# RISK MANAGEMENT STRATEGIES AND SUSTAINABILITY OF DONOR-FUNDED PROJECTS IN KENYA: A CASE OF CHRISTIAN HEALTH ASSOCIATION OF IN MANYATTA SUB COUNTY

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**A Research Thesis Submitted in Partial Fulfillment of the Requirements for the Award of the Master of Arts in Project Planning and Management Degree from the Catholic University of Eastern Africa, Kenya.**

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## DECLARATION



DECLARATION

I declare that this research thesis is my original work and has not been submitted to another institution for award of degree or for academic purposes. All sources used are duly acknowledged.

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## DEDICATION

This research thesis is dedicated to my family members for encouraging me to pursue more knowledge and the unwavering support they have been offering while undertaking this course.

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**ABSTRACT**

The sustainability of donor-funded health projects remains a challenge due to ineffective risk management practices. This study assessed the impact of risk management strategies on sustainability of donor-funded projects: A case of Christian Health Association of Kenya in Manyatta Sub County, Kenya. Research objectives were to examine the effectiveness of risk identification strategies in enhancing the sustainability of donor-funded Christian Health Association of Kenya, to assess influence of risk assessment practices on the sustainability of donor-funded Christian Health Association of Kenya, to evaluate the influence of risk avoidance measures on the sustainability of donor-funded Christian Health Association of Kenya and to determine the impact of risk transfer mechanisms on the sustainability of donor-funded Christian Health Association of Kenya. Systems Theory and Stakeholder Theory guided the study. A mixed-methods approach using a convergent parallel design was adopted. The target population comprised 150 participants, including 85 frontline health workers and 65 key informants from five CHAK-affiliated health facilities in Manyatta Sub-County, Embu County. The unit of analysis was donor-funded projects, while the unit of observation comprised frontline health workers and key informants. A census approach was used. Quantitative data were collected using structured questionnaires and qualitative data through interview guides. Data were analysed using SPSS Version 26, with descriptive and inferential statistics applied to quantitative data, while qualitative data were transcribed, coded and thematically analysed. The study found that risk identification, risk assessment, risk avoidance and risk transfer positively contributed to the sustainability of donor-funded CHAK projects by strengthening organisational resilience, decision-making and service continuity. However, staff capacity, exit planning and reduced dependence on donor funding require further strengthening. Inferential analysis showed that all four strategies had positive and statistically significant relationships with sustainability ($p < 0.05$). Risk assessment had the strongest correlation ($r = 0.776$), while the four strategies jointly explained 75.2% of the variation in sustainability ($R^2 = 0.752$). The regression model was statistically significant, $F(4,73) = 55.764$, $p < 0.001$, with risk assessment making the greatest unique contribution ($\beta = 0.356$, $p < 0.001$). The study concludes that systematic risk management is an important predictor of sustainability of donor-funded CHAK projects. The study contributes empirical evidence on risk management and sustainability of donor-funded health projects and recommends strengthening staff capacity, exit planning, stakeholder partnerships and local resource mobilisation.

## LIST OF ABBREVIATIONS AND ACRONYMS

**CHAK**: Christian Health Association of Kenya

**FCDO**: Foreign, Commonwealth and Development Office

**GIZ**: Deutsche Gesellschaft für Internationale Zusammenarbeit

**GOK**: Government of Kenya

**KEMRI**: Kenya Medical Research Institute

**MOH**: Ministry of Health

**NACOSTI:** National Commission for Science, Technology, and Innovation

**NGOs**: Non-Governmental Organizations

**NORAD**: Norwegian Agency for Development Cooperation

**SPSS:** Statistical Package for Social Science

**UNDP**: United Nations Development Programme

**USAID**: United States Agency for International Development

**WHO**: World Health Organization

# CHAPTER ONE

# INTRODUCTION

The chapter contains the background of the study, statement of the problem, purpose of the study, specific objectives of the study, research questions, and assumptions of the study. It also discusses the justification as well as significance of the study. The chapter also outlines the scope, delimitations, and limitations of the study. It also contains a conceptual framework and operational definition of key terms.

## 1.1 Background of the Study

Donor-funded projects play an important role in social and economic development, particularly in developing countries where public resources are limited (World Bank, 2022). However, donor support does not guarantee the sustainability of project benefits after external funding ends (UNDP, 2021). Risk management is therefore important because it enables project implementers to identify, assess and respond to risks that may affect project performance and continuity (PMI, 2020). Effective risk management can enhance accountability, resource utilisation and the sustainability of donor-funded projects.

Globally, donor funding supports health initiatives aimed at improving access to healthcare, service delivery and health-system strengthening (WHO, 2020). However, donor-funded health projects often face financial, institutional, political and operational risks that can undermine their sustainability (Witter et al., 2020; Brown & Swart, 2021). Sustainability extends beyond continued financing to include the capacity of local institutions to maintain project outcomes, systems and processes after donor support ends (Dubois & Silvius, 2020). Risk identification, assessment, avoidance and transfer are therefore important strategies for reducing project vulnerabilities and strengthening long-term sustainability (Hopkin, 2018; Kerzner, 2021; Hillson & Murray-Webster, 2020).

In Europe, donor-supported health programmes have increasingly incorporated risk-informed decision-making and long-term planning to strengthen health-system resilience (GIZ, 2023; European Commission, 2022). Nevertheless, experiences in countries such as Greece and Romania indicate that bureaucratic weaknesses and limited national ownership can constrain the sustainability of externally funded health reforms (Petrescu, Sandu & Ionescu, 2022). The COVID-19 pandemic further demonstrated the importance of preparedness and effective risk management in sustaining health interventions (Rechel et al., 2021).

In Africa, donor-funded health interventions have supported health-system strengthening, workforce development and improved service delivery. However, sustainability has been affected by weak risk management, limited institutional capacity and dependence on external financing (Knittel & Kasungami, 2023; Osei et al., 2023). Similar concerns have been reported in East Africa, where donor support has contributed to health workforce training and deployment, but sustaining these gains after donor funding ends remains a challenge (Karamagi, 2020; Global Fund, 2021).

In Kenya, donor-funded health projects have contributed to maternal health, HIV/AIDS care, child immunisation and health-system strengthening (Ministry of Health, 2021; Republic of Kenya, 2020). However, sustainability remains constrained by weak risk mitigation, limited local capacity and inadequate community ownership (Mutua & Wanjala, 2023). These challenges are particularly relevant to health organisations and networks that implement donor-supported interventions.

The Christian Health Association of Kenya (CHAK) is an organisation and network of Christian health institutions that contributes to healthcare delivery in Kenya. CHAK-affiliated facilities implement and participate in donor-funded interventions aimed at strengthening health services and institutional capacity. The sustainability of these interventions may be

affected by financial, operational, human-resource and institutional risks, making effective risk management important for maintaining project benefits beyond the funding period.

In Manyatta Sub-County, Embu County, donor-supported health interventions have contributed to service delivery and community well-being. However, health facilities continue to experience challenges including staffing shortages, human-resource management constraints and limited professional development opportunities (Gitonga, 2023). Donor-supported health workforce interventions have also experienced uneven implementation (Thuku & Nelson, 2020), while limited institutional capacity may constrain timely decision-making and implementation (IntraHealth, 2020).

Previous studies have examined donor-funded health interventions, including health-system strengthening, health workforce development, local capacity and project sustainability (Witter et al., 2020; Karamagi, 2020; Mutua & Wanjala, 2023). However, these studies did not specifically examine how risk identification, assessment, avoidance and transfer influence the sustainability of donor-funded projects implemented through CHAK-affiliated health facilities. Further, limited evidence addresses this relationship within the specific institutional context of Manyatta Sub-County, Embu County. This study therefore filled this contextual and empirical gap by examining the influence of risk management strategies on the sustainability of donor-funded projects in CHAK-affiliated facilities in Manyatta Sub-County.

### 1.2 Statement of the Problem

Donor-funded health initiatives play an important role in Kenya by supporting healthcare service delivery, particularly in underserved areas (WHO, 2022). In Manyatta Sub-County, donor support has contributed to health workforce deployment, training and health-system strengthening. However, the sustainability of these interventions remains a concern due to weak risk management, limited local ownership, inadequate coordination and continued dependence on donor funding (UNDP, 2021; GOK & USAID, 2023).

Risks related to funding, operations, governance and stakeholder coordination can undermine the continuity of project activities and benefits after donor support ends. Consequently, improvements achieved through donor-funded interventions may decline, resulting in service delivery gaps and reduced institutional capacity (MOH, 2022; Njenga, 2023). Effective risk identification, assessment, avoidance and transfer are therefore important for strengthening project resilience and sustainability.

Despite the importance of risk management, existing studies have not sufficiently established how these strategies influence the sustainability of donor-funded projects implemented through CHAK-affiliated health facilities in Manyatta Sub-County. The lack of context-specific empirical evidence creates a gap in understanding the risk management practices that support the continuity of donor-funded health interventions. This study therefore examined the influence of risk management strategies on the sustainability of donor-funded projects in CHAK-affiliated facilities in Manyatta Sub-County, Embu County, Kenya**.**

### 1.3. General Objective

To assess the influence of risk management strategies on sustainability of donor-funded projects: A case of a case of Christian Health Association of Kenya in Manyatta Sub County, Kenya.

### 1.4. Research Objectives

i. To examine the effectiveness of risk identification strategies in enhancing the sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

ii. To assess how risk assessment practices influence the sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

iii. To evaluate the role of risk avoidance measures in promoting the sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

iv. To determine the influence of risk transfer mechanisms on the sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

### 1.5 Research Hypotheses

**$H_{01}$:** There is no statistically significant relationship between risk identification strategies and sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

**$H_{02}$:** There is no statistically significant relationship between risk assessment practices and sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

**$H_{03}$:** There is no statistically significant relationship between risk avoidance measures and sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

**$H_{04}$:** There is no statistically significant relationship between risk transfer mechanisms and sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County.

### 1.6. Justification of the Study

Donor-funded projects implemented through CHAK-affiliated health facilities play an important role in strengthening health systems, particularly in underserved areas such as Manyatta Sub-County. However, their sustainability may be affected by inadequate risk management, including weaknesses in identifying, assessing and responding to financial, operational and institutional risks. Despite substantial investment by national and international development partners, some project benefits may not be sustained after donor support ends.

The study was therefore justified by the need to establish how specific risk management strategies, namely risk identification, risk assessment, risk avoidance and risk transfer, influence the sustainability of donor-funded projects. The findings provided empirical evidence

that may inform the planning and implementation of more resilient and sustainable projects by CHAK, policymakers, health administrators and development partners.

The study also provided context-specific evidence from Manyatta Sub-County, where socio-economic and infrastructural conditions may shape the management and sustainability of donor-funded health projects. The findings may therefore support the development of appropriate risk management measures for strengthening project continuity and sustaining health-service benefits beyond the donor funding period.

### 1.7. Significance of the Study

The study may benefit policymakers and government agencies by providing evidence on risk management practices that can inform policies and strategies for improving the sustainability of donor-funded health projects. The findings may also support efforts to strengthen accountability, coordination and integration of donor-supported interventions within local health systems.

Donors and development partners may use the findings to strengthen the design, planning and implementation of donor-funded projects by incorporating appropriate measures for identifying and managing financial, operational and institutional risks. This may contribute to interventions that are better positioned to maintain their benefits beyond the donor funding period.

CHAK, project implementers and health administrators may benefit from practical insights on risk identification, assessment, avoidance and transfer throughout the project cycle. The findings may support improved decision-making, resource utilisation, risk monitoring and operational continuity within CHAK-affiliated health facilities.

The academic and research community may benefit from the study's contribution to empirical literature on risk management and sustainability of donor-funded health projects, particularly

in the Kenyan context and at the sub-county level. The findings may also provide a basis for further research on risk management and sustainability in similar settings.

Finally, communities in Manyatta Sub-County may benefit indirectly from more sustainable donor-funded health projects through improved continuity and reliability of healthcare services. Sustaining project activities and outcomes may contribute to continued access to essential health services after donor support ends.

### 1.8. Scope and Delimitations of the Study

The study focused on examining the influence of risk management strategies on the sustainability of CHAK projects in Manyatta sub-County in Kenya. The study focused on four key components of risk management: risk identification, risk assessment, risk avoidance, and risk transfer. It targeted stakeholders directly involved in the design, implementation, and oversight of donor-funded CHAK projects, including project managers, health administrators, and donor representatives. Although the study had certain delimitations related to its focus and context, provided valuable insights into how effective risk management strategies can contribute to the sustainability of donor-funded health projects in the local setting.

### 1.9. Assumption of the Study

This research was founded on a number of assumptions. It was hoped that all the respondents who participated in the donor funded Christian Health Association projects in Manyatta Sub-County gave truthful, accurate, and complete information in the data collection process. It was also an assumption of the study that the chosen participants possess adequate knowledge and experience as far as the risk management techniques used in such projects are concerned, and this is in addition to having relevant information that can be offered concerning how such techniques actually impact the sustainability of such projects. Also, it was presumed that the risk management practices being researched i.e. risk identification, risk assessment, risk avoidance and risk transfer was used to some degree already within the Christian Health

Association projects within the sub-county at the moment. Additionally, the research presupposed that the external influences like political intervention, the policy of donor funding, and the community life did not alter in the course of the research, and these external influences did not noticeably distort the results of the research.

### 1.10. Conceptual Framework

This conceptual framework shows how certain risk management tactics affect the long-term success of health initiatives that are sponsored by donors (Creswell & Creswell, 2018). Figure 1. shows how the independent variable, risk management practices, and the dependent variable, the sustainability of donor-funded projects, are related in this study's conceptual framework.

The dependent variable in the research would be risk management strategies and the independent variable would be the sustainability of donor-funded health operations in Manyatta Sub-County, Kenya. Such practices were incorporation of risk identification, risk assessment, risk avoidance, and risk transfer that was crucial in deciding the likelihood of a long-term sustainability of the projects that the Christian Health Association is supported by donors. Successful risk identification means that the threats to the continuity of the project, like a shortage of personnel or a policy change are spotted in their initial phases. Risk assessment assists in prioritization and the perception of the effects caused by such risks to make quality decisions. The risk avoidance strategies do not expose the project to avoidable problems that may include the resistance of institutions or the misappropriation of funds thereby preserving the integrity of the project. In the meantime, the burden of risks can be carried out by delegation and resilience can be increased by involving local health officials in cooperation with project implementers by using service agreements with Christian Health Association projects consultants and by outsourcing some of the risks associated with training.

In the event that these strategies are properly planned and executed, they have the potential of enhancing greatly the chances of the Christian Health Association initiatives remaining

operational in the provision of health services even after the donor support dries up. Hence, the above can be positively related between effective risk management strategies (independent variable) and sustainability of donor-funded projects (dependent variable).

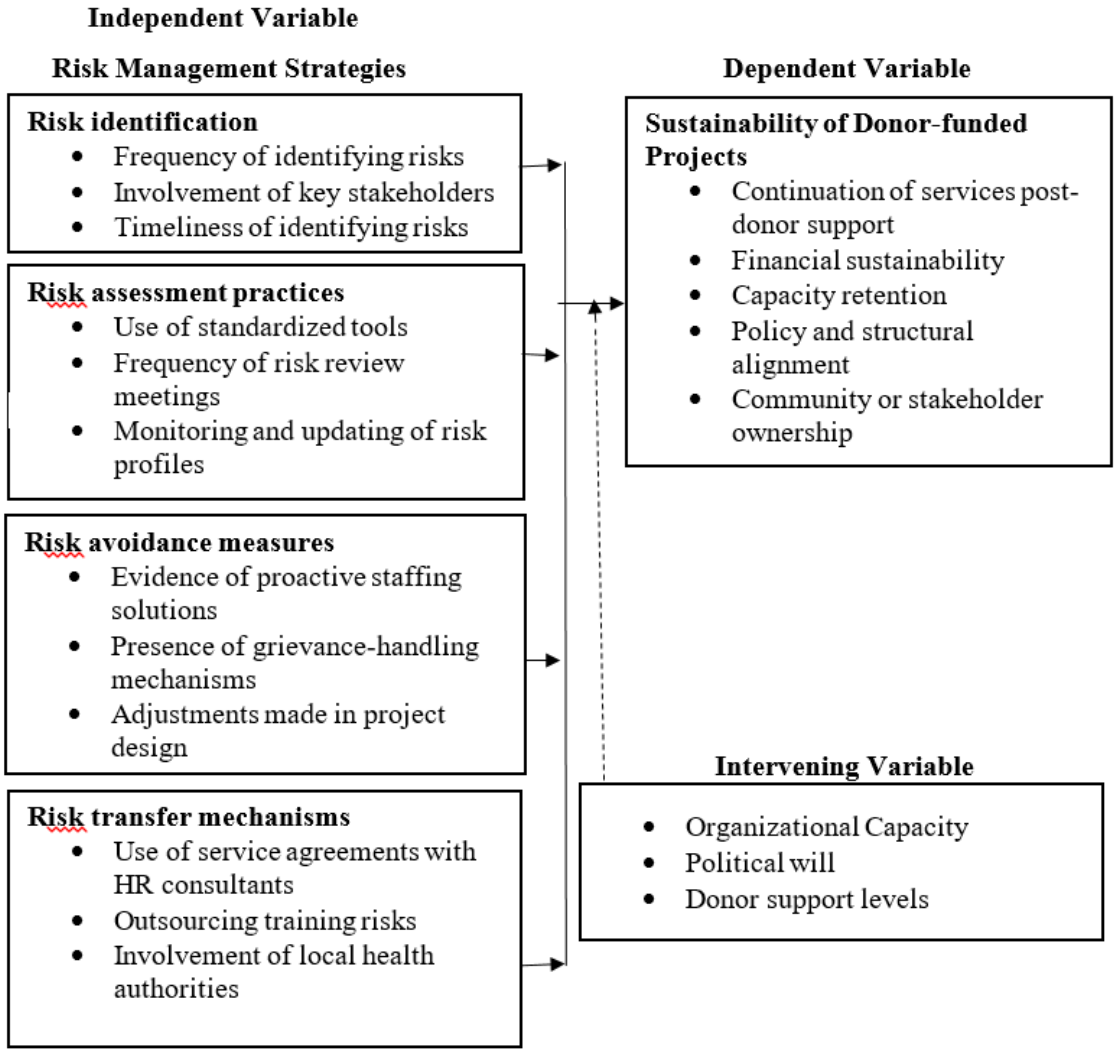



**Figure 1: Conceptual Framework**

### 1.11. Operational Definition of Key Terms

**Risk Assessment Practices:** These involve analyzing and evaluating identified risks to determine their likelihood and potential impact on project objectives. In this study, effective risk assessment supports prioritization, decision-making, and the development of appropriate mitigation measures to enhance the sustainability of donor-funded projects.

**Risk Avoidance Measures:** These are the measures taken proactively to avoid threats or to ensure that they do not impact the project goals. Risk avoidance refers to changes within the project plan, the strengthening of internal controls and the adjustment of project activities to reduce exposure to potential risk in this study as outlined in the national health policies.

**Risk Identification:** this is the identification of potential risks that may threaten the implementation or sustainability of donor-funded projects. In this study, it means making predictions about potential future problems like funding shortages, changes in policies, or talent shortages.

**Risk Management Strategies:** These are systematic methods of dealing with project risks to reduce risk's impact on project success and sustainability. In this study, risk management strategies include risk identification, risk assessment, risk avoidance, and risk transfer.

**Risk Transfer Mechanisms:** These refer to strategies where the responsibility for managing specific risks is shifted to third parties. In this study, risk transfer mechanisms include the use of insurance, outsourcing, or legal agreements with implementing partners to share or transfer potential losses.

**Sustainability of Donor-Funded Projects:** This refers to the capacity of projects to maintain their functions, outcomes, and benefits after the withdrawal of donor funding. In this study, sustainability is measured by the continuation of health services, retention of skilled staff, institutional integration, and financial independence.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1. Introduction

The study review theories, practices, methods, techniques, and strategies for engaging stakeholders in risk management. This chapter also provides a chapter summary and knowledge gap.

## 2.2. Theoretical Framework

This study is guided by Systems Theory and Stakeholder Theory both of which are well-known theories regarding the sustainability of projects received funding from donors. The Systems Theory approaches donor-funded health projects as a "system" itself, and asks to consider how each part of a system must work in harmony. It points out the necessity of combining risks and developing a comprehensive risk management approach to avoid the weakness in one aspect negatively affecting the whole project in the end. The Stakeholder theory focuses on the engagement of all primary stakeholders from donors, administrators to project personnel and community members in identification and management of risks. It highlights the importance of collaborative, accountable and shared ownership amongst stakeholders such that anything funded by donors works not just for donors, but for all stakeholders, beyond the period of funding.

### 2.2.1 Systems Theory

Systems Theory was developed by Ludwig von Bertalanffy in 1968 to explain how the different parts of an organisation or system are integrated to achieve a common purpose. The theory views an organisation as a set of interdependent and interrelated components that must interact effectively as a whole (Bertalanffy, 1968). A change or failure in one component can therefore affect the functioning of the wider system. This principle is relevant to donor-funded health

projects, where funding, human resources, infrastructure, governance and stakeholder coordination are interconnected in achieving sustainable project outcomes.

