INFLUENCE OF COMMUNITY PARTICIPATION IN THE SUSTAINABLE IMPLEMENTATION OF HEALTH PROJECTS: A CASE OF BORABU DIVISION, NYAMIRA COUNTY

BY

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DECLARATION

This research project report is my original work and has not been presented for a degree or any award in any other university.

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Signature: ..... **Date:** 24/11/2012

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This research project report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I would like to dedicate this research study to my fiancée Irene for her emotional support and being by me during the entire period when I was undertaking this exercise and my parents, Richard and Priscilla who have spared all their time, effort and resources to ensure that my quest for knowledge has been fulfilled through education.

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God bless you all.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACFOA-	Australian Council for Overseas Aid
CBS-	Central Bureau of Statistics
CDF-	Community Development Fund.
DDC-	District Development Committee.
FAO-	Food Agricultural Organization
IFAD-	International Fund for Agricultural Development
IRD-	Integrated Rural Development.
MDGs	Millennium Development Goals
NGO-	Non-Governmental Organization
UNECA-	United Nations Economic Commission for Africa
UNICEF-	United Nations International Children Education Fund

ABSTRACT

The cornerstone of community based development is the active involvement of members of a defined community in at least some aspects of project design and implementation. Community based participation is becoming increasingly popular in developmental circles worldwide and as a means of contributing towards rural development and poverty alleviation. The major problem in Borabu Division is the lack of an integrated participation plan and participation policy statement that could guide the sustainable implementation of community based participation. It is therefore in this context that the study would like to establish the influence of community participation in sustainable implementation of health projects in Borabu Division. The study sought to examine the influence of community participation in the sustainable implementation of projects especially health projects in Borabu Division, Nyamira county. The study employed descriptive survey method as a research design to determine the participation of the community in sustainable implementation of health projects in Borabu Division, Nyamira County. The target population was drawn from community members who are affiliated to community based organizations in Borabu Division. Also the leaders in charge of development in the division and the administrators like chiefs formed part of the study as it was shown in the sample distribution. The study used systematic sampling to get 6 community groups. In total there were 60 community members to be interviewed and 7 leaders which added to a sample size of 67 members. The researcher used a self-administered questionnaire, which was divided into five parts. Qualitative and quantitative methods of data analysis were employed. Through participation, local people identify their needs as well as the relevant goals of a program. Timely, well- planned, and well implemented public involvement programs have contributed to the successful design, implementation, operation, and management of projects. Community members, when given an opportunity to be informed and involved in the revitalization process, are or can be a critical factor to a project's success. Community members' contribution in decision making helps in the revitalization planning process and better understand the process and support a project they had input in. The idea of people's participation in development means improving the potential of the previously neglected rural poor, enabling them to make decisions for their own welfare. The concerned stakeholders should ensure effectiveness and efficiency of the training and capacity building programs by addressing the weaknesses or constraining factors. It is important to link with on-going development (sustainable development) projects in the area to emphasize the importance and relevance to disaster work with regards to the bigger picture.

CHAPTER ONE

INTRODUCTION

1.1 Background Information

Swanapoel (1993) noted that, .people…are often reluctant to take initiative because they are not sure of themselves and partly because they are not used to it. They are used to the fact that some authority or organization takes the initiative. In most cases, they are quite willing to follow passively….

An international symposium on the challenge of rural poverty held in West Germany in 1987 observed in a resolution that participatory development would realize its full transforming potential;

….only through the motivation, active involvement and organization at grassroots level of the rural people, with emphasis on the least advantaged in conceptualizing and designing social and economic institutions including cooperatives and other voluntary forms of organizations for planning, implementing and evaluating them.

The International Association for Public Participation (2000), communities should have a say in decisions about actions that affect their lives. Hence participation is a process through which stakeholders' influence and share control over development initiatives and the decisions and resources which affect them.

In 1990, the African Charter on popular participation in Development and Transformation known as "the Arusha Declaration" was hoisted which sought to put popular participation at the heart of development. The Arusha meeting convened at the instance of United Nations Economic Commission for Africa (UNECA) had an assemblage of different stakeholders, peoples organizations with one of the objective being; 'to identify obstacles to peoples participation in development and define appropriate approaches to promotion of popular participation in policy

design, formulation, planning, implementation and monitoring and evaluation of development programs. The conference ended with a declaration that popular participation is a fundamental element of development and urged African countries to better integrate their people in development process. (S.Adejumobi & A. Olukoshi, 2009).

According to Julius Nyerere (1973), people will only develop themselves "by what they do; they develop themselves by making their own decisions, by increasing their own knowledge and ability and their own full participation as equals". People should of necessity participate in decisions that affect their lives. This serves to instill local responsibility as well as enhancing their sense of dignity and worth. It's believed that people will give their local support to initiatives that they help to create, (Mulwa, 2007).

According to National Development Plan, (2002-2008), it's expected that the implementation of policies, programmes and projects be closely monitored and evaluated to ensure maximum impact and timely delivery of projects and programmes output. To implement this, communities are encouraged to prepare community action plans against which they could actively participate in monitoring and evaluation of projects at community through community project committees.

Under Vision 2030, a number of flagship projects have been identified in each sector which will be implemented over the five years of the vision to facilitate the desired growth on a sustainable basis. Health projects have been identified as key in driving health growth in the health sector. The millennium development goals (MDGs) can only be achieved if only the health systems are improved at all levels or regions in the country. The 'ring fencing' policy whereby all agreed allocations to a particular sector are never reduced no matter what happens to the revenue has helped

improve for instance maternal health. For instance in Kenya, the ring fencing protects the health, education and poverty sectors from such cuts.

The cornerstone of community based development is the active involvement of members of a defined community in at least some aspects of project design and implementation. Although participation can occur in many levels, a key objective is the incorporation of local knowledge into the project's decision making process. When beneficiaries also make key project decisions, participation becomes self-initiated, what has come to be known as exercise of voice and choice. Involvement is expected to lead to better designed projects, better targeted benefits, more cost effective and timely delivery of project inputs and more equitably distributed project benefits with less corruption.

1.2 Statement of the Problem

Community based participation is becoming increasingly popular in developmental circles worldwide and as a means of contributing towards rural development and poverty alleviation.

It has been realized that sustainability of community projects continue suffering as long as development professionals keep doing everything for the people. It has been identified that top-down, directive methodological approaches employed are largely responsible for this inadequacy. It's the methodological choices and processes involved during the entire project cycle e.g. problem identification, prioritization, implementation and monitoring and evaluation) that ultimately determine what happens when the funding is over, (Mulwa, 2004).

The major problem in Borabu Division is the lack of an integrated participation plan and participation policy statement that could guide the sustainable implementation of community based participation. (Nyamira District Development Plan 2010-2011). It was therefore in this context that

the study would like to establish the influence of community participation in sustainable implementation of health projects in Borabu Division.

1.3. Purpose of the Study

The study sought to examine the influence of community participation in the sustainable implementation of projects especially health projects in Borabu Division, Nyamira county.

1.4 Objectives of the study

The researcher identified four objectives in line with the dependent variables which assisted him in carrying out the study as listed below:-

1. To determine how the influence of community participation in identification and prioritization of health projects leads to their sustainable implementation in Borabu division.
2. To determine how the influence community participation in design of health lead to their sustainable implementation in Borabu division.
3. To establish how the influence of community participation in monitoring of health projects lead to their sustainable implementation in Borabu division
4. To establish how the influence of community participation in decision making lead to their sustainable implementation of health projects in Borabu division.

1.5. Research Questions

The research questions were structured from the objectives of the study and which the researcher sought to unravel in the process of carrying out the study. The researcher identified four research questions in line with the objectives as indicated below.

1. How does community participation influence health projects' identification and prioritization to sustainable implementation in Borabu division?

