

Influence of Resource Mobilization Capacity on Growth of Funded Projects in Moi Teaching and Referral Hospital.

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Abstract

The growth of funded projects in Moi Teaching and Referral Hospital is slow and some other projects has not been completed within the scheduled time and budget. The main aim of this study was to determine influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. The study was guided by the following objective resource mobilization capacity in Moi Teaching and Referral Hospital. The research study shall be guided by the following theory resource mobilization theory. The study adopted cross sectional survey design based on a sample drawn from employees of Moi Teaching and Referral Hospital under funded programs. The accessible population for this study was 30 managers, 32 supervisors and 3 resource mobilization officers from Moi Teaching and Referral Hospital under funded programs. This study used census survey to collect complete information from all participants in the population. This is due the fact that the target population for this study was small. The study used primary data which was collected through questionnaires. The pilot study was carried out in Kenyatta National Hospital. Quantitative data collected was analyzed by use of descriptive and inferential statistics. Descriptive statistics were frequency, percentages, means, and standard deviations while inferential statistics were correlation and multiple regressions. Frequency tables, charts and graphs were used to present the data collected for ease of understanding and analysis. Data analysis was done with aid of Statistical Package for Social Scientists (SPSS). The study findings indicated that there is significant influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital projects ($\beta_2=0.376$, $p<0.05$). The study concluded that through resource mobilization the organizations have expanded their capacity by involving the community. The study recommends that the institution should always mobilize their resources this will support organizational sustainability. The study recommends that resource mobilization theory in supporting the resource mobilization this because it is the process of getting resource from resource provider, using different mechanisms to implement the organization's work for achieving the pre-determined organizational goals.

Key words: resource mobilization, projects, Moi-teaching and referral hospital, growth, funded

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I. Background to the Study

Resources are the driving forces of organizations. Strategies for resource mobilization must be identified in order to achieve the intended results (Bicen & Johnson, 2014). Resource mobilization is the process of enumerating, enlisting and assessing the availability and utilization thereof. The strategies used fundamentally depend on the organization's vision and mission statement; structure; governance; and policy (Kiiru, Kiraka & Cuthbert, 2011). The basic principle in resource mobilization is to acknowledge the fact that the greatest resource a community has is its people. Thus, every community has its unique assets upon which its future is built. Communities must strive to discover, rediscover and realign their Potential to Develop Their Resources (Cuthbert, 2011).

In China, the government implemented national health care reform to improve access to essential services and reduce high out-of-pocket medical spending (Marten, McIntyre, Travassos, Shishkin, Longde, Reddy & Vega, 2014). A key component is the comprehensive reform of public hospitals on a pilot basis, although it remains one of the least understood aspects of health care reform in China. The number of hospitals in China grew annually at 2.5% per year. The highest annual rate of growth (9.4%) can be seen in specialty hospitals between 2000 and 2010. In addition, there was a 3.7-fold increase in the number of very large hospitals with more than 800 beds, from 149 to 588 between 2000 and 2009 (Chinese Health Statistical Yearbook, 2012).

Extremely large hospitals with 4000 beds or more now exist in several major urban centres; Beijing, Shanghai and Chengdu. Urban community health service centres were established in 2002, and grew from 8211 in 2002 to more than 32 000 in 2010. Such rapid growth was possible because many health centres were converted from small urban hospitals. In contrast, the number of rural township health centres and village clinics

declined between 2000 and 2010. While the number of private hospitals is increasing (Tang, Dong & Liu, 2014), public hospitals continue to account for the vast majority of total hospital beds (89%) and 92% of outpatient visits and admissions. Better performing public hospitals, therefore, are a critical component of service delivery and the focus of major reforms across China.

Egypt's population surpassed 100 million in 2018. This has caused health infrastructure to suffer under the pressure of the growing population (Friis, 2018). In 2014 Egypt had 1.5 beds per 1 000 of the population, this decreased to 1.46 in 2015 and 1.36 in 2016. Egypt's infrastructure and services require exponential growth in size and quality to meet the needs of a growing population. A critical financial burden remains, providing massive healthcare services to lower class segments of society. Poverty stood at 27.8% which translated into 25.5 million individuals. In parallel, Egypt's growing middle-class population requires a healthcare system that treats emerging diseases and illnesses associated with modern and urban lifestyles. To meet its needs, the sector would require investments of between EUR 6 900 and EUR 38 950 million in real estate and between 3 850 and 16 110 million in medical fit-outs (Khalifa, 2018).

In August 2017, Kenya has its national and county election after which the 5-year period will lend a new wave of Public Private Partnerships in the health sector as the public sector acknowledges that they cannot improve the health system without partnering with the private and FBO sector. Human Resources for Health (HRH) are still managed at national level. Kenya has a high health worker shortage, mostly affecting the rural areas. Most health workers are employed in the private sector, in which the competition for doctors drives the costs of healthcare. Challenges are improving the capacity of training, efficiency of health workers, and reducing the so-called brain-drain where trained health workers look for greener pastures in the private sector and abroad. Moi Teaching and Referral Hospital has a Hospital Strategy of 2017-2022 which clearly outlines projects and programs to be funded. All these projects have the sole objective of improving quality of care and promoting Universal Health Coverage (UHC). UHC remains the top priority in the Health sector. MTRH continues to accelerate the implementation of this government agenda. In the process of development of Moi Teaching and Referral Hospital buildings, equipping, technological resources and machines they encountered a number of difficulties are, for example there is delayed completion of the projects which is attributed by slow funding process, other challenges include: declining donor funding, inadequate government funding, change in foreign policies, shifting donor funding to other development areas such as education.

