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Moderating Influence of the Legal and Regulatory Framework on Precursors of Sustainability of Donor Funded Projects in the Health Sector in Kenya

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Abstract

Purpose: The objective of the study was to find out the moderating influence of the legal and regulatory framework on sustainability of donor funded projects in the health sector in Kenya.

Methodology: This study used a mixed method research design where both quantitative and qualitative data were collected, then analyzed, and conclusions drawn. The research design used was explanatory. The target population was 700 employees drawn from various stakeholders in the health sector. The study adopted stratified, purposive, and simple random sampling techniques to select a sample of 230 respondents. The study used questionnaires to collect primary data. The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 27.

Findings: The findings revealed that the legal and regulatory framework has a moderating effect on the relationship between stakeholder engagement, resource mobilization, process execution & leadership practices and sustainability of donor funded projects in the health sector in Kenya.

Unique Contribution to Theory, **Policy**, **and Practice:** The study recommended that the health sector in Kenya should strengthen the frameworks for stakeholder engagement in health-related projects and that policies should be reviewed and re-designed to support activities in the space of donor funded projects if sustainability of projects has to be achieved. The study further recommends that there is need for tools and frameworks that would ensure that leadership practices are aligned to achieve project sustainability.

Keywords: *Precursors, Sustainability, Donor Funded Projects, Health Sector*

1.0 INTRODUCTION

1.1 Background of the Study

Public health programs that focused on health improvement have been shown to deliver positive health outcomes, however, the maintenance of these programs over long periods and beyond the funding lifecycle has often been a challenge (Scheirer, 2018). At the centre of this sustainability are the health systems that need to be well maintained for optimal output. The provision of financial resources from a particular funder only lasts for a defined period, after which funding is expected to be received from other sources (Schell et al., 2017).

The sustainability of a program is influenced by various elements, such as the content of project activities, partnerships at community level, organizational practices, and perceived benefits of the project (LaPelle, Zapka and Ockene, 2019). These elements termed sustainability outcomes reflect the sustained continuation of a program to meet its intended outcomes. In the health sector, there are also support functions that hold a high premium to the success of programmes and projects. These could include procurement, equipment maintenance, systems, and capacity building among others.

The success of a project is achieved when the set project goals are realized but it is deemed sustainable if its objectives continue to be realized long after the project has ended and more, so when external funding has ended (Tak, Seo & Roh 2019). External donor agencies utilize projects as a common mechanism to deliver intended actions, objectives, and goals. While the value of donor support is undisputable, with visible or evident short-term benefits, uncertainty remains on whether donor funding results in sustainable benefits long after the donor financing has ended or not. Sustainability would imply that systemic benefits are conferred to both present and future generations through resilient health structures, practices, and systems for effective service delivery (Potluka & Svecova, 2019).

Kenya's health sector has been and still is supported by a myriad of external donors to strengthen the health system operations, programs and improve service delivery to the customers (Risso et al., 2014). External donor funding as a share of Kenya's current health expenditures is on the decline (down from 28% in 2006 to 18% in 2017) (Global Health database, 2021). As countries work towards achieving the global Sustainable Development Goals (SDG's) that aim to improve aid effectiveness by 2030, external donors and aid recipients are increasingly concerned about durability of project outcomes beyond donor support. Projects are time-bound in nature indicating the critical need to invest in sustainable project management practices that confer good life to both present and future generations.

The policy framework and governance infra-structure in Kenya provide a basis for sustainable procurement and supply chain of Health Products and Technologies (HPT) (Beisheim, Ellersiek, Goltermann & Kiamba, 2018). Kenya Vision 2030 articulates sustainable systems by emphasizing affordable, quality healthcare and productive population. The Universal Health Coverage under

the Jubilee Government's Big-Four Agenda equally sought to have everyone access quality and affordable health services. The Constitution of Kenya strongly advocates the right to health for all within the devolved system of government. The Kenya Health Policy (2020) aims to attain high health standards by offering the highest attainable standards through delivery of equitable, quality, and affordable health services to all Kenyans.