The key principles of Systems Theory include interdependency, feedback and adaptability. Risks such as funding delays, policy changes and staffing deficits do not occur in isolation but may affect other components of the health system (Purdy, 2021). In relation to this study, risk identification enables project managers to recognise risks across different project components and understand their potential effects on sustainability. Risk assessment helps determine the likelihood and consequences of these interconnected risks, allowing resources to be prioritised appropriately. Risk avoidance reduces system vulnerability by preventing or minimising exposure to risks, for example through diversified financing, improved internal controls and alignment of project activities with health policies. Risk transfer enables particular financial or operational risks to be shared with other actors through insurance, partnerships or contractual arrangements. From a systems perspective, effective use of these strategies strengthens the interaction and resilience of project components, thereby supporting the continued delivery of project benefits.

Empirical studies have demonstrated the applicability of Systems Theory in health systems management. Foster et al. (2020) used a systems approach to examine health-system resilience in Sub-Saharan Africa and found that coordinated planning across different departments can improve project outcomes and sustainability. Similarly, Mutale et al. (2021) applied Systems Theory to health workforce reforms in Zambia and emphasised integration between government ministries and development partners at the system level. These studies demonstrate the relevance of a systems perspective in coordinating interconnected actors and processes within complex health projects.

Systems Theory is relevant to this study because donor-funded projects implemented through CHAK-affiliated health facilities in Manyatta Sub-County involve interconnected financial,

human-resource, operational, governance and infrastructure components. The theory explains that effective risk identification, assessment, avoidance and transfer in one component can influence the performance of other components and ultimately the sustainability of the project. For example, identifying a potential funding risk and responding to it through appropriate avoidance or transfer mechanisms may help maintain staffing, service delivery and other project activities. The theory therefore provides a framework for understanding project sustainability as an outcome of the effective functioning and coordination of interdependent project components.

Despite its usefulness, Systems Theory has limitations. Ruseva et al. (2021) argue that its emphasis on interconnected systems may understate the influence of power relations and political interests on project outcomes. This limitation is relevant to donor-funded CHAK projects in Manyatta because decisions concerning funding, resource allocation, project priorities and risk responses may involve different actors with varying interests and levels of influence. Systems Theory may therefore not fully explain why particular stakeholders support, resist or influence risk-management decisions. Consequently, while the theory provides a useful explanation of the interdependence between risk management strategies and project sustainability, Stakeholder Theory was necessary to complement it by explaining the roles, interests and relationships of the actors involved in donor-funded CHAK projects**.**

### 2.2.2 Stakeholder Theory

Stakeholder Theory was introduced by Edward Freeman in 1984 through his book Strategic Management: A Stakeholder Approach. The theory challenges the traditional shareholder-focused view of organisational accountability by emphasising the interests of all stakeholders who can affect or are affected by an organisation's activities (Freeman, 1984). These include employees, government agencies, communities, donors and other project partners. Awa et al. (2024) argue that the theory promotes ethical, inclusive and accountable decision-making by

encouraging organisations to consider different stakeholder interests when pursuing sustainable outcomes.

The core principles of Stakeholder Theory include stakeholder identification, engagement, and analysis of stakeholder interests and influence. Effective stakeholder engagement can enhance transparency, trust, ownership, and commitment to project outcomes (Mahajan et al., 2023). In this study, risk identification involves obtaining information on potential financial, operational, institutional, and community risks from relevant stakeholders. Risk assessment incorporates stakeholder knowledge to determine the likelihood and effects of identified risks. Risk avoidance involves stakeholder participation in planning and decision-making to minimise potential conflicts and implementation challenges. Risk transfer involves sharing responsibility for specific risks through partnerships, contracts, or collaboration among donors, government, CHAK-affiliated facilities, and other actors. These processes can strengthen stakeholder ownership and shared responsibility, thereby supporting project sustainability.

Empirical research demonstrates the application of Stakeholder Theory in governance and development. Awa et al. (2024) examined NGO accountability and highlighted the contribution of stakeholder involvement to organisational credibility and project sustainability. Similarly, Mahajan et al. (2023) examined reforms in Public Health Departments and emphasised participatory and inclusive stakeholder engagement in promoting transparency and shared ownership. These studies demonstrate the relevance of stakeholder participation and accountability in donor-supported health programmes.

Stakeholder Theory is relevant because donor-funded projects in CHAK-affiliated health facilities in Manyatta Sub-County involve CHAK, donors, government health authorities, health workers, communities, and other partners. The theory explains how stakeholder interests, influence, and participation affect risk management and project sustainability. Stakeholder involvement in risk identification and assessment can improve risk understanding,

while participation in risk avoidance and transfer can strengthen coordination, accountability, and shared responsibility. Thus, effective stakeholder engagement can enhance ownership and continuity of project benefits.

However, Stakeholder Theory has limitations. Balancing diverse stakeholder interests can be challenging where resources are limited and stakeholders have unequal power, influence, and access to information (Ruseva et al., 2021). This is relevant to donor-funded CHAK projects in Manyatta, where donors, government agencies, CHAK-affiliated facilities, health workers, and communities may have different priorities regarding funding, project activities, and risk responses. The theory may therefore provide limited explanation of the interdependence among financing, human resources, infrastructure, and institutional processes. Systems Theory complements this limitation by explaining how changes in one project component can affect other components and overall project sustainability.

Thus, the two theories provide complementary perspectives. Stakeholder Theory explains the relational and participatory dimensions of risk management, while Systems Theory explains the interdependence of project components. Based on the study findings, Stakeholder Theory provides the stronger explanation where stakeholder participation, coordination, accountability, and shared responsibility were central to risk management and project sustainability, while Systems Theory provides a complementary explanation of how these processes interact across the project system.

### 2.3. Empirical Literature Review

Review of an Empirical Review, as referred to by Nakano and Muniz (2019) is an extensive examination of previous studies on the same topic. An empirical literature review can be really termed as a ‘deep dive into print media’ (Mead and Bower 2021). It examines previous writings and other publications of other scholars related to the same question. Empirical literature review of studies was done across studies involving the study objectives as under:

### 2.3.1 Risk Identification Strategies and Sustainability of Donor-Funded Projects

Risk identification refers to the systematic process of recognizing potential threats or uncertainties that may hinder the achievement of project objectives (ISO, 2018). In donor-funded Christian Health Association for Health projects, effective risk identification is foundational for ensuring long-term sustainability, especially in fragile health systems. Globally, risk identification strategies such as stakeholder consultations, scenario analysis, SWOT assessments, and environmental scanning have been adopted to pre-emptively detect challenges that could derail health interventions (World Bank, 2022). With appropriate identification of risks either the financial, operational, institutional or political risks, one can be able to design mitigation measures that promotes continuity and effect of the donor supported health projects beyond funds period.

Wang and Lee (2020) investigated the practice of risk identification in multilateral projects in the fields of health in Cambodia and Nepal in Asia. The research conducted based on interviewing 45 representatives of the project managers and donors showed that the initial identification of risks based on the stakeholder mapping and situation analysis contributed greatly to the readiness and resiliency of the project. The researchers observed strong risk identification projects went better when it came to political transitions and funding stops hence keeping the core functions of projects of the Christian Health Association in times of uncertainty. In Pakistan, similarly, Farooq et al. (2021) also indicated the need to identify risk using culturally sensitive approaches because blind adherence to local social and political dynamics contributed to the inefficiency of the project and donor burnout.

At regional level in sub-Saharan Africa, they have associated effective risk identification program with the long-term benefits of health workforce interventions special in post-conflict and low regenerative conditions. As another example, a study by Toure and Oduro (2021) in Sierra Leone and Liberia emphasized the role of the inability to predict the risks associated

with logistics and governance in the fact that attempts to build the capacity of the projects of the Christian Health Association supported by donors failed after the donors left. Properly integrated, on the other hand, with early warning systems, regional risk assessment, and participatory planning, donor programs in Rwanda and Ethiopia were more successful in maintaining the stability of services and the seamless transition to a national scale (WHO Africa, 2022). The authors concluded that proactive risk identification acts as an anchor for sustainability in complex and volatile environments.

Nationally, Kenyan-based studies also affirm the value of early risk identification in sustaining health project investments. According to Njoroge and Otieno (2022), donor-funded projects in Kenya that undertook full baseline risk assessments had a greater chance of being unaffected by political interference, inadequate personnel and funding mismatches. This study compared the characteristics of the 12 projects implemented by USAID and GIZ in different counties, and found that projects with structured risk registers and stakeholder risk forums and with continuous monitoring frameworks were more likely to align with the county Christian Health Association project strategy and more likely to retain trained health workers after project funding ended.

Locally, in Manyatta Sub-County, there is limited empirical documentation on risk identification in donor-supported Christian Health Association projects. However, field insights suggest that weak risk identification structures such as absence of participatory planning, insufficient stakeholder engagement, and lack of contextual analysis have contributed to the short lifespan of some donor programs (Embu County Health Department Report, 2023). Most times projects never foresee imminent risks such as late disbursement of funds, politicization in Christian Health Association personnel recruitment or, loss of trained staff. Due to this, a health system becomes predisposed to the breakage of services upon termination of donor funding. This further demonstrates the urgent necessity of proper, all-

encompassing, and context-sensitive risk identification measures to provide continuity and the resilience of Christian Health Association investments in the sub-county.

### 2.3.2 Risk Assessment Practices and Sustainability of Donor-Funded Projects

Risk assessment plays a critical role in policy formulation in terms of sustainability of donor supported Human Resources for Health programmes. It is the methodical identification, analysis, and prioritizing of all possible threats, which can influence the outcomes of the project (WHO, 2022).

Choudhury and Phan (2021) studied in Vietnam and Laos, how risk assessment helps to increase donor-funded programs sustainability. The study applied a mixed-method triangulation including the analysis of project documents and interviews of 38 representatives of the government health organizations and donors and discovered that structured risk identification and scoring allowed project groups to predict the delivery delays, the change of policies, and personnel issues. Projects that had variability in the risk register and frequent review proved to be immune to political and economic shocks. From the study though, it was observed that technical risk assessment frameworks which lack local stakeholder involvement hindered effectiveness due to being too technical. The researchers advocated the participatory risk assessment models to be contextual and according to local health governance structures.

Noor and Islam (2020) conducted a qualitative case study focusing on different aspects of risk assessment and its impact on a proposed World Bank-funded project involving capacity-building of a Christian health association in Bangladesh. The research used 22 staff of the project and national health authorities. It was found that there was a formal risk framework but many times, it was not used fully because of lack of capacity and the lack of accountability mechanisms. Construction projects which did not revise their risk profiles to accommodate the challenges that came along their way like community resistance or political interference suffered delays in staffing and use of funds. The authors stressed the importance of risk

monitoring as a regular practice, training of corporations managing the project and involving stakeholders in the process of reviewing risks.

Boateng and Sitali (2020) studied the correlation between risk assessment and Christian Health Association project donor intervention sustainability in Ghana and Zambia. Through structured questionnaires administrated to 105 project stakeholders and semi-structured interviews, the study managed to establish that projects that integrated continuous risk assessment in the form of quarterly risk audits, feedback loops, and stakeholder consultations retained a higher number of trained health workers and owned institutions better. There was also a high chance of leisurely projects finding themselves abruptly halted the moment donor financing was withdrawn due to the lack of consideration of risk assessment of the activities. In their recommendations, the researchers suggested the incorporation of the risk assessment in health project strategy at the national level and capacity building in the districts to spearhead the implementation.

Oladipo (2021) examined the effect of decentralized risk assessment on the results of sustainability in health project programs, conducted in Uganda and Nigeria. The research was done using a comparative case study, having 10 project sites in the two countries. The interviews and field observations data demonstrated that localized risk assessment enabled better response to staff absenteeism, change in policy, and delays in funds by health facilities. However, it was also found that some regions even have political influence and absence of proper guidelines, a gap through which the credibility of the process was lost. The authors pushed in favor of standardized risk protocols, which should be flexible so that local adaptation will occur.

In Kenya, KEMRI and USAID (2022) established how effective the practice of risk assessment among donor funded HRH initiatives is in Nairobi, Kisumu and Turkana counties. The assessment was measured by a program report to all 64 county health authorities and

coordinator of 11 project coordinators using interviews with county health authorities/chief officers and project coordinators. Analysis revealed that projects which had the embedded risk monitoring process tools, such as real-time dashboards and the planning of risk scenarios, had a closer fit with the county health priorities and transitions to the county funding stream when donors departed. Limited technical capacity and low funding level for risk oversight however, made it difficult to get consistent use across counties. The study proposed the integration of risk assessment in the Monitoring & Evaluation systems and of risk management units at County Level.

Manyatta Sub-County, Embu County, a performance report by the County Health Department (2023) pointed out risks that donor-funded health projects lack in practicing risk assessment. The report found that there were some projects with starting risk logs but they were not updated regularly and county officials were not regularly involved in the process. As a result, delayed payment of donors' funds, in-service turnover and lack of assimilation or synchronization with planning for the County Christian Health Association of Kenya continued to hinder project sustainability. The report called for the formalization of participatory risk assessment processes, including building accountability and responsiveness to the local context, with project teams, county health managers, and community representatives.

### 2.3.3 Role of Risk Avoidance and Sustainability of Donor-Funded Projects

Risk avoidance involved strategies implemented to avoid potential risks and/or situations that are still unknown and may hinder project goals is taught as risk avoidance (Hopkin, 2022). In the context of donor-funded Human Resources for Health projects, risk avoidance aims to prevent financial misappropriation, reputational damage, or operational delays by redesigning project activities or completely withdrawing from high-risk environments. Globally, risk avoidance is recognized as a prudent approach when the cost or consequences of a risk outweigh the potential benefits of pursuing a particular activity (Frigo & Anderson, 2021).

However, critics argue that excessive risk avoidance can hinder innovation and long-term sustainability, particularly in complex, volatile development contexts.

In Nepal, Ghimire and Regmi (2021) studied the effect of risk avoidance strategies in donor-funded health infrastructure projects. By committee reviewing of the documents and interviewing 50 interest parties, the paper discovered that donor agencies tended to play safe and never spent money directly on local health facilities in unstable territories. This potentially reduced expenditure on money loss but it made underserved populations in a place that is much less able to get the health care that they needed. The authors summarized that although risk avoidance maintained short term project credibility, at the same time it undermined the aim of equity and sustainability. Their advice was that the risk-sharing mechanisms ought to be adopted as opposed to complete seclusion in the risk regions.

In Sierra Leone, during the post-Ebola recovery period, Mansaray and Fofanah (2022) analyzed how risk avoidance shaped donor behavior in health projects. Based on the exploitation of 15 donor agencies and 25 governmental officials in the field of public health, they discovered that most donors were passing on opportunities of enhancing human resource capacities at the grassroots as they had the fear of corruption and low accountability. This resulted in heavy dependency on expatriate employees and short-term technical support since it was counter-productive to long term institutionalisation. Community ownership of health projects was threatened by such acts of avoidance by the writers and considered dangerous to sustainability.

In Uganda, Tumwine and Okello (2020) examined donor-funded reproductive health programs and found that risk avoidance in procurement and staffing decisions led to significant inefficiencies. As an example, in order to prevent procurement fraud, donors went with centralized purchasing that delayed delivery and made them respond less responsively to local needs. More so, donors sought to outsource skills to prevent recruiting a native workforce because they were politically tainted; hence, the transfer of knowledge was ineffective. The

research team, in their conclusion, fairly firmly stated that the avoidance of risks, although very well-motivated, can result in dependency and demoralisation of local systems unless it is paired with the capacity development steps.

In Ethiopia, Berhanu and Teferi (2022) analyzed the impact of donor-imposed risk avoidance strategies on rural health extension programs. The analysis revealed that the projects which did not directly work with the regional governments because of the fear to have political interference was not integrated into the local working environment and there were gaps in implementation. Moreover, such programs failed to transfer ownership to the people, which impacted sustainability in the long run. The research suggested use of adaptive risk management measures which create room to have flexibility with the capacity building on the local grounds as well as transparency.

In Kenya, Njoroge and Otieno (2023) explored the effect of risk avoidance strategies on the sustainability of Christian Health Association programs supported by bilateral donors in Turkana and West Pokot Counties. The study was conducted on 180 key stakeholders such as the local health workers, the donor representatives and the community leaders. It was found out that donors had shied away to fund infrastructural development that could last or enter into long-term commitments in the marginalized areas because they considered such investments to be risky as far as security and governance were concerned. This resulted in weak health systems that were very reliant on short term measures. The article showed the necessity of counterbalancing risk aversion with the resilience investment in the form of community agencies and institutional capacity in order to remain sustainable in the post-donor era.

### 2.3.4 Risk Transfer Mechanisms and Sustainability of Donor-funded Projects

Applications of risk transfer in donor funded Human Resources for Health projects apply arguably all forms of risks that may tend to dampen the sustainability of the project either financially, operationally or political to the implementing agencies. Globally, development

organizations have adopted various risk transfer mechanisms to ensure service continuity and accountability in fragile and unpredictable environments (World Bank, 2022).

In India, Singh and Arora (2020) examined how risk transfer through outsourcing was used in donor-funded health workforce initiatives in Uttar Pradesh. The study was based on the relationship that exists between non-government organisation and health government agencies in the deployment of community health workers. The researchers discovered that administrative burdens were reduced through outsourcing and better monitoring of the performance of the company became possible. However, this type of intervention proved unsustainable as when the money of the donors dried up, the government neither had the capacity nor the budget to absorb the outsourced personnel. The researchers came to the conclusion that a risk transfer model that lacks a long-term transition plan undermines an institutional resilience.

In Haiti, Desrosiers and Pierre (2021) analyzed risk transfer in health programs following the 2010 earthquake. Insurance schemes and third parties who implemented them made donors cover the risks posed by physical destruction of infrastructure and loss of the state. The mechanisms although facilitated rapid delivery of the service, the study established that these mechanisms formed parallel systems, hence bypassing the national institutions. This eventually led to the collapse of the many health services when there was no donor engagement in terms of poor integration with the formal health system. The authors suggested the use of phased risk transfer model involving the buy-in of the local governments to enhance the notion of sustainability.

In Ghana, Owusu and Boateng (2022) investigated the use of public-private partnerships (PPPs) as a risk transfer tool in the training and deployment of health professionals in rural areas. Contrary to the existing literature suggesting costs imposition due to transferring recruitment and training roles to the private sector actors, the study demonstrated that such kind

of transfer had increased efficiency and extended service coverage through interviews of 30 stakeholders and document analysis of four PPP agreements. Yet, there was no regulatory control over sustainability and a steady funding source was lacking. It presented the notion of priority in government co-financing and accountability plans in the risk transfer plans.

In Rwanda, Mutabazi and Uwizeye (2023) assessed donor-funded maternal health programs that employed insurance schemes to mitigate financial risk. The study concluded that the community-based health insurance helped to decrease out of pocket expenditure of beneficiaries and made financing of health workers to be more stabilized. This enhanced midwife retention and provision of better service in the rural areas. However, the authors also observed that continuous subsidies by donors were needed to uphold the model since collection of premiums on its own was not enough to support it. Based on the study, risk transfer which is in the form of insurance has to be supported by policy support and mobilization of domestic resources to achieve sustainability.

In Kenya, Kamau and Ndungu (2023) explored how international donors supporting health project programs in counties such as Marsabit and Garissa transferred operational risks to local NGOs. The study also discovered through focus group discussions with project managers and county health officers that in spite of the fact that NGOs were faster in terms of risks handling such as insecurity and logistical constraints, the services were disjointed due to lack of institutionalization. The researchers underlined that the sustainability would be achieved by incorporating the counties with tasks transferred into risks within the health strategies of counties and slowly handing in the control of these activities to the government institutions.

### 2.4. Research Gaps

While various global and regional analyses have made risk identification a crucial component of sustainable donor-funded health projects specifically Christian Health Association of Kenya, little is known about the context how these risk identification and prevention strategies are

implemented and assessed in decentralised and resource poor health systems like Manyatta Sub-County in Kenya. In other countries, such as Cambodia (Wang & Lee, 2020), Nepal, and Pakistan (Farooq et al., 2021), early stakeholder engagement and using a context-specific approach in identifying risks has been demonstrated to enhance project adaptability when there is a change in politics or funding. Similarly, in sub-Saharan Africa, projects in Rwanda and Ethiopia found that an early warning system, local health system audits and participatory planning were essential to keeping health workforce programmes going after the donors have left (WHO Africa, 2022).

Kenyan studies generally agree that a thorough baseline risk assessment process, risk register, and participatory forum process foster greater consistency with local health priorities and supports against political and financial volatility, a situation that leads to disruptions in the health sector (Njoroge & Otieno, 2022). Most of these results, however, are based on broad, county-level or urban statistics and may not accurately reflect sub-county variations and levels of fragility such as in Manyatta, which has limited institutional capacity and is highly dependent on donors.

There was limited empirical evidence that documents the use risk identification frameworks at the local level in a donor funded Christian Health Association project. Preliminary analysis of the key practices of participatory planning, stakeholders' engagement in a systematic approach and contextual risk analysis shows that they are not being implemented in Manyatta Sub-County, spanning from Embu County Health Department (2023). This has led to issues like late payment of money, skilled manpower attrition, and project interruptions with the withdrawal of donors, etc. Importantly, although there is theoretical endorsement for the importance of risk identification, there is little empirical work on what it takes to implement these practices and what the impacts of their implementation are when applied in the context of a fragmented governance regime and real-world constraints. Especially the relationship

between the political, the community, and institutional responsiveness is undertheorized. Lack of localised data driven enquiry, limit ability to develop risk identification strategies that are adaptive and inclusive, and are sensitive to the risk factors at particular Christian Health Association of Kenya projects in marginalised communities.

