo	725785486	dochuka@path.org	leadership, governance, health sys stre, financing
18	USAID HERO	peter mwiathi	720785703	mwiathi.peter@ku.ac.ke	Health financing
19	KRCS				
20	UNAIDS/AYARHEP	Harriet kongin	722616027	konginh@unaid.org	adolescent and youth reproductive and sexual health serv
21	UNFPA	Faith Osore		osore@unfpa.org	adolescent and youth reproductive and sexual health serv
22	USAID health IT	Brian owino	725122497	bowino@healthit.uonbi.ac.ke	EMR system support
23	SPLN COMMUNICATION	Ekadeli Echoto	711894315	sacephwan@gmail.com	any communication to SPLN
24	samburu children program	dadio lolwerikoi	720432375	dadio@scpkkenya.org	children support
25	samburu development program	lilly leshalote	727298057	lleshalote@gmail.com	CSO for samburu development matters

(Samburu County Integrated Development Plan , 2023).



Appendix 5: Proposed Study Workplan

FACTORS INFLUENCING THE SUSTAINABILITY OF DONOR -FUNDED HEALTHCARE PROJECTS: A CASE OF SAMBURU COUNTY

Progress stage	Stage Description	Proposed dates
1.	Scoping of the Research study	October 2024
2.	Choice of Research Topic	November 2024
3.	Research Problem clarification, Research	November 2024
4.	Literature review	December 2024
5.	Research Methodology	December 2024
6.	Completing and submitting the research proposal	January -February 2025
7.	Proposal Defense	February 2025
8.	Data Collection	March 2025
9.	Data analysis and Interpretation	March -April 2025
10.	Research Report writing – first draft	April 2025
11.	Final draft of research report	April – May 2025
12.	Submission of Research for Examination	May 2025

Appendix 6: ISERC Approval



16th May 2025

Mrs Sais Irene,
irene.sais@strathmore.edu

Dear Mrs Sais,

RE: Enhancing the Sustainability of Donor-Funded Healthcare Projects in Pastoralist Communities: A Case of Samburu County

This is to inform you that SU-ISERC has reviewed and approved your above SU-Masters proposal. Your application reference number is SU-ISERC2840/25. The approval period is from 16th May 2025 to 15th May 2026.

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,

A handwritten signature in black ink, appearing to read "Ambrose Rachier".

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Appendix 7: NACOSTI Permit

 <p>REPUBLIC OF KENYA</p>	 <p>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION.</p>
<p>Ref No: 627901</p>	<p>Date of Issue: 08/April/2025</p>
<p>RESEARCH LICENSE</p>	
	
<p>This is to Certify that Ms. IRENE NAKAE SAIS of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Samburu on the topic: ENHANCING THE SUSTAINABILITY OF DONOR FUNDED HEALTH PROJECTS for the period ending : 08/April/2026.</p>	
<p>License No: NACOSTI/P/25/417998</p>	
<p>Applicant Identification Number 627901</p>	
<p>Director General <i>Walter Mwangi</i> NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p>	
<p>Verification QR Code</p> 	
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