1.2 Statement of the Problem

In Kenya, the health sector has had several donor-funded projects since independence to strengthen the health systems and service delivery. Over fifty years down the line, health indicators have not improved significantly in line with increasing funding levels. Kenya Demographic Health Survey (2019/20) indicates that the progress towards the health-related SDGs has been slow resulting largely from operational health systems indicators. Several issues such as utilization of donor-funded health projects, the impact of such projects, and sustainability of donor support are still of critical concern. The contribution to health from domestic resources has not progressed at a matching rate.

The project outcomes have been lost quickly after project funding ended, largely due to lack of proper strategies around planning, execution, monitoring, and reporting on local funding aspects (USAID,2015). In many cases, donors usually fund health projects in public hospitals, assist in their start-up process and continue to support them for a period until they start delivering benefits to its target population. The donors then withdraw financial support but may continue providing technical support for a little bit longer or as the need arises. The government is then expected to run the health project and ensure that the project continues to provide the benefits it was intended to deliver (USAID, 2015). However, sustaining the health projects has been a major challenge, especially for public hospitals in which projects are domiciled, as the project outcomes start deteriorating soon after the funding organization has withdrawn (WB, 2013).

Further statistics from the Government of Kenya (GoK) reveal that 63% of the health projects fail after a short time after implementation, thereby not being sustainable (GoK, 2014). The Organization for Economic Cooperation and Development (OECD) shows that health projects in public hospitals collapse one year after completion of the projects (OECD, 2015). The collapse of health projects means citizens will not get adequate, timely and quality services. This could lead to loss of lives, increased sicknesses and diseases, low energy levels hence poor productivity. Eventually, this has a negative image towards the donor community.

According to Nyaga (2017), the need for inclusion of a deliberate, explicit, and well-thought-out strategy is key to the project's sustainability. Previous research and policy guidance have highlighted the need for higher investments in health programs, projects and systems strengthening, particularly from domestic resources. It is against this background that this study sought to find out the precursors of sustainability of donor funded projects in the health sector in Kenya.

1.3 Objective of the Study

The study was guided by the following objective:

i) To find out the moderating influence of the legal and regulatory framework on sustainability of donor funded projects in the health sector in Kenya.

1.4 Research Hypotheses

The study adopted null hypothesis below:

H_{01}: The legal and regulatory framework do not have a significant influence on the precursors of sustainability of donor funded projects in the health sector in Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Framework

2.1.1 Theories of Regulation

The development and techniques of regulations have long been the subject of academic research Joskow and Noll, (1981) Owen and Braeutigam (1978), Spulber (1989), Vogelsang (2002).Two basic schools of thought have emerged on the regulatory policy, namely, the positive theories of regulation and the normative of regulation. Positive theories of regulation examine why regulation occurs, the emergence, the transformation, and the abolishment, as well as the institutional implementation of sector-specific regulations. Thus, the central question is how industries are regulated. In examining this question, the influence exercised by firms, consumer interests, and the bureaucratic self-interest of the regulatory agency must be considered in order to explain the behaviour of regulators. Normative theories of regulation generally conclude that regulators should encourage collaboration where feasible, minimize the costs, have properly structured regulations & laws and strive to improve performance or service delivery. The laws articulated to govern projects should meet certain indicators including independence, transparency, predictability, legitimacy, and credibility for the regulatory system.

Normative theories of regulation are also associated with the normative decision theory which deals with the ability to make right decisions. It involves the formulation and defence of principles of comparative evaluation and choice among competing alternatives, proposed as rules that individuals or societies ought to – or perhaps would want to – follow. The normative theory of regulation points out that before project teams carry out tasks, they must check whether an accompanying action is morally right or wrong, permissible, or impermissible. This theory supports the variable legal framework and regulations since it discusses the formulation and implementation of regulations and laws.

2.2 Empirical Review

2.2.1 Legal & Regulatory Framework

In a study carried out by (Gosling, Naim, & Towill, 2013) and Othman (2012) it was established that regulatory agencies have the highest probability of impacting the cost and schedule of a project towards compliance to set out parameters. The findings further indicated that failure to identify and comply with regulatory requirements can result in a product being considered substandard to regulators and require the project team to rework portions or even to completely start the project all over again.