Statement of The Problem

Health sector funding has a positive impact on growth of projects with participatory and accountable systems and policies but has little impact on projects whose such policies are poor. organization projects are likely to have little or no substantial impact in poor sector-policy environment and where projects are not well integrated. Many intervention programmes aimed at prevention, care, treatment and development have disappointing outcomes because of lack of effective resources mobilization (Campbell & Cornish, 2010). Foreign aid has continued to play an important role in developing countries, especially sub-Saharan Africa however, after half a century of channeling resources to the Third World, little development has taken place. There have been several projects funded by donors such as the World Bank to help alleviate poverty, prevention, care, treatment and development in Kenya. Most of these projects have been designed for various communities living in Kenya (Wright, 2018). However, these projects are not effective in achieving their objectives. Previous studies have addressed role of resources available in promoting the development potential and performance of community resource mobilization but failed to address the long-term investment in resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. The Hospital has a resource mobilization capacity 2018-2021 as well as a resource mobilization policy, and donations Policy aimed at managing all resource mobilization activities and donor relations. Therefore, the study seeks to establish influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital.

Objectives of the Study

To assess the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital.

Research Hypotheses

H₀₁: Resource mobilization capacity has no significant influence on growth of funded projects in Moi Teaching and Referral Hospital.

Justification of the Study

The study findings may be useful to the state corporation's officials and management of MTRH by equipping them with facts and knowledge necessary to ensure adoption of effective resource mobilization

capacity to achieve growth of funded projects in Moi Teaching and Referral Hospital. The key results of this valuable investment are seen in the lives of the beneficiaries of the organization projects after the relevant stakeholders apply the knowledge recommended in this study. The findings of this study may be of practical value to Policy makers under state corporations with new ideas on key resource mobilization strategies that should be taken into account to ensure Growth of funded projects in the country. The study findings may be an important reference material for academicians and researchers interested in the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital.

II. Literature Review

This chapter looks at the theoretical framework, the conceptual framework and empirical review

Theoretical Framework

The study was guided by the following theory; Resource mobilization theory

Resource Mobilization Theory

Resource mobilization theory was developed by McCarthy-Zald (1973) According to resource mobilization theory, a core, professional group in a social movement organization works towards bringing money, supporters, attention of the media, alliances with those in power, and refining the organizational structure. Social movements need the above resources to be effective, because dissent and grievances alone will not generate social change (Mayer, 2001). Assumption by Thompson (2005) asserts that resource mobilization is the process by which resources are solicited by the program and provided by donors and partners. This is particularly important for GRPPs, since GRPPs are typically externally financed programs with little or no capacity to earn income from their own resources. Enhanced resource mobilization increases the ability of Governments to achieve long-term development objectives.

This theory assumes that individuals are rational individuals weigh the costs and benefits of movement participation and act only if benefits outweigh costs (Oberschall, 2017). When movement goals take the form of public goods, the free rider dilemma has to be taken into consideration. Assumption that all parties willing to engage in the political process have a reasonable chance that their grievances will be heard and addressed, resource mobilization scholars sought to understand how rational and often marginalized social actors mobilized effectively to pursue their desired social change goals (Zald, 2017). When the theory first appeared, it was a breakthrough in the study of social movements because it focused on variables that are sociological rather than psychological. No longer were social movements viewed as irrational, emotion-driven, and disorganized.

Resource mobilization theory is useful to the study because it supports the second variable of the study on resource mobilization capacity on Growth of funded projects. Resource mobilization is the process of getting resource from resource provider, using different mechanisms to implement the organization's work for achieving the pre-determined organizational goals. It deals in acquiring the needed resources in a timely cost-effective manner. Resource mobilization advocates upon having the right type of resource, at the right time, at right price with making right use of acquired resources thus ensuring optimum utilization of the same.

Critics show that until now, however, African countries have had difficulty in mobilizing adequate domestic resources to meet their investment needs. Although there has been some progress in mobilizing domestic resources since the adoption of the NEPAD framework document and the Monterrey Consensus, the ratio of savings to gross domestic product (GDP) has fallen, from 24.3 per cent of GDP in 2008 to 16 per cent in 2011. Moreover, since 2008, the gross domestic savings rate has been consistently lower than the gross domestic investment rate. With current estimates of the financing gap standing at approximately 6 per cent of African GDP, it is clear that mobilizing sufficient, stable and predictable resources still remains a real concern for the continent (Beck, 2011).

Empirical Review

Resource Mobilization Capacity and Growth of Funded Projects

Walsh and Davies, (2013) did a health research, development and innovation in England from 1988 to 2013: from research production to knowledge mobilization. This paper presents a critical analysis of the development of government policy and practice on health research, development and innovation over the last 25 years starting from the publication of a seminal report from the House of Lords Science and Technology Committee in 1988. The study first set out to map and analyse the trends in ideas and thinking that have shaped research policy and practice over this period, and to put the development of health research, development and innovation in the wider context of health system reforms and changes. The study argued that though this has been a transformative period for health research, rather less progress has been made in the domains of development and innovation.

