

SUSTAINABILITY OF PRIVATELY OWNED CLINICS POST DONOR FUNDING IN KILIFI COUNTY, KENYA

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Abstract: Despite investment by donors respective governments and different agencies in private clinics globally, most private clinics are not able to sustain themselves and continue to receive funds for operations. There are global progress and challenges in expanding private sector involvement with the strategies to bring about behavior change among the private partnerships and those for better governance and sustainable financing of private interventions. Africa as a region lacks the infrastructure facilities and trained personnel to provide and deliver even minimal levels of health care services and goods. Healthcare financing accounts for roughly half the investment opportunity with the remainder split across distribution and retail pharmaceuticals and medical products. It is therefore imperative that private sector intervention strategies employed in improving the private healthcare be interrogated for their effectiveness or else more funds will be spent. A case study of sustainability of privately owned clinics in Kilifi County Kenya supported by donor funding. Four strategies have been employed to see how they influence the performance of the private clinics post donor funding. The study is delimited to sustainability of private clinics in Kilifi, Kenya and studies the four variables. Empirical literature of the works of widely published scholars is reviewed in the study and the gaps in the literature documented. A conceptual model that shows the nexus of interrelationships between study variables is demonstrated through a conceptual framework. The study adopted a descriptive survey design with a target population of 90 individuals who are the owners of the clinic. Nevertheless 73 individuals were selected to constitute the sample size for the study. Data collection questionnaires of structured questions will be used in collection of data. A five level data collection questionnaire structured questions with a 5 point likert scale was used in data collection. Content and construct validity were determined through review of the data collection questionnaire by private clinic owners and professionals to ascertain that it was comprehensive for the proposed study. Data was collected, coded categorized and analyzed using SPSS software version 20. It was found that all the four sustainability strategies studied had a positive correlation on the performance of privately owned clinics in Kilifi County. It was also established that there was a significant relationship between all four independent variables with the dependent variable with p value of $0.0005 < 0.05$ and spearman correlation coefficient of 0.465, $0.000 < 0.05$ and 0.485, $0.0002 < 0.005$ and 0.484 and $0.000 < 0.05$ and 0.585 for financial management, stakeholder involvement, technology adoption and donor policies respectively. The entire four hypothesis tested in the study were therefore not rejected.

Keywords: Despite investment, private clinics, Healthcare, intervention strategies, post donor funding.

ABBREVIATIONS AND ACRONYMS

UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization
PSHP	Private Sector Health Practitioners
UNPF	United Nations Population Fund

1. INTRODUCTION

Background of the study:

There is prolonged global discussion in health apprehensions by the public and private health sector. Private health sector advocates have pointed to the evidence that the private sector is the main provider as many patients prefer to seek care at private clinics and argue that they are well structured and effective to patients and clients to which they indicate overrides governments systemized operations (Adel, 2014).

The global health care sector advocates the expansion, treatment advancement and government's initiative to increase access to care, rapid growth of populations and economies increase demand for the health care provision since there is an increase of lifestyle diseases but the facilities for health care provision remaining static. Clientele are requesting for more well being services as more people mature and persistent diseases increase forcing health players to strain when it comes to satisfaction. Universal health coverage will not be achieved without improvement in service delivery so that all people are able to access high quality health services that meet their needs and preferences (WHO, 2015).

Africa does not have the basic physical structures and competent workforce to contribute or dispense to the well being of its people. The responsibility of the private sector is to ensure accessible provision of quality health care and ensuring adequate funding for sustainability. The change in political stability has improved, there has been an increase in the amount of production and health care education and delivery report shows that most of the money spent is spent on pharmaceuticals, medical by products. About half of the investments are expected to be made by for profit entities, the remaining position of private sector investment being equally spread between social enterprises and nongovernmental organizations (Ruger 2016).

African private health sector delivers positive health outcomes. The private sector offers an array of services which are important to respective communities and therefore not consistent. Growth in private health aggravates the shortfalls of the public sector by drawing them toward higher paying for profit activities. In some African countries the percentage of private sector involvement is higher. An example is Uganda and Ghana, where private usages 60 percent while in others like Namibia it is 10 percent. According to Adebayo, (2017), most African countries are embracing informal health care providers like the traditional healers the birth attendants and individual medicine sellers to help improve health care provision to the poor and marginalized communities in the region (WHO, 2017).

In Kenya, formation of public private partnership has been witnessed with reproduction of models that are conducive for both the private health sector and public health sector. The effort to have affordable and accessible health care to the poor and disadvantaged groups is one of the main concerns for the government. According to Thakker, (2016) projects have worked hand in hand with international organizations for example the United Nations the private and public sector. Educational and awareness conferences and meetings have concentrated on making the relationship between the private sector and public sector better. 'We aim to make it easier for private sector companies to contribute to development of the communities in Kenya'. In its vision of 2030, the government of Kenya is increasingly promoting private partnership as a means to unlock financing and expertise. Important strides are being made in order to build the necessary regulatory frameworks and support systems that can facilitate public private partnership to add value to key sectors of health. The formation of private sector health partnership is a group of private sector companies and organizations who are committed to improve health care services in Kenya (United Nations Populations Fund, 2016).