The study concluded that unplanned cost will negatively impact earned value and return on investment, and lead to incomplete development of the work breakdown structure and schedule with potential knock-on effects to other critical processes. This was found to be true in waste remediation projects where it is asserted that it is not uncommon for projects to exceed 30 to 50% of the original cost estimate due to non-compliance problems.

Akinpelu (2017) in his study pointed out that Public Private Partnership Projects (PPPP) can fail at different places in the project life cycle, and for different reasons. This study aimed to address how regulatory frameworks can help road projects deliver better to achieve real efficiency gains to enable the partnership grow and succeed. A study carried out by PwC (2014) on capital projects and infrastructure in East, Southern and West Africa indicated that the most prominent risk faced in the development of infrastructure in East Africa is completion on time and within budget. In addition, other significant challenges include the impact of political risk and government interference on project completion and the inhibiting regulatory and policy framework.

Mbicha (2019)'s study showed that regulation of healthcare systems, regardless of the negative connotations associated with the term regulation, is now a common feature worldwide. Regulation is important as it addresses the welfare losses that are associated with market failures and provides protection to consumers. With regulation, there is government involvement in healthcare provision which has been because of market failures in health care provision. Therefore, by regulating health care, there is a pursuit of various objectives such as equity for consumers and counteract strong professional interests that may be detrimental to the consumers of healthcare (Goddard, 2003).

Wamai (2009) provides an in-depth evaluation of the reforms in the healthcare policy in Kenya, and the developments realized in the post-colonial era. In the paper, Wamai points out that for "quality healthcare to be realized in Kenya a holistic approach needs to be implemented, to give priority to the improvement of access and coverage healthcare through the improvement of facilities, provision of affordable and accessible healthcare services, increasing healthcare professionals and decentralization of the financial management and decision making in healthcare matters. However, notable is that Wamai did not address the cost of healthcare and the effect it had in contributing to the reforms in the healthcare policies.

In the Article titled New Kenya Law Ensures Access to Health Services (2017) an insight is given into the Health Act (2017) and the provisions that have been put in place to enforce the same. For instance, the Act makes provision for accessibility of healthcare services such as free maternity care, access for breastfeeding facilities at the workplace and vaccinations for children under the age of five. The Act further provides for the regulation and reorganization of the health sector in Kenya by the establishment of the Human Resource for Health Advisory Council and the Kenya Health Professions Oversight Authority which is aimed at safeguarding the health of workers and the healthcare staff together with the overseeing of the healthcare professionals and the regulatory bodies.

What however stands out is that there are no provisions for regulation of the cost of healthcare in Kenya and the effects that the regulation of the cost of healthcare will have on the access to healthcare for Kenyans as embodied in the Constitution (2010). Past research also suggested that regulatory compliance issues should be planned and integrated into project planning. Finally, to ensure sustainability the project culture should provoke and promote regulatory compliance as a responsibility of all the parties involved in the project, and not a game of hide and seek with those deemed to "own" compliance risk. Regulatory engagement pays.

2.2.2 Sustainability

In a study by (Chalmers et al., 2014) and (Schell, *et al*, 2017), they observe that sustainability of project interventions and their benefits is determined by interrelations among the identified domains over a period. These domains include sustained project benefits, project ownership, continuous quality improvement, environmental sustainability, and social sustainability. The findings further advocate for the continued assessment of the characteristics of the sustainability interventions, its parent (host) organization, and the larger service system context in which both the intervention and organization operate (Schell, *et al*, 2017). The study concluded that this would enable different organizations to customize realistic sustainability determinants.

In a different school of thought, a study was done to address the conceptualization and evaluation of successful implementation efforts. Proctor et al. (2011) advanced a taxonomy of "implementation outcomes" which endeavors to address sustainability. The taxonomy proposes eight conceptually distinct outcomes of an evaluation, including acceptability, adoption/uptake, appropriateness, costs, feasibility, fidelity, penetration, and sustainability (Proctor *et al*., 2011). The study concluded that these parameters contribute to project longevity.