2. How does the influence of community participation in the design of health projects lead to their sustainable implementation in Borabu division?

3. How does the influence of community participation in monitoring of health projects lead to their sustainable implementation in Borabu division?

4. How does decision making by community members on health projects leads to their sustainable implementation in Borabu division?

1.6. Significance of the Study

It was hoped that the study would contribute to advancement of knowledge of community participation in project implementation. The study was expected to provide government, non-governmental organizations, community members and implementers of different with data on the contribution of selected indicators on successful implementation of different health projects. It was hoped that committees with different projects, not only health projects in various parts of the country would use this information for the purposes of improving their operations and be able to come in with better methods of prioritizing and implementing projects while accommodating the contribution/participation of the community in all stages to avoid many 'white elephant' projects in the division.

It was also hoped that the study would contribute to the development of strategies to foster community involvement in development and initiation of projects for example; i) having consultative me community based structures in the area, ii) community involvement in managing the projects through steering committees and by so doing empowering the community in project management skills iii),by applying community involvement strategies that could influence community to participate in such meetings and iv), influence the community to take control of their

initiatives and translate their aspirations and needs into appropriate action plans which are realistic, affordable and attainable.

1.7 Assumptions of the Study

The research assumed that respondents would candidly respond to the various items of the survey. Participatory approaches to project implementation are not being used. That the community was not aware or informed of the upcoming or on-going projects within their locality. A number of meetings were not held at community level to get feedback on the progress of projects and even monitor progress. That the community participation was a viable development method and that, respondents will honestly report their views about community participation.

1.8 Limitations of the Study

The limitations of the study were:

1. That the study was confined to Borabu division and therefore the results cannot be generalized to cover other divisions in Kenya.
2. Many respondents might not be well versed on community participation concept.

1.9 Delimitations of the study

1. Sampling was done such that it would be representative to the population.
2. Concepts and terms were well explained to the respondents.

1.10 Definition of Significant Terms used in the Study

Participation: - a process through which stakeholders' influence and share control over development initiatives and the decisions and resources which affect them.

Sustainability: - "the continuation of benefits for an extended period of time after financial, managerial and technical assistance from a donor has been withdrawn"

Skills and Knowledge: - a skill is a learned capacity to carry out pre-determined results and Knowledge is expertise and skills is acquired by a person through experience or education; the theoretical or practical understanding of a subject.

Stakeholder: - stakeholders are groups of people, organizations and institutions that will affect or may be affected by the project. Those stakeholders include the community- men and women, the youth; project field staff, program managers, funders and other decision makers, government, and NGOs.

1.11 Organization of the study

The study is organized in five chapters. Chapter one covers background of the problem, problem statement, purpose of the study, objectives and research questions. It also covers significance of the study, basic assumptions, limitations and delimitations of the study and finally organization of the study. Chapter two covers literature reviewed from works that have been done in the same area of study. Chapter three spells out the research methodology. This includes introduction, research design, target population, sample size and sample selection, research instruments, data collection procedures and data analysis procedures. Chapter four covers data presentation, processing and interpretation, while chapter five covers summary, discussion, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a brief survey of the literature on the theory and practice of participation in rural development projects. It provides a conceptual understanding of participation and evaluation of participation, and concludes by discussing the barriers to effective participation.

Finally, the major facts about community participation in project implementation are critically analyzed and summarized.

The literature presented in this chapter was captured mainly from primary and from secondary sources. The literature search was conducted using a variety of means. Electronic search was the main method which involved a search through internet search engines like yahoo and Google. The salient technique will be to find key words through the internet search engines which provided key possible articles related to the search key words and their databases. Library search particulary from the University of Nairobi will provide excellent secondary sources of information.

2.2 The Concept of Community Participation

The concept of people's participation isn't a new phenomenon as far as rural development is concerned; it has been talked and written about since 1960s or even before (Gujit and Shah, 1998), Nelson and Wright (1995), (in Odhiambo N,O, 2010).

Shaeffer (2005) provides some specific activities that involve a high degree of participation in a wider development context including collecting, analysing information, determining priorities and setting goals, deciding on and planning programs; designing strategies to implement these programs

and dividing responsibilities among participants, monitoring progress of the program and evaluating results and impacts.

A review of literature on the ways in which participation is operationalized in different interventions reveals multiple conceptions of participation. Pretty *et al.*, for example, argue that: *the term participation has been used to build local capacity and self-reliance, but also to justify the extension of control of the state. It has been used to devolve power and decision making away from external agencies, but also to justify external decisions. It has been used for data collection and also for interactive analysis. But more often than not, people are dragged into participating in operations of no interest to them, in the very name of participation.* Pretty *et al.*, (1995, p.60).
This shows how this 'all-embracing' concept is used and practised in different ways. An understanding about the concepts as discussed in the next sections will serve to provide some perspectives of the process and the dynamics involved in it.

2.2.1 Participation as Means and as End

Community participation is the process by which communities influence the resources and decisions which directly affect them (World Bank, 1996).

One of the common distinctions made by authors and development practitioners is that of 'participation as a means' and 'participation as an end' (see for example Burkey, 1993; Cooke and Kothari, 2001; Dalay-Clayton *et al.*, 2003; Kumar, 2002; Nelson and Wright, 1995; Oakley, 1991). Participation as means implies the use of participation to achieve some pre-determined goals. It is a way of harnessing rural people's physical, economic and social resources to achieve the aims and objectives of development programmes and projects more efficiently, effectively or cheaply (Burkey, 1993; Nelson and Wright, 1995; Oakley, 1991).

Participation as an end is viewed as an active, dynamic and genuine process which unfolds over time and whose purpose is to develop and strengthen the capabilities of rural people to intervene more directly in development initiatives (Cooke and Kothari, 2001; Oakley, 1991). As an end, participation is seen as the empowerment of individuals and communities in terms of acquiring skills, knowledge and experience, leading to greater self-reliance (Burkey, 1993; Karl, 2000). The proponents of this view often maintain that development for the benefit of the poor cannot occur unless the poor themselves control the process, the praxis of participation. It is argued that by establishing a process of genuine participation, development will occur as a direct result (Burkey, 1993; Cooke and Kothari, 2001). Nelson and Wright (1995) believe that the extent of empowerment and achievement of the local population is more limited in 'participation as means' than it is in 'participation as an end'.

While Communities want to embrace development with other partners, must attempt to move away from the unsustainable position of being mere recipients of services, resources and development interventions towards being active partners, or owners, of the interventions. Achieving long-term self-reliance is not a single action, but an ongoing process that develops through several stages, all requiring time and resources.

All people critical to such idea should be fully involved and fully support the idea. Unfortunately, many change initiatives lack blessings of such stakeholders and ultimately, such projects never extend to full implementation. Currently there is no study which has been carried out in Borabu division on the influence of community participation in the implementation of projects, specifically health projects. This is the main drive for the study.

The main research questions directing this study are: How does community participation influence health projects' identification and prioritization to sustainable implementation? How does the

influence of community participation lead to sustainable implementation of health projects in Borabu Division? How does the influence of community participation in monitoring of health projects in Borabu Division lead to their sustainable implementation? How does the influence of community participation in decision making lead to sustainable implementation of health projects in Borabu Division?

2.2.2 Participation as Contribution or as Empowerment

Drawing on Oakley (1991) and Dale (2004), perspectives on participation in development work may also be captured by putting forth two notions, participation as contribution and as empowerment. Participation as contribution may be enlisted primarily in the implementation of programmes and projects or in the operation and maintenance of created facilities. The contribution may be entirely voluntary, induced to various extents or even enforced. It may be provided in the form of ideas, judgements, money, materials, or unpaid or lowly paid labour (Dale, 2004). Indeed, this notion may also be seen as 'participation as means' to get things done.