### 2.5. Chapter Summary

This chapter examined the theoretical and empirical studies of the link between risk identification, risk assessment, risk avoidance, and risk transfer and donor-funded health projects sustainability. Adopting a systems approach and stakeholder's theory. A research methodology is reported in Chapter Three that was employed to investigate relationships.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter introduces the research method to be adopted in this study. It details research design, the research location, target population, sample size, sampling techniques, data collection instruments, the validity of the research instrument, reliability of research instruments, research data collection procedures, data analysis techniques and ethical issues.

## 3.2 Research Design

A research design provides a systematic framework for linking the research objectives, methods, and analysis (Lindhult & Axelsson, 2021). The study adopted a mixed-methods approach using a convergent parallel design, in which quantitative and qualitative data were collected and analysed separately but concurrently. The findings were then integrated to compare and interpret results from both strands, providing a comprehensive understanding of the study problem (Creswell & Creswell, 2021).

The design was appropriate because it enabled the study to obtain quantitative and qualitative evidence on the influence of risk management strategies on the sustainability of donor-funded projects implemented through CHAK-affiliated health facilities in Manyatta Sub-County, Embu County. It also facilitated triangulation of findings, thereby enhancing the depth and credibility of the study conclusions (Apuke, 2019).

## 3.3 Study Location

Manyatta Sub- County is positioned in the Embu County which is in the eastern part of Kenya. It is bounded by Runyenjes Sub-County to its north, Mbeere North to its northeast and Kirinyaga County to its west. The sub-county covers an area of about 471.9 square kilometers, and it is the administrative and commercial centre of the Embu County.

According to the Kenya National Bureau of Statistics (KNBS, 2019), Manyatta Sub-County had a population of approximately 206,678 people, with a relatively balanced gender distribution. Majority of the population is rural with majority of the citizens conducting small scale agriculture, trading activities and job opportunities in the health and education department of the government. The manyatta is a major hub of health services in the county with some of the major healthcare services such as Embu Level Five Hospital, a number of health centres, dispensaries and community health units among others.

The Christian Health Association of Kenya, through partnerships with international donors, has implemented multiple health-related interventions in the sub-county. With the intents of better healthcare delivery, these donor-based projects tend to develop a better community-based health program, workforce optimization, and ability building of health facilities. The projects funded by CHAK in Buttin Manyatta have involved the use of risk-informed project formulation, training of the health workers and enforcement of the community health interventions in order to enhance service delivery and access. Even though initiatives have been put to help with sustainability there is still a major issue when it comes to sustainability and especially when donor support ends. The major ones are the lack of local ownership, unreliable funding, and long-term planning of risk management. That being the case, the case study of Manyatta sub-County presents a timely and relevant case study in understanding the magnitude of influence risk management strategies have in the sustainability of donor-based projects, especially those CHAK conducted in the area under health interventions.

### 3.4 Target Population

The target population refers to the entire group of individuals, entities, or items that possess specific characteristics relevant to the objectives of the study (Giri, 2024). The target population for this study was 150 individuals, comprising 85 frontline health workers, 20 health facility in-charges, 20 health administrators from the Embu County Department of Health, 10

human resource officers, and 15 donor project coordinators and implementing partner representatives involved in 5 CHAK-affiliated facilities (e.g., dispensaries, health centres) in Manyatta Sub-County, Embu County (Embu County Department of Health, 2024). This was the group of people engaged in the process of developing, implementing and monitoring of CHAK-supported donor health projects in the region.

Frontline health workers such as nurses, clinical officers and support staffs are the largest group as they are the ones who take part in direct service delivery and also happen to be the greatest beneficiaries of CHAK interventions and related risk management strategies.

Health Facility, in-charge play a cardinal role in day-to-day care delivery and are central to project activities and its sustainability. Health administrators and human resource officers at the County level are important players in the integration of donor-supported initiatives into the local health system, formulation of policy and alignment with local County health strategies. Financial and technical support and capability building of risk mitigation is crucial in embedding project implementation and enhancing the project outcomes sustainability - these are roles shared with donor project coordinators and representatives of the implementing partner.

**Table 1: Target Population**

| Categories | Target Population |
|---|---|
| Frontline Health Workers (nurses, clinical officers) | 85 |
| Health Facility In-charges | 20 |
| Health Administrators (County Department of Health) | 20 |
| Human Resource Officers | 10 |
| Donor Project Coordinators & Implementing Partners | 15 |
| **Total** | 150 |

**Source:** Embu County Department of Health (2024).

### 3.5 Census Study

The target population comprised 150 individuals, consisting of 85 frontline health workers and 65 key informants from CHAK-affiliated health facilities in Manyatta Sub-County. Since the population was relatively small and accessible, the study adopted a census approach, whereby

all 150 members of the target population were included. Thus, no sampling procedure was used. The census approach enabled the study to obtain information from the entire target population and eliminate sampling error.

### 3.6 Data Collection Instruments

Data collection instruments are tool that are being used to collect data helps in gathering data from the sample (Mwanje, 2021). The study used questionnaires to collect quantitative data from frontline health workers and interview guides to collect qualitative data from key informants. The key informants comprised health facility in-charges, health administrators, human resource officers, donor project coordinators, and implementing partners.

#### 3.6.1 Questionnaires

According to Toyon (2021), questionnaires are data collection tools used to gather information, pertaining to research questions or hypothesis, and are structured in such a way to harness the data required to address the research questions. According to Lavrakas (2019), questionnaires help to prevent the bias, prevalent to respondents that are difficult to find or engage in questioning. In this study, questionnaires was used to collect data from Frontline Health Workers in Manyatta Sub-County, Embu County (Embu County Department of Health, 2024). The design of the questions were made in reference to the objectives of the study to facilitate interpretation and analysis. This form of question gave the organizational form that reduces the flexibility in the answers and thereby renders the data obtained more reliable.

#### 3.6.2 Interview Guide

An interview is a conversation that aims to collect information. A research interview is an interview in whereby an interviewer directs the process in the course of the conversation, as well as posing questions. Interviews can be held in person or via telephone (Schober, 2018). In this study, qualitative data was collected through interviews by use of an interview guide among Health Facility In-charges, Health Administrators, Human Resource Officers, and

Donor Project Coordinators and Implementing Partners who participated in this study. Qualitative research is more powerful in interviews since it provides researchers with an opportunity to get in-depth information and evidence from interviewees with regard to the object of study. It also gives room and flexibility to researchers to hold their track. The interview guideline helped in ensuring that the necessary topics were addressed, and at the same time, provided some leeway in the interview to allow the uniqueness of the participants to come out.

### 3.7 Pilot Testing

In this study, the questionnaire and interview guide underwent a pilot test before the main study was conducted to determine the clarity, relevance, and effectiveness of the questionnaire and interview guide. A pilot test is essential to determine possible limitations of research design or data recording tools as well as to make initial data that can help to improve the research design (Schindler & Cooper, 2019). According to Whitehead et al. (2019), 10%-1% of the total sample is adequate enough for a pilot study, and Kothari (2019) also adds that at least 1% of the target population is adequate to be chosen to take part in the pilot test.

In this research a pilot study was carried out with 15 participants which is 10% of the target population (150). The pilot study was conducted in Runyenjes Sub-County, Embu County, which is adjacent to the main study area of Manyatta Sub-County. Runyenjes Sub-County has similar health system characteristics, administrative structures, and donor-funded CHAK interventions as Manyatta Sub-County, making it an appropriate setting for pre-testing the research instruments.

During the pilot test of the questionnaire, the participants were given a one-week elapse of time after the first attempt of data collection using questionnaires so that the process allows for comprehensive and minimizes possible error. Data that were obtained in the pilot study was analysed in order to detect some faults in the questionnaire. It was on this analysis that

modifications of the questions in the questionnaire was done in order to enhance the clarity, relevance, and efficacy of the questionnaire.

The interview guide was also made acceptable as per the views of the two supervisors and my peers in making it suitable for the main study. This was done by carrying out a critical scrutiny of the content, structure, and formulation of questions of the guide in the light of its clarity that was relevant to the research objective and the applicability to the target participants. The feedback was used to clarify any questions that was unclear, to make sure that there was consistent logic, as well as, to determine whether the interview guide effectively represents the aspects of risk identification, risk assessment practices, risk avoidance measures, risk transfer mechanisms on the sustainability of donor-funded Christian Health Association of Kenya projects in Manyatta Sub-County. The review was done in order to increase validity and reliability of the interview guide before it was used in the field.

### 3.8 Validity Tests of Research Instruments

Validity refers to the extent to which a research instrument measures the concepts it is intended to measure (Sürücü & Maslakçı, 2020). The study assessed face and content validity of the questionnaire and interview guide. Content validity was established through expert review by the research supervisors and other experts in project management and research methodology. The experts examined whether the items adequately covered the study objectives, research variables, and key dimensions of risk management and project sustainability. They also assessed the relevance, clarity, wording, and adequacy of the items. Based on their recommendations, ambiguous, repetitive, or unclear items were revised, and missing aspects of the study variables were incorporated. This process ensured that the instruments adequately represented the concepts under investigation.

### 3.9 Reliability of the Research Instruments

Reliability refers to the extent to which a research instrument consistently measures the intended constructs and produces dependable results (Sürücü & Maslakçı, 2020). In this study, the reliability of the questionnaire was assessed during the pilot study using Cronbach's alpha coefficient, which measures the internal consistency of items measuring each construct.

The questionnaire was piloted among 15 respondents from health facilities with characteristics similar to those of the study population but outside the selected CHAK-affiliated facilities in Manyatta Sub-County. Pilot data were analysed using the Statistical Package for the Social Sciences (SPSS) version 26. A Cronbach's alpha coefficient of 0.70 or higher was considered acceptable for establishing internal consistency (Kennedy, 2022). The results are presented in Table 2.

**Table 2: Reliability Testing Results**

| Variable | Cronbach's Alpha | Number of Items | Comment |
|---|---|---|---|
| Risk Identification | 0.89 | 8 | Reliable |
| Risk Assessment | 0.87 | 8 | Reliable |
| Risk Avoidance | 0.84 | 7 | Reliable |
| Risk Transfer | 0.86 | 8 | Reliable |
| Sustainability of Donor-Funded Projects | 0.91 | 9 | Reliable |

Source: Field Data (2026)

All constructs recorded Cronbach's alpha coefficients ranging from 0.84 to 0.91, exceeding the recommended threshold of 0.70. This indicates satisfactory to high internal consistency among the items measuring risk identification, risk assessment, risk avoidance, risk transfer, and sustainability of donor-funded projects. The questionnaire was therefore considered sufficiently reliable for the main study.

### 3.10 Data Collection Procedures

Data collection commenced after obtaining an introductory letter from The Catholic University of Eastern Africa, research authorisation from the National Commission for Science, Technology and Innovation (NACOSTI), and approval from the relevant Manyatta Sub-

County authorities. The study employed a convergent parallel mixed-methods design, whereby quantitative and qualitative data were collected concurrently.

Structured questionnaires were administered to frontline health workers to collect quantitative data. Concurrently, interviews were conducted with key informants, including health facility in-charges, health administrators, human resource officers, donor project coordinators, and implementing partners, to obtain qualitative insights into the study variables.

Completed questionnaires were checked for completeness, coded, and analysed using SPSS version 26, while interview data were organised and analysed thematically. The two datasets were then integrated by comparing corresponding quantitative results and qualitative themes to identify areas of convergence, complementarity, and divergence. The integrated findings were interpreted jointly to provide a comprehensive understanding of the study.

### 3.11 Data Analysis Techniques

The data analysis is the act of planning, comprehending, and analyzing the previously gathered data to obtain any critical tendencies and data that can be applied in the decision-making process (Braun and Clarke, 2021). Data analysis in this study involved both quantitative and qualitative approaches consistent with the mixed-methods design adopted. Quantitative data was analyzed using SPSS version 26 to generate both descriptive and inferential statistics. Descriptive statistics such as means, frequencies, and standard deviations was used to summarize respondents' views on the effectiveness of risk management strategies specifically risk identification, risk assessment, risk avoidance, and risk transfer in enhancing the sustainability of donor-funded projects under the Christian Health Association of Kenya in Manyatta Sub-County.

Inferential statistics, including correlation and multiple regression analysis, was applied to determine the strength and direction of relationships between the independent variables (risk management strategies) and the dependent variable (project sustainability). Chi-square test was

used to evaluate the association(s) between categorical variables statistically. Data were analysed and presented in tabulation, graphical form and chart for better clarity and to facilitate interpretation.

Qualitative data was collected from interviews which were transcribed and themes identified. The qualitative data was grouped into emerging themes, to complement the quantitative data. A holistic view of the impact of the various risk management strategies on sustainability of Donor funded CHAK projects in Manyatta Sub-County was gained through this combination.

### 3.10 Ethical Considerations

Ethical considerations were observed throughout the study to protect participants' rights, dignity, privacy, and welfare (Mugenda, 2013). The researcher obtained an introductory letter from The Catholic University of Eastern Africa (CUEA), research authorisation from the National Commission for Science, Technology and Innovation (NACOSTI), and approval from the relevant Manyatta Sub-County authorities.

Before data collection, participants were informed about the study purpose, their rights, and the voluntary nature of participation. Informed consent was obtained from all participants, who were also informed of their right to decline participation or withdraw at any stage without penalty.

Confidentiality was maintained by not recording participants' names, staff identification numbers, telephone contacts, or other personal identifiers. Questionnaires were coded, and interview responses were assigned codes rather than names. Since participants were drawn from identifiable health facilities, facility names were not linked to individual responses in the analysis or reporting. Findings were presented in aggregate form, and quotations were attributed using general respondent codes to prevent identification of individuals or specific facilities. Data were accessed only by the researcher and used solely for academic purposes.

These measures ensured voluntary participation, informed consent, privacy, confidentiality, and protection from potential identification throughout the study.

# CHAPTER FOUR

# DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

## 4.0 Introduction

This chapter presents the analysis, presentation, and interpretation of findings on the impact of risk management strategies on sustainability of donor-funded projects: A case of a case of Christian Health Association of Kenya in Manyatta Sub County, Kenya. The chapter contains both quantitative and qualitative findings obtained from questionnaires and key informant interviews. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed thematically.

## 4.1 Response Rate

This section presents the response rate achieved during data collection. It shows the number of participants who responded to the questionnaires and interviews relative to the targeted sample, as presented in Table 4.

**Table 4: Response Rate of Respondents**

| Category of Participants | Sample Size | Response | Response Rate |
|---|---|---|---|
| **Questionnaire Respondents** | | | |
| Frontline Health Workers | 85 | 78 | 91.8% |
| **Key Informants** | | | |
| Health Facility In-charges | 20 | 19 | 95.0% |
| Health Administrators (County Department of Health) | 20 | 18 | 90.0% |
| Human Resource Officers | 10 | 9 | 90.0% |
| Donor Project Coordinators & Implementing Partners | 15 | 14 | 93.3% |
| **Grand Total** | **150** | **138** | **92.0%** |

Source: Field Data (2026).

Table 4 presents the response rate achieved during data collection. Of the 85 targeted sample size Frontline Health Workers, 78 completed the questionnaires, representing a response rate of 91.8%**.** Among the key informants, 19 Health Facility In-charges (95.0%)**,** 18 Health Administrators (90.0%)**,** 9 Human Resource Officers (90.0%), and 14 Donor Project

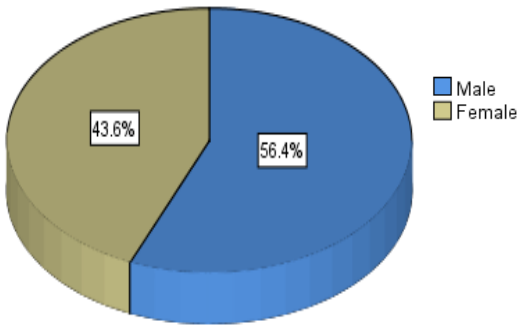
Coordinators and Implementing Partners (93.3%) participated in the interviews. Generally, 138 out of the targeted 150 respondents took part in the study, yielding an overall response rate of 92.0%**.** According to Babbie (2021), a response rate above 70% is adequate for social science research; therefore, the response rate achieved was sufficient to support reliable analysis.

The high response rate enhanced the credibility, reliability, and representativeness of the study findings, providing a sound basis for drawing conclusions on the relationship between risk management strategies and the sustainability of donor-funded projects implemented by the Christian Health Association of Kenya in Manyatta Sub-County.

### 4.2 Demographic Characteristics of the Respondents

This section presents the demographic characteristics of the study participants. For the questionnaire respondents, the analysis focuses on gender and age distribution, while for the key informants, the analysis presents their professional roles in the implementation of donor-funded Christian Health Association of Kenya projects in Manyatta Sub-County. These characteristics provide contextual information about the respondents and help establish the suitability of the participants to provide relevant information on risk management strategies and the sustainability of donor-funded projects.

#### 4.2.1 Gender Distribution of Respondents



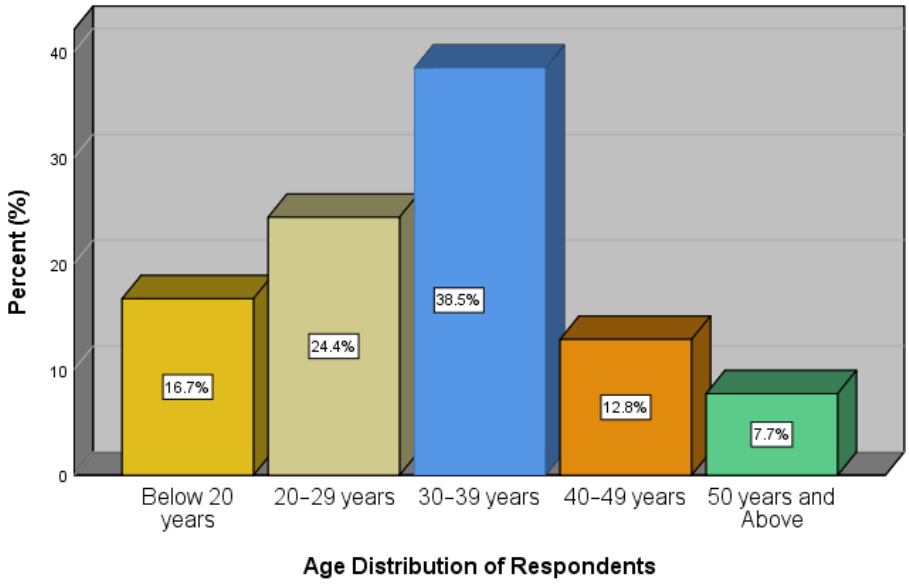

Source: Field Data (2026).

**Figure 2: Gender Distribution of Respondents**

The findings in Figure 2 present the gender distribution of the 78 Frontline Health Workers who participated in the study. The results indicate that 44 respondents (56.4%) were male, while 34 respondents (43.6%) were female. The results show a fairly even distribution between males and females with the males slightly outnumbering their female colleagues. The fact that they are able to capture the views of both male and female frontline health workers who participate in the implementation of donor-supported CHAK interventions in Manyatta Sub-County, enhances the credibility of the study. Based on Vella (2024) findings, the more reliable and relevant the result that has been obtained, the more credible the respondents selected are who have direct involvement in the phenomenon being researched.

Although male respondents made up a slightly larger share of the sample, but there was not a significant gender bias caused due to their higher number. Therefore, the gender distribution was used as a suitable framework for the analysis of the impact of risk management strategies on the sustainability of donor-funded project, since this distribution shows results from perspectives of both genders involved in project implementation.

### 4.2.2 Age Distribution




Source: Field Data (2026).

**Figure 3: Age Distribution of Respondents**

In Figure 3 the result on the age distribution of 78 Frontline Health Workers participating in the study are given. The results indicate that the largest proportion of respondents, 30 (38.5%), were aged 30–39 years, followed by 19 (24.4%) aged 20–29 years, 13 (16.7%) aged below 20 years, 10 (12.8%) aged 40–49 years, and 6 (7.7%) aged 50 years and above. The findings show that most of the respondents were in economically active and professionally productive age range, indicating that they had the needed experiences and were actively engaged in the implementation of donor funded CHAK projects in the Manyatta Sub-County area. An age-balanced respondents' representation strengthened the variety of views obtained in the study about the study. Shufutinsky (2020) indicated that the respondents with direct involvement and experience can give credible and reliable information regarding the phenomenon under the study. Hence, the age distribution did provide a suitable set of data to calculate detailed information about variables under study.

Key informants indicated their roles in operationalization of CHAK projects in Manyatta Sub-County and their years of experience in their roles. These attributes highlighted the key informants' practical experience and knowledge of the issues, providing rich and informative insights.

### 4.2.2 Years of Experience of Key Informants Respondents

This section presents years of experience of the key informants in their roles. These give insights into their experience and ability to generate trustworthy advice on risk management options and sustainability of donor-supported CHAK projects in Manyatta Sub-County. Findings are presented in Table 5.

**Table 5: Distribution of Key Informants by Years of Experience**

n = 60

| Years of Experience | Frequency | Percentage (%) |
|---|---|---|
| Less than 5 years | 12 | 20.0 |

| | | |
|---|---|---|
| 5–10 years | 26 | 43.3 |
| 11–15 years | 14 | 23.3 |
| Above 15 years | 8 | 13.4 |
| **Total** | **60** | **100.0** |

Source: Field Data (2026).