Statement of the problem:

Though there has been a move towards development of the private clinics in Kilifi County by the donor orientation, development trends indicate that the progress is slow and poverty is still rampant with the presence of communicable diseases and lifestyle diseases. The donors make effort to train and provide recourses for both private sector and public sector and by doing so the government benefits from the skillfulness and proficiency and assumes the responsibility of the overseer of activities being carried out. To attain sustainable development, the legitimate structure should be able to represent detect and control the product and utility distributed. The inadequacy of the public sector to provide health services on their own, in an efficient and effective manner owing to inadequate wealth, accessibility and administrative issues. These considerations brought organizations together with the mandate to offer public good on one hand and those that could facilitate the goal through the provision of resources, and technical expertise (Private Sector Health Practitioners, 2016).

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Through partnerships with the government, private sector and donors, a mechanism for looking into issues which pertain to the health sector is created, by leaning more on the strengths of stakeholders. The transitional nature, frequent logical problems, insufficient personnel and poor operation and maintenance practice needs proper partnership arrangements that are guided with a set of rules and principles. Effort can be made to develop private health sector potential by merging with organizations by undertaking and engaging capacities. The public private partnership can be used to increase the extent of special engagement and shift expertise between both entities (UNPF, 2016).

Despite the support given to the private practitioners on their facilities, we continue to witness the decline of living standards and inadequate health care. (UNICEF, 2015) Focus should be on implementation requirement that are output based and monitoring given a priority. In order to attain sustainability, government needs to take responsibility continuously since citizens depend on the government or public good, quality of healthcare being among the other services. The government and local private sector will also need to retain sufficient expertise or carry out proper training to the locals and the stakeholders. Kenya Health Federation, (2016) This research will therefore investigate the four strategies employed in the project and how they influence the quality of health care offered by private practitioners, focus being Kilifi County.

2. LITERATURE REVIEW

The Concept of Project Sustainability:

The concept of sustainability is widely used to give different meanings for instance, the definition by U.N report (2016) on the world commission on environment and development (also known as the Brundtland commission) which defines it as meeting the needs of the present generations without compromising the ability of future generations to meet their own needs. Some popular applications of the concept of sustainability are listed as Global sustainability, Environmental sustainability, Economic sustainability, sustainable development and sustainable benefits. Sustainable means to be able to be maintained at a certain level, to be able to uphold or be defended. Sustainable development is about having economic development that is conducted without depletion of natural resources. According to Levine and Pullman, (2016) actionist taken to strategize in order to avoid impairing future generations from living well as the present generation and even better. Sustainability can be viewed as the ability of a project to be maintained at a certain rate or level (Bruce, 2015).

In the context of privately owned medical clinics, sustainability can be defined as the continuation of benefits after major assistance from donor has been withdrawn (Erickson, 2016). Standards are put in sustainability process aimed at maximizing the continuous flow of sustainable benefits. It should be an upheld and defended process and monitored and evaluated. Respective project should define its own sustainability on a case by case basis (Mulwa 2015). Aid providers may need to provide some limited follow up assistance, such as intermittent technical support, including advisor support or supplementary financial support to enhance the prospects for sustainability and to consolidate achievements (Clark, 2015).

Sustainable analysis is the ability to maintain rates of resources that have been invested in a project by supporting a defined level of production, provided benefits will be realized. Countries should consider having plans well in advance with detailed strategy on how activities and cycles will be managed, from the beginning to the end. This strategy should be reviewed periodically during the implementation and evaluated in order to learn lessons (Levine and Pullman, 2016).

The aim of sustainable strategy is to clearly indicate the benefits and show any risks and how each risk to sustainability will be addressed during the period of implementation. Sustainability strategy will be reflected in the scope of services and basis of payment and memorandum of understanding with partner stakeholders. The design team should prepare a sustainable strategy matrix in participatory way with major stakeholders. This should be done after a hierarchy of objectives has been created and the risks to achievements of the objectives have been identified. The sustainable strategy should be appraised and then reviewed and redefined at least annually during implementation through the annual planning process, midterm reviews and updating of phase out strategies. It should be evaluated in order to learn lessons (Lubber, 2015).

Financial management and their influence on project sustainability post donor funding:

Project financial systems refer to that system that enables lenders and borrowers to exchange funds. It refers to the planning, disbursing and use of funds and showing how well the funds have been utilized. Accounting records and financial statements are some of the key important documents that are used to determine financial sustainability of donor

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funded private clinics. Nkuribi (2014) states that a development project should have a financial leverage with reliable source of funding to avoid uncertainty and ensure financial sustainability. Financial prices influence the decisions of project participants, economic prices record and the consequences of those decisions for national economy. If a project does not deliver clear and equitable financial or economic benefits, which are apparent to stakeholders, it is most likely not able to be sustained after donor funding finishes. For instance, health services users will not pay for government health services either directly or through taxes if the service is poor or their expectations of benefit are extremely limited. Benefits are not sustainable if the net benefit arising is negative or very small when all the costs are considered. Better financial analysis is required, particularly in the formulation of programs and projects activities (Clark 2015).

Rono (2014) in her study on financial sustainability of NGOs projects in Nairobi concluded that reliance on funds from donors was high with little effort on utilization of already available resources, that there was lack of proper mechanism in place to ensure sustainable benefit as was expected. The accessibility to funds to support project expenditures must be timely. Projects must also work hard to recover costs and ensure accountability. Financial inception is important to improve the participation of project beneficiaries who are the long term dependants. Through proper management practices income should be generated thereby creating room for investment promoting sustainability and not depending on donor funds.