According to Bretty (2003), participation is an empowering process in which "people, in partnership with each other and those able to assist them, identify problems and needs, mobilise resources, and assume responsibility to plan, manage, control and assess the individual and collective actions that they themselves decide upon". As a process of empowerment, participation is concerned with "development of skills and abilities to enable the rural people to manage better, have a say in or negotiate with existing development systems" (Oakley, 1991).

As Eade and Rowlands (2003) argue, powerlessness is a central element of poverty, and any focus on poverty, inequality, injustice, or exclusion involves analysis of and/or challenging/changing power and power relations. Participation as empowerment can therefore help to amplify unacknowledged voices by enabling the rural people to decide upon and take the actions which they believe are essential to their development (Oakley, 1991; Slocum *et al.*, 1995). According to some FAO (1997) studies, small informal groups consisting of members from similar socio-economic

backgrounds are better vehicles for participation in decision making and collective learning than heterogeneous, large scale and more formal organisations.

2.2.3 Community influence in Identification and Prioritization of Health Projects

As noted by Mbullu (2004) community involvement in the planning process and continuous monitoring and evaluation are critical since adjustments and improvements to interventions can only be made by identifying strengths and weaknesses in their implementation

World Vision (2002) argues that, one of the crucial design principles in its programmes and projects is that local communities must play a key role in the identification of development activities. This coincides with sentiments in Alan (2000) that indigenous communities should be able to provide free and informed consent before any development project is initiated. He goes ahead to underscore the fact that there should be frameworks within which the local communities are expected to receive information that will allow them to choose, on appropriate collective basis through free and prior informed consent, whether a development should go ahead, that they are offered the opportunity to participate in the planning and implementation of the project, using their traditional knowledge systems to help guide the decisions that will affect their future and that the use of their knowledge and their participation is handled with respect, trust, equity and empowerment.

Participation in the problem identification stage ranges from 'passive' to 'participation by consultation' (refer table 2.2). This limited nature of community involvement in problem identification could also be viewed as 'weak participation' as it does not lead to people's empowerment (Bretty, 2003). These findings are more or less similar to what Pretty (1995) had observed in a study involving 230 rural development institutions employing some 30,000 staff in 41

countries in Africa, where he found that participation for local people was most likely to mean simply having discussions or providing information to external agencies.

Mukuri (2005) in a study conducted for Central Bureau of Statistics (CBS) found out that people do not identify with projects because the planning process isn't participatory. In a typical scenario, the community members through local development committees identify the locations needs and prepare a priority list of projects and present them to the District Development Committee (DDC). This committee meets to harness the projects for purposes of avoiding duplication, and then the reports are submitted to development fund boards which disburse the funds to the respective project account.

Gikonyo (2005),in his research noted out that many projects, some which are funded by the Community Development Fund have turned out to be 'white elephants' because they were started without due consultation with the District government department. He further emphasized the need for community member's participation and provision of a favorable environment towards making rural people shoulder responsibility for their own development.

Community organizations and members may engage very actively with regeneration programmes but may fail to influence the process and consequently will not be empowered by the experience (Dave Adamson, 2010).

During identification, a needs analysis of beneficiaries could be attempted as a basis for designing the project to match community needs and capacities. It is in light of this exercise that a judgment should be made on the feasible objectives of community participation in the project. Simply put, local communities often have a fund of knowledge and expertise that is extremely valuable to the project planning and implementation. Local people have specific interest on the impacts the project

might have to them. For sustainable implementation of projects, it's needful for one to ensure that the interests of such people are intimately taken into consideration as important stakeholders in projects development whether they are directly or indirectly affected by the project.

2.2.4 Influence of Community Participation in the Design of Health Projects

A project design is formalization, preferably set down in writing on paper, of the whole project, and how and why it is to be carried out. A project design should reflect good planning and management practices. What it should contain includes the essence of the four basic or key and their answers, or the set of decisions that have been laid out in brainstorm session. Built upon that core set of choices, the design also includes any necessary details of timing, budget, phasing, and other choices about how and why it is to be complete (Dukeshire S. et al (2002).

A good project design will also include plans for monitoring the activities, and reporting the results. It will also include some expected outcomes, and means of assessing those outcomes and evaluating the results. While a project design, like a plan of action, is not the same thing as a schedule or a budget, a good project design will include a schedule and budget, and its central argument (or text) will be a justification for both.

What is essential is that the design is not prepared by anyone outside the community, or by any faction within the community, but by the community as a whole. Those tasked to mobilize for any upcoming intervention or project is to encourage and guide the community in preparing a project design in a manner that is participatory, with assumptions and observations that are realistic, and in a practical and simple form that will be understood by all community members. As the community is being mobilized, and as all its members participate in the choices about what action to undertake, it becomes useful to combine those choices and decisions into a community project. This document is

a guide to the community design of a project. In planning a community project, and in writing up those plans into a project document, it is useful to begin with the principles of project design, rather than limit the description to what the topics are to be covered. The principles are encapsulated in those four key questions that are included in the other modules, management training, brainstorm, and so on. The four key questions which need to be borne in mind include the following:-

1) What do we want?
2) What do we have?
3) How do we use what we have to get what we want?
4) What will happen when we do?

Experience in designing community projects has shown that different low income communities may have different priorities, depending upon their different circumstances. Poor rural communities, for example, often express their priority goals in terms of communal facilities, a clinic, school, water supply, sanitation, feeder road. People living in urban slums may desire the same (often as extensions of existing urban facilities) but, as well, they may want to unite to fight for tenants' rights, protection against vandalism and crime, and other modifications of existing laws and practices.

2.2.5 Influence of Community Participation in Monitoring of Health Projects

The monitoring function is an integral part of project execution. It is simply a way of making efficient project follow-up and to provide systematic, consistent and reliable information on project progress. The purpose of monitoring is to steer a project towards its purpose and to detect any problems that makes it probable that the project will not achieve expected results. This is done through periodic follow up of technical progress and financial expenditure, whereby actual performance and results are compared to plans (Pasteur, K. and Turrall, S. (2006).)

Conceptually monitoring means to check and assess the implementation status of a project during implementation on a regular basis. The system of watching/ monitoring the progress of a project implementation, besides being an important link in the project cycle, helps in the identification/analysis and removal of bottlenecks and expediting action where projects have stalled or fallen behind schedule. Project monitoring is invariably done with the active participation of the project management and the community, therefore, quite distinct from inspection which is generally undertaken at a higher level but not very regularly. In fact, project monitoring is a tool to serve the interests of both the project management and the planners, as they share a common concern for the timely completion of projects within the approved cost, scope and time schedule.

2.2.6 Community Participation in Decision making for Sustainable Implementation of Projects

Webler, (2001) argues that effective public participation is achieved by making the decision-making process transparent and responsive to public input, so that participants can see how their input is considered and weighed by the decision-makers (Webler, et.al 2001).

Project implementation requires increased public participation in decision making but a number of questions have been raised by the experience of some communities. Which citizens should form the decision-making group? What information do they need? What kinds of decisions should they make? What level of participation should they have?

It usually took several years of concerted effort to create and sustain a full range of resident participation in the decision- making process. Saltman (1994) has said that a sustainable participatory process in health care and social services will probably require that citizens be empowered with real influence in budgetary and resource-allocation decisions. According to Cameron (1994), participation by ordinary citizens is determined by the balance between benefits

and costs, and, although benefits include collective goals, personal incentives and personal costs are notably the dominant factors. The intensity of participation varies inversely with the size of the participating group. The more intense the activity, the higher the cost to participants in money and time -- with the result that fewer people participate. The smaller the participating group, the less representative it will be of the affected population. Finally, individuals of higher socioeconomic status are better placed to bear the costs of participation and hence tend to be overrepresented when participation is intensive.