In other studies, (Chauhan & Singh., 2017); (Leite, Bateman & Radnor, 2019) individually assessed the specific dimensions or the related indicators within the considered dimension of sustainability. This was done in the healthcare sector in India where data was collected from 210 stakeholders. Moreover, this study identified a gap in the literature in realizing economic sustainability in healthcare. This was despite the scarcity of knowledge observed in the Indian context. In a critical analysis, among the dimensions of sustainability, the environmental

dimension was found to be of highest importance. The study concluded that institutions and project teams must give due attention to the environmental dimension of project management and implementation is sustainability must be realized.

These findings appeared consistent with the recent studies concerning sustainability in healthcare in India (Hensher, 2020); (Sanchez, Eckelman, Sherman, 2020); (Guzzo , Carvalho, Balkenende & Mascarenhas, 2020); Leiden et al., 2020). While at the sub-criteria level, among environmental measures, circular practices, and sustainable procurement rank second and third, respectively. In line with the United Nations SDG-13 requirements, minimizing the negative impact of healthcare operations on environment through adoption of various practices would assist in achieving and improving sustainability in healthcare.

Ahlawat and Singh, (2019); Nguyen, 2017; Olele, (2016) found out in their study that sustainability of public projects has received criticism due to budgeting issues, poor feasibility, poor coordination, poor management skills, lack of flexibility and accountability, lack of stakeholder participation, political manipulations, lack of commercial viability and unresponsiveness. Varying propositions attribute stakeholders` interest to the project sustainability. For instance, Hugue, (2020) suggests that stakeholder interests hinder project sustainability.

In contrast, Hunjra, Verhoeven and Zureigat (2020) consider stakeholder's interests as compatible contributors to project sustainability. This inconsistency complicates stakeholder integration decisions. Since participation in public projects is a collective decision-making responsibility, project ownership is perceived to have a significant contribution to the project sustainability (Kalu, & Rugami, 2021). Uzochukwu et al. (2020) claim that actors' capacities like experiences, skills, resources, and expertise are critical determinants of project sustainability. Thus, investing in stakeholders` capacities eases implementation challenges leading to better chances of project sustainability. Socio-cultural dynamics of stakeholders are also important predictors of project sustainability (Ali et al., 2020). However, the dynamics of stakeholders' capacity make it more difficult to predict the contribution of stakeholders to project sustainability.

3.0 METHODOLOGY

This study used a mixed method research design where both quantitative and qualitative data were collected, then analyzed, and conclusions drawn. The research design used was explanatory. The target population was 700 employees drawn from various stakeholders in the health sector. The study adopted stratified, purposive, and simple random sampling techniques to select a sample of 230 respondents. A pilot test was conducted before the actual data collection. The study used questionnaires to collect primary data. The data was analysed using the Statistical Package for Social Sciences (SPSS) version 27. Diagnostic tests were carried out. Both descriptive and inferential statistics were computed.

4.0 RESULTS

This study distributed a total of 230 questionnaires but only 210 questionnaires were dully filled and returned. As shown in Table 1, a total of 210 questionnaires were duly filled in and returned, this translated to a response rate of 91.3%. As Mugenda (2018) explained, a response rate of 50% and above is adequate for analysis and reporting, a response rate of 60% and above is good while that of 70% and above is considered excellent. Therefore, a response rate of 91.3% was considered excellent and suitable for further analysis and reporting.

Table 1: Response Rate

Questionnaires	Frequency	Percent
Responded	210	91.3
Un-responded	20	8.7
Total	**230**	**100.0**

4.1 Descriptive Statistics

4.1.1 Legal and Regulatory Framework

The respondents were asked to indicate their level of agreement with statements on the legal and regulatory framework. The responses were captured through a 5-point Likert scale where 1= Strongly Disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. The findings as given in table 2 show that 52.1% agreed with the statement- health projects implementation is guided by the laid down laws at (M=3.901, SD=1.442). Majority at 68.2% of the respondents agreed with the statement there is a clear policy on health projects management at (M=3.932, SD=1.291), while there were mixed opinions on the statement the policies are broken down into simple guidelines that are followed with 28.9% agreeing, 20.7% disagreeing and 40.2% agreeing with the statement at (M=3.483, SD=1.324). Findings also indicate that 41.2% of the respondents disagreed with the statement-there is an enforcement framework for laws, policies, and guidelines at (M=3.132, SD=1.390), while another 43.5% agreed that the leadership supports the legal framework in health projects at (M=3.790, SD=1.921). The findings also indicate that 50% of the respondents agreed with the statement that - my leadership is supportive of the laws, policies, and guidelines in project implementation at (M=3.897, SD=1.241), while another 53.8% agreed that the legal & regulatory framework influences sustainability of projects at (M=3.902, SD=1.320).