Technology adoption and how they influence project sustainability post donor funding:

Technology is the collection of techniques, skills methods and processes used in production of goods or services or in the accomplishment of objectives, It is also knowledge of using tools and machines to do tasks efficiently. Technology involves use of applications of knowledge, tools and skills to solve problems and extend human capacity (Johnson, 2014). Larkin, (2014) observed that appropriate quality of technology is crucial to the success of any project. The choice of technology adopted on a sustainable project is selected bearing in mind the financial infrastructure and the physical capability. Considerations should include user expectations and acceptance. When selecting technology to be adopted, involvement of all stakeholders ensures a step of sustainable development.

In his study on technology adoption, Leech (2013) observed that there is explanations for the adoption of technology, that clinics do not fully understand sustainable technological use, that there is also a long equipment replacement cycle which slow the need to evaluate whether to adopt technology or not. His findings were that most of the service providers were skeptical to adopt technology due to maintenance costs and the constant updates on technology as time goes by, however he stated that the clinicians appreciated the efficiency and effectiveness on service delivery.

Doraszelski (2003) tells us that dilemma in new technology creates barriers to adoption because sustainability is not guaranteed. Diffusion of innovation theory explains how, why, and at what rate new ideas and technology spread through cultures, operating at the individual and firm level and processes in competitive environment is financially significant and involves substantial risks (Rogers 2002). Few of the clinics adapt to technology, this explains why application of technology is at its infancy. Private clinics must pay more and more attention to innovation in technology to provide better services for their customers, improve their performance and reinforce their competitive advantage.

Stakeholder involvement and its influence on project sustainability:

According to Paul (2016), one of the critical factors in promoting sustainability of any project is the role played by the stakeholder and the target groups and their participation in project activities. Stakeholders and target groups are those who have interest and are concerned with the program or project. Ladema (2015), in his study of family programmers promotion services on integrated community care and support project in Kenya established that the level of sustainability of income generating activities often depends on perceived and actual returns to beneficiaries. In Kenya the sharp deterioration in economic performance worsened the poverty situation in the country as outlined in the economic recovery strategy for wealth and employment creation.

According to Pollnac and Pomery, (2014), beneficiaries do not get sustainable benefits because not all the stakeholders are involved in the processes that are carried out in the project. Most organizations do not address the strategy of incorporating beneficiaries in workshops or briefings or put them up to date with the on goings within the project set up. In most instances, the beneficiaries do not know what the stakeholders are doing Pollnac and Pomery outlined some practical steps to achieve more effective participation which includes ensuring that the ideas for projects are demand led, ensuring that design phase is thought of as an investment in a successful outcome and thus given adequate time and other resources ensuring that the design incorporates specific activities and resources needed to implement participatory

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strategies clearly defining who/which groups are expected to participate and who will benefit by doing a stakeholder analysis and gender analysis. Clearly defining what type and level of participation is to be achieved from simple consultation through to full ownership of decision making and ensuring that key team members are appropriately skilled in participatory approaches (Dorothy 2015).

Luyet et al (2012) has shown that stakeholder participation is regarded as unquestionable in community development approaches and that it is both a necessary condition for change, empowerment and partnering based on specific interests. A study by Caldiwe and Usadholo, (2016) observed that despite the classification of project, conclusion on level of involvement for all partners is noteworthy that projects should contemplate. It has been noted that most stakeholders in nongovernmental organizations have not been favorably involved in execution of projects, leading to projects shortcomings to impact on long term satisfaction.

Donor policies and how they influence project sustainability:

Donor policies are influential on the sustainability of projects. They clearly indicate how contracts are prepared the scheduled time for funding and the specific area to be funded. OECD report (2016) identified important donor policies related factors that affect project sustainability. These include planning horizon, delivery and contracting mechanisms and operations and maintenance costs. International donors should work with respective governments to support training by allocating part of their resources to institutions which educate and motivate stakeholders in understanding the expectations. Accommodating the beneficiaries through possession and authentic involvement regardless of gender in the execution of projects leads to long term benefits. Nevertheless, donor policies and how the funded program is designed and delivered can work against it.

According to Francis (2013), the key concerns include i) Design process, a series of steps that are followed when trying to solve a problem by using local demand in order to achieve sustainability ii) The choice of personnel is an important factor in sustainability. A team should be assembled which should accomplish the best results. A high performing team should be put in place using laid down criteria to ensure sustainability. iii) contract structures, these should be clear by having the contracts signed by executing parties, all the parties carrying their obligations and duties, enforcement to realize sustainability. iv) monitoring and reporting frameworks should be based on matrices that do not only focus on the processes but also assessments .v) Partner selection, selecting professional people adds value the desired output, enables easy coordination resulting on sustainability. In his study, Lyson.et.al (2013). Observed that during the implementation of projects, sustainability should be the prime focus. Donors and respective government should concur on the relevant documents; they would be roles and responsibilities and should be geared towards a particular end, in this case sustainability of the project. Communication and feedback play an important role in ensuring that both the donors and government are working towards the same goal.

Donor policies on funding often focus on the amount of money given out excluding the running and continuation financial plans. This can have unfavorable outcome on the ability to be maintained, especially in third world countries that normally do not have enough for internal budgets. According to Bennet and Singh (2014), the evaluation of donor policies is designed to ensure that the stakeholders participate in decision making process and beneficiaries are actively involved in the transition process for sustainability of the program. There is concern for donor supported projects in developing countries to plan and undertake transition and evaluate them. The Avahan transition strategy by Bill and Melinda Gates (2014) includes upgrading knowledge of the skilled and non skilled government staff on sustainable health care. The nongovernmental capacity on the other hand is supported by training to implement. Stakeholders are meant to prepare for transition, supporting community capacity through community organizations by effective management and oversight functions and community based organizations.