It usually took several years of concerted effort to create and sustain a full range of resident participation in the decision- making process. Saltman (1994) has said that a sustainable participatory process in health care and social services will probably require that citizens be empowered with real influence in budgetary and resource-allocation decisions.

Some of the benefits of supporting community decision-making include:-

i) Decisions are likely to be based on first-hand understanding of the issues.
ii) Projects are tailored to the needs of the community, so are more likely to succeed.
iii) Community members are empowered.
iv) Connections and trust between community members are strengthened, building a solid base for future decision-making.
v) Holistic ways of operating can be achieved, by bringing together local people from different sectors such as health, education, and housing.

2.3 Barriers to Effective Participation

A host of factors have been identified as obstacles to effective participation in development programmes and projects. Oakley (1991) discusses three major obstacles to people's participation

which are structural, administrative and social barriers. Structural obstacles form part of the complex and centralized organisational systems that control decision making, resource allocation and information, and are not oriented towards people's participation. This situation is usually typified by a 'top-down' development approach. Administrative obstacles relate to bureaucratic procedures, operated by a set of guidelines and adopt a blue print approach, providing little space for people to make their own decisions or control their development process. The social impediments include mentality of dependence, culture of silence, domination of the local elite, gender inequality, and low levels of education and of exposure to non-local information.

Another obstacle is "standardization of approaches" (Guijt and Shah, 1998) which contradicts the original aims of participation, to move away from the limitations of blue print planning and implementation towards more flexible and tailored to specific contexts. According to Cooke and Kothari (2001), participation has been translated into managerial "toolboxes" of procedures and techniques. This limited approach gives rise to a number of critical paradoxes: projects approaches remain largely concerned with efficiency, and focus attention only on the highly visible, formal, local organisations, overlooking the numerous communal activities that occur through daily interactions and socially embedded arrangements. Dale (2004) identifies other barriers such as power structures within local communities, rigid professional attitudes among programme and project staff, little awareness among people of rights they may have or opportunities they may exploit, and little emphasis on qualitative achievements of participation.

Another barrier is lack of understanding of the policy process and interventions.

Before rural communities can make attempts to impact public policy or an intervention, it is important that they have an understanding of the policy-making process itself. Understanding the

policy-making process can help individuals and community-based organizations decide whether they will become involved in trying to develop or change a policy and, if so, how to best go about it. Unfortunately, the policy-making process tends to be very complex making it difficult for almost anyone to understand it completely. However, understanding the process can help empower individuals and community-based organizations to impact policy. Dukeshire S. et al (2002).

Another barrier is time and policy timeline restrictions whereby policy timeline can create difficulties for communities looking to impact policy around a particular issue. Although government may be considering a policy change for a long period of time, the public consultation process may be relatively short and not allow community-based organizations the time to research and properly prepare to effectively participate. On the other hand, the policy-making process can take a very long time, draining the resources of community-based organizations and frustrating those who want change (Chambers 2002). These barriers are situation-specific, and need to be carefully analysed in particular contexts.

2.4 Conceptual Framework

The conceptual framework shown in figure: 1 below indicates the relationship between dependent variable which is sustainable implementation of health projects and the independent variables which are project identification and prioritization, skills and knowledge in project management, resource availability and the role of stakeholders. The relationship between the independent and dependent variables are also influenced by intervening variable such as politics and moderating variable such as government policy. When there is full participation of community members in various project as which are tailored according to their needs, high are the chances that such projects will be well implemented and sustained to deliver the required benefits even after the five year term.

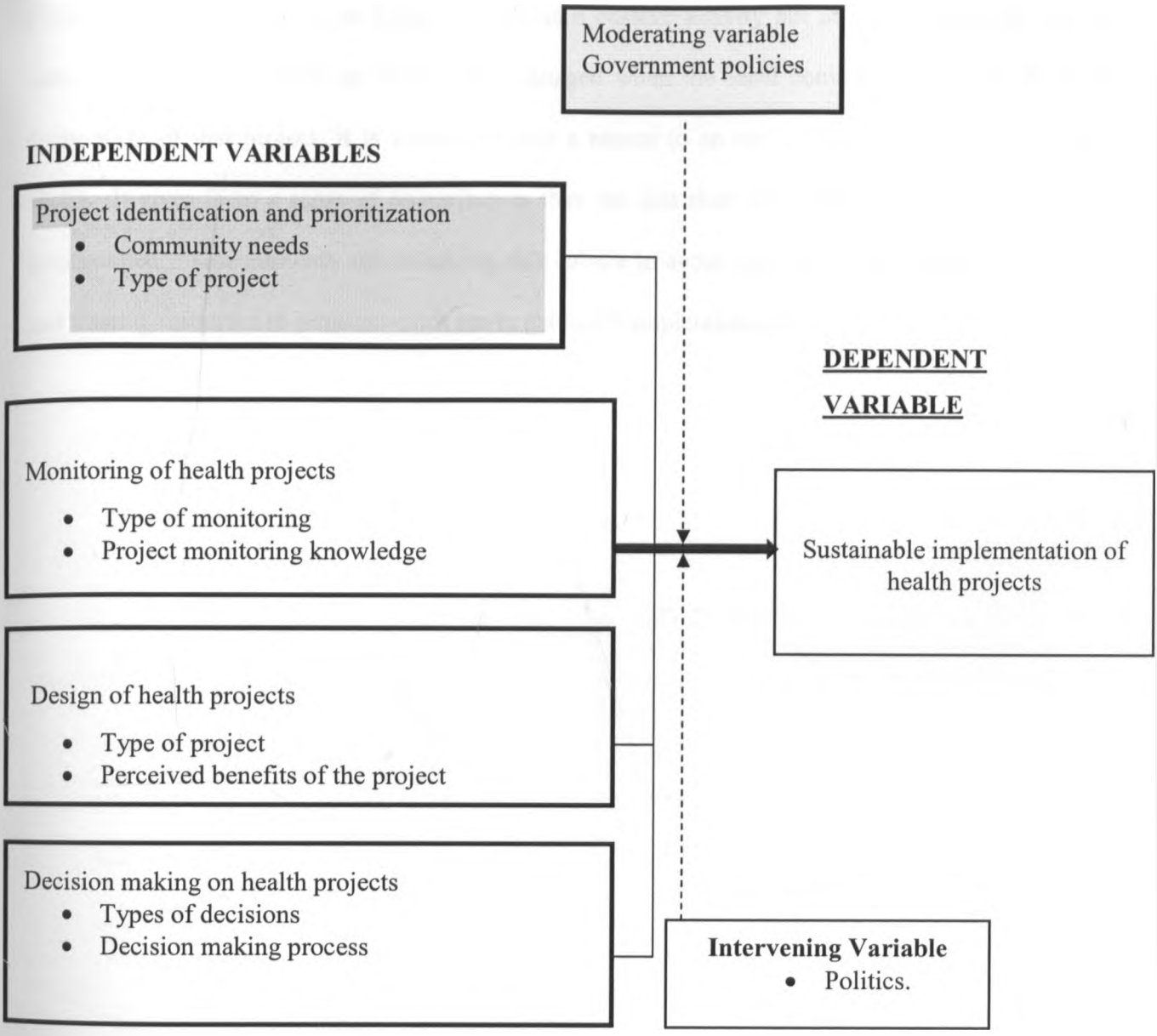

Figure 1: Conceptual framework

2.5 Summary of the Literature Review

Community participation is no longer viewed as a passive activity but an active one from where local development projects are owned and managed when the local communities are involved at every stage of that project. It is viewed as both a means to an end and an empowerment for the locals. It gives them a sense of ownership as they see that their contribution is appreciated when incorporated. Governments are embracing this culture to avoid cases of "white elephant" projects and wasting resources to projects which never get to full implementation.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter gives a brief description of the research design that was adopted in this study, the target area, the population of the study, research instruments used, data collection procedures and techniques which were used to analyze data.