As in Table 5, key informants were a cross-section of professionals both internal and external to the organization who directly engaged in the planning, implementation, and oversight of donor-supported CHAK projects: Health Facility In-charges, Health Administrators, Human Resource Officers, and Donor Project Coordinators/Implementing Partners. As seen in Table 4.5, majority of the key informants had between 5-10 years of experience in their current positions, reflecting their high level of knowledge and practical experience with project implementation and risk management. The varied experience and roles of these individuals increased the reliability of the qualitative results because of participants having first-hand experience with managing and maintaining donor-funded projects.

### 4.3 Findings Based on to Research Objectives

The results of this study are presented against the particular research objectives. Descriptive data (frequencies, percentages, means and standard deviations) on 5-point Likert scale (from Strongly Disagree to Strongly Agree) and inferential data (Chi-square, correlation and multiple regression) were used to analyze the quantitative data. The key informant interviews are conducted in order to gather qualitative data which is then identified thematically and combined with quantitative data. The results are interpreted within the frameworks of the Systems Theory and Stakeholder Theory and discussed with the empirical literature that was summarized in Chapter Two. Results were tabulated for ease of interpretation and discussion.

#### 4.3.1 Risk Identification Strategies and Sustainability of Donor-Funded Christian Health Association of Kenya

This section provides the results of the first objective which aimed to look at how effective the risk identification strategies were in improving the sustainability of the donor funded Christian

Health Association of Kenya projects in Manyatta Sub-County. The findings are described and inferential statistics used in formatting it that appear in the following Table 6.

**Table 6: Response on Risk Identification Strategies**

**n=78**

| Statements | SD % F | D % F | N % F | A % F | SA % F | Mean | Std Dvt |
|---|---|---|---|---|---|---|---|
| Potential risks to project sustainability are clearly identified at the beginning of CHAK projects. | 2 (2.6) | 5 (6.4) | 8 (10.3) | 38 (48.7) | 25 (32.1) | 4.01 | 0.95 |
| Risk identification is a continuous process throughout project implementation. | 3 (3.8) | 6 (7.7) | 7 (9.0) | 35 (44.9) | 27 (34.6) | 3.99 | 1.03 |
| Frontline staff are involved in identifying operational risks affecting project sustainability. | 2 (2.6) | 8 (10.3) | 9 (11.5) | 34 (43.6) | 25 (32.1) | 3.92 | 1.01 |
| Risk identification tools and guidelines are available at health facilities. | 4 (5.1) | 8 (10.3) | 11 (14.1) | 33 (42.3) | 22 (28.2) | 3.78 | 1.11 |
| There is a structured process for documenting and reporting identified risks. | 3 (3.8) | 7 (9.0) | 10 (12.8) | 35 (44.9) | 23 (29.5) | 3.87 | 1.03 |
| Early identification of risks has helped improve the continuity of donor-funded services. | 2 (2.6) | 4 (5.1) | 8 (10.3) | 37 (47.4) | 27 (34.6) | 4.06 | 0.94 |
| Risk identification includes both clinical and non-clinical (administrative/financial) threats. | 3 (3.8) | 5 (6.4) | 9 (11.5) | 36 (46.2) | 25 (32.1) | 3.96 | 0.98 |
| Risk identification strategies have contributed to improving the sustainability of CHAK projects. | 2 (2.6) | 4 (5.1) | 7 (9.0) | 38 (48.7) | 27 (34.6) | 4.08 | 0.91 |
| **Composite Mean and Standard Deviation** | | | | | | **3.96** | **1.00** |

Source: Field Data (2026).

Based on the overall results presented in Table 6, respondents generally agreed that effective risk identification practices contribute to the sustainability of donor-funded projects, with a composite mean of M = 3.96 and SD = 1.00. The relatively high composite mean indicates that

risk identification was generally incorporated into project management processes, while the standard deviation shows moderate variation in respondents' views.

Most respondents, 38 (48.7%), agreed and 25 (32.1%) strongly agreed that potential risks to project sustainability were clearly identified at the beginning of projects. The mean of M = 4.01 and SD = 0.95 indicates general agreement that risks were identified during the planning stage. This suggests that CHAK projects considered potential threats before implementation, allowing time to develop appropriate responses. From a Systems Theory perspective, early identification may help prevent risks affecting one component of the project from disrupting other interdependent components. The finding concurs with Wang and Lee (2020), who established that systematic risk identification during project planning enhances project resilience and long-term sustainability.

The qualitative analysis generated the theme early risk identification and contingency planning. KI1 stated, *"Every project begins with a risk mapping exercise where possible financial, operational and community-related risks are identified before implementation starts."* Similarly, KI4 explained, *"Identifying risks during project planning enables us to prepare contingency measures that reduce interruptions during implementation."* These accounts illustrate how risk identification is undertaken during project planning and linked to contingency measures for maintaining implementation continuity.

Regarding whether risk identification was a continuous process throughout project implementation, 35 respondents (44.9%) agreed and 27 (34.6%) strongly agreed. The mean of M = 3.99 and SD = 1.03 indicates that respondents generally perceived risk identification as an ongoing process. This suggests that project teams monitor emerging risks and adjust responses as project conditions change. Systems Theory explains this through continuous feedback and adaptation within an interdependent project system. The finding is consistent

with Farooq et al. (2021), who reported that continuous risk monitoring enables organisations to respond effectively to emerging uncertainties.

The qualitative analysis produced the theme continuous risk monitoring and identification of emerging risks. KI2 noted, *"Risks change as projects progress; therefore, our teams regularly review potential risks during project implementation meetings."* Similarly, KI5 observed, *"Continuous monitoring allows us to identify new challenges before they become major problems."* These responses indicate that risk identification extends beyond the planning stage and involves regular monitoring during implementation.

When respondents were asked whether frontline staff were involved in identifying operational risks affecting project sustainability, 34 (43.6%) agreed and 25 (32.1%) strongly agreed. The mean of M = 3.92 and SD = 1.01 indicates general agreement that frontline staff participate in risk identification. This reflects the relevance of Stakeholder Theory, which emphasises stakeholder participation in decision-making. The finding agrees with Toure and Oduro (2021), who found that staff participation improves organisational preparedness and project performance.

The qualitative analysis generated the theme frontline staff participation in risk identification. KI3 explained that *"Healthcare workers and field officers are usually the first to notice operational risks because they interact directly with beneficiaries."* KI6 added, "*By getting information from frontline staff, management will be able to respond promptly to new risks of a project."* These accounts demonstrate the practical role of frontline staff in identifying operational challenges and communicating emerging risks to management.

Regarding the availability of risk identification tools and guidelines, 33 respondents (42.3%) agreed and 22 (28.2%) strongly agreed. The mean of M = 3.78 and SD = 1.11 indicates moderate agreement regarding the availability of standardised risk identification tools. The variation in responses suggests differences in the availability or use of such tools across

facilities. From a Systems Theory perspective, standardised tools can support coordinated information flow among project components. The finding aligns with Njoroge and Otieno (2022), who reported that standardised risk management tools enhance consistency in risk identification and management.

The qualitative analysis generated the theme availability and uneven application of risk identification tools. KI5 reported that, *'most facilities have risk registers and reporting forms, although some remote facilities required additional support and training.'* KI2 similarly noted that, '*while standards were available, their implementation depended on local resources and staff capacity.'*

In terms of having a formal process for identifying and reporting risks, 35 respondents (44.9%) agreed and 23 (29.5%) strongly agreed. The mean of M = 3.87 and SD = 1.03 indicates general agreement that CHAK projects had formal processes for documenting and reporting risks. Such processes facilitate information sharing, accountability and timely decision-making. This is consistent with Systems Theory, which emphasises information flow and feedback among interdependent subsystems. The finding also aligns with Farooq et al. (2021), who found that structured documentation supports organisational learning and risk mitigation.

The qualitative analysis generated the theme formal risk documentation and reporting. KI4 stated that *"the identified risks are recorded and reported on through the appropriate lines of authority for timely action."* KI1 added, *"Risk reports are reviewed regularly during project management meetings to guide corrective actions."* These accounts demonstrate the use of established reporting channels and management meetings to document, communicate and respond to identified risks.

Regarding whether early identification of risks had improved the continuity of donor-funded services, 37 respondents (47.4%) agreed and 27 (34.6%) strongly agreed. The mean of M = 4.06 and SD = 0.94 indicates a high level of agreement. The finding suggests that respondents

perceived early identification as useful in anticipating threats and reducing potential service interruptions. Systems Theory suggests that timely responses can help maintain stability across interdependent project components. The finding agrees with Wang and Lee (2020), who concluded that proactive risk identification strengthens organisational resilience and service continuity.

The qualitative analysis generated the theme early risk identification and service continuity. KI6 noted, *"The identification of risk at an early stage will allow contingency plans to be put in place to ensure vital health services can continue, even in the event of an unforeseen event."* Similarly, KI3 stated that *"a number of service disruptions have been prevented due to risks being identified at an early stage."* These accounts provide practical examples of how early identification may facilitate contingency planning and continuity of health services.

On whether risk identification covered both clinical and non-clinical risks, 32 respondents (46.2%) agreed and 25 (32.1%) strongly agreed. The mean of M = 3.96 and SD = 0.98 indicates general agreement that CHAK adopted a comprehensive approach to risk identification. This reflects Systems Theory through recognition of the interdependence of operational, financial, governance and clinical risks, while Stakeholder Theory highlights the importance of different stakeholders' knowledge and responsibilities in identifying these risks. The finding aligns with Njoroge and Otieno (2022), who found that comprehensive risk identification contributes to the sustainability of donor-supported health programmes.

The qualitative analysis generated the theme comprehensive identification of clinical and non-clinical risks. KI2 explained, *"We assess financial, operational, clinical, procurement and compliance risks* [that] *impact projects."* KI5 further noted, *"Beyond clinical risks, many other issues could jeopardize donor confidence and sustainability."* These responses demonstrate that risk identification extends beyond clinical issues to include financial, operational, procurement and compliance risks.

Finally, regarding whether risk identification strategies contributed to improving the sustainability of CHAK projects, 38 respondents (48.7%) agreed and 27 (34.6%) strongly agreed. The mean of M = 4.08 and SD = 0.91 was the highest among the risk-identification items. This indicates a high level of agreement that effective risk identification is associated with the perceived sustainability of donor-funded projects. The finding is consistent with Farooq et al. (2021) and Toure and Oduro (2021), who reported the importance of effective risk identification and stakeholder involvement in maintaining project performance.

The qualitative analysis generated the theme early risk identification as a contributor to project continuity. KI1 observed, *"Early identification of risks and acting before they are serious challenges has been one of the key factors to the success of most projects."* KI4 added, *"The reason why it would be hard to be able to continue on programmes sponsored by donors is because many risks would go unnoticed until it is too late."* These accounts illustrate the perceived link between early risk identification, timely response and continuity of donor-funded programmes.

Findings indicate that risk identification was generally practised through early risk mapping, continuous monitoring, frontline staff involvement, use of risk-identification tools, formal reporting, and identification of both clinical and non-clinical risks. The qualitative themes provide contextual evidence on how these practices operate within CHAK projects. From a theoretical perspective, Systems Theory explains the importance of identifying risks across interdependent project components, while Stakeholder Theory explains the contribution of frontline staff and other stakeholders to risk identification and decision-making. The findings therefore indicate an association between risk identification practices and respondents' perceptions of project sustainability; however, the cross-sectional design does not by itself establish that risk identification causes sustainability.

### 4.3.2 Risk Assessment Practices and Sustainability of Donor-Funded Christian Health Association of Kenya

This section discusses the results of the second objective of the study aimed at determining the impact of the risk assessment practices on sustainability of the Christian Health Association of Kenya projects in the Manyatta Sub-County funded by external donors. The data obtained are analyzed by descriptive and inferential statistic as presented in Table 8.

**Table 8: Response on Risk Assessment Practices**

n=78

| Statements | SD<br>% F | D<br>% F | N<br>% F | A<br>% F | SA<br>% F | Mean | Std Dvt |
|---|---|---|---|---|---|---|---|
| Risk assessment is regularly conducted as part of project management in CHAK-supported programs. | 2<br>(2.6) | 5<br>(6.4) | 9<br>(11.5) | 37<br>(47.4) | 25<br>(32.1) | 4.00 | 0.94 |
| Risk assessment helps identify the likelihood and impact of potential threats to project sustainability. | 2<br>(2.6) | 4<br>(5.1) | 7<br>(9.0) | 38<br>(48.7) | 27<br>(34.6) | 4.08 | 0.91 |
| Risk levels (high, medium, low) are clearly categorized in CHAK project assessments. | 3<br>(3.8) | 6<br>(7.7) | 10<br>(12.8) | 36<br>(46.2) | 23<br>(29.5) | 3.90 | 1.01 |
| The results of risk assessments are used to adjust project implementation strategies. | 2<br>(2.6) | 5<br>(6.4) | 8<br>(10.3) | 37<br>(47.4) | 26<br>(33.3) | 4.03 | 0.94 |
| Frontline staff are aware of risk assessment processes within CHAK projects. | 3<br>(3.8) | 7<br>(9.0) | 9<br>(11.5) | 35<br>(44.9) | 24<br>(30.8) | 3.90 | 1.04 |
| There is adequate training for staff on how to interpret and use risk assessment tools. | 4<br>(5.1) | 8<br>(10.3) | 11<br>(14.1) | 33<br>(42.3) | 22<br>(28.2) | 3.78 | 1.12 |
| Regular assessment of risks has improved preparedness and response to challenges in CHAK projects. | 2<br>(2.6) | 4<br>(5.1) | 8<br>(10.3) | 38<br>(48.7) | 26<br>(33.3) | 4.05 | 0.91 |
| Risk assessment practices contribute significantly to sustaining service delivery after donor exit. | 2<br>(2.6) | 5<br>(6.4) | 9<br>(11.5) | 36<br>(46.2) | 26<br>(33.3) | 4.01 | 0.95 |
| **Composite Mean and Standard Deviation** | | | | | | **3.97** | **0.98** |

Source: Field Data (2026).

Table 8 presents the findings on risk assessment strategies and sustainability of donor-funded projects. The overall results produced a composite mean of M = 3.97 and SD = 0.98, indicating that respondents generally agreed that risk assessment is important for the sustainability of donor-funded projects. The relatively high composite mean suggests that risk assessment was generally incorporated into project management practices, while the relatively low standard deviation indicates a substantial level of agreement among respondents.

Regarding whether risk assessment was conducted regularly in CHAK-supported programmes, 37 respondents (47.4%) agreed and 25 (32.1%) strongly agreed, while 9 (11.5%) were neutral, 5 (6.4%) disagreed and 2 (2.6%) strongly disagreed. The mean of M = 4.00 and SD = 0.94 indicates general agreement that risk assessment formed part of project management. This suggests that periodic risk assessment enabled project managers to identify emerging risks and take anticipatory measures. Continuous assessment also provided feedback that could inform adjustments to project activities while maintaining system stability. The finding aligns with Choudhury and Phan (2021), who found that organisations that regularly assess risks are better positioned to respond to uncertainties and sustain project outcomes.

**Regular risk assessment and project review**

KI2 explained, *"Risk assessments are carried out as part of project review meetings to see if risks have arisen and if existing mitigation measures are still effective."* Similarly, KI5 noted that, *"Some of the challenges to implementation are identified early by regular assessments on project teams, rather than by service delivery."* These accounts illustrate how regular assessments are incorporated into project review processes to identify emerging risks and evaluate the effectiveness of existing mitigation measures.

On whether risk assessment provided an indication of the extent and likelihood of threats that could compromise project sustainability, 38 respondents (48.7%) agreed and 27 (34.6%)

strongly agreed. Seven respondents (9.0%) were neutral, 4 (5.1%) disagreed and 2 (2.6%) strongly disagreed. The highest mean score of M = 4.08 and SD = 0.91 indicates a high level of agreement. This finding suggests that respondents viewed risk assessment as an important decision-making process for evaluating identified risks and determining appropriate mitigation measures. The finding resonates with Systems Theory, which emphasises the use of information and feedback to guide decisions within interconnected systems. It also relates to Stakeholder Theory because assessing the effects of project risks may require contributions from project teams, health professionals and community representatives. The finding aligns with Noor and Islam (2020), who found that systematic assessment of risk likelihood and impact strengthens project resilience by supporting evidence-based risk responses.

**Assessment of risk likelihood and impact**.

KI1 stated, *"We don't identify risks, we also look inside how likely they are to happen and the impact they could have on the project before deciding what to do about them."* Similarly, KI4 explained, *"Assessing the magnitude of risks enables us to prioritize resources towards the most critical threats."* These responses demonstrate that risk assessment involves considering both the likelihood and potential impact of identified risks before selecting appropriate responses.

Regarding whether risk levels were clearly defined as high, medium and low in CHAK project assessments, 36 respondents (46.2%) agreed and 23 (29.5%) strongly agreed. Ten respondents (12.8%) were neutral, 6 (7.7%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.90 and SD = 1.01 indicates general agreement that project risks were categorised according to severity. Risk prioritisation can assist project managers in directing resources towards risks considered more critical to project sustainability. From a Systems Theory perspective, prioritisation supports the functioning of interconnected project components by directing resources towards areas requiring immediate intervention. The findings agree with Boateng

and Sitali (2020), who found that categorising risks according to severity improves risk management efficiency and project sustainability.

**Risk categorisation and prioritisation**.

KI3 commented, *"Risks are categorized based on their risk level to help them know what risks the management should take priority on."* KI6 similarly indicated that, *"High risk issues are monitored and reviewed during project review meetings, since they can affect project performance."* These accounts illustrate how risk categorisation is used to prioritise risks requiring management attention.

When asked whether risk assessments were used to make changes in project implementation strategies, 37 respondents (47.4%) agreed and 26 (33.3%) strongly agreed. Eight respondents (10.3%) were neutral, 5 (6.4%) disagreed and 2 (2.6%) strongly disagreed. The mean of M = 4.03 and SD = 0.94 indicates a high level of agreement that risk assessment findings informed project implementation decisions. This suggests that assessment results were used to adapt implementation strategies in response to emerging challenges. The finding reflects Systems Theory, which emphasises adaptation through continuous feedback and learning. It also illustrates the relevance of Stakeholder Theory, as adjustments may involve consultation among donors, project managers, health workers and other stakeholders. The finding is consistent with Choudhury and Phan (2021), who reported that incorporating risk assessment results into decision-making enhances organisational adaptability and project sustainability.

**Risk assessment informing implementation adjustments**.

KI5 reported, *"As risk assessments indicate new threats, implementation plans are adjusted to reflect the new project landscape."* KI2 added that risk assessment results inform management in determining where additional resources or interventions are needed. These accounts show how assessment findings are translated into changes in implementation and resource allocation.

Regarding whether the risk assessment process was known to frontline staff, 35 respondents (44.9%) agreed and 24 (30.8%) strongly agreed. Nine respondents (11.5%) were neutral, 7 (9.0%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.90 and SD = 1.04 indicates general agreement that frontline staff had knowledge of risk assessment procedures. This suggests that CHAK had created awareness of risk assessment among frontline employees, potentially enabling them to identify and respond to emerging risks. The finding relates to Stakeholder Theory, which emphasises informed stakeholder participation. It also aligns with Boateng and Sitali (2020), who found that staff participation and awareness improve the effectiveness of project risk management systems.

**Frontline staff awareness and participation in risk assessment**.

KI4 noted that, *"Project staff are attuned to the assessment procedures as they involve in the routine monitoring and review process."* KI1 added, *"Valuable input is provided by frontline workers to enhance the quality of the risk assessments for projects."* These accounts indicate that frontline staff participate in routine monitoring and provide operational information relevant to risk assessment.

Regarding whether adequate training had been provided to staff on the use and interpretation of risk assessment tools, 33 respondents (42.3%) agreed and 22 (28.2%) strongly agreed. Eleven respondents (14.1%) were neutral, 8 (10.3%) disagreed and 4 (5.1%) strongly disagreed. The item recorded the lowest mean of M = 3.78 and SD = 1.12, indicating relatively greater variation in respondents' views. Although most respondents agreed that training was provided, the variation suggests that training opportunities may differ across CHAK-supported projects. From the perspective of Stakeholder Theory, staff capacity building strengthens stakeholders' ability to participate effectively in risk management and decision-making. The finding is consistent with Oladipo (2021), who found that staff training improves the accuracy of risk assessment and project implementation.

**Risk assessment capacity building and training needs**.

KI6 explained that training is conducted periodically but indicated that additional capacity building would improve staff confidence in handling complex risk assessments. KI3 similarly stated, *"New employees may need refreshers on application of risk assessment procedures."* These responses point to the importance of continuous capacity building, particularly for staff who require additional support in applying risk assessment procedures.

Regarding whether regular risk assessment improved preparedness and response to challenges in CHAK projects, 38 respondents (48.7%) agreed and 26 (33.3%) strongly agreed. Eight respondents (10.3%) were neutral, 4 (5.1%) disagreed and 2 (2.6%) strongly disagreed. The mean of M = 4.05 and SD = 0.91 indicates strong agreement that continuous risk assessment improves organisational preparedness. This suggests that periodic assessment enables CHAK projects to anticipate potential difficulties and develop response mechanisms before risks adversely affect implementation.

The finding is explained by Systems Theory, which emphasises continuous monitoring, feedback and adaptation in responding to environmental uncertainties. It also aligns with Noor and Islam (2020), who reported that continuously assessed project risks enable organisations to prepare and respond during the early stages of projects.

**Continuous assessment and preparedness**.

KI5 observed, "*Frequency of assessments means that contingency plan is kept up-to-date as new risks are identified."* KI2 added, *"The preparedness has also been strengthened since the risks are continuously assessed, not only at the start of the project."* These accounts illustrate how regular assessment can keep contingency arrangements current as project risks change.