According to Briscoe and Gupta (2016) on resource mobilization capacity, resource mobilization (RM) involves all that has to be done in order to get in possession of recently discovered resources in an organization

and also increasing the amounts of organization resources by using the available ones in a better way. Resource mobilization is a component of great value for making an organization stronger. Regrettably competition for the resources provided by the donors is so high and the organizations ability to get possession of resources relies on the level of competition in the field on how well it is able to compete with others in the same field and also how well it can find out new source of resources in the environment. The discussed scenarios bring uncertainty over funding by donors hence making it very difficult for Organizations to run or operate their projects as required.

Densford, Rosemary and Ngugi (2018) examined effect of project resource mobilization on performance of road infrastructure projects constructed by Local Firms in Kenya. the study findings showed that resource mobilization involves; acquiring financial resources, mapping human resources, acquisition of physical resources, community involvement and participation, accountability and transparency, financial accounting and management. Financial resources refer to funds that are required by project implementers to buy the necessary equipment and machinery required in running of projects and also meet other expenses related to the project such as salaries and wages for the workers. Service-based organization use physical resources to facilitate the delivery of the service.

Bryson (2018) revealed that resources which are not financial may include talents, skills, and capacities. Mapping human resources can help women groups find out alternative and effective resources for the project the group has proposed to implement. It can also lead to rediscovering other innovative ways by mapping old fashioned practices and technologies. Taking into consideration the community member skills may also help to make fundraising local and encourage the local community to find a reason of investing in the organization thereby creating a sense of hope and control. By being aware of each member's assets, it can help to make good relationships among associations, institutions and also among themselves hence increasing the sustainability of women group projects.

John and Mayer (2017) examined resource mobilization and social movements: A partial theory. The study showed that resource mobilization as a distinct perspective for understanding social movements, emphasizing the critical role played by material resources. Earlier studies of social movements tended to view them as spontaneous or hysterical reactions to high levels of frustration. Resource mobilization stresses rationality, and the importance of adequate funding, leadership, and organization. Zald (2017) argues that resource mobilization stresses the ability of a movement's members to acquire resources and to mobilize people towards accomplishing the movement's goals. In contrast to the traditional collective behavior theory that views social movements as deviant and irrational, resource mobilization sees them as rational social institutions, created and populated by social actors with a goal of taking a political action.

A study by Porter and Kramer (2019) on a study topic creating shared value in managing sustainable business revealed that resource mobilization possibility increases the efficiency of internal management and service delivery. NGOs can replace hard copies of standard letters and publications with e-mails and electronic versions, respectively, and to facilitate internal and external communication at less cost and higher Increase speed the transparency and the accountability of their operations. Those who are care about the nonprofit activities can conveniently access necessary information if NGOs upload information, data and other resources regarding their organizational missions, financial reports, and ongoing projects and agendas onto a website. Facilitate direct communication with stakeholders and proactively reach out to new potential recipients.

Hence, this allows individuals & groups to access relevant information quickly and easily. Mobilize the stakeholders for a better coordination medium, for a new fundraising source, for an effective discussion forum, and for a legitimacy-garnering mechanism. So, it offers improved efficiency in pursuing social movement goals. Facilitate many-to-many communication without creating chaos. When ICTs work as an open channel for service recipients to participate in the decision-making process of NGOs & create web-based professionals. Track member contact information and participation, e-mail and text messaging for internal communication, and websites to disseminate information to members, donors, the media, and the public.

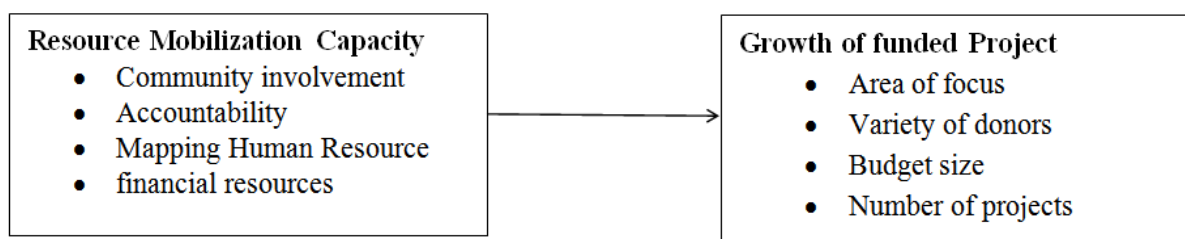
According to Chelladurai and Kerwin (2018) for any organization to live to its long-time goals, it must have the necessary physical resources required in the organization. Some of them are; good workspace, communication systems, enough information system among others. Acquisition of physical resources as an aspect of resource mobilization is considered the costliest aspect. As a result, for project managers should ensure they critically asses their needs prior to making any operations. It is very important for the organization since it is needed in producing the required goods and services. They also state that capital is the strongest too to produce the product or service. It can be in the form of machines and tools. Ensuring that the organization is fully equipped with these items may increase its sustainability and prolong its operations.

Cardinal, Kreutzer and Miller (2017) Energy makes the ability to produce and operate easily in an organization. Needed in various operations in an organization such as heating up or lighting up the organization premises, moving the machinery in enhancing operations and ensuring organization is place that is comfortable so that members are entitled to a proper work environment. Without materials and energy, it means that the operations in the organization was reduced or even stopped which can negatively have an effect on

sustainability of the organization projects. In this competitive world, information gives us continuous update. It is the knowledge that project members need to produce the end product or service.