These findings agree with those of other scholars. Mbicha (2019) observes that regulatory compliance issues should be planned and integrated into project planning. The project culture should be that regulatory compliance is a responsibility of all the parties involved in the project,

and not a game of hide and seek with those deemed to "own" compliance risk. Regulatory engagement pays. Institutions have suffered due to conflicting opinions on legal & regulatory framework compliance and application (Mbicha, 2019).

Table 2: Descriptive Statistics on the Legal & Regulatory Framework

Statements	1 %	2 %	3 %	4 %	5 %	Mean	Std. Dev.
Health projects implementation is guided by the laid down laws	22.1	16.1	9.7	28.9	23.2	3.901	1.442
There is a clear policy on health projects management	11.3	10.3	10.2	43.4	24.8	3.932	1.291
The policies are broken down into simple guidelines that are followed	10.5	10.2	40.2	15.4	13.5	3.483	1.324
There is an enforcement framework for laws, policies, and guidelines.	21.2	20.0	23.0	20.7	15.1	3.132	1.390
Leadership supports the legal framework in health projects	13.2	11.1	32.2	22.6	20.9	3.790	1.921
My leadership is supportive of the laws, policies, and guidelines in project implementation.	14.2	12.3	23.5	26.8	23.2	3.897	1.241
The legal & regulatory framework influence sustainability of projects	13.5	16.2	16.5	40.2	13.6	3.902	1.320

4.1.2 Sustainability

The respondents were asked to indicate their level of agreement with statements on sustainability. The responses were captured through a 5-point Likert scale where 1= Strongly Disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. The findings as given in table 3 show that 48.2% of the respondents disagreed with the statement- there are continued project benefits even after the donor exits at (M=3.297, SD=1.249). Another 50.1% disagreed with the statement there is ownership by host institutions and beneficiaries after the donor exits at (M=3.390, SD=1.521), while another 46% disagreed with the statement there is continuous quality improvement long after the project closeout (M=3.161, SD=1.429). The findings further indicate that 50.2% of the

respondents disagreed with the statement that projects show social benefits in a sustainable manner at (M=3.461, SD=1.711), while 39.7% agreed with the statement- we develop strategies for project sustainability at (M=3.517, SD=1.291). Findings indicate that 51.4% disagreed with the statement that sustainability is clearly included in the project life cycle at (M=3.195, SD=1.267).

These findings are consistent with those of other scholars. Ahlawat & Sin; 2019; Nguyen, 2017; Olele, (2016) found out in their study that sustainability of public projects has received criticism due to budgeting issues, poor feasibility, poor coordination, poor management skills, lack of flexibility and accountability, lack stakeholder participation, political manipulations, lack of commercial viability and unresponsiveness. Varying propositions attribute stakeholders` interest to the project sustainability. For instance, Hugue, (2020) suggests that stakeholder interests hinder project sustainability. In contrast, Hunjra, *et al* (2020) consider stakeholder's interests as compatible contributors to project sustainability. This inconsistency complicates stakeholder integration decisions.

Table 3: Descriptive Statistics on Sustainability

Statements	1 %	2 %	3 %	4 %	5 %	Mean	Std. Dev.
There is continued project benefits even after the donor exits	22.1	26.1	23.8	14.2	13.8	3.297	1.249
There is ownership by host institutions and beneficiaries after the donor exits	25.8	24.3	21.5	14.2	14.2	3.390	1.521
There is continuous quality improvement long after the project closeout.	23.6	22.4	20.2	15.4	18.4	3.161	1.429
Projects show social benefits in a sustainable manner	21.2	29.0	27.1	11.7	11.0	3.461	1.711
We develop strategies for project sustainability	20.2	12.1	28.0	23.8	15.9	3.517	1.291
Sustainability is clearly included in the project life cycle.	24.7	26.7	16.5	18.9	13.2	3.195	1.267

4.2 Statistical Modeling

4.2.1 Multiple Regression - Unmoderated & Moderated

The study sort to establish the combined influence of all the independent variables on the dependent variable without moderation and with moderation. This was guided by the fifth hypothesis H_{05} which was - the legal and regulatory framework has no positive significant influence on the relationship between the precursors of sustainability and sustainability of donor funded projects in the health sector in Kenya.