Finally, 36 respondents (46.2%) agreed and 26 (33.3%) strongly agreed that risk assessment practices played a significant role in maintaining services after donors exit. Nine respondents (11.5%) were neutral, 5 (6.4%) disagreed and 2 (2.6%) strongly disagreed. The mean of M =

4.01 and SD = 0.95 indicates general agreement that effective risk assessment supports the perceived long-term sustainability of donor-funded projects beyond donor support. The finding suggests that systematic risk assessment may help organisations anticipate sustainability challenges and develop measures to strengthen institutional capacity, resource mobilisation and continued service provision.

Findings indicate that risk assessment was generally practised through regular assessment, evaluation of risk likelihood and impact, risk categorisation, use of assessment results in implementation decisions, frontline staff awareness, staff training, and continuous preparedness planning. The qualitative themes provide contextual evidence of how these practices were implemented within the projects. Rather than treating the interview findings as automatic confirmation of the quantitative results, the qualitative evidence explains the processes underlying the reported patterns, particularly through regular project reviews, risk prioritisation, staff participation, capacity building and contingency planning. The findings therefore indicate a positive perceived relationship between risk assessment practices and sustainability of donor-funded projects, while the cross-sectional design does not by itself establish a causal relationship.

### 4.3.3 Role of Risk Avoidance Measures and Sustainability of Donor-Funded Christian Health Association of Kenya

This section presents the findings on the third objective, which sought to evaluate the role of risk avoidance measures in promoting the sustainability of donor-funded Christian Health Association of Kenya projects in Manyatta Sub-County. The findings are presented using descriptive and inferential statistical analyses, as shown in Table 9.

**Table 9: Response on Role of Risk Avoidance Measures**

n=78

| Statements | SD % F | D % F | N % F | A % F | SA % F | Mean | Std Dvt |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Effective risk avoidance strategies strengthen long-term sustainability of CHAK-supported programs. | 2 (2.6) | 3 (3.8) | 7 (9.0) | 35 (44.9) | 31 (39.7) | 4.14 | 0.90 |
| Risk avoidance contributes to staff safety and improved working conditions. | 3 (3.8) | 6 (7.7) | 10 (12.8) | 34 (43.6) | 25 (32.1) | 3.92 | 1.02 |
| CHAK projects implement preventive strategies to avoid known risks. | 4 (5.1) | 7 (9.0) | 11 (14.1) | 35 (44.9) | 21 (26.9) | 3.79 | 1.09 |
| Avoiding dependence on donor funding is considered in project sustainability planning. | 6 (7.7) | 10 (12.8) | 14 (17.9) | 30 (38.5) | 18 (23.1) | 3.56 | 1.24 |
| Collaboration with government and community stakeholders helps avoid risks related to service disruption. | 2 (2.6) | 5 (6.4) | 8 (10.3) | 37 (47.4) | 26 (33.3) | 4.03 | 0.93 |
| Risk avoidance plans are regularly reviewed and updated to reflect new challenges. | 4 (5.1) | 8 (10.3) | 12 (15.4) | 33 (42.3) | 21 (26.9) | 3.76 | 1.11 |
| Staff are trained on how to avoid operational risks during project implementation. | 5 (6.4) | 9 (11.5) | 13 (16.7) | 31 (39.7) | 20 (25.6) | 3.64 | 1.18 |
| **Composite Mean and Standard Deviation** | | | | | | **3.83** | **1.07** |

Source: Field Data (2026).

Table 9 presents the findings and the overall findings indicate a composite mean of M = 3.83 and a standard deviation of SD = 1.07, suggesting that respondents generally agreed that risk avoidance measures contribute positively to the sustainability of donor-funded projects. The findings imply that CHAK has adopted preventive approaches aimed at minimizing the occurrence of foreseeable risks that could undermine project implementation and long-term sustainability. The relatively moderate standard deviation further indicates that respondents held fairly consistent views regarding the effectiveness of risk avoidance practices.

**Proactive Risk Prevention**

On whether effective risk avoidance strategies strengthen the sustainability of CHAK-supported programmes over time, 35 respondents (44.9%) agreed and 31 (39.7%) strongly agreed. Seven (9.0%) were neutral, while 3 (3.8%) disagreed and 2 (2.6%) strongly disagreed. The statement recorded the highest mean score of M = 4.14 and SD = 0.90, indicating strong

agreement that proactive risk avoidance contributes to project sustainability. This suggests that preventive measures are considered important for maintaining project continuity, efficient resource utilisation, and continued health service delivery.

The finding is consistent with Systems Theory, which views project sustainability as dependent on maintaining the functioning of interconnected organisational components and addressing vulnerabilities before they disrupt the system. Similarly, Stakeholder Theory emphasises collaboration among stakeholders in identifying and mitigating risks that may affect project objectives. The finding is also consistent with Hopkin (2022), who argues that preventing avoidable operational disruptions through proactive risk management supports successful project outcomes.

The qualitative analysis reinforced this theme. KI2 explained that: *"Mitigating risks prior to occurrence has always proven to be better than mitigating risks post their occurrence not only for the resources within the project, but for the services delivery."*

KI5 similarly observed: *"We are always focusing on activities that can be eliminated entirely that may be a potential threat to the sustainability of the project."* These accounts illustrate that risk avoidance within CHAK involves anticipating potential threats and addressing them before they affect project operations.

**Employee Safety and Operational Continuity**

Regarding whether risk avoidance contributes to increased employee safety and better working conditions, 34 respondents (43.6%) agreed and 25 (32.1%) strongly agreed. Ten (12.8%) were neutral, 6 (7.7%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.92 and SD = 1.02 indicates general agreement that preventive measures enhance employee safety during project implementation. The finding demonstrates that risk avoidance extends beyond protection of project resources to the safety and well-being of personnel responsible for implementation.

This finding is consistent with Systems Theory, since staff constitute a critical component of the project system and their welfare can influence overall project performance. It also reflects Stakeholder Theory, which recognises employees as important stakeholders whose interests should be considered in project implementation. Frigo and Anderson (2021) similarly observed that proactive management of operational hazards can contribute to safer working environments, stronger employee commitment, and project sustainability.

The qualitative findings provided further insight into this relationship. KI3 stated: *"Many operational procedures are designed primarily to protect staff while ensuring that project activities continue without unnecessary interruptions."*

KI6 added: *"When staff work in safe environments, they are more confident and productive in delivering project activities."*The responses indicate that staff safety is regarded not only as a welfare concern but also as a mechanism for maintaining uninterrupted project implementation.

**Preventive Planning and Organisational Learning**

On whether CHAK projects implement preventive strategies to avoid known risks, 35 respondents (44.9%) agreed and 21 (26.9%) strongly agreed. Eleven (14.1%) were neutral, 7 (9.0%) disagreed and 4 (5.1%) strongly disagreed. The mean of M = 3.79 and SD = 1.09 indicates general agreement that preventive strategies are implemented across CHAK-supported projects. This suggests that the organisation incorporates measures intended to reduce exposure to foreseeable operational, financial and programme-related risks.

The finding supports Systems Theory, particularly its emphasis on maintaining and adapting organisational systems in response to vulnerabilities. It is also consistent with Ghimire and Regmi (2021), who found that preventive risk management is associated with fewer project disruptions and improved sustainability.

The qualitative findings reflected the theme of preventive planning and organisational learning. KI4 explained: *"Where previous projects have experienced similar challenges, preventive measures are incorporated into future project plans to avoid repeating the same mistakes."* KI1 similarly noted: *"Lessons learned from earlier projects are used to prevent similar risks from occurring in current programs."* These accounts demonstrate that previous implementation experiences inform subsequent preventive planning, thereby strengthening organisational learning and risk avoidance.

**Donor Dependency and Sustainability Planning**

Regarding whether avoiding dependence on donor funding is considered in project sustainability planning, 30 respondents (38.5%) agreed and 18 (23.1%) strongly agreed. Fourteen (17.9%) were neutral, 10 (12.8%) disagreed and 6 (7.7%) strongly disagreed. This item recorded the lowest mean of M = 3.56 and SD = 1.24, indicating comparatively lower agreement and greater variation in perceptions.

Although the majority recognised efforts to reduce donor dependency, the results suggest that financial independence remains a challenge. From a Stakeholder Theory perspective, greater involvement of government, communities and other local stakeholders can facilitate resource mobilisation and reduce reliance on external funding. Systems Theory similarly suggests that sustainability requires the capacity of a project system to continue functioning when external resource inflows decline. The finding is consistent with Mansaray and Fofanah (2022), who identified donor dependence and donor withdrawal as important challenges to the sustainability of development projects.

The qualitative findings reinforced this concern. KI5 observed: *"Although planning for sustainability is encouraged, some projects are still reliant on donor funding, especially due to the lack of sustainable financing solutions."*

KI2 similarly reported: *"Financial independence is not yet realised and community resource mobilisation and project partnerships are being further strengthened."* The qualitative evidence therefore suggests that while sustainability planning recognises the need to reduce donor dependence, alternative financing and resource mobilisation mechanisms remain under development.

**Stakeholder Collaboration and Service Continuity**

Most of respondents, 37 (47.4%), agreed that collaboration with government and community stakeholders helps prevent service disruption risks, while 26 (33.3%) strongly agreed. Eight (10.3%) were neutral, 5 (6.4%) disagreed and 2 (2.6%) strongly disagreed. The mean of M = 4.03 and SD = 0.93 indicates a high level of agreement that stakeholder collaboration contributes to continuity of health services.

The finding strongly reflects Stakeholder Theory, which emphasises the contribution of stakeholders through coordination, knowledge, resources and support. Collaboration with government and community actors can strengthen project ownership and coordination while reducing implementation-related risks. The finding is consistent with Tumwine and Okello (2020), who found that stakeholder collaboration contributes to organisational resilience and reduces service delivery disruptions in donor-supported health programmes.

The qualitative analysis provided practical evidence of this mechanism. KI6 explained: *"Coordinating closely with local health officials and community leaders, we are able to proactively plan how to overcome challenges where they may arise and before it affects project implementation."*

KI3 similarly stated: *"By involving community, they mitigate the resistance and facilitate the continuity of project activities."*

These responses demonstrate that stakeholder engagement supports risk avoidance by facilitating early problem-solving, reducing resistance and maintaining continuity of project activities.

**Review of Risk Avoidance Plans and Staff Capacity Building**

Regarding whether risk avoidance plans are regularly reviewed and updated to reflect emerging challenges, 33 respondents agreed and 21 (26.9%) strongly agreed. Twelve (15.4%) were neutral, 8 (10.3%) disagreed and 4 (5.1%) strongly disagreed. The mean of M = 3.76 and SD = 1.11 indicates general agreement that preventive plans are periodically reviewed. This suggests that CHAK adjusts risk avoidance measures in response to changes in the project environment.

The finding reflects Systems Theory, which emphasises continuous feedback, adaptation and organisational learning. It is also consistent with Berhanu and Teferi (2022), who found that organisations that frequently apply risk avoidance strategies are better positioned to sustain project performance under changing environmental conditions.

The qualitative findings supported this interpretation. KI4 stated: *"Risk Avoidance Plans are reviewed whenever there are substantial changes to the project environment, to ensure that the avoidance techniques maintain their utility."*

KI1 similarly highlighted the importance of periodic review in identifying: *"newly expected dangers that were not considered when planning the project."*The findings therefore indicate that risk avoidance is not treated as a one-time activity but as an adaptive process that responds to emerging risks.

**Staff training in avoiding operational risks**

With regard to staff training in avoiding operational risks, 31 respondents (39.7%) agreed and 20 (25.6%) strongly agreed. Thirteen (16.7%) were neutral, 9 (11.5%) disagreed and 5 (6.4%) strongly disagreed. The mean of M = 3.64 and SD = 1.18 indicates moderate agreement.

Although most respondents acknowledged the provision of risk-related training, the relatively lower mean suggests scope for strengthening staff capacity.

The finding is consistent with Stakeholder Theory, which emphasises the importance of equipping stakeholders with the knowledge and skills necessary for effective project implementation. Njoroge and Otieno (2023) similarly found that targeted capacity building can strengthen preventive risk management in donor-funded health programmes.

The qualitative findings provided further context. KI2 explained: *"Training provides something tangible that staff could do to improve their ability to avoid situations that can escalate into a major operational issue."*

KI5 similarly noted: *"Continuous refresher training on risk avoidance would help project implementation further, as the staff need to be oriented on risk avoidance."* These findings indicate that training contributes to staff preparedness, although continued capacity building may be necessary to strengthen the application of risk avoidance measures.

Study established that risk avoidance measures contribute positively to the sustainability of donor-funded projects implemented by CHAK in Manyatta Sub-County. The findings show that proactive prevention of foreseeable risks, protection of staff, organisational learning, stakeholder collaboration, and regular review of preventive measures are important in maintaining continuity of project activities and health service delivery. The qualitative evidence further illustrates how these practices are applied through early risk mitigation, incorporation of lessons from previous projects, coordination with government and community stakeholders, and adaptation of risk avoidance plans to emerging challenges.

However, the findings also point to continued challenges in reducing dependence on donor funding and strengthening staff capacity in risk avoidance. These issues suggest that sustainability requires not only preventing operational disruptions but also developing

alternative resource mobilisation mechanisms and strengthening the capacity of personnel to manage emerging risks.

### 4.3.4 Risk Transfer Mechanisms and Sustainability of Donor-Funded Christian Health Association of Kenya

This section present findings for fourth objective which aimed to determine the impacts of risk transfer mechanisms on sustainability of Donor funded Christian Health Association of Kenya projects in Manyatta Sub County. Data is displayed through descriptive and inferential data analyses as in Table 10.

**Table 10: Response on Risk Transfer Mechanisms**

n=78

| Statements | SD<br>% F | D<br>% F | N<br>% F | A<br>% F | SA<br>% F | Mean | Std Dvt |
|---|---|---|---|---|---|---|---|
| CHAK projects use insurance schemes/other formal mechanisms to transfer financial risks. | 3<br>(3.8) | 6<br>(7.7) | 10<br>(12.8) | 34<br>(43.6) | 25<br>(32.1) | 3.92 | 1.03 |
| Outsourcing certain services (e.g., logistics or security) helps reduce operational risks in CHAK facilities. | 4<br>(5.1) | 8<br>(10.3) | 11<br>(14.1) | 33<br>(42.3) | 22<br>(28.2) | 3.78 | 1.12 |
| Risk sharing with local partners enhances project sustainability. | 2<br>(2.6) | 4<br>(5.1) | 8<br>(10.3) | 37<br>(47.4) | 27<br>(34.6) | 4.06 | 0.91 |
| Donor agreements clearly define roles and responsibilities to transfer legal and operational risks. | 2<br>(2.6) | 5<br>(6.4) | 9<br>(11.5) | 36<br>(46.2) | 26<br>(33.3) | 4.01 | 0.95 |
| Risk transfer strategies are considered when planning for project handover or donor exit. | 5<br>(6.4) | 9<br>(11.5) | 13<br>(16.7) | 31<br>(39.7) | 20<br>(25.6) | 3.67 | 1.18 |
| Risk transfer mechanisms support long-term partnerships and project sustainability. | 3<br>(3.8) | 5<br>(6.4) | 10<br>(12.8) | 36<br>(46.2) | 24<br>(30.8) | 3.94 | 0.99 |
| Effective risk transfer mechanisms reduce the financial vulnerability of CHAK health facilities. | 3<br>(3.8) | 7<br>(9.0) | 11<br>(14.1) | 34<br>(43.6) | 23<br>(29.5) | 3.86 | 1.06 |
| Staff are informed about the role of risk transfer in maintaining service continuity. | 5<br>(6.4) | 10<br>(12.8) | 12<br>(15.4) | 31<br>(39.7) | 20<br>(25.6) | 3.65 | 1.20 |

| | | |
|---|---|---|
| **Composite Mean and Standard Deviation** | **3.86** | **1.06** |

Source: Field Data (2026).

Table 10 presents the findings on risk transfer mechanisms and the sustainability of donor-funded projects implemented by CHAK in Manyatta Sub-County. The overall mean of M = 3.86 and SD = 1.06 indicates general agreement that risk transfer mechanisms contribute to project sustainability. The findings suggest that CHAK uses various mechanisms, including insurance, contractual arrangements, outsourcing, partnerships, and shared responsibility, to distribute or reduce the potential effects of operational and financial risks.

**Financial Risk Protection**

On the statement that CHAK projects use insurance schemes and other formal mechanisms to transfer financial risks, 34 respondents (43.6%) agreed and 25 (32.1%) strongly agreed. Conversely, 10 (12.8%) were neutral, 6 (7.7%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.92 and SD = 1.03 indicates general agreement that formal financial risk transfer mechanisms are implemented in CHAK-supported projects. The finding suggests that the organisation seeks to protect project resources from unforeseen financial losses through insurance arrangements and contractual safeguards.

From a Systems Theory perspective, financial risk transfer protects critical organisational resources and enables the project system to continue functioning when unexpected financial disruptions occur. The finding is consistent with Singh and Arora (2020), who found that financial protection mechanisms such as insurance enhance organisational resilience and the sustainability of development projects.

The qualitative analysis generated the theme financial risk protection, with codes relating to insurance and contractual safeguards. KI2 explained: *"Financial exposure is minimized and project assets are protected from losses that may occur unexpectedly by insurance and contractual safeguards, where appropriate."*

Similarly, KI15 noted: *"Formal financial protection mechanisms allow projects to keep going even when unforeseen events occur."* These accounts illustrate how formal risk transfer arrangements provide a protective mechanism through which financial shocks can be distributed or absorbed without necessarily disrupting project activities.

**Outsourcing and Operational Efficiency**

Regarding whether outsourcing some services provided in CHAK facilities, such as logistics and security, constitutes an effective risk transfer strategy, 33 respondents (42.3%) agreed and 22 (28.2%) strongly agreed. Eleven (14.1%) were neutral, 8 (10.3%) disagreed and 4 (5.1%) strongly disagreed. The mean of M = 3.78 and SD = 1.12 indicates general agreement that outsourcing contributes to risk transfer. The finding suggests that engaging specialised external providers enables project teams to focus on core healthcare functions while specialised tasks are managed by providers with relevant expertise.

From the perspective of Systems Theory, delegating specialised functions to capable external actors can strengthen the efficiency of the wider project system by allowing different components to perform functions according to their expertise. The finding is consistent with Desrosiers and Pierre (2021), who found that strategic outsourcing can minimise operational risks and improve organisational efficiency in donor-funded programmes.

The qualitative findings generated the theme outsourcing and operational efficiency. KI3 observed: *"Contracting specialized providers for services such as security and logistics allows health personnel to focus on service delivery while operational risks are managed professionally."*

KI6 similarly explained: *"Outsourcing reduces interruptions because specialized service providers possess greater technical capacity in their respective areas."*

The qualitative evidence indicates that outsourcing transfers responsibility for selected operational risks to specialised providers while supporting continuity of core project functions.

**Collaborative Risk Sharing and Stakeholder Ownership**

On whether risk sharing with local partners enhances project sustainability, 37 respondents (47.4%) agreed and 27 (34.6%) strongly agreed. Conversely, 8 (10.3%) were neutral, 4 (5.1%) disagreed and 2 (2.6%) strongly disagreed. This statement recorded the highest mean of M = 4.06 and SD = 0.91, indicating strong agreement.

The finding suggests that sharing risks and responsibilities with local partners, communities and government institutions can strengthen organisational resilience and reduce the concentration of implementation risks within CHAK. This strongly reflects Stakeholder Theory, which emphasises shared responsibility among stakeholders in achieving sustainable project outcomes. Shared ownership can strengthen commitment, accountability and collective capacity to respond to operational and financial challenges. The finding also reflects Systems Theory, which views project stability as dependent on effective interaction among interconnected components. The results are consistent with Owusu and Boateng (2022), who established that partnerships and shared responsibility can enhance the sustainability of donor-funded development projects.

The qualitative analysis identified collaborative risk sharing and stakeholder ownership as a major theme. KI4 stated: *"Working closely with county governments, community organizations and local partners allows risks to be managed collectively rather than by CHAK alone."*

KI11 similarly remarked: *"Shared responsibility increases local ownership of the project activities and can help them to remain ongoing after external funding has ceased."*

These accounts demonstrate that risk transfer operates not only through formal financial arrangements but also through the distribution of responsibilities among stakeholders, thereby strengthening local ownership and continuity.

**Contractual Allocation of Responsibilities**

On whether roles and responsibilities are clearly outlined to transfer legal and operational risks to the donor, 36 respondents (46.2%) agreed and 26 (33.3%) strongly agreed. Nine (11.5%) were neutral, 5 (6.4%) disagreed and 2 (2.6%) strongly disagreed. The mean of M = 4.01 and SD = 0.95 indicates that most respondents agreed that responsibilities are clearly defined within contractual arrangements among project stakeholders.

Clearly defined contractual commitments can reduce uncertainty, clarify accountability and minimise disputes during implementation. The finding reflects Stakeholder Theory, which emphasises the importance of clearly defined stakeholder roles in facilitating coordination and organisational performance. It also supports Systems Theory, since clearly specified responsibilities enhance coordination among interconnected project components. The finding is consistent with Mutabazi and Uwizeye (2023), who found that structured partnership agreements can reduce legal and operational risks in donor-supported health projects.