Conceptual Framework

Conceptual frameworks are products of qualitative processes of theorization (Jabareen, 2009). In the conceptual framework, the independent variable is resource mobilization capacity. The independent variable is shown to be affecting the dependent variable, in this case Growth of funded projects. Figure 1 show the conceptual framework that is used to determine the relationship between independent and dependent variables.



Independent Variables **Dependent Variable**

Figure 1 Conceptual Framework

III. Research Methodology

Research Design

The current study adopted cross sectional survey design based on a sample drawn from employees of Moi Teaching and Referral Hospital under funded programs. This design enabled the researcher to get a larger population hence a reasonable sample size. The survey design adopted enabled the researcher to collect large amount of data from an ideal population and in a highly economical way. Questionnaires were used and this ensured that data collected is standardized, easily understood and easy to compare. It also employed qualitative questions to collect data. This method enabled a deeper understanding for the problems investigated through different sources of information, as well as to be able to describe a general picture of the reliability in which the problem is involved (Walliman, 2005). It is often characterized by the selection of random samples from large populations to obtain empirical knowledge of a contemporary nature (Kazdin, 2011).

Target Population

Target population refers to the larger population to which the researcher ultimately would like to generalize the results of the study (Kothari, 2004). It is therefore the entire group of individuals, events or objects having common observable characteristics. The target population for this study was employees of Moi Teaching and Referral Hospital under funded programs. The accessible population is the population in research to which the researcher draws the sample for the study. Therefore, the accessible population for this study was 30 managers, 32 supervisors and 3 resource mobilization officers from Moi Teaching and Referral Hospital under funded programs. The accessible population is as shown in Table 2.

Table 1 Accessible Population

Teams	Accessible Population
Managers	30
Supervisors	32
Resource Mobilization Officers	3
Total	65

Census Survey

This study used census survey to collect complete information from all participants in the population. This is due the fact that the target population for this study was small and manageable implying that sampling would not apply. The study collected data from 30 managers, 32 supervisors, 3 resource mobilization officers at Moi Teaching and Referral Hospital under funded programs. Using census survey, the researcher was able to collect accurate and complete information.

Data Collection Instruments

The study used primary data which was collected through Scheduled questionnaires. Schedule questionnaires are set of questions with structured answers to guide a researcher or investigator Jamshed (2014).

The questionnaires were administered by the researcher. This allowed the researcher to draw conclusions based on comparisons made from the responses. The researcher opted to use questionnaires so as to collect a lot of information over a very short period of time. Also, questionnaires compared with other data collection techniques were less costly to administer as supervision or follow up of respondents was not required. Pre-testing of questionnaires in the field was used as a means of improving the quality of questions before the main study (Schindler, 2004).

Pilot Study

Pilot study refers to a small study carried out prior to actual data collection to test the validity and reliability of the research instruments (Cooper & Schindler, 2008). The pilot study was carried out in Kenyatta National Hospital. The pilot study sampled 7 respondents representing 10% of study population. This is in accordance to Mugenda (2003) that a sample size of 10% of the study can be used for a pilot study.

Validity of Research Instruments

According to Cooper and Schindler (2008) validity is the accurateness of the research instruments in measuring the underlying study phenomenon. There are three types of validity; Content validity looking at whether the instrument adequately covers all the content that it should with respect to the variable. A subset of content validity is face validity, where experts are asked their opinion about whether an instrument measures the concept intended. Construct validity refers to whether you can draw inferences about test scores related to the concept being studied. Criterion validity is where a criterion is any other instrument that measures the same variable. Correlations can be conducted to determine the extent to which the different instruments measure the same variable. The study used content validity. To test validity, scheduled questionnaires to be used in the study was availed to the supervisor and other specialized lecturers in the field of study in the School to review the test items to ensure that they are based on the content area before commencing data collection. The researcher also sought the opinion of individuals who can render intelligent judgment about their adequacy (Fraenkel, 1993).

Reliability of Research Instruments

According to Latunde (2016) reliability of research instrument is the level in which the research instrument can yield similar results when the instrument is used for the same target population repeatedly. Data collected from the pilot study was used to compute the reliability of the instruments' items. The Cronbach's alpha coefficient was applied on the results obtained to determine how items correlate among themselves in the same instrument. Cronbach's Alpha is the most commonly used test to determine the internal consistency of an instrument. The Cronbach's Alpha result is a number between 0 and 1. An acceptable reliability score is one that is 0.7 and higher.

Cronbach's Alpha of more than 0.7 was taken as the cut off value for being acceptable which enhanced the identification of the dispensable variables and deleted variables (Mugenda & Mugenda, 2003). However, the Cronbach's alpha coefficient that is less than 0.70 implies that the research instruments are not reliable and the researcher would make necessary corrections before using the instruments to collect data.

Data Collection Procedure

The researcher first obtained an introduction letter from Jomo Kenyatta University of Agriculture and Technology allowing the researcher to proceed for data collection as well as proving details of the researcher and purpose of the study. Upon receiving the introduction letter, the researcher then proceeded to the institution to seek for permission to carry out the proposed research in the organizations. The research explained to the respective respondents the purpose of the study and sought co-operation from them. The researcher administered questionnaires personally.