3.2 Research Design

Orodho (2002) describes research design as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in the procedure. It is the conceptual structure within which research is conducted. The study employed descriptive survey method as a research design to determine the participation of the community in sustainable implementation of health projects in Borabu Division, Nyamira County. Descriptive survey is a method of collecting a question or by interviewing or administering a question to a sample of individuals (Orodho2002). The design was chosen by the researcher which employed both qualitative and quantitative techniques because it allows the researcher to gather the information, summarize, present and interpret. This design is an instrument which allows information to be obtained with ease and cheaply (Shama *et al*, 1998).

3.3 Target Population

According to Mugenda and Mugenda (1999), target population is the population which a researcher wants to generalize the result of the study. To get information on these projects, the most suitable respondents were the community members who reside in the two locations in the division and are beneficiaries of these projects. This was drawn from community members who are affiliated to

community based organizations in Borabu Division. Also the leaders in charge of development in the division and the administrators like chiefs formed part of the study as it was shown in the sample distribution (Table 3.1).

3.4 Sample Size and Sample Selection

The target population was 310 members. This included 10 community members drawn from each of the 30 community groups, 2 chiefs, one District Development officer, one District Welfare officer and six group leaders. According to Mugenda and Mugenda ((1999), a sample is a subset of a particular population. A sample of 10-20% is acceptable according to Airy et.al (1972). The researcher used a sample of 20% to avoid the danger of small samples which tend not to be representative.

The researcher selected a representative sample by first coming up with a sampling frame. This included a list of all community groups in an in the two locations. The study sampled 20% of the community groups were chosen from each location randomly. Thereafter, the researcher used systematic sampling to get 6 community groups from the list in Appendix V. Systematic sampling is a statistical method involving the selection of elements from an ordered sampling frame. The most form of it being equal-probability method, in which every k^{th} element in the frame is selected where k is the sampling interval.

$K = \frac{N}{n}$ where n is the sample size and N is the population size

N=30

n=20% of the 30 groups = 6 groups.

Thus making the sample size to be 6 groups.

k=30/6 = 5

While conducting the study, an interval of 5 was used i.e. k = 5, thus a group was picked after every five till the desired sample size was obtained. The researcher administered questionnaires to members of these 6 groups which added up to 60.

Besides community group members' questionnaire, there was another questionnaire structured for various leaders who were purposively selected of these sampled community groups which was open ended based on key themes from the study. The study interviewed three group leaders, divisional development officer, two chiefs and the district development social welfare officer. So in total there were 60 community members to be interviewed and 6 leaders which added to a sample size of 67 members. The following Table: 3.1 shows on how the sample was distributed.

Table 3.1: Sample Distribution Table

Category	**Population**	**Respondents**
Community Group Leaders	6	3
Chiefs	2	2
District Development Officer	1	1
District Welfare Development Officer	1	1
Group Members	(N) = 300	60 (n=20% of the population
Total	**310**	**67**

3.5 Research Instruments

The research instrument titled "Borabu Division, Community Participation in Health Projects Questionnaire" was used to gather data for the study to determine the effect of the selected indicators on sustainable implementation of health projects. The researcher developed his own questionnaire, which was divided into five parts. Part one focused closed ended questions which looked into demographic characteristics of the respondent.

At the end of every objective, the researcher used open ended questions which allowed the respondent to give their suggestions on community participation in health projects in Borabu division. There was also another designed detailed interview guide for the key informants of the various groups and other key people who are tasked with the responsibility of project implementation. This took open ended format.

3.6 Instrument Validity

Validity is the degree to which a research instrument measures what is supposed to capture (Best and Kahn, 1992). Content validity was ensured through review and approval of the instruments before administration into data collection. Pilot testing of the instruments in a small sample population was carried out. Improvements based on findings were initiated before final administration to obtain some degree of precision. Questionnaires were also be examined by experts. Content validity was established through discussion of the research instrument with peers and research supervisors to ensure that all the variables in the research objectives were adequately captured in the questionnaire and interview schedule and training of the research assistants to ensure high precision and minimal errors in the data entry.

3.7 Reliability of Research Instruments

The reliability of a research instrument concerns the extent to which an instrument yields the same results on repeated trials, (Royse, 2004, Mugenda and Mugenda, 1999, Kalton, G, and Moser, C, A, 1979). The researcher used test-retest technique, where the same data instrument was administered to the same respondents where they were selected using simple random sampling method. Interview guides and questionnaires were administered to them after a fortnight using the same procedure where the researcher correlated the scores from both testing periods and check if the coefficient of reliability was positive to qualify the instrument as reliable.

3.8 Data Collection Procedures

There are two types of data that the researcher used in this study; the primary data and secondary data. They were both qualitative and qualitative. The qualitative sought to describe the qualities/characteristics of the subjects of the study. Quantitative data in the form of figures was used to show trends of the subjects of the study. Primary data was obtained from the community members by the use of questionnaires. Such data was efficient and reliable to the research. The secondary data was obtained from Ministry of Health and Sanitation, District Development Committee reports, journals and publications from research institutions

The permission to collect data was sought from the District Commissioner's office through the District Officer's office and the District Development office. Questionnaires were used to collect data with a view of employing several techniques depending on the respondents. One of them was face to face interviews while filling the questionnaire. This was used because some of the respondents in the community may not be able to provide information in written form because of being illiterate or semi-illiterate but the questionnaire was a self-administered one.

The use of research assistants was employed since the division is expansive. They were trained on the contents of the instruments, their administration and ethical considerations in the process of data collection from respondents. Then they were allowed to proceed to the field under close supervision to ensure all goes well as planned.

3.9 Ethical Considerations

Data collected was done on voluntary basis of the respondents where it was done in a manner which did not infringe the rights of the respondent and they were assured that the data was handled confidentially and that there were no identifiers attached to them in the questionnaires.

3.10 Data Analysis Procedures

The study used qualitative and quantitative methods of data analysis. To ensure easy analysis, the questionnaire items were coded according to each variable of the study to ensure that margin error is minimized to ensure accuracy during analysis. Data was analyzed using descriptive statistics which included frequencies and percentages. The analysis was done using Statistical Package for Social Science (SPSS) program. Data coded was used to generate frequencies such as mean scores and percentages. Tables were used to show the research finding which was accompanied by offering a narrative explanation. Content analysis was used to analyze responses from the open-ended questions and responses from the key informants' questionnaire. Interpretation of the data was done in line with the study objectives and assumptions.

3.11 Summary

The chapter mainly explored on the methodology which was used in the study. The research design the researched employed which was qualitative, the target population, the sample size and how the sample selection was done. Also it is in this chapter that the researcher demonstrated on how the data was to be collected through the instruments which he designed for both the respondents and the key informants, the validity and reliability of the data collection instruments and how they were ensured. Also the ethical considerations which were put in place for the study were explored for the research to be conducted in the proper framework with the respondents.

3.11 Operationalization of Variables

Operational definition of variables is operationally defining a concept to render it measurable. It is done by looking at the behavior of the dimensions, indicators, properties denoted by concepts translated into observable and measurable elements to develop an index of the concepts. Measures can be objective or subjective.