Theoretical framework:

The theoretical framework is the structure that can hold or support a theory of research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists. According to IcekAjzen, (2012), the theory of planned sustainable behavior is a concept that explains reasoned action, by including perceived behavioral control. This theory shows relations among the beliefs attitudes intentions and relations in various fields such as public relations and health care. Sustainable behavior is shown through both external encouragement and personal situation. Behavior is activated shortly after a conditioned stimulus or after a primary reward if no conditioned stimuli exist

Behaviorism theory by Schemer:

This model is explained on the context of operational conditioning. It was developed by Schumer with the fundamental element that pro donor funding is generated and maintained by its positive and immediate consequences. Schemer stated that development was easily achieved if partners worked together towards the desired goal rather than working in seclusion. This promoted team cohesion and team development resulting to individual improvement. When positive reinforcement occurs it leads to a behavior with greater occurrences. Negative behavior reinforcement on the other hand leads to less frequency. The absence of any consequence leads to cessation of that behavior. The private practitioners therefore ought to embrace positivism on the changes suggested on their clinics to attain sustainability.

Cognitive psychology theory:

According to Fritscher, this theory involves specific types of information processing variants to include theoretical outlined conduct, normal operative behavior, routine development, and cognitive discordance. Individuals generate sustainable allocation organized and handled, accumulated and used in his or her brain and mind. An individual’s resolution to hold and participate in particular behavior is based on the results the individual expects will come as a result of performing the behavior. Sustainability will only be achieved once individuals focus on the long term benefits of the product. The private practitioners should focus on generating income and improving the clinics to achieve sustainability.

Conceptual framework:

This analyses the sustainability of private medical clinics funded projects post donor funding in Kilifi County. The donor funding is affected by financial management which covers issues of accounting records, financial statements and economic analysis. Technology analysis with issues of knowledge and skills, tools used and the systems. Stakeholder’s involvement which included government partner implementing agency and beneficiaries. Donor policies including planning horizon, delivery and contract mechanism and operation and maintenance.

Conceptual Framework

The inter- Relationships between the study variables are conceptualized as shown in fig.1.1 below

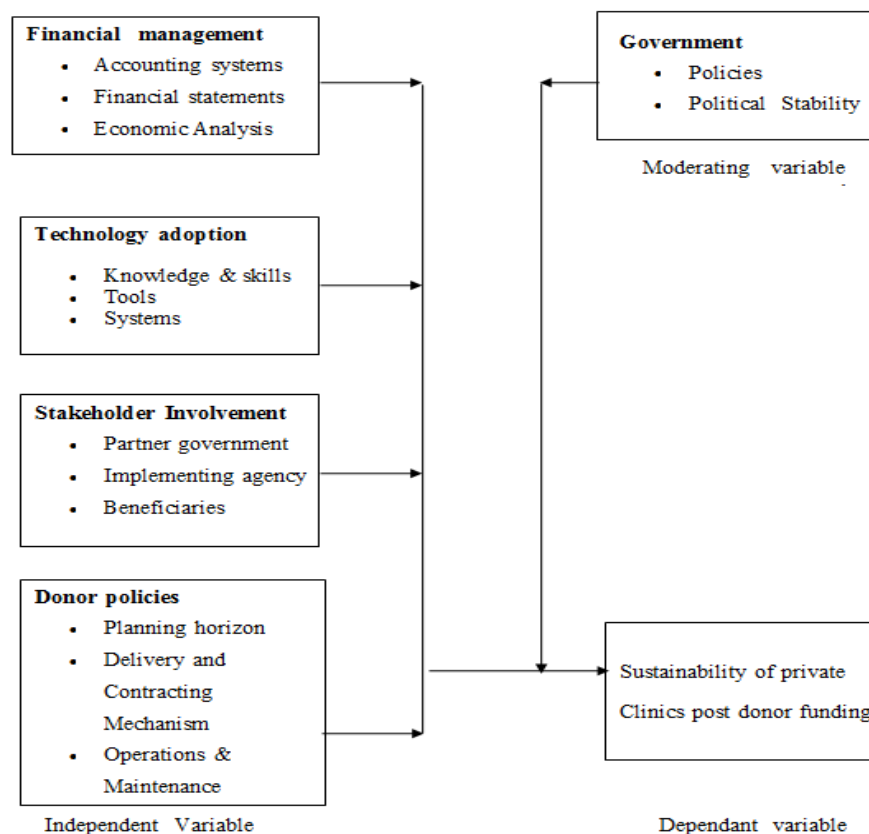


Fig 1: Conceptual framework

Knowledge Gap:

The research observed the gaps identified within the review of relevant literature as shown in the table 2.1:

Table 2.1: knowledge gap

Variable	Author	Title of study	Findings	Knowledge gap
Financial systems inadequacy	D. Britton, 2015	Finance and sustainability.	Some financial records were not kept up to date, the owners felt that they owned the clinics and therefore should not be held accountable	The author stressed on preparation and verification of financial statements and proper record keeping to enable assess the progress of the clinic.
Technology adoption inadequacy	Mei-Yen , April 2016	Technology and development	There was laxity in going for refresher courses since the providers had to look for people to assist in taking care of the clinic while away.	Technology adoption enabled the providers to be more equipped and well versed with the latest developments in the global world. It will enhance service provision.
Stakeholder involvement inadequacy.	Jeffery Neil, 23april 2015	Stakeholders in action.	Passive involvement and poor representation	Should be actively involved in decision making processes especially on matters that would affect their lives or environment.
Donor policies Inadequacy.	Barbra .L. Cicante	Global donor policies and principals.	Limiting on the law, part of delivery and contracting, operations and maintenance	The policies should enable smooth operations and interaction between the concerned parties and propel development.
Sustainability inadequacy	UN and the metropolis	Circles of sustainability	Lack of comittement on the part of stakeholders	The available resources can be used to better the future.