Data Processing and Analysis

After data collection, data processing, analysis and data presentation was done. This involved a series of actions performed on the data in terms of sorting, checking and editing for completeness and consistency. Data collected was coded, edited and analyzed through the Statistical Package for Social Science (SPSS) software version 25. Data analyses are the actions and methods performed on data that helped the researcher to describe facts, detect patterns, develop explanations and test hypotheses. Quantitative data collected was analyzed by use of descriptive and inferential statistics. Descriptive statistics were frequency, percentages, means, and standard deviations while inferential statistics were correlation and multiple regressions. Frequency tables, charts and graphs were used to present the data collected for ease of understanding and analysis. The following regression model was used to conduct inferential analysis:

$$Y = \beta_0 + \beta_1 X_1 + \epsilon \dots\dots\dots \text{Equation 1}$$

Where: Y represents growth of funded projects in Moi Teaching and Referral Hospital

β_0 represent the y intercept
 X_1 represents resource mobilization capacity
 β_1 represent model coefficients
 ϵ represents error term

Assumptions of Regression model

The study tested for linearity, independence of errors, collinearity and normality. Linearity defines the dependent variable as a linear function of the predictor (independent) variables (Darlington, 1968). Multiple regressions can accurately estimate the relationship between dependent and independent variables when the relationship is linear in nature (Osborne & Waters, 2002). The chance of on-linear relationships is high in the social sciences; therefore, it is essential to examine analyses for linearity (Osborne & Waters, 2002). To test for linearity is by plotting an XY plot with the actual data points on the Y axis and expected values on the X axis. The graph is visually examined for linearity and precision. If the all data points fall on a straight line, the method is linear. If the method is perfectly Linear A straight line obtained that had a slope of 1.00 and Y intercept of zero. The slope is an indicator of the % recovery; if the slope is 0.94 then recovery is 94%. Linearity can be accepted if the slope is 1.00 +/- 0.03 and the Y intercept is 0 +/- the within run precision.

The researcher is able to interpret regression coefficients as the effects of the independent variables on the dependent variables when collinearity is low (Poole & O’Farrell, 1971). This means that we can make inferences about the causes and effects of variables reliably. Multicollinearity occurs when several independent variables correlate at high levels with one another, or when one independent variable is a near linear combination of other independent variables. The more variables overlap (correlate) the less able researchers can separate the effects of variables. In MR the independent variables are allowed to be correlated to some degree (Cohen, 1968). The regression is designed to allow for this, and provides the proportions of the overlapping variance (Fleiss, Levin & Paik, 2013).

Ideally, independent variables are more highly correlated with the dependent variables than with other independent variables. To diagnose multicollinearity the study uses variance inflation factors (VIF) and tolerance. A VIF greater than 10 or tolerance below 0.10 imply serious multicollinearity problem. Multiple regressions assume that variables have normal distributions (Darlington, 1968; Osborne & Waters, 2002). This means that errors are normally distributed, and that a plot of the values of the residuals approximated a normal curve (Gelman& Hill, 2006).

The assumption is based on the shape of normal distribution and gives the researcher knowledge about what values to expect (Gelman& Hill, 2006). Once the sampling distribution of the mean is known, it is possible to make predictions for a new sample (Gelman& Hill, 2006). To test the assumption of normality, the following measures and tests can be applied: To test the assumption of normal distribution Kolmogorov-Smirnov and Shapiro-Wilk was used. The value less than 0.035 Kolmogorov-Smirnov is not normal while also value for Shapiro-Wilk less than 0.05 indicate non-normality.

IV. Findings And Discussions

Return Rate

The researcher administered 65 questionnaires to randomly selected respondents. Out of 65 questionnaires administered only 54 questionnaires were returned. Table 2 indicates that the response rate was (83.1%). All the return rates for respondents were above 80% and hence deemed adequate for data analysis as stated by Mugenda and Mugenda (2003) that a response rate of 50% insufficient.

Table 2 Response Rate

Response Rate	Frequency	Percentage
Responded	54	83.1
No responses	11	16.9
Total	65	100

Descriptive Statistics

This section represents the descriptive statistics of the four study objectives and the dependent variable. To achieve this, a five-point Likert scale was used where; 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

Resource Mobilization Capacity

The study sought to establish the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. Table 3 presents the study results.

Table 3 Resource Mobilization Capacity

Statements		SA	A	UN	D	SD	Mean	Sd
i. During resource mobilization the organization have expend their capacity by involving the community	F	13	26	5	4	6	3.67	1.24
	%	24.1	48.1	9.3	7.4	11.1		
ii. The resource mobilization department have the accountability capacity to handle the funds	F	17	24	3	4	6	3.78	1.28
	%	31.5	44.4	5.6	7.4	11.1		
ii. The organization have the capacity of mapping Human Resource during	F	12	24	8	5	5	3.61	1.20
	%	22.2	44.4	14.8	9.3	9.3		
v. The organization have been able to mobilize the financial resources which have led to growth of their projects	F	16	28	2	4	4	3.89	1.14
	%	29.6	51.9	3.7	7.4	7.4		
Valid		N=54						

Table 3 on the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital shows that 39(72.2%) of the respondents agreed with the statement that during resource mobilization the organization have expend their capacity by involving the community. However, 10(18.5%) of the respondents disagreed with the statement that during resource mobilization the organization have expend their capacity by involving the community. Further the study findings showed in terms of means and standard deviation shows that the respondents agreed with the statement that during resource mobilization the organization have expend their capacity by involving the community (Mean=3.67, Std. dev=1.24).