Table 3.2: Operationalization of Variables

Research Objective	Variable	Indicators of the Variables	Data Collection Methods	Type of Analysis	Level of Analysis
Influence of community participation in the sustainable implementation of projects in Borabu division, Nyamira county	**Dependent Variable** Sustainable implementation of health projects	Timely completion Relevance	Questionnaire Interview	Quantitative Qualitative	Descriptive Content
To determine how community participation in identification and prioritization of health projects leads to their sustainable implementation in Borabu division.	**Independent Variable** Community influence in project identification and prioritization	Community needs	Questionnaire Interview	Quantitative Qualitative	Descriptive Content
To determine how the influence community participation in design of health lead to their sustainable implementation in Borabu division	**Independent Variable** Community influence in the design of health projects	Type of project Perceived benefits of the project	Questionnaire Interview	Quantitative Qualitative	Descriptive Content
To establish how monitoring of health projects by	**Independent Variable**	Type of monitoring Project monitoring	Questionnaire Interview	Quantitative Qualitative	Descriptive Content

community members lead to their sustainable implementation in Borabu division	Community influence in health projects' monitoring	knowledge			
To establish how decision making by community members in health projects lead to their sustainable implementation in Borabu division	**Independent Variable** Community influence in decision making	Types of decisions Decision making process	Questionnaire Interview	Quantitative Qualitative	Descriptive Content

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter focused on data analysis, interpretation and presentation. The purpose of the study was to investigate the influence of community participation in the sustainable implementation of projects in Borabu Division, Nyamira County. Having identified the problem of study in chapter one, reviewed existing literature and shown gaps of knowledge in chapter two, chapter three explained the methods that the study used to collect data. This chapter presents analysis and findings of the study as set out in the research methodology. The data was gathered from questionnaires and interviews as the research instruments. The questionnaire was designed in line with the objectives of the study. The study employs various statistical tools for extracting information on the influence of community participation in the sustainable implementation of projects in Borabu Division, Nyamira County.

4.2 Response Rate

Response rate is the extent to which the final data set includes all sample members and it is calculated as from the number of people with whom interviews are completed divided by the total number of people in the entire sample, including those who refused to participate and those who were unavailable. The study targeted a total of 67 respondents comprising of 3 Community Group Leaders, 2 Chiefs, 1 District Development Officer, 1 District Welfare Development Officer and 60 Group Members in collecting data with regard to the influence of community participation in the sustainable implementation of projects in Borabu Division, Nyamira County.

Table 4.3: Response Rate

Category	Responded		Not Responded	
	Frequency	Percentage	Frequency	Percentage
Community Group Leaders	3	100	0	0
Chiefs	2	100	0	0
District Development Officer	1	100	0	0
District Welfare Development Officer	1	100	0	0
Group Members	48	80	12	20
Total	**55**	**82**	**12**	**18**

From the study, 48 out of the 60 targeted group members filled and returned the questionnaires which are 80% of the representatives. In addition all (100%) the 7 Community Group Leaders, Chiefs, District Development Officer and District Welfare Development Officer sampled participated by filling and returned the questionnaires. As such a total of 55 sample respondents filled in and returned the questionnaire contributing to 82%. This commendable response rate was made a reality after the researcher made personal calls and visits to remind the respondent to fill-in and return the questionnaires as well as explaining the importance of their participation in this study. This commendable response rate can be attributed to the data collection procedure, where the researcher with the assistance of other two research assistants administered questionnaires and waited for respondents to fill in, kept reminding the respondents to fill in the questionnaires through frequent phone calls and picked the questionnaires once fully filled. This response rate was good and representative and conforms to Mugenda and Mugenda (1999) stipulation that a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. The questionnaires that were not returned were due to reasons like, the respondents were not available to fill them in at that time and with persistence follow-ups there were no positive

responses from them. The response rate demonstrates a willingness of the respondents to participate in the study.

4.3 Demographic Characteristics

The study targeted group members, Community Group Leaders, Chiefs, District Development Officer and District Welfare Development Officer to participate in the study. As such the results on demographic characteristics of these respondents were investigated in the first section of the questionnaire.

From the study, the respondents were drawn from two administrative locations of Mekenene and Nyasiongo, however a few other responses were received from Ikorongo and Esise. The level of community involvement in sustainable implementation of projects may vary with the age of the respondents which goes hand in hand with various other factors like level of education and working experience. This study thus had to investigate the composition of the respondents in terms of age to understand their familiarity with the influence of community participation in the sustainable implementation of projects in Borabu Division. Table 4.4 shows the results of the findings on the age brackets of the respondents.

Table 4.4: Age Bracket

Age bracket	Frequency	Percent
Below 25 years	1	3
25-35 years	6	13
36-45 years	14	30
Above 45 years	26	54
Total	48	100

According to the results depicted in Table 4.4, an overwhelming majority (54%) of the respondents were aged above 45 years, 30% of them indicated that they were aged between 36-45 years 15% of them indicated that they were aged between 25-35 years, 12.1% of the respondents indicated that they were aged, while 3% of them were aged less than 25 years. From these results it is clear that the respondents were well distributed in terms of age and that they are active in technological advancements and productivity and hence can contribute constructively in this study about the influence of community participation in the sustainable implementation of projects in Borabu Division.

The study sought to find out the gender of the respondents. In this study the respondents sampled were expected to comprise both male and female respondents. The respondents' distribution in terms of gender is shown in Table 4.5.

Table 4.5: Gender Distribution of the Respondents

Gender	Frequency	Percent
Male	28	49.09
Female	27	50.91
Total	55	100.0

From the study, majority of the respondents were male, shown by 49.09%, while 50.91% of them comprised of female respondents. The findings show that the participants of the community based organizations in Borabu Division are both male and female members; however the majority of them are males. The findings imply that the views expressed in this findings are gender sensitive and can be taken as representative of the opinions of both genders as regards to the influence of community participation in the sustainable implementation of projects in Borabu Division, Nyamira County.

The community projects are likely to draw members with different academic qualifications. This difference might contribute to differences in their participation/contribution to the sustainability of the projects and in the responses given by the respondents. The study thus sought to establish the highest academic qualifications attained by the respondents. The responses on this question are depicted in Table 4.6.

Table 4.6: Level of Education

Level of Education	Frequency	Percent
Primary	4	8.6
Secondary	29	61.4
Tertiary	14	30.0
Total	48	100.0

Source: Author, 2012

The study results reveal that, 61.4% of the respondents had acquired a secondary level of education, 30.0% of them indicated that they had acquired tertially education as their highest level of education, while 8.6% of the respondents indicated that they had acquired college diplomas. This results imply that majority of the respondents had at least a secondary level of education and hence understood the information sought by this study. These findings further imply that all the respondents were academically qualified and also familiar with their duties and could dispense them effectively in terms of professional work ability and performance.

4.4 Community Participation in Identification and Prioritization of Health Projects

The first objective of this study was to determine how community participation in identification and prioritization of health projects leads to their sustainable implementation in Borabu division. On this the respondents were required to indicate the length of time they had been living in the Division.

Table 4.7: Duration Staying in Borabu Division

Length of Stay in Years	Frequency	Percent
Below 1 year	6	13.4
Between 3-5 years	12	24.5
Above 5 years	30	62.1
Total	48	100.0

From the study, 62.1% of the respondents indicated that they had been living in the Division for a period of more than 5 years, another 24.5% of them had been living in Borabu Division for a period of between 3-5 years, while 13.4% of the respondents indicated that they had been living in the Division for a period of less than 1 year. This shows that majority respondents had enough work experience in the Division since they have been living there for a long duration.

From the key informants, the study uncovered that there are various projects where the key informants are involved in their implementation. Majority of them are involved in the implementation if more than one project with the maximum number of projects involved in being six. A few of them are involved in one project, while an even smaller proportion is not involved in the implementation of projects.

The respondents were required to indicate whether they were aware of health projects in the locations within Borabu Division. From the study, all the respondents overwhelming indicated that they were aware of health projects in the locations within Borabu Division. Upon indicating that they were aware of health projects in the locations, the respondents were required to indicate the people who initiated the projects.