Each independent variable (stakeholder engagement, resource mobilization, process execution and leadership practices) was moderated by the legal and regulatory framework and the moderated variables regressed. For the moderating influence, the model used was $\mathbf{Y = \beta_0 + M (\beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + Ɛ)}$ Where M = The legal and regulatory framework (the moderating variable).

The study findings as given in Table 4 indicate that the value of adjusted R^2 was 0.576 which suggests that 57.6% variation in sustainability of donor funded projects in the health sector in Kenya can be explained by changes in unmoderated independent variables including stakeholder engagement, resource mobilization, process execution and leadership practices. The findings indicate that the value of the adjusted R^2 increased when the moderating variable (legal and regulatory framework) was introduced; that is from 0.576 to 0.687. This suggests that introduction of the moderating variable increased the amount of variation to 68.7%. The implication is that 68.7% variation in sustainability can be explained by changes in the moderated variables.

Table 4: Multiple Regression Moderated & Unmoderated Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1-Unmoderated	.791[a]	.625	.576	.06158
2-Moderated	.801*	.642	.687	.11921

a. Predictors: (Constant), Stakeholder Engagement, Resource Mobilization, Process Execution, and Leadership Practices.

*Stakeholder Engagement*Legal & Regulatory Framework, Resource Mobilization*Legal & Regulatory Framework, Process Execution*Legal & Regulatory Framework, Leadership Practices*Legal & Regulatory Framework.

4.2.2 Analysis of Variance

The analysis of variance results shows that both the model of moderated and that of unmoderated variables were statistically significant since the p-value (0.000) was less than 0.05. Hence, the models were suitable in establishing the influence of moderated variables stakeholder engagement,

resource mobilization, process execution and leadership practices on sustainability, as well as the influence unmoderated variables on sustainability. Further, the F-statistic (32.194) was greater than the F-critical ($F_{7,104}$=10.629) suggesting that there was goodness of fit of the moderated variables model. There was also goodness of fit of the unmoderated variables since F statistics was 25.514 which was greater than the F- critical at ($F_{5,119}$=9.572).

Table 5: ANOVA for Overall Regression Model-Moderated & Unmoderated

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.091	4	0.449	25.514	.000[b]
	Residual	3.561	205	0.017		
	Total	5.652	209			
2	Regression	3.935	8	0.571	32.194	.000[c]
	Residual	2.569	201	0.016		
	Total	6.504	209			

a. Dependent Variable: Sustainability

b. Predictors: (Constant), Stakeholder Engagement, Resource Mobilization, Process Execution, and Leadership Practices.

c. Predictors: (Constant), *Stakeholder Engagement*Legal & Regulatory Framework, Resource Mobilization*Legal & Regulatory Framework, Process Execution*Legal & Regulatory Framework, Leadership Practices*Legal & Regulatory Framework.

4.2.3 Beta Coefficients - Moderated and Unmoderated

i. Stakeholder Engagement

Regression coefficients were computed for unmoderated and moderated variables. The findings are presented in table 6. The findings indicate that stakeholder engagement*legal & regulatory framework has a positive and significant influence on sustainability of donor funded projects in the health sector in Kenya at (β = 0.492) and p-value (P = 0.001)-model 2. This influence is greater than without moderation at (β = 0.438) and p-value (P = 0.000)-model 1. Therefore, the study rejected the null hypothesis and consequently concluded that the legal & regulatory framework

has a positive significant influence on the relationship between stakeholder engagement and sustainability of donor funded projects in the health sector in Kenya.