Also, 41(75.9%) of the respondents agreed with the statement that the resource mobilization department have the accountability capacity to handle the funds. While 10(18.5%) of the respondents disagreed with the statement that the resource mobilization department have the accountability capacity to handle the funds. Further the study findings showed in terms of means and standard deviation shows that the respondents agreed with the statement that the resource mobilization department have the accountability capacity to handle the funds (Mean=3.78, Std. dev=1.28). Another, 36(66.7%) of the respondents agreed with the statement that the organization have the capacity of mapping human resource during.

However, 10(18.5%) disagreed with the statement that the organization have the capacity of mapping human resource during. Further the study findings showed in terms of means and standard deviation shows that the respondents agreed with the statement that the organization have the capacity of mapping human resource during (Mean=3.61, Std. dev=1.20). Finally, 44(81.5%) of the respondents agreed with the statement that the organization have been able to mobilize the financial resources which have led to growth of their projects. But, 8(14.8%) of the respondents disagreed with the statement that the organization have been able to mobilize the financial resources which have led to growth of their projects. Further the study findings showed in terms of means and standard deviation shows that the respondents agreed with the statement that the organization have been able to mobilize the financial resources which have led to growth of their projects (Mean=3.89 Std. dev=1.14).

The study results also show that resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. This implies that during resource mobilization the organizations have expanded their capacity by involving the community. Their resource mobilization department has the accountability capacity to handle the funds. Further, the organization has the capacity of mapping human resource during. Finally, the organization has been able to mobilize the financial resources which have led to growth of their projects. The study results concur with Wang, Li, Liao and Fang, (2016) who did a study on building energy efficiency for public hospitals and healthcare facilities in China: Barriers and drivers and found out that the implementation of PHC, primarily through services provided at the primary health centres, vary based.

The study results concede with Briscoe and Gupta (2016) on resource mobilization capacity, resource mobilization (RM) involves all that has to be done in order to get in possession of recently discovered resources in an organization and also increasing the amounts of organization resources by using the available ones in a better way. Resource mobilization is a component of great value for making an organization stronger. Regrettably competition for the resources provided by the donors is so high and the organizations ability to get possession of resources relies on the level of competition in the field on how well it is able to compete with others in the same field and also how well it can find out new source of resources in the environment.

Correlation Analysis Results

Correlation analysis was done to examine the relationship between each of independent variables and dependent variable. The correlation coefficient r measures the strength and direction of a linear relationship

between each of independent variables and dependent variable. Table 4 presents the results of correlation analysis.

Table 4 Correlation Analysis Results

		Growth of funded projects
Resource mobilization capacity	Pearson Correlation	.912**
	Sig. (2-tailed)	.000

** . Correlation is significant at the 0.01 level (2-tailed).

From the study findings Table 4 on correlation revealed There was strong, positive and statistically significant correlation between resource mobilization capacity and growth of funded projects ($r=0.912$; $p< 0.01$). This gives an implication that resource mobilization capacity contributes 91.2% to growth of funded projects.

Multiple Regression Analysis

Through multiple regression analysis, the study determined the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. The relevant results of analysis are presented in the following tables;

Model Summary

In model summary the research determines correlation coefficient (R) showing the degree of association between the dependent and independent variables. Also, determining coefficient of determination (R^2) showing the proportion of the variance in the dependent variable that is predictable from the independent variable. The results are presented in Table 5.

Table 5 Multiple Regression Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.945	0.893	0.884	0.31293

Resource mobilization capacity is found to be satisfactory variables in influencing the growth of funded projects in Moi Teaching and Referral Hospital. This is indicated by coefficient of determination (R^2) value of 0.893. This means that the four independent variables explained 89.3% of the variations in the dependent variable (growth of funded projects). The results further implied that the model applied to link the relationship of the variables was satisfactory. Adjusted R^2 is a modified version of R^2 that has been adjusted for the number of predictors in the model by less than chance.

The adjusted R^2 of 0.884 which was slightly lower than the R^2 value was exact indicator of the relationship between the independent and the dependent variable because it is sensitive to the addition of irrelevant variables. The adjusted R^2 indicates that 88.4% of the changes in growth of funded projects are explained by the model.

Model Fitness

The study examined whether the multiple regression model was a good fit for the data. Analysis of Variance (ANOVA) was conducted in order to find out if growth of projects can be predicted without relying on the independent variables examined in the study. The results of Analysis of Variance (ANOVA) are shown in Table 6.

Table 6 Results of Model Fitness

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	40.004	4	10.001	102.130	.000
Residual	4.798	49	.098		
Total	44.802	53			

The findings of the study in Table 6 indicated that the relationship between the independent variables and the dependent variable was statistically significant ($F=102.130$; $p< 0.05$). This implies that the multiple regression model was good fit for the data. Hence resource mobilization capacity influence growth of funded projects.

Regression Coefficients

The study also conducted t-test of statistical significance of each individual regression coefficient. Table 7 presents the results of regression coefficients.

Table 7 Regression Analysis Coefficient

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.206	0.202		1.021	0.312
Resource mobilization capacity	0.376	0.116	0.375	3.252	0.002

Regression of coefficients results in Table 7 shows that it was further established that resource mobilization capacity has a positive and significant influence on growth of funded projects ($\beta_1=0.376$, $p=0.002$). This give an implication that a unit increase in a unit increase in resource mobilization capacity will cause a 0.376 increase in growth of funded projects. The optimal multiple regression model equation was;

$Y = 0.206 + 0.376X_1$equation 2

Where:

Y represents growth of funded projects, dependent variable.