Summary:

Literature review comprised the theoretical framework, empirical review and conceptual framework. A review of empirical literature on private health sector illustrated at the individual level how a victim would prefer to attend a private clinic and be served effectively as compared to when they attend public hospitals with inadequate facilities However, how the individual from poor background attends and pays for the private clinic was not demonstrated in the literature examined.

The empirical literature on the use of private health clinics as a strategy to support health care provision in the country has clearly articulated the need for stakeholders to provide the missing social infrastructure especially after protracted demand and the need to provide balanced development in the communities was emphasized (Evans et al, 2013) The literature additionally emphasized the need to make a clear connection between the private health sector and their contribution to health provision.

There was very limited literature on private health care at the local community level and the ones highlighted were at macro level of countries or regions. The literature however stressed on the need for wide participation during the stakeholders meetings and that additionally the focus should be on the leadership support of the owners of the private clinics who should have power of influence in health care provision (Lederach, 2015).

3. DATA ANALYSIS, PRESENTATION AND INTERPRETATION

Financial Management and Project Sustainability:

In an effort to determine financial management on project sustainability, respondents in the study were asked to indicate their level of agreement with specific statements in the questionnaire that related to financial management. The coding employed in the analysis was 1 to 5 with 1 representing strong agreement and 5 representing strong disagreement with the statements.

Table 3.1: Financial management and project sustainability

	Reliable sources of funding.	Preparation of financial statements	Proper financial record keeping	Continuation of clinic operation post donor withdrawal
N Valid	67	67	67	67
Median	2	2	2	2
Mode	2	2	1	2

Table 3.1 shows a mode of 1 for the questionnaire item of ‘proper financial record keeping’ implying that most of the respondents ‘strongly agreed’ with this statement. All the other items had a mode of 2 implying that most of the respondents interviewed agreed with the statements. It can therefore be concluded that all the respondents concurred that the strategy of financial support for the clinics brought about better management of finances in the clinics and increased trust between the stakeholders who fund the clinics.

Table 3.2 shows the statistics on some findings from the question in the survey related to reliable source of funding and the respondents were in agreement or disagreement with the statements

Table 3.2: Reliable source of funding enhances sustainability

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	27	40.2	40.2
Agree	30	44.8	85
Neutral	6	9	94
Disagree	2	3	97
Strongly disagree	2	3	100.0
Total	67	100.0	

From table 3, 40.2% strongly agreed that the clinics had reliable sources of funding with 30% agreeing. 3% strongly disagreed with 9% opting to remain neutral. This indicates the private clinics had a reliable source offends to provide quality care.

The questions sought to clarify whether the general accounting principle and the international financial reporting standards were used in the preparation of financial statements in the private clinics.

Table 3.3 shows the statistics on some findings from the questions in the survey related to accounting standards on financial preparation. The respondents were in agreement or disagreement with the statement

Table 3.3: Adherence to accounting standards during preparation of financial statements

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	18	26.9	26.9
Agree	21	31.4	58.3
Neutral	11	16.4	74.7
Disagree	9	13.4	88.1
Strongly disagree	8	11.9	100.0
Total	67	100.0	

From table 3.3 above, 26.9% strongly agreed and 31.4% that accounting standards were adhered to in preparation of financial statements. 16.4% were neutral while 13.4% disagreed and 11.9% strongly disagreed. From the table above we therefore deduce that the general accounting principles and the international financial reporting standards are used in the clinics.

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The questions used here sought to answer whether the clinics will be operational once donor funding is withdrawn. Table 3.4 shows how the respondents agreed or disagreed.

Table 3.4: Financial sustainability in private clinics post donor withdrawal

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	18	26.9	26.9
Agree	18	26.9	53.8
Neutral	12	17.9	71.7
Disagree	10	14.9	86.6
Strongly disagree	9	13.4	100.0
Total	67	100.0	

From the respondents view as shown on the table 26.9% strongly agreed, 26.9% agreed while 12% were neutral. 14.9% and 13.4% disagreed and strongly disagreed respectively with the fact that the clinic would not be sustainable after donor withdrawal.

Table 3.5: Inferential statistics on financial management

			Financial management	Project sustainability
Spearman's rho	Financial Management	Correlation Coefficient	1.000	0.465*
		Sig. (2-tailed)		0.000
		N	67	67
	Project sustainability	Correlation Coefficient	0.465*	
		Sig. (2-tailed)	0.000	
		N	67	67

* Correlation is significant at the 0.05 level (2-tailed)

Table 3.5 shows a moderate positive correlation between financial management and project sustainability conducted in Kilifi with a Spearman's rho value of 0.465. This finding shows that the strategy for financial management is positively correlated with performance of project sustainability in Kilifi. The value of 0.465 for a sample size of 67 at significance level of 0.05 is statistically significant. Based on these analyses, the hypothesis that,

H₁₁; The significant relationship between financial management and sustainability of privately owned clinics post donor funding is not rejected.