Table 4.8: People responsible for initiating the Community Projects

People who Initiated the Projects	Frequency	Percent
Government/CDF	14	29.4
Area MP	4	8.8
Community Members	27	56.9
Local NGO	2	4.9
Total	48	100

According to the results, majority (56.9%) of the respondents indicated that community projects they knew were initiated by the Community Members, 29.4% of the projects were initiated by the government/CDF, 8.8% of them indicated area MPs, while 4.9% of the respondents indicated that the community projects they knew were initiated by the local NGOs.

On whether the respondents or the community members contribute to project's identification and prioritization, all the respondents unanimously indicated that indeed them or other community members contribute to project's identification and prioritization.

The study sought to establish whether there are needy or deserving cases that have been left out in identification.

Table 4.9: Whether there are Needy or Deserving Cases Left out during\ Identification

Response	Frequency	Percent
Yes	45	93
No	3	7
Total	48	100

According to the results, an overwhelming majority (93%) of the respondents reiterated that there were needy or deserving cases that have been left out in identification, while 7% of them indicated

otherwise. The respondents were further required to indicate some of the reasons that could have led to needy or deserving cases being left out in identification.

Table 4.10: Reasons that lead to needy or deserving cases being left out in identification

Reasons for Non-Identification	Frequency	Percent
Favoritism	5	11
Community not involved	14	30
Lack of funds	18	39
Other Reasons	9	20
Total	45	100

According to the study results, 39% of the needy or deserving cases that have been left out in identification were due to lack of funds, 30% of them indicated that they were left out due to lack of community involvement, 20% of the respondents indicated that the case was due to other reasons, while 11% of the respondents reiterated that the needy or deserving cases that have been left out in identification due to favoritism.

The respondents were required to indicate the level of community participation in project identification and prioritization. The results are shown in Table 4.9.

Table 4.11: Level of Community Participation in Project Identification and Prioritization

Level	Frequency	Percent
Very high	2	4.9
High	14	29.4
Moderate	27	56.9
Low	4	8.8
Don't know	0	0
Total	48	**100**

From the study, majority (56.9%) of the respondents rated the level of community participation in project identification and prioritization to be moderate, 29.4% of them indicated that the level of community participation in project identification and prioritization was high, 8.8% of the respondents opined that the level of community participation in project identification and prioritization was low, while 4.9% of them rated the level of community participation in project identification and prioritization to be very high. The results imply that in general there is a moderate level of community participation in project identification and prioritization.

On how the community members are involved in activities of project identification and implementation, the key informants indicated that they involve the community by giving the opportunity to identify and implement projects on their own, by mobilizing them and discussing on how to implement projects in the society, by giving them a chance to choose on their own the projects they want to be conducted in the community, by encouraging them to join groups, by offering them services hence giving them an opportunity to discover what the groups do and advising the community through meetings with community members.

On how they determine or decide on who should be included in these management positions of the group, the key informants indicated that they determine by discussing and voting for them according to their performance in the previous activities, they also adopt the constitution and by-laws which ensures that they are able to select the leaders and listening to opinions from members on the right persons to take those decisions.

The respondents were required to suggest ways in which community participation in project identification and prioritization could be improved. The respondents indicated that community

participation in project identification and prioritization through mobilization of the community to participate in identification, through civic education on the community about the importance of their participation, through conducting more seminars on the importance of community participation in project identification and prioritization, creation of awareness, dissemination of information through churches and market places, using field studies, eliminating illiteracy and through mobilization of resources.

4.5 Influence of Community participation in Monitoring of Health Projects to sustainable implementation.

In its second objective the study sought to determine how the influence community participation in monitoring of health leads to their sustainable implementation in Borabu division. The study therefore required the respondents to indicate whether they were aware of how health projects are monitored in the Division.

Table 4.12: Whether Respondents are Aware of how Health Projects are Monitored

Response	Frequency	Percent
Yes	26	54.4
No	22	45.6
Total	48	100.0

From the study, majority of the respondents (shown by 54.4%) indicated that they were aware of how health projects are monitored in the Division as compared to 45.6% of those who indicated that they were not aware of how health projects are monitored in the Division.

The respondents were further requested to indicate who does the monitoring of these health projects. Table 4.13 shows the results.

Table 4.13: Persons involved in Monitoring Health Projects

Persons who Monitor health projects	Frequency	Percent
The project heads alone	30	62.8
The projects heads together with community members	10	20.0
External agencies do the monitoring	8	17.2
Total	48	100.0

The results depicted in Table 4.11 show that 62.8% of the respondents indicated that the monitoring of health projects is done by the project heads alone, 20.0% of them indicated that the projects heads together with community members are charged with the responsibility of monitoring of these health projects, while 17.2% of them indicated external agencies do the monitoring

The study further required the respondents to indicate whether level of education and skills matter in the context of monitoring of health projects.

Table 4.14: Whether Level of Education and Skills Matter in Monitoring of Health Projects

Response	Frequency	Percent
Yes	10	20
No	30	63
Don't know	8	17
Total	48	100

From the study, more than half (62.8%) of the respondents indicated that the level of education and skills does not matter in the context of monitoring of health projects, 20% argued that level of education and skills matters in the context of monitoring of health projects while the rest (17.4%) do not know whether level of education and skills matters in the context of monitoring of health projects.

The respondents were asked whether there are workshops or trainings conducted in their areas educating community members on how to monitor projects.

Table 4.15: There are Workshops or Trainings on how to Monitor Projects

Response	Frequency	Percent
Yes	29	61.0
No	19	39.0
Total	48	100.0

From the study, 61% of the respondents indicated that there are workshops or trainings conducted in their areas educating community members on how to monitor projects, while 39% of them indicated that there are no workshops or trainings conducted in their areas educating community members on how to monitor projects.

The respondents were thus required to indicate the people of the organizations that facilitate the trainings conducted to educate community members on how to monitor projects.

Table 4.16: Organizations that Facilitate Trainings Conducted to Educate Community

Organization Facilitating Trainings	Frequency	Percent
Government	23	47.0
NGO	20	42.2
Church/FBO	5	10.8
Community based organization	7	13.7
Total	48	100.0

From the study, 47.0% of the respondents indicated that the government facilitates the trainings conducted to educate community members on how to monitor projects, 42.2% of them indicated NGOs such as USAID, 13.7% of the respondents indicated community based organization, while

10.8% of the respondents indicated that the churches/FBOs facilitate the trainings conducted to educate community members on how to monitor projects.

The respondents were required to indicate their opinion on whether they thought that the members who implement these projects have relevant knowledge and skills in monitoring. Some of the respondents indicated that they thought that the members who implement these projects have relevant knowledge and skills in monitoring. They explained that they have relevant knowledge on the projects, they are well educated and well informed. Others indicated that they thought that the members who implement these projects do not have relevant knowledge and skills in monitoring. This is because some of them are corrupt; they do not implement what is supposed to be involved in project monitoring, they do not implement the projects fully.

On how monitoring and evaluation leads to sustainable implementation of health projects in the Division, the key informants indicated that it enables the community to know the progress of the identified projects, it keeps records of failures and successes of the projects hence correcting the mistakes. They also reiterated that monitoring ensures effective running of projects and implementation of the identified projects, ensures good management of finances, it shows the overall progress of the groups and helps to identify the challenges faced and how to overcome them in project implementation.

4.6 Influence of Community Participation in Design of Projects to their Sustainable Implementation

The third objective of the study was to establish how the influence of community participation in the design of health projects leads to their sustainable implementation in Borabu division. As such the

respondents were required to indicate whether they had an idea on how health projects are designed in the Division.