X_1 represents resource mobilization capacity

Hypotheses Testing

In this study, a multiple regression analysis was conducted to test the influence among predictor variables and growth of funded projects. To determine the linear statistical relationship between the independent and dependent variables for this study, all the four hypotheses were tested using the multiple regression models. For each hypothesis, the regression equation was first obtained using the B coefficients on the line of best fit. The decision rule was that if the p –value is less than conventional 0.05 the null hypothesis was rejected and when its above 0.05 we fail to reject the null hypothesis. Hypothesis was tested at 5% alpha level of significance.

The Null Hypothesis H_{01} postulated that resource mobilization capacity has no significant influence on growth of funded projects in Moi Teaching and Referral Hospital. The regression results in Table 7 indicated ($\beta_2=0.376$, $p<0.05$) therefore study rejected the hypothesis and concluded that there is significant relationship between resource mobilization capacity and growth of funded projects in Moi Teaching and Referral Hospital. These results agreed with According to Briscoe and Gupta (2016) who revealed that resource mobilization is a component of great value for making an organization stronger. John and Mayer (2017) showed that resource mobilization as a distinct perspective for understanding social movements, emphasizing the critical role played by material resources.

Resource mobilization stresses rationality, and the importance of adequate funding, leadership, and organization. Zald (2017) argues that resource mobilization stresses the ability of a movement's members to acquire resources and to mobilize people towards accomplishing the movement's goals. According to Chelladurai and Kerwin (2018) for any organization to live to its long-time goals, it must have the necessary resource mobilization of physical resources required in the organization. Cardinal, Kreutzer and Miller (2017) who stated that without resource mobilization of materials and energy, it means that the operations in the organization is reduced or even stopped which can negatively have an effect on sustainability of the organization projects.

V. Summary Of Findings, Conclusions And Recommendations

Summary of the Findings

Resource Mobilization Capacity

The second study objectivesought to establish the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. The respondents agreed with all the aspects of resource mobilization capacity. They agreed that during resource mobilization the organization have expend their capacity by involving the community, the resource mobilization department have the accountability capacity to handle the funds.

The organization have the capacity of mapping Human Resource during and that the organization have been able to mobilize the financial resources which have led to growth of their projects. The study results also show that resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. This implies that during resource mobilization the organizations have expanded their capacity by involving the

community. Their resource mobilization department has the accountability capacity to handle the funds. Further, the organization has the capacity of mapping Human Resource during. Finally, the organization has been able to mobilize the financial resources which have led to growth of their projects.

Conclusions of the Study

There is always cooperation of all stakeholders in resources mobilization. The study also concluded that resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. This implies that during resource mobilization the organizations have expanded their capacity by involving the community. Their resource mobilization department has the accountability capacity to handle the funds. Further, the organization has the capacity of mapping Human Resource during. Finally, the organization has been able to mobilize the financial resources which have led to growth of their projects.

Recommendations of the Study

Based on the study findings the study recommends the following; Resource mobilization efforts should be aligning with the organizational mission, objectives and strategic plan and further resource mobilization should be ensured that it meet the needs of the stakeholders. The hospital should plan stakeholder engagement activity as part of the resource mobilization programme; build flexibility within the resource mobilization process to accommodate engagement and the outcomes of engagement. The hospital should have the necessary resource mobilization of physical resources in order expand their projects. Since without resource mobilization of materials and energy, it means that the operations in the organization is reduced. Networking help leaders to consider the relationships that they need in order to be successful, forge the connections that create productive teams, and weave the webs that make organizations thrive.

Suggestions for Further Study

The current study concentrated only on the four objectives on the influence of resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital. Therefore, a study should be done on other factors influencing resource mobilization capacity on growth of funded projects in Moi Teaching and Referral Hospital.