The qualitative theme of contractual allocation of responsibilities was reflected in the responses of KI12 and KI5. KI12 explained: *"Donor agreements are priceless in terms of defining responsibilities of each partner, making it easier to manage risks and resolve implementation challenges."*

Similarly, KI5 explained: *"Contractual commitments minimize misunderstandings and foster accountability from the beginning of project implementation."*The responses demonstrate that contractual clarity provides a basis for allocating responsibility, managing implementation risks and strengthening accountability among project partners.

**Risk Transfer, Transition and Donor Exit**

When respondents were asked whether risk transfer strategies are considered when planning for project handover or donor exit, 31 (39.7%) agreed and 20 (25.6%) strongly agreed. However, 13 (16.7%) were neutral, 9 (11.5%) disagreed and 5 (6.4%) strongly disagreed. The mean of M = 3.67 and SD = 1.18 indicates moderate agreement, accompanied by relatively

greater variation in respondents' views. The findings suggest that CHAK recognises risk transfer as part of transition planning, although further strengthening is required to ensure sustainability beyond donor funding.

From a Systems Theory perspective, effective transition requires gradual transfer of responsibilities from donor-supported structures to internal systems and local institutions. Stakeholder Theory similarly emphasises the preparedness and commitment of local stakeholders to assume responsibility for project activities. The finding is consistent with Kamau and Ndungu (2023), who identified inadequate donor-transition planning as a significant challenge for programmes dependent on donor funding in Kenya.

The qualitative analysis generated the theme transition and donor exit, particularly around local capacity and institutional preparedness. KI16 observed: *"Risk transfer when the donor leaves is becoming a main component of the observed risks, with the added point that much more needs to be done to build local institutional capacity before the full risk transfer can be realized."*

KI3 similarly explained: *"Successful handover requires local partners to be adequately prepared to manage responsibilities previously handled by donors."* These accounts indicate that effective risk transfer at donor exit depends not only on formal arrangements but also on the preparedness and institutional capacity of local actors.

**Long-Term Partnerships and Shared Responsibility**

Concerning the relationship between long-term partnerships, project sustainability and risk transfer mechanisms, 36 respondents (46.2%) agreed and 24 (30.8%) strongly agreed. Ten (12.8%) were neutral, 5 (6.4%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.94 and SD = 0.99 indicates general agreement that risk transfer mechanisms can strengthen long-term partnerships.

The finding suggests that collaborative risk sharing can promote coordinated implementation, accountability and trust among project stakeholders. This is consistent with Stakeholder Theory, which views enduring partnerships as dependent on mutual responsibility and commitment to shared objectives. It also reflects Systems Theory, which considers partnerships as important relationships within the wider organisational system that can strengthen resilience. The finding concurs with Owusu and Boateng (2022), who established that joint working arrangements enhance institutional sustainability through shared responsibility and resource mobilisation.

The qualitative theme of collaborative risk sharing was further illustrated by KI1, who remarked: *"Long-term partnerships become stronger when all parties are aware and share project risks instead of leaving responsibility to one organization."*

KI4 similarly stated: *"Shared responsibility creates trust among partners and improves the sustainability of collaborative health programme."*

These responses indicate that shared risk management can strengthen trust, accountability and commitment within long-term partnerships.

**Financial Exposure and Service Continuity**

Regarding whether effective risk transfer mechanisms minimise the financial exposure of health facilities within CHAK, 34 respondents (43.6%) agreed and 23 (29.5%) strongly agreed. Eleven (14.1%) were undecided, 7 (9.0%) disagreed and 3 (3.8%) strongly disagreed. The mean of M = 3.86 and SD = 1.06 indicates general agreement that risk transfer contributes to financial stability.

The distribution of financial responsibility among health facilities, implementing partners, donors and other actors can reduce the financial burden borne by individual facilities. From a Systems Theory perspective, resilience within one organisational component can contribute to the stability of the wider project system. The finding is consistent with Singh and Arora (2020),

who reported that financial risk transfer mechanisms can enhance organisational resilience and reduce vulnerability to unexpected financial shocks.

The qualitative theme of financial risk protection further illustrates this relationship. KI15 explained: *"Risk transfer arrangements reduce financial pressure on health facilities by ensuring that major losses are shared among responsible partners."*

KI12 similarly noted: *"Financial protection mechanisms allow facilities to continue delivering services despite unexpected operational challenges."*

The qualitative evidence indicates that risk sharing can reduce the financial pressure associated with unexpected events and support continuity of health services.

**Staff Awareness and Capacity**

Regarding whether staff are informed about the role of risk transfer in maintaining service continuity, 31 respondents (39.7%) agreed and 20 (25.6%) strongly agreed. Twelve (15.4%) were neutral, 10 (12.8%) disagreed and 5 (6.4%) strongly disagreed. The mean of M = 3.65 and SD = 1.20 indicates moderate agreement and relatively greater variation in perceptions.

Although most respondents acknowledged staff awareness of risk transfer mechanisms, the findings suggest that additional orientation and capacity building may be necessary. This is consistent with Stakeholder Theory, which emphasises that informed stakeholders are better positioned to participate effectively in risk management and project sustainability. The finding also agrees with Mutabazi and Uwizeye (2023), who stressed that staff understanding of contractual and partnership arrangements enhances the implementation of institutional risk management strategies.

The qualitative theme staff awareness and capacity emerged from the interview data. KI14 explained: *"Staff orientation includes information on partnership arrangements, although refresher sessions would improve understanding of how risk transfer supports service continuity."*

Similarly, KI6 remarked: *"Greater staff awareness would enhance coordination during implementation and transition processes."*

These accounts suggest that while staff are exposed to risk transfer arrangements, continued orientation could strengthen their understanding and application of these mechanisms.

Findings indicate that risk transfer mechanisms contribute to the sustainability of donor-funded projects implemented by CHAK in Manyatta Sub-County. Risk transfer is implemented through a combination of financial protection, outsourcing, contractual arrangements, collaborative partnerships and shared responsibility among stakeholders. These mechanisms distribute financial and operational risks, protect project resources, strengthen coordination and support continuity of health services.

The qualitative evidence further demonstrates that risk transfer extends beyond formal financial arrangements. Financial protection reduces exposure to unexpected losses, while outsourcing enables specialised providers to manage selected operational risks. Collaborative risk sharing strengthens local ownership and shared accountability, whereas clearly defined contractual responsibilities reduce uncertainty and clarify obligations among project partners. The findings also show that donor exit and transition planning remain areas requiring further institutional strengthening, particularly in relation to local capacity and preparedness. Similarly, the moderate level of staff awareness suggests a need for continued orientation on the role of risk transfer in sustaining project activities.

### 4.3.5 Sustainability of Donor-Funded Christian Health Association of Kenya

This section presents the findings on the dependent variable, which sought to assess the sustainability of donor-funded Christian Health Association of Kenya projects in Manyatta Sub-County. The findings are presented using descriptive statistical analysis, as shown in Table 11**.**

**Table 11: Sustainability of Donor-Funded Christian Health Association of Kenya**

n=78

| Statements | SD % F | D % F | N % F | A % F | SA % F | Mean | Std Dvt |
|---|---|---|---|---|---|---|---|
| CHAK projects are designed with long-term sustainability plans. | 2 (2.6) | 4 (5.1) | 8 (10.3) | 36 (46.2) | 28 (35.9) | 4.08 | 0.91 |
| Donor-funded CHAK initiatives continue to benefit communities after donor exit. | 3 (3.8) | 7 (9.0) | 11 (14.1) | 35 (44.9) | 22 (28.2) | 3.85 | 1.05 |
| There is strong local ownership and involvement in CHAK-supported health projects. | 2 (2.6) | 5 (6.4) | 9 (11.5) | 37 (47.4) | 25 (32.1) | 4.00 | 0.94 |
| Community health systems are strengthened through CHAK donor-funded initiatives. | 2 (2.6) | 4 (5.1) | 8 (10.3) | 38 (48.7) | 26 (33.3) | 4.05 | 0.90 |
| Skills and knowledge from donor-funded projects are retained by health workers after project completion. | 3 (3.8) | 6 (7.7) | 10 (12.8) | 36 (46.2) | 23 (29.5) | 3.90 | 1.00 |
| There is continued funding or support for project components after donor withdrawal. | 7 (9.0) | 11 (14.1) | 15 (19.2) | 28 (35.9) | 17 (21.8) | 3.47 | 1.27 |
| Risk management practices contribute significantly to sustaining project impacts. | 2 (2.6) | 5 (6.4) | 8 (10.3) | 36 (46.2) | 27 (34.6) | 4.04 | 0.94 |
| Partnerships with government and communities support the sustainability of CHAK health projects. | 2 (2.6) | 4 (5.1) | 9 (11.5) | 37 (47.4) | 26 (33.3) | 4.04 | 0.91 |
| Does CHAK supported services remain functional after the end of donor support | 4 (5.1) | 8 (10.3) | 12 (15.4) | 33 (42.3) | 21 (26.9) | 3.76 | 1.12 |
| **Composite Mean and Standard Deviation** | | | | | | **3.91** | **1.00** |

Source: Field Data (2026).

Table 11 shows an overall composite mean of M = 3.91 (SD = 1.00), indicating that respondents generally agreed that CHAK donor-funded projects demonstrate a considerable level of sustainability. The findings point to sustainability planning, community ownership, strengthened health systems, retention of knowledge and skills, stakeholder partnerships, and risk management as important mechanisms supporting continuity. The relatively low standard deviation indicates moderate consistency in respondents' perceptions.

**CHAK projects are designed with long-term sustainability plans**

On whether CHAK projects are designed with long-term sustainability plans, 36 respondents (46.2%) agreed and 28 (35.9%) strongly agreed. Only 8 (10.3%) were neutral, while 4 (5.1%) disagreed and 2 (2.6%) strongly disagreed. The item recorded the highest mean of M = 4.08 (SD = 0.91), indicating strong agreement that sustainability is considered during project design. This suggests that CHAK incorporates continuity considerations from the planning stage. From a Systems Theory perspective, early sustainability planning strengthens the capacity of interconnected project and health-system components to adjust to changing conditions. Stakeholder Theory similarly highlights the importance of involving actors whose continued commitment is required after donor support ends. The finding is consistent with Singh and Arora (2020), who found that incorporating sustainability strategies during project planning contributes to lasting development outcomes.

The qualitative evidence provides an explanation of how this planning is operationalised. KI2 reported that, '*Projects are designed with exit strategies that specify how activities will continue after donor support'* while KI5 explained that, *'Sustainability planning begins at project inception because local capacity can be developed progressively'*. These accounts indicate that sustainability is treated as a process embedded in project design rather than as an activity undertaken only when donor funding is ending.

Regarding whether donor-funded initiatives continue to benefit communities after donor exit, 35 respondents (44.9%) agreed and 22 (28.2%) strongly agreed. The mean of M = 3.85 (SD = 1.05) indicates general agreement, although the higher variation suggests differences in perceptions across projects or facilities. The finding indicates that some project benefits continue beyond the funding period, particularly where local implementation capacity has been established. Systems Theory explains such continuity in terms of the capacity of organizational

systems to maintain their functions when external inputs decline, while Stakeholder Theory emphasises the contribution of local actors to sustaining project outcomes.

The interviews identified local capacity and community structures as mechanisms supporting this continuity. KI4 explained that, *'Local health workers and community structures had assumed responsibility for some activities.'* while KI1 linked continued benefits to investment in local capacity. The qualitative evidence therefore suggests that continuity after donor exit is associated with the extent to which implementation responsibilities and capabilities have been embedded within local structures.

On local ownership and involvement, 37 respondents (47.4%) agreed and 25 (32.1%) strongly agreed, producing a mean of M = 4.00 (SD = 0.94). The finding indicates strong agreement that local stakeholders participate actively in CHAK-supported projects. Stakeholder Theory explains this pattern by emphasising the importance of stakeholder involvement in creating commitment to project outcomes. Systems Theory further views community participation as an important component of the wider system within which health projects operate. The finding is consistent with Boateng and Sitali (2020), who identified local ownership as an important factor in sustaining donor-funded programmes.

The interviews clarify the nature of this ownership. KI3 explained that, *'Community members participate in planning, implementation and monitoring, thereby developing a sense of responsibility for project achievements.'* KI6 similarly observed that, *'Projects are more likely to continue when communities perceive them as their own initiatives rather than externally imposed programmes.'* Thus, the qualitative findings suggest that ownership is linked not simply to community presence but to participation in key project processes.

Regarding strengthening of community health systems, 38 respondents (48.7%) agreed and 26 (33.3%) strongly agreed. The mean of M = 4.05 (SD = 0.90) indicates strong agreement that CHAK initiatives contribute to strengthening local health systems. This suggests that project

sustainability is supported where donor-funded interventions strengthen existing institutional capacities rather than operating independently of them. Systems Theory explains this through the interdependence of health-system components, while Stakeholder Theory highlights the importance of strengthening relationships among actors responsible for service delivery.

The interviews particularly emphasised integration with existing systems. KI5 explained that, *'CHAK projects focus on strengthening existing health systems rather than creating parallel structures',* while KI2 noted that, *'Stronger local systems facilitate continued service delivery after donor-funded activities end.'* This qualitative evidence helps explain why system strengthening was rated relatively highly in the survey.

On retention of skills and knowledge, 36 respondents (46.2%) agreed and 23 (29.5%) strongly agreed. The mean of M = 3.90 (SD = 1.00) indicates general agreement that knowledge acquired during project implementation remains within health facilities after project completion. Capacity building therefore represents an institutional resource that can continue supporting service delivery after donor withdrawal. Systems Theory views retained organizational knowledge as a component of institutional resilience, while Stakeholder Theory emphasises the importance of empowering stakeholders with capabilities to sustain project outcomes.

The interviews illustrated this process. KI4 reported that, *'Trained health workers continue applying knowledge acquired through donor-funded projects,* while KI1 noted that, *'Trained staff subsequently mentor their colleagues*.' These accounts indicate that capacity building may have effects beyond the individuals initially trained because knowledge can be transferred within health facilities.

In contrast, continued funding or support after donor withdrawal recorded the lowest mean, M = 3.47 (SD = 1.27). Although 28 respondents (35.9%) agreed and 17 (21.8%) strongly agreed, 15 (19.2%) were neutral, 11 (14.1%) disagreed and 7 (9.0%) strongly disagreed. The relatively

low mean and comparatively high standard deviation indicate weaker and less consistent perceptions regarding post-donor financial support. This suggests that financial sustainability remains a challenge even where institutional and community mechanisms for continuity have been established. Systems Theory indicates that sustained functioning requires adequate resource inputs, while Stakeholder Theory points to the need for governments, communities and implementing organizations to assume increasing responsibility for financing project components. Mansaray and Fofanah (2022) similarly identified continued financing after donor withdrawal as a significant sustainability challenge.

The qualitative evidence provides a direct explanation of this constraint. KI6 reported that, *'Some activities continue through county government support but that financial limitations affect the continuity of certain services.'* KI3 similarly identified resource mobilisation as one of the major challenges after donor funding ends. These findings suggest that the transition from donor financing to locally mobilised resources is not uniform and may constrain the continuation of some project components.

Regarding the contribution of risk management to sustaining project impacts, 36 respondents (46.2%) agreed and 27 (34.6%) strongly agreed. The mean of M = 4.04 (SD = 0.94) indicates strong agreement that risk management contributes to sustainability. The finding suggests that identifying, assessing, avoiding and transferring risks can help projects respond to uncertainties that might otherwise disrupt implementation and outcomes. Systems Theory explains this through continuous monitoring and adaptation within interconnected project systems, while Stakeholder Theory emphasises collaboration among stakeholders in identifying and responding to risks.

The qualitative evidence identified proactive risk management as a mechanism for maintaining continuity. KI2 explained that, '*Projects that actively manage risks are more likely to remain operational because potential challenges are addressed before escalating*.' KI5 similarly

described risk management as an essential component of sustaining project achievements beyond donor funding. Rather than simply confirming the survey result, these accounts help explain the mechanism through which risk management may contribute to sustainability.

On partnerships with government and communities, 37 respondents (47.4%) agreed and 26 (33.3%) strongly agreed, giving a mean of M = 4.04 (SD = 0.91). The finding indicates strong agreement that partnerships contribute to project sustainability. Stakeholder Theory provides a direct explanation because sustainability depends on relationships among actors with different resources and responsibilities. Systems Theory also suggests that partnerships strengthen linkages among the components of the wider health system. The finding is consistent with Boateng and Sitali (2020), who reported that multi-stakeholder partnerships contribute to sustainability of donor-funded health programmes.

The interviews highlighted responsibility transfer and collaborative support as mechanisms underlying this relationship. KI1 explained that, *'Partnerships with county governments and communities facilitate gradual transfer of responsibilities to local institutions.'* KI4 further reported that government and community collaboration has enabled some health programmes to continue despite reductions in donor funding. The qualitative evidence therefore indicates that partnerships may support sustainability by facilitating institutional ownership, resource mobilisation and transition of responsibilities.

Finally, respondents were asked whether CHAK-supported services would remain functional after donor support ends. Thirty-three respondents (42.3%) agreed and 21 (26.9%) strongly agreed, while 12 (15.4%) were neutral, 8 (10.3%) disagreed and 4 (5.1%) strongly disagreed. The mean of M = 3.76 (SD = 1.12) indicates moderate agreement and greater variation than was observed for several other sustainability indicators. This suggests that respondents recognised sustainability mechanisms but remained less certain about the long-term continuity of services after donor withdrawal.

The qualitative evidence indicates that post-donor continuity depends on the strength of local leadership, community support, resource mobilisation and stakeholder partnerships. KI5 observed that, *"Facilities with stronger community support and local leadership are more likely to continue delivering services after donor funding ends."* KI2 similarly emphasised that, *"The future of many projects will depend on how effectively local stakeholders continue mobilizing resources and maintaining partnerships."* These findings suggest that the prospects for continuity vary according to the capacity of individual facilities and the extent to which local stakeholders can assume responsibilities previously supported by donors.

Findings indicate that CHAK donor-funded projects have established several mechanisms that support sustainability, particularly sustainability planning, community ownership, health-system strengthening, capacity building, risk management and stakeholder partnerships. The qualitative evidence explains how these mechanisms operate in practice, particularly through exit planning, transfer of responsibilities, local capacity development, integration with existing systems and collaboration with government and communities. However, the comparatively low mean for continued funding after donor withdrawal and the moderate confidence in post-donor service continuity indicate that financial sustainability remains a significant constraint. Thus, the evidence suggests that institutional and community mechanisms for sustainability are relatively established, but their long-term effectiveness remains partly dependent on the ability of local stakeholders to mobilise and sustain resources after donor funding declines.

### 4.4 Inferential Statistics Findings

This section presents the inferential statistical analysis undertaken to establish the relationship between risk management strategies and the sustainability of donor-funded projects implemented by the Christian Health Association of Kenya in Manyatta Sub-County. Inferential analysis was conducted using Pearson correlation analysis and multiple linear regression analysis. Pearson correlation analysis was used to determine the strength and direction of the relationships between the study variables, while multiple regression analysis examined the combined influence of risk identification, risk assessment, risk avoidance, and risk transfer on project sustainability. Hypothesis testing was subsequently conducted at a 95% confidence level ($\alpha = 0.05$) to determine whether the observed relationships were statistically significant**.**

### 4.4.1 Pearson Correlation Analysis

The correlation coefficients (r) together with their corresponding significance levels are presented in Table 12.

Table 12: Pearson Correlation Matrix for Risk Management Strategies and **Sustainability of Donor-Funded Projects (n = 78)**

| Variables | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Risk Identification | 1 | | | | |
| 2. Risk Assessment | .701* | 1 | | | |
| 3. Risk Avoidance | .654* | .692* | 1 | | |
| 4. Risk Transfer | .617* | .669* | .648* | 1 | |
| 5. Sustainability of Donor-Funded Projects | **.742*** | **.776*** | **.691*** | **.718*** | 1 |

Note: Correlation is significant at the 0.05 level (2-tailed).
Source: Field Data (2026)

The findings in Table 12 indicate that all four risk management strategies had strong, positive and statistically significant relationships with the sustainability of donor-funded projects. Risk identification was strongly associated with sustainability ($r = 0.742$, $p < 0.05$), indicating that stronger risk identification practices were associated with higher levels of project sustainability. This suggests that systematic identification of operational, financial and

institutional risks may enable project managers to anticipate potential disruptions and implement timely mitigation measures. The finding is consistent with Wang and Lee (2020), who established that systematic identification of project risks enhances organizational preparedness and project sustainability.

Risk assessment recorded the strongest bivariate relationship with sustainability ($r = 0.776$, $p < 0.05$). This indicates that projects characterised by more systematic assessment of the likelihood and potential impact of risks also tended to report higher sustainability. Regular risk assessment may strengthen organizational preparedness and support informed decision-making during project implementation. The finding corroborates Choudhury and Phan (2021), who found that continuous risk assessment improves the sustainability of donor-funded development programmes.

Risk avoidance was also positively and significantly associated with project sustainability ($r = 0.691$, $p < 0.05$). This indicates that preventive measures aimed at reducing foreseeable risks were associated with improved continuity of project activities and outcomes. The finding supports Hopkin (2022), who argues that proactive management of avoidable risks can strengthen organizational resilience and sustainability.

Similarly, risk transfer demonstrated a strong positive and statistically significant relationship with sustainability ($r = 0.718$, $p < 0.05$). This suggests that mechanisms for sharing or transferring financial and operational risks through partnerships, contractual arrangements and other mechanisms were associated with stronger project sustainability. The finding agrees with Singh and Arora (2020), who observed that effective risk transfer strategies can enhance organizational resilience and sustainability.