Stakeholder Involvement and Sustainability:

In an effort to determine the influence of stakeholder involvement in the private clinics and their role on sustainability, respondents in this study were asked to indicate their level of agreement with specific statements in the questionnaire that related to the ownership and key decision making, The coding employed in the analysis was 1 to 5 with 1 representing strong agreement and 5 representing strong disagreement with the statements.

Table 3.6: Stakeholder involvement and Project Sustainability

	Stakeholders actively engage in the activities of the private clinics	Stakeholders participate in decision making
N Valid	67	67
Median	2	2
Mode	2	2

Table 3.6 indicates that for the variable of stakeholder involvement structures, a mode of 2 for all the analyzed items shows that majority of the respondents agreed with the statements that stakeholders participate in the activities of the private clinics to ensure sustainability, that decision making and commitment enhance team relations.

A set of questions were used to know whether the stakeholders were actively involved in the clinic activities. The respondents were in agreement or disagreement with the statements

Table 3.7: Stakeholders actively engage in activities of private clinics

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	28	41.8	41.8
Agree	25	37.3	79.1
Neutral	7	10.5	89.6
Disagree	3	4.4	94
Strongly disagree	4	6	100.0
Total	67	100.0	

Table 3.7 shows majority of respondents strongly agreed at 41, 8%, 37.3% agreed, 10.5% were neutral 4.4% disagreed and 6% strongly disagreed. With a majority of respondents agreeing with the statement, it implies that the stakeholders are involved in the activities of the clinic

The question sought to determine the role played by stakeholders in the private clinics. The respondents were in agreement or disagreement with the statements

Table 3.8: Stakeholders are involved in key decision making in private clinics

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	19	28.3	28.3
Agree	22	33	61.3
Neutral	10	15	76.3
Disagree	7	10.3	86.6
Strongly disagree	9	13.4	100.0
Total	67	100.0	

From table 3.8 majorities of the respondents agree with the statement that the stakeholders are involved in key decision making in the private clinics. However, 23.7% disagree while 15%re neutral.

Table 3.9: Inferential statistics on stakeholder involvement

			Stakeholder involvement structures	Sustainability of privately owned clinics
Spearman's rho	Stakeholder involvement structures	Correlation Coefficient	1.000	0.485*
		Sig. (2-tailed)		0.000
		N	67	67
	Sustainability of privately owned clinics	Correlation Coefficient	0.485*	
		Sig. (2-tailed)	0.000	
		N	67	67

* Correlation is significant at the 0.05 level (2-tailed)

Table 3.9 shows a Spearman's Rho value of 0.485, indicating a moderate positive correlation between stakeholder involvement and sustainability of privately owned clinics post donor funding. In addition, the value of 0.585, for a sample size of 67 at significance level of 0.05, is statistically significant. Hence, the hypothesis that;

H₁₂; The significant relationship between stakeholder involvement and sustainability of privately owned clinics post donor funding is not rejected

Donor Policies and Project Sustainability:

The questions sought to determine how effective donor policies enhance sustainability and if the beneficiaries are involved in the transition and decision making of the program. Respondents in this study were asked to indicate their level of agreement with specific statements in the questionnaire that related to the ownership and key decision making, The coding employed in the analysis was 1 to 5 with 1 representing strong agreement and 5 representing strong disagreement with the statements.

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Table 3.10: Donor policies and Sustainability

		Donor planning horizon	Beneficiary training on transition
N Valid		67	67
Median		1	2
Mode		1	2

Table 3.10 indicates that for the items on donor planning horizon and project sustainability, the mode of 1 implies that most of the respondents strongly agreed that the donor planning horizon was key to project sustainability. A mode of 2 for the other items indicates that most of the respondents were in agreement that the beneficiary training on transition effectively enhanced sustainability of the privately owned clinics post donor funding.

In an effort to determine the effectiveness of donor planning horizon on private clinics the respondents came with information as shown on the table 3.11

Table 3.11: Donor planning horizon on sustainability of private clinics

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	15	22.4	22.4
Agree	22	32.8	55.2
Neutral	9	13.4	68.6
Disagree	10	15	83.6
Strongly disagree	11	16.4	100.0
Total	67	100.0	

According to the respondents, 55.2% agreed that donor policies were effective in enhancing sustainability in the clinics.13.4% were neutral while 31.4% disagreed that donor planning enhanced sustainability.

The study sought to determine if beneficiaries were involved in decision making and were participating in transition program. Table 3.12 shows how the respondents felt on transition and decision making.

Table 3.12: Donor policies enable beneficiaries to train in transition and decision making

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	29	43.3	43.3
Agree	32	47.8	91.1
Neutral	1	1.5	92.6
Disagree	3	4.5	97.1
Strongly disagree	2	2.9	100.0
Total	67	100.0	

An overwhelming majority of respondents at 91.1% agreed that beneficiaries were involved through training and decision making. Only one person was neutral which translated to 1.5% while 7.4% disagreed that the training on decision making and transition program was not effective.

Donor policies and Sustainability:

Spearman correlation analysis was conducted at 95% confidence interval and 5% significance level and was a 2-tailed test. Table 3.13 indicates the correlation between the donor policies and project sustainability in privately owned clinics.