ii. Resource Mobilization

Regression coefficients were computed for unmoderated and moderated variables. The findings are presented in table 6. The findings indicate that resource mobilization*legal & regulatory framework has a positive and significant influence on sustainability of donor funded projects in the health sector in Kenya at (β = 0.601) and p-value (P = 0.001)-model 2. This influence is greater than without moderation at (β = 0.539) and p-value (P = 0.000)-model 1. Therefore, the study rejected the null hypothesis and consequently concluded that the legal & regulatory framework has a positive significant influence on the relationship between resource mobilization and sustainability of donor funded projects in the health sector in Kenya.

iii. Process Execution

Regression coefficients were computed for unmoderated and moderated variables. The findings are presented in table 6. The findings indicate that process execution*legal & regulatory framework has a positive and significant influence on sustainability of donor funded projects in the health sector in Kenya at (β = 0.421) and p-value (P = 0.001)-model 2. This influence is greater than without moderation at (β = 0.354) and p-value (P = 0.000)-model 1. Therefore, the study rejected the null hypothesis and concluded that the legal & regulatory framework has a positive significant influence on the relationship between process execution and sustainability of donor funded projects in the health sector in Kenya.

iv. Leadership Practices

Regression coefficients were computed for unmoderated and moderated variables. The findings are presented in table 6. The findings indicate that leadership practices*legal & regulatory framework has a positive and significant influence on sustainability of donor funded projects in the health sector in Kenya at (β = 0.391) and p-value (P = 0.002)-model 2. This influence is greater than without moderation at (β = 0.309) and p-value (P = 0.000)-model 1. Therefore, the study rejected the null hypothesis and consequently concluded that the legal & regulatory framework has a positive significant influence on the relationship between leadership practices and sustainability of donor funded projects in the health sector in Kenya.

Table 6: Moderated Coefficients for Overall Regression Model

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		

	(Constant)	1.298	.151		8.699	.003
	Stakeholder Engagement	.438	.057	.465	4.247	.000
1	Resource Mobilization	.539	.216	.691	7.471	.000
	Process Execution	.354	.120	.337	3.127	.000
	Leadership Practices	.309	.169	.271	5.627	.000
	(Constant)	0.781	0.101		4.519	0.002
	Stakeholder Engagement * Legal& Reg Framework	0.492	0.082	0.412	5.713	0.001
2	Resource Mobilization * Legal &Reg Framework	0.601	0.092	0.941	7.186	0.000
	Process Execution * Legal & Reg. Framework	0.421	0.051	0.391	3.258	0.001
	Leadership Practices * Legal & Reg. Framework	0.391	0.082	0.319	3.220	0.002

a. Dependent Variable: Sustainability

$Y = 1.298 + 0.438X_1 + 0.539X_2 + 0.354X_3 + 0.309X_4 + \varepsilon$ Model 1

$Y = 0.781 + 0.492\ X_1*M + 0.601\ X_2*M + 0.421\ X_3*M + 0.391\ X_4*M + \varepsilon$ Model 2

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The study findings revealed that the joint influence of stakeholder engagement, resource mobilization, process execution and leadership practices after moderation by the variable legal and regulatory framework had a greater influence on sustainability of donor funded projects than before moderation. The study therefore concluded that the legal and regulatory framework enhances sustainability of donor funded projects in the health sector in Kenya. Therefore, there is need to strengthen the legal and regulatory framework for sustainability to be enhanced.

5.2 Recommendations

The study recommends that the legal and regulatory framework around the stakeholder engagement should be strengthened to ensure compliance. The study also recommended that there should be frameworks to ensure more transparent utilization and reporting of resources in donor funded projects. The study further recommends that there is need to intentionally invest in enforcement of the legal and regulatory framework around resource mobilization. The study recommends that proper controls must be put in place to ensure donors resources and inputs are properly utilized as per the plan and accounted for with a view to ensure transparency that supports project sustainability.

The study further recommends that there is need for ensuring all-inclusive project planning and a follow through to ensure projects are implemented sustainably. The study recommends that the donor funded projects in the health sector must have workable and realistic checks and controls to ensure quality assurance and compliance with standard procedures in the project life cycle. The study further recommends that there is need for a transparent modus operandi and meritocracy in the project team acquisition. There is a need to enforce the legal and regulatory framework throughout the entire project execution process if sustainability must be achieved.

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