Correlation results demonstrate that each of the four risk management strategies is positively associated with sustainability, with risk assessment recording the strongest bivariate association ($r = 0.776$). However, correlation coefficients do not establish the unique

contribution of each strategy when the four strategies are considered simultaneously. This is addressed through the multiple linear regression analysis.

### 4.4.2 Multiple Linear Regression Analysis

Multiple linear regression analysis was conducted to determine the combined influence of risk identification, risk assessment, risk avoidance and risk transfer on the sustainability of donor-funded CHAK projects, as well as the unique contribution of each strategy while controlling for the other strategies. The model summary, ANOVA and regression coefficients are presented in Tables 13, 14 and 15.

**Table 13: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .867 | .752 | .739 | .428 |

Predictors: (Constant), Risk Identification, Risk Assessment, Risk Avoidance, Risk Transfer

Source: Field Data (2026)

The model summary in Table 13 shows a multiple correlation coefficient of R = 0.867, indicating a strong positive association between the four risk management strategies considered jointly and sustainability of donor-funded projects. The coefficient of determination ($R^2$ = 0.752) indicates that the four strategies jointly explain 75.2% of the variation in sustainability of donor-funded CHAK projects. The remaining 24.8% is attributable to other factors not included in the model. The adjusted $R^2$ of 0.739 indicates that the model retains substantial explanatory power after accounting for the number of predictors included.

These results provide evidence that risk management is an important explanatory component of sustainability in the CHAK projects studied. In other words, variations in the level of risk identification, assessment, avoidance and transfer are collectively associated with substantial variations in project sustainability. From the perspective of Systems Theory, this finding reflects the interdependence of risk management processes, whereby improvements in several

interconnected components can contribute to the functioning and resilience of the overall project system.

**ANOVA Results**

**Table 14: ANOVA Results**

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 40.872 | 4 | 10.218 | 55.764 | .000 |
| Residual | 13.378 | 73 | 0.183 | | |
| **Total** | **54.250** | **77** | | | |

Dependent Variable: Sustainability of Donor-Funded Projects

Predictors: Risk Identification, Risk Assessment, Risk Avoidance, Risk Transfer

Source: Field Data (2026)

The ANOVA results in Table 14 show that the overall regression model was statistically significant ($F(4,73) = 55.764$, $p < 0.05$). This means that the four risk management strategies, when considered jointly, significantly predict sustainability compared with a model containing no predictors. Combined with the $R^2$ of 0.752, the result demonstrates that risk management strategies collectively have a substantial statistical relationship with sustainability of donor-funded CHAK projects. The significance of the overall model provides direct evidence for the study's general objective because the four risk management dimensions collectively explain a substantial proportion of observed variation in sustainability. The finding is consistent with Boateng and Sitali (2020), who established that integrated project management practices significantly predict sustainability of donor-funded health programmes.

**Regression Coefficients**

**Table 15: Regression Coefficients**

| Predictor | Unstandardized B | Std. Error | Standardized Beta | t | Sig. |
|---|---|---|---|---|---|
| (Constant) | 0.512 | 0.231 | | 2.216 | .030 |
| Risk Identification | 0.271 | 0.075 | .291 | 3.613 | .001 |

| | | | | | |
|---|---|---|---|---|---|
| Risk Assessment | 0.338 | 0.081 | .356 | 4.173 | .000 |
| Risk Avoidance | 0.184 | 0.068 | .203 | 2.706 | .008 |
| Risk Transfer | 0.247 | 0.073 | .265 | 3.384 | .001 |

**Dependent Variable:** Sustainability of Donor-Funded Projects

**Source:** Field Data (2026)

The regression equation was expressed as:

$Y=0.512+0.271X_1+0.338X_2+0.184X_3+0.247X_4$

Where:

Y = Sustainability of donor-funded projects

$X_1$ = Risk Identification

$X_2$ = Risk Assessment

$X_3$ = Risk Avoidance

$X_4$ = Risk Transfer

The regression coefficients show that all four risk management strategies had positive and statistically significant unique associations with project sustainability when the other strategies were held constant.

Risk identification had a positive and statistically significant coefficient ($\beta = 0.291$, $t = 3.613$, $p = 0.001$). Its unstandardized coefficient ($B = 0.271$) indicates that a one-unit increase in risk identification, holding the other strategies constant, is associated with a 0.271-unit increase in the predicted sustainability score. This suggests that systematic identification of operational, financial and institutional risks contributes to project preparedness and continuity.

Risk assessment had the largest standardized regression coefficient ($\beta = 0.356$, $t = 4.173$, $p < 0.001$) among the four predictors. Its unstandardized coefficient ($B = 0.338$) indicates that a one-unit increase in risk assessment is associated with a 0.338-unit increase in the predicted sustainability score, holding the other predictors constant. The standardized beta of 0.356, being the largest among the four predictors, indicates that risk assessment had the greatest unique statistical contribution to sustainability in the regression model. This finding is also consistent with its strongest bivariate correlation with sustainability ($r = 0.776$).

Risk avoidance also had a positive and statistically significant coefficient (β = 0.203, t = 2.706, p = 0.008). The unstandardized coefficient (B = 0.184) indicates that a one-unit increase in risk avoidance is associated with a 0.184-unit increase in the predicted sustainability score, holding the other variables constant. This suggests that preventive measures contribute to reducing disruptions and maintaining project continuity.

Risk transfer similarly showed a positive and statistically significant relationship with sustainability (β = 0.265, t = 3.384, p = 0.001). Its unstandardized coefficient (B = 0.247) indicates that a one-unit increase in risk transfer is associated with a 0.247-unit increase in the predicted sustainability score, controlling for the other strategies. This suggests that sharing or transferring financial and operational risks through partnerships, contractual arrangements and other mechanisms may reduce organizational vulnerability and support continuity.

**Strategy with the Greatest Influence**

Comparison of the standardized beta coefficients shows that risk assessment had the greatest unique statistical contribution to sustainability (β = 0.356), followed by risk identification (β = 0.291), risk transfer (β = 0.265), and risk avoidance (β = 0.203). Therefore, among the four strategies examined, risk assessment emerged as the strongest predictor in the regression model. This conclusion is based specifically on the standardized beta coefficients, which allow the relative contribution of predictors measured on the same scale to be compared.

The finding is further supported by the correlation results, where risk assessment recorded the highest correlation with sustainability (r = 0.776). However, the regression result is more informative regarding the relative contribution of each strategy because it estimates the association of each predictor while statistically controlling for the other three strategies.

**How the Findings Demonstrate the Influence of Risk Management on Sustainability**

The findings demonstrate the influence of risk management on sustainability at both the collective and individual-strategy levels. At the collective level, the regression model was

statistically significant ($F(4,73) = 55.764$, $p < 0.05$) and explained 75.2% of the variation in sustainability ($R^2 = 0.752$). At the individual level, all four strategies had positive and statistically significant standardized coefficients: risk identification ($\beta = 0.291$, $p = 0.001$), risk assessment ($\beta = 0.356$, $p < 0.001$), risk avoidance ($\beta = 0.203$, $p = 0.008$) and risk transfer ($\beta = 0.265$, $p = 0.001$).

Taken together, these results indicate that higher levels of risk management practices are statistically associated with higher levels of sustainability among the donor-funded CHAK projects studied. The findings therefore provide empirical support for the study's general objective that risk management strategies are important predictors of project sustainability. The results also demonstrate that the four strategies contribute differently, with risk assessment making the largest unique contribution in the fitted regression model.

The findings can be interpreted through both Systems Theory and Stakeholder Theory. Systems Theory explains that risk identification, assessment, avoidance and transfer constitute interconnected processes within the project management system. Weakness in one component may expose the wider system to disruption, whereas coordinated risk management can strengthen system resilience. Stakeholder Theory complements this explanation by emphasising the role of government agencies, communities, health workers, donors, implementing organizations and other stakeholders in identifying, evaluating, responding to and sharing project risks. The combined statistical evidence therefore suggests that systematic risk management is an important component of sustaining donor-funded CHAK projects in Manyatta Sub-County beyond immediate implementation periods.

### 4.4.3 Hypothesis Testing

Hypothesis testing was conducted using the regression coefficients and corresponding p-values at the 5% level of significance ($\alpha = 0.05$). The decision criterion was that the null hypothesis

($H_0$) would be rejected where the p-value was less than 0.05 and retained where the p-value exceeded 0.05. Table 4.16 presents the summary of the hypothesis testing results.

**Table 16: Summary of Hypothesis Testing**

| Hypothesis | β | t-value | p-value |
|---|---|---|---|
| H01: Risk identification has no statistically significant influence on the sustainability of donor-funded CHAK projects in Manyatta Sub-County. | 0.291 | 3.613 | 0.001 |
| H02: Risk assessment has no statistically significant influence on the sustainability of donor-funded CHAK projects in Manyatta Sub-County. | 0.356 | 4.173 | 0.000 |
| H03: Risk avoidance has no statistically significant influence on the sustainability of donor-funded CHAK projects in Manyatta Sub-County. | 0.203 | 2.706 | 0.008 |
| H04: Risk transfer has no statistically significant influence on the sustainability of donor-funded CHAK projects in Manyatta Sub-County. | 0.265 | 3.384 | 0.001 |

Source: Field Data (2026)

The findings presented in Table 16 indicate that the null hypothesis relating to risk identification was rejected ($\beta = 0.291$, $t = 3.613$, $p = 0.001 < 0.05$). The results demonstrate that risk identification has a statistically significant positive influence on the sustainability of donor-funded CHAK projects in Manyatta Sub-County. This implies that strengthening processes for identifying operational, financial and institutional risks enhances project continuity and long-term sustainability. The finding supports Wang and Lee (2020), who concluded that proactive identification of project risks improves organizational preparedness and contributes to sustainable project outcomes. The result also supports Systems Theory, which emphasizes that early identification of risks enables organizations to respond effectively to environmental changes and maintain system stability.

Similarly, the null hypothesis on risk assessment was rejected since the predictor was statistically significant ($\beta = 0.356$, $t = 4.173$, $p < 0.001$). The findings indicate that systematic assessment of project risks significantly enhances the sustainability of donor-funded projects. Among the four predictors, risk assessment emerged as the strongest determinant of project sustainability, suggesting that continuous evaluation of the likelihood and impact of risks

strengthens organizational preparedness and facilitates informed decision-making. This finding is consistent with Choudhury and Phan (2021), who reported that continuous risk assessment significantly improves the sustainability of donor-funded development programmes. The findings further reinforce Systems Theory, which argues that continuous monitoring and evaluation strengthen organizational resilience and adaptive capacity.

The findings further indicate that the null hypothesis relating to risk avoidance was rejected ($\beta = 0.203$, $t = 2.706$, $p = 0.008 < 0.05$). This implies that preventive measures implemented to minimize foreseeable risks significantly enhance the sustainability of donor-funded projects. Although risk avoidance recorded the smallest standardized coefficient among the predictors, its positive and statistically significant influence demonstrates that proactive prevention contributes meaningfully to uninterrupted service delivery and long-term project success. The finding agrees with Hopkin (2022), who emphasizes that proactive prevention of organizational risks improves operational resilience and project sustainability. The findings also support Systems Theory, which recognizes preventive management as essential for maintaining the stability of organizational systems.

The null hypothesis concerning risk transfer was rejected ($\beta = 0.265$, $t = 3.384$, $p = 0.001 < 0.05$). The findings indicate that risk transfer mechanisms significantly and positively influence the sustainability of donor-funded CHAK projects. This suggests that transferring financial and operational risks through partnerships, contractual agreements and insurance mechanisms minimizes organizational vulnerability and strengthens continuity of project implementation. The finding corroborates Singh and Arora (2020), who reported that collaborative risk-sharing arrangements significantly enhance the sustainability of donor-funded projects. The result also lends support to Stakeholder Theory, which emphasizes shared responsibility among stakeholders in managing project risks and sustaining project outcomes.

# CHAPTER FIVE

# SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

## 5.0 Introduction

This chapter provide summary of findings, theoretical implications of the study, implications of the study findings in development studies, conclusion, recommendations, suggestions of the future research and contribution of the study to the body of knowledge.

## 5.1 Summary of Findings

This section provides an overview of the main findings of the study, according to the specific objectives. The study focused on the following research objectives: Risk identification strategies, Risk assessment practices, role of risk avoidance measures and risk transfer mechanisms on the sustainability of donor-funded Christian Health Association of Kenya in Manyatta sub-County. The summary entails both descriptive and inferential results to emphases the study findings.

### 5.1.1 Influence of Risk Identification Strategies in Enhancing the Sustainability of Donor-Funded Christian Health Association of Kenya in Manyatta Sub-County

The study established that risk identification strategies were positively associated with the sustainability of donor-funded CHAK projects in Manyatta Sub-County, as reflected by a high composite mean (M = 3.96, SD = 1.00). Respondents indicated that potential risks are identified during project planning and that identification continues throughout implementation, enabling emerging challenges to be recognised and addressed in a timely manner. Frontline staff were also actively involved in identifying operational risks, supporting participatory decision-making and enhancing project responsiveness.

The findings further showed that CHAK has standardised risk identification tools and reporting protocols, although their implementation varied across health facilities because of differences in staff capacity and available resources. Documented procedures for identifying and reporting

risks were also reported to strengthen accountability and support informed decision-making. Early identification of both clinical and non-clinical risks was perceived as important for maintaining service continuity and sustaining project outcomes over the long term.

The qualitative evidence complements these findings by highlighting the importance of proactive risk mapping, continuous monitoring and stakeholder commitment. These practices were perceived to reduce disruptions, strengthen organisational resilience and support the continuation of project outcomes beyond donor funding. Findings suggest that systematic and continuous risk identification provides an important foundation for anticipating challenges and supporting the sustainability of donor-funded projects.

### 5.1.2 Assessment Practices and Sustainability of Donor-Funded Christian Health Association of Kenya in Manyatta Sub-County

The study established a positive relationship between risk assessment practices and the sustainability of donor-funded CHAK projects in Manyatta Sub-County, as reflected by a high composite mean (M = 3.97, SD = 0.98). Respondents indicated that risks are assessed regularly to determine their potential consequences and inform timely decision-making. The findings further showed that CHAK categorises risks according to their severity and uses assessment results to adjust project implementation strategies, thereby supporting organisational adaptability and project performance.

Although frontline staff demonstrated awareness of risk assessment processes, their knowledge and use of assessment tools emerged as an area requiring further strengthening. Continuous risk assessment was also perceived to improve organisational preparedness and facilitate responses to emerging challenges, thereby supporting service delivery beyond donor support.

The qualitative evidence complements the quantitative findings by emphasising routine risk assessment, continuous monitoring, evidence-based decision-making and local capacity building. These practices were viewed as enabling CHAK to anticipate and respond to

emerging challenges more effectively. Thus, the findings indicate that systematic risk assessment supports organisational preparedness and adaptive capacity, which are important for sustaining donor-funded projects over time.

### 5.1.3 Risk Avoidance Measures and Sustainability of Donor-Funded Christian Health Association of Kenya in Manyatta Sub-County

The study established that risk avoidance measures positively contribute to the sustainability of donor-funded Christian Health Association of Kenya projects in Manyatta Sub-County as reflected by composite mean and SD values of M = 3.83 and SD = 1.07 was obtained. Respondents agreed that proactive risk avoidance strategies strengthen long-term project sustainability as it avoids the potential for risks to happen before they do, as well as to support the safety of staff involved in the project and avoiding disruption of the project's operations. The findings further revealed that CHAK implements preventive practices, conducts continuous monitoring and adaptation of risk avoidance plans, and works with government and community stakeholders to minimize service interruption, and improve project continuity.

Particular weaker areas were found related to the training of staff in avoiding risks or minimising reliance on donors' sources of funding, however, they were scored lower than the other areas assessed. Qualitative findings supported these results, highlighting that preventive planning, collaboration stakeholders, regular reassessment of risk mitigation measures, and organizational learning enhance resilience and sustain project sustainability.

### 5.1.4 Risk Transfer Mechanisms AND Sustainability of Donor-Funded Christian Health Association of Kenya in Manyatta Sub-County

Th study established that risk transfer mechanisms positively influence the sustainability of donor-funded Christian Health Association of Kenya in Manyatta Sub-County as reflected by a composite mean of 3.86 and a standard deviation of 1.06. Respondents agreed that CHAK employs insurance schemes, contractual agreements, outsourcing, and collaborative

partnerships to minimize financial and operational risks and enhance project resilience. The findings further revealed that risk sharing with local partners, clearly defined roles and responsibilities in donor agreements, and long-term partnerships strengthen accountability, service continuity, and project sustainability. Risk transfer mechanisms were also found to reduce the financial vulnerability of health facilities by distributing risks among key stakeholders.

Comparatively lower scores on staff awareness of risk transfer strategies and planning for donor exit, however, suggest greater capacity building and planning for transition going forward. Qualitative results corroborated these findings in indicating that collaboration in the sharing of risks, formal financial safety nets and strategic partnerships increase organizational resilience, increase local ownership, and contribute to the continuity of the health services beyond donor funds.

### 5.2 Theoretical Implication of the Study

The findings have important implications for Systems Theory and Stakeholder Theory by demonstrating how risk management processes and stakeholder relationships contribute to the sustainability of donor-funded projects implemented by CHAK in Manyatta Sub-County.

From the perspective of Systems Theory, the findings demonstrate that risk identification, risk assessment, risk avoidance and risk transfer operate as interconnected processes within the project system rather than as isolated activities. The positive and statistically significant relationships between the four risk management strategies and project sustainability indicate that identifying risks early, assessing their severity, implementing preventive measures and appropriately sharing risks can strengthen organisational preparedness and continuity. This supports the Systems Theory proposition that project sustainability depends on the interaction, coordination, feedback and adaptation of different components within an organisational system. The findings therefore suggest that CHAK can strengthen project sustainability by

integrating risk management processes throughout the project life cycle and continuously adapting responses to emerging risks.

The findings also support Stakeholder Theory by demonstrating the importance of involving project staff, donors, government agencies, communities and implementing partners in risk management and sustainability processes. Stakeholder involvement in risk identification, assessment, avoidance and transfer facilitates information sharing, accountability, resource mobilisation and shared responsibility. The findings therefore extend the application of Stakeholder Theory by showing that effective stakeholder engagement is not only relevant to project implementation but also contributes to managing risks and sustaining project benefits beyond donor funding. In the context of CHAK, collaboration among stakeholders can strengthen local ownership, institutional capacity and resource mobilisation, which are important for maintaining project activities after donor support declines.

Findings indicate that Systems Theory provides a process-oriented explanation of how interconnected risk management activities contribute to sustainability, while Stakeholder Theory explains how relationships and shared responsibilities among project stakeholders support these processes**.** The two theories are therefore complementary in explaining the sustainability of donor-funded projects, with Systems Theory emphasising internal interdependence and adaptation and Stakeholder Theory emphasising stakeholder participation, relationships and shared responsibility.

### 5.3 Implication of the Study Findings in Project Management

The findings have important implications for project management, particularly in planning, implementation, monitoring and closure of donor-funded health projects. The positive and statistically significant relationships between risk management strategies and project sustainability demonstrate the importance of integrating risk management throughout the project life cycle to support continuity, resilience and achievement of project objectives.

The findings indicate that project managers should integrate risk identification, assessment, avoidance and transfer into project planning and implementation. Continuous risk monitoring, preventive planning and appropriate risk-sharing mechanisms can improve decision-making, reduce operational and financial disruptions, and strengthen project continuity beyond donor support.

The findings also highlight the importance of stakeholder engagement and capacity building**.** Strengthening staff capacity and collaboration with government, communities, donors and implementing partners can improve accountability, local ownership and resource mobilisation. Project managers should therefore incorporate sustainability and exit planning from project inception to facilitate resource mobilisation, capacity transfer and continuity of project benefits after donor funding ends.

### 5.4. Conclusion

The study concludes that effective risk management is central to the sustainability of donor-funded projects implemented by the Christian Health Association of Kenya in Manyatta Sub-County. The findings demonstrate that integrating risk management into project planning and implementation strengthens organisational preparedness, supports informed decision-making, minimises operational disruptions and promotes continuity of project activities and benefits beyond donor support.

The study further concludes that sustainability is strengthened when risk management is approached as a continuous project management process rather than as a one-time activity. The identification, assessment, avoidance and transfer of risks enable the organisation to anticipate potential challenges, prioritise appropriate responses and distribute financial and operational responsibilities among relevant stakeholders. Among these processes, risk assessment was particularly important in informing responses to emerging risks and supporting adaptation during project implementation.

Nevertheless, sustainability remains challenged by limited post-donor financial support, gaps in staff capacity and inadequate transition planning. The study therefore concludes that effective risk management should be complemented by deliberate exit planning, local resource mobilisation, stakeholder ownership and institutional capacity building. Integrating these measures throughout the project life cycle can strengthen the capacity of CHAK and its partners to maintain project benefits and essential health services beyond the period of donor funding.