Table 3.13: Inferential Statistics on Donor policies Structures

			Donor policies structures	Sustainability of project
Spearman's rho	Donor policies structures	Correlation Coefficient	1.000	0.585*
		Sig. (2-tailed)		0.000
		N	67	67
	Sustainability of privately owned clinics	Correlation Coefficient	0.585*	

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		Sig. (2-tailed)	0.000	
		N	67	67

* Correlation is significant at the 0.05 level (2-tailed)

Table 3.13 shows a Spearman’s Rho value of 0.585, indicating a moderate positive correlation between donor policies and sustainability of private clinics post donor funding. In addition, the value of 0.585, for a sample size of 67 at significance level of 0.05, is statistically significant. Hence, the hypothesis that;

H₁₃; There is significant relationship between donor policies and sustainability of privately owned clinics post donor funding is not rejected.

Technology Adoption and Sustainability:

In an effort to determine the influence of technology adopted in the clinic in relation to quality service provision and sustainability of the private clinics, respondents in this study were asked to indicate their level of agreement with specific statements in the questionnaire that related to the ownership and key decision making, The coding employed in the analysis was 1 to 5 with 1 representing strong agreement and 5 representing strong disagreement with the statements.

Table 3.14: Technology Adoption and Sustainability

	Staff have knowledge and skills to operate technology	Technology adopted considers users expectation and acceptance	There is a program in place to continually update technology
N Valid	67	67	67
Median	2	2	2
Mode	1	2	2

Table 3.14 indicates the items on technology adoption and sustainability, the mode of 1 implies that most of the participants strongly agreed that the staff had knowledge and skills to operate technology, A mode of 2 for the other items indicates that most of the respondents were in agreement that the technology adopted considered user expectation and acceptance and that there is a program in place to continually update technology.

The questions sought to find out if the staff was capable of sustainable financial structure. Table 3.15 shows results from the respondents

Table 3.15: Staff has knowledge and skills to operate technology adopted

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	19	28.4	28.4
Agree	22	32.8	61.2
Neutral	6	9	79.2
Disagree	13	19.4	89.6
Strongly disagree	7	10.4	100.0
Total	67	100.0	

Table 3.15 shows that 28.4% strongly agreed while 32.8% agreed that the staff had the capacity to effectively operate the technology adapted to ensuring sustainable benefits in the clinics. 9% were neutral while 29.8 disagreed that staff were effective in ensuring sustainability.

The study sought to determine whether the technology adopted would improve performance and competitive advantage to enable sustainability in the long run. Table 3.16 shows information from respondents.

Table 3.16: Technology adopted considered user expectation, acceptance and physical capability

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	29	43.3	43.3
Agree	22	32.8	76.1
Neutral	3	4.5	80.6
Disagree	6	9	89.6
Strongly disagree	7	10.4	100.0
Total	67	100.0	

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Table 3.16 shows 43.3% and 32.8% strongly agreed and agreed respectively while 4.5% were neutral. 9% and 10.4% disagreed and strongly disagreed respectively. This finding shows that the clinics adopted technology that capable to deliver and were user friendly to the staff, hence promote sustainability.

The study sought to determine whether the technology adopted had a program of maintenance and continuous improvement to enable sustainability in the long run. Table 3.17 shows information from respondents.

Table 3.17: Program is in place to continually update technology in the private clinic

	Frequency	Valid Percent	Cumulative Percent
Strongly agree	25	37.3	37.3
Agree	26	38.7	76
Neutral	4	6	82
Disagree	6	9	91
Strongly disagree	6	9	100.0
Total	67	100.0	

Table 3.17 shows 37.3% and 38.7% strongly agreed and agreed respectively while 6% were neutral. 9% and 9% disagreed and strongly disagreed respectively. This finding shows that the clinics adopted technology and has put a program in place to continually update and maintain the technology in the long run.

Table 3.18: Inferential Statistics on Technology Adoption

			Technology adoption	Project sustainability
Spearman's rho	Technology adoption	Correlation Coefficient	1.000	0.484*
		Sig. (2-tailed)		0.000
	Project sustainability	N	67	67
		Correlation Coefficient	0.484*	
		Sig. (2-tailed)	0.000	
	N	67	67	

* Correlation is significant at the 0.05 level (2-tailed)

Table 3.18 shows a moderate positive correlation between technology adoption and project sustainability, indicated by a Spearman's rho value of 0.484. This finding shows that the strategy of technology adoption in the private clinics is positively correlated with sustainability of private clinics post donor funding. Additionally, the value of 0.484 for a sample size of 67 at a significance level of 0.05 is statistically significant. From these analyses, the hypothesis that;

H₁₄; There is significant relationship between technology adoption and sustainability of privately owned clinics post donor funding is not rejected.

4. SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary of findings:

This section presents the findings from the study on the sustainability of privately owned clinics post donor funding at Kilifi County. It was confirmed that all the variables engaged in Kilifi emphatically had impact on the fulfillment of service provision under sustainability. This influence was statistically significant at significant level of 0.05

In the Financial management, initiatives carried out in Kilif County by the private practitioners, 85% of the respondents reported a reliable source of funding, 53% noted that there was adherence to accounting standards during preparation of financial statements, 53% indicated that the clinics will be operational once donor funding has been withdrawn. The study confirmed that there exists a significant relationship between financial management and sustainability of privately owned clinics post donor funding, with p value of 0.000 < 0.05 and Spearman's rank correlation coefficient of 0.465.