References

- [1]. Alreemy, Z., Chang, V., Walters, R., & Wills, G. (2016). Critical Success Factors (Csfs) For Information Technology Governance (ITG). *International Journal of Information Management*, 36(6), 907-916.
- [2]. Beck, N., & Katz, J. N. (2011). Modeling Dynamics in Time-Series–Cross-Section Political Economy Data. *Annual Review of Political Science*, 14(3), 331-352.
- [3]. Bicen, P., & Johnson, W. H. (2014). How Do Firms Innovate with Limited Resources in Turbulent Markets? *Innovation*, 16(3), 430-444.
- [4]. Briscoe, F., & Gupta, A. (2016). Social Activism in And Around Organizations. *The Academy of Management Annals*, 10(1), 671-727.
- [5]. Brown, J. S., & Duguid, P. (2017). *The Social Life of Information: Updated, With A New Preface*. Massachusetts: Harvard Business Review Press.
- [6]. Brown, J., & Dillard, J. (2015). Dialogic Accountings for Stakeholders: On Opening Up and Closing Down Participatory Governance. *Journal of Management Studies*, 52(7), 961-985.
- [7]. Campbell, C., & Cornish, F. (2010). Towards A “Fourth Generation” Of Approaches To HIV/AIDS Management: Creating Contexts for Effective Community Mobilisation. *Journal of Health Psychology*, 15(7), 962-971.
- [8]. Cardinal, L. B., Kreutzer, M., & Miller, C. C. (2017). An Aspirational View of Organizational Control Research: Re-Invigorating Empirical Work to Better Meet the Challenges Of 21st Century Organizations. *Academy of Management Annals*, 11(2), 559-592.
- [9]. Cooper, D., & Schindler, P. (2008). *Business Research Methods*, New York: Mcgraw-Hill/Irwin.
- [10]. Darlington, R. B. (1968). Multiple Regression in Psychological Research and Practice. *Psychological Bulletin*, 69(3), 1-10
- [11]. Fleiss, J. L., Levin, B., & Paik, M. C. (2013). *Statistical Methods for Rates and Proportions*. Hoboken: John Wiley & Sons.
- [12]. Friis, R. H. (2018). *Essentials of Environmental Health*. Burlington: Jones & Bartlett Learning.
- [13]. Jabareen, Y. (2009). Building A Conceptual Framework: Philosophy, Definitions, And Procedure. *International Journal of Qualitative Methods*, 8(4), 49-62.
- [14]. Jamshed, S. (2014). Qualitative Research Method-Interviewing and Observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87-98.
- [15]. Jung, T. H., Lee, J., Yap, M. H., & Ineson, E. M. (2015). The Role of Stakeholder Collaboration in Culture-Led Urban Regeneration: A Case Study of TheGwangju Project, Korea. *Cities*, 44(2), 29-39.
- [16]. Kazdin, A. E. (2011). *Single-Case Research Designs: Methods for Clinical and Applied Settings*. California: Oxford University Press.
- [17]. Khalifa, M. A. (2018). Evolution of Informal Settlements Upgrading Strategies in Egypt: From Negligence to Participatory Development. *Ain Shams Engineering Journal*, 6(4), 51-59.
- [18]. Kiiru, M., Kiraka, R. N., & Cuthbert, D. L. (2011). *Successful Fundraising: A Strategic & Practical Guide*. Nairobi: Evangel Publishing House.
- [19]. Kothari, C. R. (2004). *Research Methodology: Methods and Techniques*. Pakistan: New Age International.
- [20]. Latunde, Y., & Clark-Louque, A. (2016). Untapped Resources: Black Parent Engagement That Contributes to Learning. *The Journal of Negro Education*, 85(1), 72-81.
- [21]. Leela, V. (2014). Corporate Social Responsibility in Hospitals: Need for Transparent CSR Initiatives for Internal and External Stakeholders. *International Journal of Business Ethics in Developing Economies*, 3(1), 45-63.

- [22]. Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S., & Vega, J. (2014). An Assessment of Progress Towards Universal Health Coverage in Brazil, Russia, India, China, And South Africa (BRICS). *The Lancet*, 384(9960), 2164-2171.
- [23]. Mugenda, O. M., & Mugenda, G. A. (2003). Research Methods. *Global Journal of Advanced Research*, 3(1), 43-49.
- [24]. Oberschall, A. (2017). *Social Movements: Ideologies, Interest, And Identities*. London: Routledge.
- [25]. Osborne, J. W., & Waters, E. (2002). Four Assumptions of Multiple Regression That Researchers Should Always Test. *Practical Assessment, Research, And Evaluation*, 8(1), 2-10
- [26]. Payne, S. L., & Calton, J. M. (2017). Towards A Managerial Practice of Stakeholder Engagement: Developing Multi-Stakeholder Learning Dialogues. In *Unfolding Stakeholder Thinking* London: Routledge.
- [27]. Sahaym, A., Cho, S. Y., Kim, S. K., & Mousa, F. T. (2016). Mixed Blessings: How Top Management Team Heterogeneity and Governance Structure Influence the Use of Corporate Venture Capital by Post-IPO Firms. *Journal of Business Research*, 69(3), 1208-1218.
- [28]. Tang, H., Dong, S., & Liu, T. (2014). Relative Efficiency and Productivity: A Preliminary Exploration of Public Hospitals in Beijing, China. *BMC Health Services Research*, 14(1), 158-169.
- [29]. Thompson, J. N. (2005). *The Geographic Mosaic of Coevolution*. Chicago: University of Chicago Press.
- [30]. Van Meerkerk, I., Edelenbos, J., & Klijin, E. H. (2015). Connective Management and Governance Network Performance: The Mediating Role of Throughput Legitimacy. Findings from Survey Research on Complex Water Projects in The Netherlands. *Environment and Planning C: Government and Policy*, 33(4), 746-764.
- [31]. Walliman, N. (2005). *Your Research Project: A Step-By-Step Guide for The First-Time Researcher*. Newcastle Upon Tyne: Sage.
- [32]. Walshe, K., & Davies, H. T. (2013). Health Research, Development and Innovation in England from 1988 To 2013: From Research Production to Knowledge Mobilization. *Journal of Health Services Research & Policy*, 18(3), 27-39
- [33]. Wang, T., Li, X., Liao, P. C., & Fang, D. (2016). Building Energy Efficiency for Public Hospitals and Healthcare Facilities in China: Barriers and Drivers. *Energy*, 103(3), 588-597.
- [34]. Wright, J. D., & Sommerdijk, N. A. (2018). *Sol-Gel Materials: Chemistry and Applications*. Taylor & Francis: CRC Press.
- [35]. Zald, M. N. (2017). *Social Movements in An Organizational Society: Collected Essays*. London: Routledge.

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