### 5.5 Recommendations

Based on the findings of the study on the impact of risk management strategies on the sustainability of donor-funded projects implemented by the Christian Health Association of Kenya in Manyatta Sub-County, the following recommendations are made:

i. Risk identification: Christian Health Association of Kenya should standardise the use of risk registers, risk identification checklists and Risk Breakdown Structures across all health facilities to address variations in the implementation of risk identification procedures. Project staff should receive regular training on identifying, documenting and reporting emerging risks, with periodic reviews of risk registers throughout the project life cycle.

ii. Risk assessment: Christian Health Association of Kenya should strengthen staff capacity in the use and interpretation of risk assessment tools and institutionalise regular risk assessment reviews. The results should be documented and incorporated into project planning, implementation and monitoring to ensure that changes in risk severity inform timely project management decisions.

iii. Risk avoidance: Christian Health Association of Kenya should strengthen preventive planning and staff training on risk avoidance, particularly in areas where capacity was

relatively weaker. Risk avoidance plans should be reviewed periodically and linked to project contingency measures. CHAK should also strengthen resource mobilisation through government, community and partner engagement to reduce reliance on donor funding and support continuity after donor withdrawal.

iv. Risk transfer: Christian Health Association of Kenya should strengthen staff awareness of risk transfer mechanisms and expand appropriate use of insurance, contractual arrangements, outsourcing and formal risk-sharing partnerships. Clear risk-sharing responsibilities should be incorporated into partnership and donor agreements. In addition, donor exit and transition plans should be developed early to clarify the transfer of financial, operational and service-delivery responsibilities.

v. Project management practice: Christian Health Association of Kenya and its development partners should integrate risk management into the entire project life cycle, from project design and planning to implementation, monitoring and closure. This should include institutional risk management procedures, staff capacity building, stakeholder involvement, resource mobilisation and explicit sustainability and transition plans to support continuity of project benefits beyond donor funding.

vi. Policy and practice: Policy and practice should be strengthened by integrating comprehensive risk management into the design, implementation, monitoring, and evaluation of donor-funded programs. Development partners, policymakers, and implementing organizations should establish institutional risk management frameworks, strengthen staff capacity, promote stakeholder participation, and develop clear sustainability and donor transition plans to enhance the resilience and long-term sustainability of donor-funded health projects.

### 5.6 Suggestions for Further Research

i. Further research should be conducted to examine the influence of risk management strategies on the sustainability of donor-funded projects in other sectors and geographical regions to determine whether similar findings are observed across different development contexts.

ii. In addition, longitudinal studies are recommended to assess how risk management practices influence the sustainability of donor-funded projects over time, particularly during and after donor transition, in order to establish the long-term effectiveness of different risk management strategies.

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## APPENDICES

### Appendix I: Letter of Introduction

**Dear Participant,**

Subject: Request for Participation in Research Study

**My name is** Edith Mwachoki**, a Master of Arts in Project Planning and Management at the** Catholic University of Eastern Africa**. I am conducting a study titled:** "The Impact of Risk Management Strategies on the Sustainability of Donor-Funded Projects: A Case of Christian Health Association of Kenya in Manyatta Sub-County, Kenya."

**You have been selected to participate in this study due to your role or involvement in health-related activities. Your participation is voluntary, and all responses will be kept confidential and used solely for academic purposes.**

**If you agree to take part, you will be asked to complete a brief questionnaire or participate in an interview. Your honest input will be highly appreciated.**

**Thank you for your time and support.**

**Yours faithfully,**

_____

Edith Mwachoki

**Master of Arts (Development Studies)**

Catholic University of Eastern Africa

Signature: _____

Date: _____

## Appendix II: Questionnaire for Frontline Health Workers

I am a Master of Arts in Project Planning and Management at the Catholic University of Eastern Africa, currently conducting a research study titled *"**The impact of risk management strategies on Sustainability of Donor-Funded Projects: A case of Christian Health Association of Kenya in Manyatta Sub County, Kenya.**"* This study is being undertaken as part of my academic requirements for the completion of my master's degree. You are requested to participate by responding to all the questions in the accompanying questionnaire. The information provided will be treated with confidentiality. I look forward to your collaboration in this study. Please don't write your name in this questionnaire.

**Section A: Demographic Information**

Please tick [√] or fill in the appropriate response for each of the following questions.

1. Kindly indicate your gender.

   Male [ ]

   Female [ ]

2. Kindly indicate your age.

   Below 20 years [ ]

   20–29 years [ ]

   30–39 years [ ]

   40–49 years [ ]

   50 years and Above [ ]

**Section B: Risk Identification Strategies**

3. Kindly respond by indicating the extent to which you agree or disagree with the following statements regarding the effectiveness of risk identification strategies in enhancing the sustainability of donor-funded Christian Health Association of Kenya (CHAK) projects in Manyatta Sub-County.

   Use the scale below:

   **1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree**

   (Tick √ where appropriate in the spaces provided)

| STATEMENTS | 1 (SD) | 2 (D) | 3 (N) | 4 (A) | 5 (SA) |
|---|---|---|---|---|---|
| Potential risks to project sustainability are clearly identified at the beginning of CHAK projects. | | | | | |
| Risk identification is a continuous process throughout project implementation. | | | | | |
| Frontline staff are involved in identifying operational risks affecting project sustainability. | | | | | |
| Risk identification tools and guidelines are available at health facilities. | | | | | |
| There is a structured process for documenting and reporting identified risks. | | | | | |
| Early identification of risks has helped improve the continuity of donor-funded services. | | | | | |
| Risk identification includes both clinical and non-clinical (administrative/financial) threats. | | | | | |
| Risk identification strategies have contributed to improving the sustainability of CHAK projects. | | | | | |

**Section C: Risk Assessment Practices**

4. Kindly respond by indicating the extent to which you agree or disagree with the following statements regarding how risk assessment practices influence the sustainability of donor-funded Christian Health Association of Kenya (CHAK) projects in Manyatta Sub-County. Use the scale below:

   **1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree**

   (Tick √ where appropriate in the spaces provided)

| STATEMENTS | 1 (SD) | 2 (D) | 3 (N) | 4 (A) | 5 (SA) |
|---|---|---|---|---|---|
| Risk assessment is regularly conducted as part of project management in CHAK-supported programs. | | | | | |
| Risk assessment helps identify the likelihood and impact of potential threats to project sustainability. | | | | | |
| Risk levels (high, medium, low) are clearly categorized in CHAK project assessments. | | | | | |
| The results of risk assessments are used to adjust project implementation strategies. | | | | | |
| Frontline staff are aware of risk assessment processes within CHAK projects. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| There is adequate training for staff on how to interpret and use risk assessment tools. | | | | | |
| Regular assessment of risks has improved preparedness and response to challenges in CHAK projects. | | | | | |
| Risk assessment practices contribute significantly to sustaining service delivery after donor exit. | | | | | |

**Section D: Role of Risk Avoidance Measures**

5. Kindly respond by indicating the extent to which you agree or disagree with the following statements regarding the role of risk avoidance measures in promoting the sustainability of donor-funded Christian Health Association of Kenya (CHAK) projects in Manyatta Sub-County.

   Use the scale below:

   **1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree**

   (Tick √ where appropriate in the spaces provided)

| **STATEMENTS** | **1 (SD)** | **2 (D)** | **3 (N)** | **4 (A)** | **5 (SA)** |
|---|---|---|---|---|---|
| Effective risk avoidance strategies strengthen long-term sustainability of CHAK-supported programs. | | | | | |
| Risk avoidance contributes to staff safety and improved working conditions. | | | | | |
| CHAK projects implement preventive strategies to avoid known risks. | | | | | |
| Avoiding dependence on donor funding is considered in project sustainability planning. | | | | | |
| Collaboration with government and community stakeholders helps avoid risks related to service disruption. | | | | | |
| Risk avoidance plans are regularly reviewed and updated to reflect new challenges. | | | | | |
| Staff are trained on how to avoid operational risks during project implementation. | | | | | |

**Section E: Risk Transfer Mechanisms**

6. Kindly respond by indicating the extend you agree or disagree with the following statement in rating the impact of risk transfer mechanisms on the sustainability of donor-funded

Christian Health Association of Kenya in Manyatta Sub-County on a Likert scale of 1-5 where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree. (Tick √ where appropriate in the spaces provided).

| STATEMENTS | 1 (SD) | 2 (D) | 3 (N) | 4 (A) | 5 (SA) |
|---|---|---|---|---|---|
| CHAK projects use insurance schemes/other formal mechanisms to transfer financial risks. | | | | | |
| Outsourcing certain services (e.g., logistics or security) helps reduce operational risks in CHAK facilities. | | | | | |
| Risk sharing with local partners enhances project sustainability. | | | | | |
| Donor agreements clearly define roles and responsibilities to transfer legal and operational risks. | | | | | |
| Risk transfer strategies are considered when planning for project handover or donor exit. | | | | | |
| Risk transfer mechanisms support long-term partnerships and project sustainability. | | | | | |
| Effective risk transfer mechanisms reduce the financial vulnerability of CHAK health facilities. | | | | | |
| Staff are informed about the role of risk transfer in maintaining service continuity. | | | | | |

**Section F: Sustainability of Donor-Funded Christian Health Association of Kenya**

7. Kindly respond by indicating the extent to which you agree or disagree with the following statements regarding the sustainability of donor-funded Christian Health Association of Kenya (CHAK) projects in Manyatta Sub-County.

   Use the scale below:

   **1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree**

   (Tick √ where appropriate in the spaces provided)

| STATEMENTS | 1 (SD) | 2 (D) | 3 (N) | 4 (A) | 5 (SA) |
|---|---|---|---|---|---|
| CHAK projects are designed with long-term sustainability plans. | | | | | |
| Donor-funded CHAK initiatives continue to benefit communities after donor exit. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| There is strong local ownership and involvement in CHAK-supported health projects. | | | | | |
| Community health systems are strengthened through CHAK donor-funded initiatives. | | | | | |
| Skills and knowledge from donor-funded projects are retained by health workers after project completion. | | | | | |
| There is continued funding or support for project components after donor withdrawal. | | | | | |
| Risk management practices contribute significantly to sustaining project impacts. | | | | | |
| Partnerships with government and communities support the sustainability of CHAK health projects. | | | | | |
| I believe CHAK-supported services in my facility will remain functional even after donor support ends. | | | | | |

**THANKS FOR YOUR COOPERATION**

**Appendix III: Interview Guide for Key Respondents**

I am a Master of Arts in Project Planning and Management at the Catholic University of Eastern Africa, currently conducting a research study titled *"**The impact of risk management strategies on Sustainability of Donor-Funded Projects: A case of Christian Health Association of Kenya in Manyatta Sub County, Kenya.**"* This study is being undertaken as part of my academic requirements for the completion of my Master's degree. You are requested to participate by responding to all the questions in the accompanying interview guide.

**Section A: Background Information**

1. Please state your name (optional), designation, and years of experience in your current role.
2. What is your role in the implementation of donor-funded CHAK projects in Manyatta Sub-County?

## Section B: Effectiveness of Risk Identification Strategies

3. How are potential risks identified during the design or early stages of CHAK donor-funded projects in Manyatta?
4. What specific tools or approaches are used for identifying risks at the facility or community level?
5. Are frontline staff or community health volunteers involved in risk identification? If so, how?
6. In your opinion, how has effective risk identification contributed to the sustainability of CHAK-supported projects?

## Section C: Influence of Risk Assessment Practices

7. How often are risk assessments conducted in CHAK donor-funded projects?
8. What types of risks are commonly assessed (e.g., financial, operational, political)?
9. How are the results of risk assessments used to inform project decisions or adaptations?
10. Do you believe this risk assessments have improved the resilience and continuity of health services? Please explain.

## Section D: Role of Risk Avoidance Measures

11. What measures are taken in CHAK projects to prevent or avoid known risks?
12. How are procurement, staffing, and resource allocation decisions influenced by risk avoidance strategies?
13. In your experience, have these risk avoidance measures effectively protected the project from disruptions or failure?
14. What challenges exist in implementing risk avoidance measures?

## Section E: Impact of Risk Transfer Mechanisms

15. Are there any risk transfer strategies used in CHAK projects (e.g., insurance, outsourcing, partnerships)?
16. How effective have these strategies been in reducing the burden of risk on your organization or facility?
17. How do collaborations with government agencies, donors, or community groups support risk transfer and project sustainability?
18. Are there areas where risk transfer could be improved? Please elaborate.

## Section F: Overall Sustainability

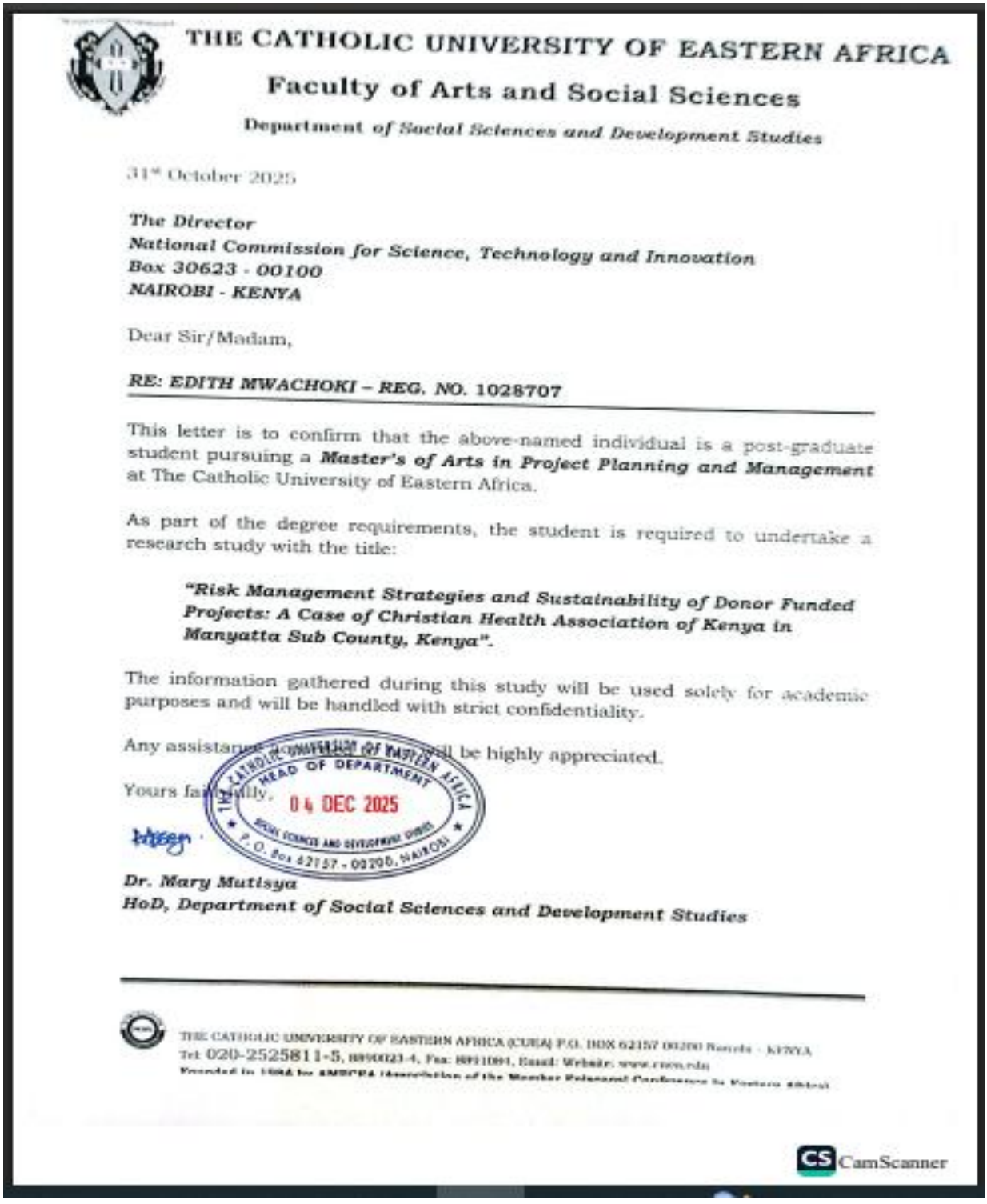
19. Based on your experience, what are the key factors that influence the long-term sustainability of donor-funded projects in Manyatta Sub-County?
20. What lessons have you learned regarding risk management and sustainability from past project experiences?
21. What recommendations would you make to improve risk management strategies for future donor-funded health projects?

### Closing

22. Is there anything else you would like to add regarding the sustainability of CHAK donor-funded health initiatives or their risk management processes?

**Thank you for your co-operation.**

## Appendix IV: CUEA Approval Letter



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Social Sciences and Development Studies

31st October 2025

*The Director*
*National Commission for Science, Technology and Innovation*
*Box 30623 - 00100*
*NAIROBI - KENYA*

Dear Sir/Madam,

***RE: EDITH MWACHOKI – REG. NO. 1028707***

This letter is to confirm that the above-named individual is a post-graduate student pursuing a ***Master's of Arts in Project Planning and Management*** at The Catholic University of Eastern Africa.

As part of the degree requirements, the student is required to undertake a research study with the title:

> ***"Risk Management Strategies and Sustainability of Donor Funded Projects: A Case of Christian Health Association of Kenya in Manyatta Sub County, Kenya".***

The information gathered during this study will be used solely for academic purposes and will be handled with strict confidentiality.

Any assistance [illegible] will be highly appreciated.

Yours faithfully,

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
HEAD OF DEPARTMENT
04 DEC 2025
SOCIAL SCIENCES AND DEVELOPMENT STUDIES
P. O. Box 62157 - 00200, NAIROBI

***Dr. Mary Mutisya***
***HoD, Department of Social Sciences and Development Studies***

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi - KENYA
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REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

# RESEARCH LICENSE

Ref No: **690275**

Date of Issue: **18/February/2026**

## RESEARCH LICENSE



**This is to Certify that Ms.. Edith Chugu Chugu of Catholic University of Eastern Africa, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Embu on the topic: RISK MANAGEMENT STRATEGIES AND SUSTAINABILITY OF DONOR-FUNDED PROJECTS: A CASE OF CHRISTIAN HEALTH ASSOCIATION OF KENYA IN MANYATTA SUB COUNTY, KENYA. for the period ending : 18/February/2027.**

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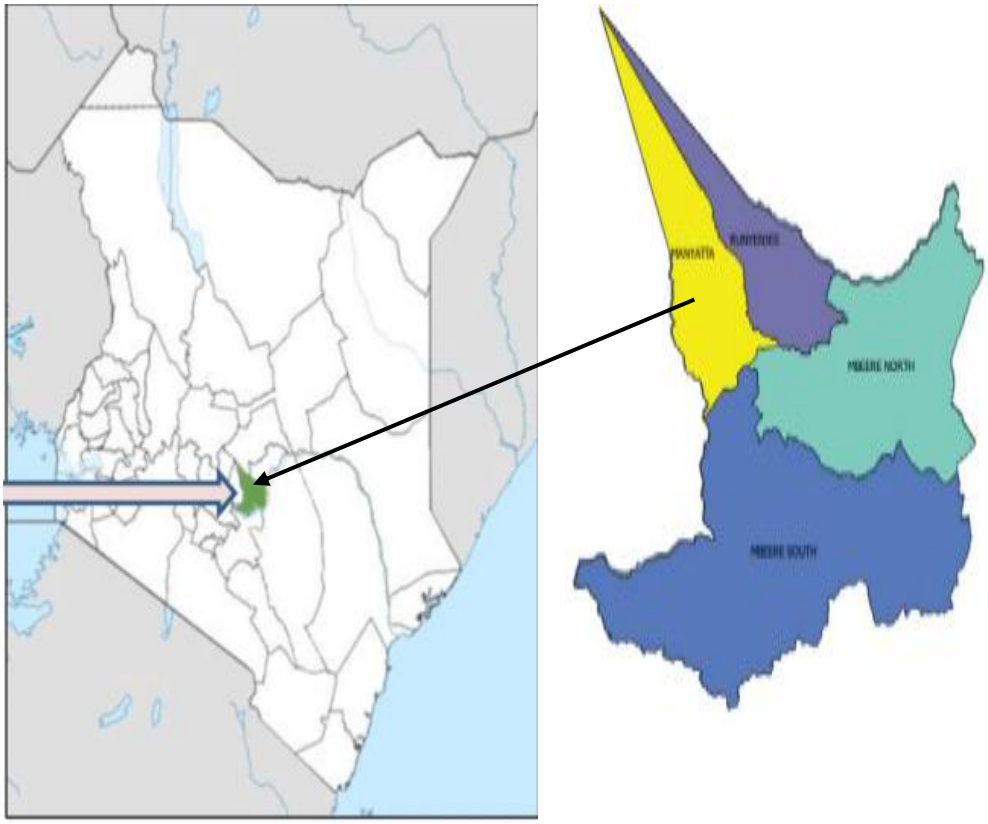
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Applicant Identification Number

Ag. Director

General

## Appendix VI: Map of Manyatta Sub County



**Appendix VII: Plagiarism Certificate**

# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

## INFORMATION SYSTEMS LIBRARIAN
## TURNITIN ORIGINALITY REPORT

**REF:**

**PGS/FASS/931/DEFENSE**

**/LANGATA,**




I HEREBY CONFIRM THAT **EDITH MWACHOKI** REG NO: **1028707**, SUBMITTED A CHECK OF ANTIPLAGIARISM ON EVALUATION OF **RISK MANAGEMENT STRATEGIES AND SUSTAINABILITY OF DONOR-FUNDED PROJECTS: A CASE OF CHRISTIAN HEALTH ASSOCIATION OF KENYA IN MANYATTA SUB COUNTY, KENYA. A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT DEGREE FROM THE CATHOLIC UNIVERSITY OF EASTERN AFRICA, KENYA.**

Verification by Systems Librarian:

Name: HARUN MAINA Signature: ..... Date: 24/7/2026




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