The study established that majority of the respondents were in agreement with the positive role that the stakeholders played in the improvement of the private clinics and sustainability post donor funding. Majority of the respondents at 79.1% agreed that the stakeholders engaged in the activities of the private clinics to ensure sustainability. 61.5% noted

that all the stakeholders were involved in key decision making in the operations of the private clinics. The study established that there is a significant relationship between stakeholder involvement and sustainability of private clinics post donor funding with p value of $0.000 < 0.05$ and Spearman's rank correlation coefficient of 0.485

Majority of the respondents in the study at 55.2% indicated that the donor planning horizon played a key role in the operations of the clinic to ensure sustainability. 91.1% agreed that donor policies enabled the beneficiaries to be trained on transition and decision making to ensure smooth take over and operations once the donor withdraw their support, The study established that there was a significant relationship between donor policies and sustainability of privately owned clinics post donor funding with p value of $0.000 < 0.05$ and Spearman's rank correlation coefficient of 0.585.

61.2% of the respondents in the study were of the opinion that the staff in the private clinics has the knowledge and skills to manage and operate the technology adopted .Presence of an effective technology led to improvement of service provision in the private clinics. 76% agreed that technology adopted in the private clinics considered user expectation, acceptance and the physical capability to ensure sustainability. The study established that there was a significant relationship between technology adopted and sustainability of the privately owned clinics post donor funding with p value of $0.000 < 0.05$ and Spearman's rank correlation coefficient of 0.484.

Discussion of Findings:

The findings showed constructive significant correlation between all the four study variables employed on the sustainability of privately owned clinics post donor funding. The discussion of findings from this study is presented as follows;

The study confirmed that financial management of clinics highly influenced the sustainability of the privately owned clinics in Kilifi County. The study established that there was increased improvement on how financial systems were being managed by the clinicians. Additionally, the clinicians used the generally accepted accounting principles and the international reporting standards in preparation of financial statements. There was also improvement in updating and keeping the books of accounts for the purpose of financial audit.

The study findings are in conformity with Pearce (2003) who asserted that proper financial management practices led to accountability which later leads to sustainability of projects. The findings concur with those of Gilson (2007) who explain how accountability motivates the team into greater financial performance which encourages them to look into the future with a lot of positivity.

The study established that active participation, owning the project and engaging in key decision making by all stakeholders brought the team together into realizing the project goals. This is in agreement with Pomeroy and Carlos (2007) who posits that programs and projects need team cohesion to realize and achieve the best of its desired goals. It is possible when social services are delivered in an effective and equitable manner especially by a government to its citizenry and that the state then reconnects with its citizenry when this happens.

Additionally, the study established that participation by all groups was vital in fostering development. The study established that the stakeholder involvement was highly participatory during project prioritization; joint monitoring during construction process and the beneficiaries eventually jointly shared the knowledge and skills as demonstrated by the increased interactions at these facilities/clinics. This resonates with Cary (2006) who postulates that acquiring sustainability is just as important as the resorting infrastructural project in private clinics.

The study has established that the strategy of technology adoption in the clinics highly influenced the performance of service provision and enabled the clinicians to keep up to date with global development. The study has shown that with technology the clinicians could easily consult each other and even on the wider global environment within the shortest period. Braak, Tondeur and Ziu Daly (2011) established that the efficacy of technology adoption is mainly attributed to its focus on constructive development which is faster and available within the shortest time possible, and which the focus is on sustainability and accurate performance.

The study has established that the donor policies highly influence the performance of the privately owned clinics in Kilifi County. The research has established that the donor policies involved contract preparation, duration of funding, the operation and maintenance of the project and how the beneficiaries are going to be involved in transition and decision making.

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Further it has been established that these policies raise adequate resources to carry out activities with the government and other stakeholders to ensure sustainability of the project. The findings are in line with Kinyanjui (2009) who found out that donor policies ensured development of individual clinics and the government as discussions washed to ensure that the best terms and conditions were reached to ensure that all parties to the negotiation understood the terms for the benefit of sustainability.

Conclusion:

Based on the findings of the study, the following conclusions are made on the determination of sustainability of private clinics post donor funding in Kilifi County, Kenya. All the four independent variables studied transformed the performance of the private clinics to almost similar extents as demonstrated by the correlation coefficients that were moderate for Financial Management, Stakeholder Involvement, Technology Adoption and Donor Policies. Financial management has been found to be an effective strategy in project sustainability as it fosters accountability and income generation for the private clinics. Financial management has also improved the knowledge of the health practitioners to compete with services on the global level by providing quality health care as per the global standards.

The stakeholder involvement through participatory process from inception to completion enhances interactions between individuals locally and internationally in the planning and construction process and also in the sharing of the social services from the resources. The increased interactions enhance sharing of ideas as friendships are created in the process and the beneficiaries learn to share the resources together as opposed to each community having it all for themselves. Capacity development and involvement in decision making is a very effective strategy of stakeholder engagement.

Technology adopted creates the platform to serve clients and patients faster and allows other operations in the clinic to be done faster reducing the overall time the patients wait in the clinics.

Recommendations:

On the basis of the findings from the study, it is recommended that:

1. Private clinics in the region should embrace not just one of these strategies but all of them as they influence project sustainability hence comparison of the clinics to global level.
2. The private clinics should invest in all the four sustainable strategies in almost equal proportions since their influence on the performance of private clinics under study is modest.
3. Donor agencies should ensure that they engage the government and beneficiaries more and frequently due to the demand and increasing of more private clinics which need similar support to provide quality care.

Suggestions for Further Research:

On the basis of what has been found out from this study, the researcher recommends that similar studies be conducted in other locations in Kenya where private health clinics are operational to correlate these findings.

The researcher also recommends that a study to find out how the clinic owners who are above 50 years of age and are not able to operate the clinics anymore should have a retirement and handing over plan to enable continuation of health services.

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