Table 4.17: Whether Respondents Knowhow Health Projects are Designed in the Division

Response	Frequency	Percent
Yes	30	62.9
No	18	37.1
Total	48	100

From the study, majority (62.9%) of the respondents indicated that they had an idea on how health projects are designed in the Division, while 37.1% indicated otherwise. On who are involved in the design of health projects, 83% of the respondents indicated the projects heads together with community members, 11% of them indicated the project heads alone, while 6% of the respondents indicated that the external agencies do the design of health projects. The results are depicted in Table 4.18.

Table 4.18: People involved in Designing Health Projects in the Division

People involved in Designing Health Projects	Frequency	Percent
The project heads alone	5	11
The projects heads together with community members	40	83
External agencies do the design	3	6
Total	48	100

The study sought to establish whether the stakeholders get a report on the outcome of such exercise once projects have been designed. Table 4.19 shows the results.

Table 4.19: Whether community members Get a Report on the Outcome of Projects Designed

Response	Frequency	Percent
Yes	44	91
No	1	3
Don't know	3	6
Total	48	100

According to table 4.17, an overwhelming majority of the respondents (comprising 91%) indicated that they get a report on the outcome of such exercise once projects have been designed, while 6% of them indicated that they didn't know whether there are reports given out on the outcome of such exercise once projects have been designed and 3% of them indicated that they do not get a report on the outcome of such exercise once projects have been designed.

4.7 Influence of Community participation in Decision Making in Sustainable Implementation of Projects

The study further sought to establish how decision making by community members in health projects lead to their sustainable implementation in Borabu Division. As such the respondents were required to indicate how various decisions are reached in regard to sustainable implementation of health projects in the Division. From the study all the respondents unanimously indicated that various decisions are reached through the management committees/consultation.

The study was also interested in finding out the form/approach that the decision making process take. The results are as depicted in table 4.20

Table 4.20: The Form or Approach that the Decision Making Process Take

Form/approach of decision making process	Frequency	Percent
Top-down approach	29	61
Bottom-up approach	19	39
Total	48	100

From the study, 61% of the respondents collectively reiterated that the decision making process take a top-down approach, while 39% of them indicated that the decision making process take a bottom-up approach.

On the other hand, the key informants indicated that the decisions in the implementation of health projects are reached by listening to all members on their ideas then deciding on what to implement then choosing a committee that monitors the projects. They also indicated that the decisions are reached by proposing then writing the agendas down then the one which is proposed is conducted as well as having open forums for opinions after wards they pick the best proposals. The persons who oversee the implementation of these decisions include the chairmen, chairladies, the executive and a selected committee. They further confirmed that they have qualified people in carrying out monitoring and evaluation of these health projects with skills and knowledge.

On whether there are decisions reached on various projects implemented according to knowledge, all the respondents indicated that indeed there are decisions reached on various projects implemented according to knowledge. On the benefits of involving community members in the decision making process on these health projects, the respondents indicated that involving community members in the decision making process on health projects promotes unity, peace, harmony, eliminates quarrels, fosters community work hence decision making becomes easier, helps in creation of new livelihood opportunities in the community, helps in addressing factors affecting the community and community

issues concerning health projects, helps in moving the community forward hence improving living standards, leads to self sustainability as well as standardizing the health level of the community.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This is the final chapter in this study which gives the summary of the findings, the conclusions and recommendations of the study based on the objective of the study. It comes after identifying the background, problem at hand and the objectives in chapter one, literature review was done in chapter two, chapter three set out the methodology that the study used to collect data and chapter four analyzed the data obtained from the study. The chapter finally presents the suggestions for further studies.

5.2 Summary of Key findings

The study found that community participation includes an identification of stakeholders, establishing systems that allow for engagement with stakeholders by public officials, and development of a wide range of participatory mechanisms. Stakeholders are individuals who belong to various identified 'communities' and whose lives are affected by specific policies and programs, and/or those who have basic rights as citizens to express their views on public issues and actions.

From the study, all the respondents overwhelming indicated that they were aware of health projects in the Locations within Borabu Division. Majority of the respondents indicated that the community projects they knew were initiated by the Community Members, while others were initiated by the government/CDF, area MPs and local NGOs. Community members contribute to project's identification and prioritization. Majority of the respondents reiterated that there were needy or

deserving cases that have been left out in identification due to lack of funds, lack of community involvement, favoritism and other reasons.

The study also found that the level of community participation in project identification and prioritization to be moderate, that the community members are involved in activities of project identification and implementation by giving them an opportunity to identify and implement projects on their own, by mobilizing them and discussing on how to implement projects in the society, by giving them a chance to choose on their own the projects they want to be conducted in the community, by encouraging them to join groups, by offering them services hence giving them an opportunity to discover what the groups do and advising the community through meetings with community members. Community participation in project identification and prioritization can be better done through mobilization of the community to participate in identification, through civic education on the community about the importance of their participation, through conducting more seminars on the importance of community participation in project identification and prioritization, creation of awareness, dissemination of information through churches and market places, using field studies, eliminating illiteracy and through mobilization of resources.

The study also established that the community members were aware of how health projects are monitored in the Division. The monitoring of health projects is done by the project heads, together with community members and external agencies. The level of education and skills does not matter in the context of monitoring of health projects, there are workshops or trainings conducted in their areas educating community members on how to monitor projects and the government facilitates the trainings conducted to educate community members on how to monitor projects and the members who implement these projects have relevant knowledge and skills in monitoring.

The study also established that monitoring of health projects by community members lead to their sustainable implementation in Borabu division. The respondents had an idea on how health projects are designed in the Division and projects heads together with community members are involved in the design of health projects.

The study also found that various decisions are reached through the management committees/consultation. The decision making process take a top-down approach while others take a bottom-up approach. The key informants indicated that the decisions in the implementation of health projects are reached by listening to all members on their ideas then deciding on what to implement then choosing a committee that monitors the projects. From the study involving community members in the decision making process on health projects promotes unity, peace, harmony, eliminates quarrels, fosters community work hence decision making becomes easier, helps in creation of new livelihood opportunities in the community, helps in addressing factors affecting the community and community issues concerning health projects, helps in moving the community forward hence improving living standards, leads to self sustainability as well as standardizing the health level of the community.

5.3 Discussion of the key findings

The study focused on the influence of community participation in sustainable implementation of health projects, a case of Borabu Division. The objectives of the research included, to establish the influence of community participation in the identification ad prioritization of health projects, to establish the influence of community participation in the design of health projects, to determine he influence of community participation in monitoring of health projects and to determine the influence of community participation in sustainable implementation of health projects in Borabu Division.

To carry out the aforementioned study, the researcher had to originate general information from the respondents' profile in terms of gender, level of education and the period with which hey had stayed in the division. The study indicated that majority of the respondents had been in the division for more than five years. The study indicated that most of the respondents were male but on a little margin as compared to the female.

In regard to objective one, 27 respondents which was 56.9% indicated that the participation of community members in identification and prioritization of health projects to be low. This was attributed to factors like lack of awareness or some deserving cases being left out due to reasons like corruption and favoritism

In regard to objective two, 26 respondents (54.4%) indicated that they are aware on how projects are monitored and that the level of education doesn't matter for one to be involved in monitoring activities. They also indicated that most of the time, projects are monitored by heads alone though at sometimes they include community members.

On how decisions are reached, 61% of the respondents indicated that the approach taken is top-down approach and they were of the views that when the community is involved in such case of decision making regarding various projects, it fosters harmony, unity and reduces friction but still they acknowledge the fact that their input is considered.

5.4 Conclusion

1. The study concludes that community participation in identification and prioritization of health projects leads to their sustainable implementation. The long-term benefits of these projects can include the creation of more jobs, improvement in community relations, community empowerment, and heightened economic status. Through participation, local people identify their needs as well as the relevant goals of a program. Timely, well- planned, and well implemented public involvement programs have contributed to the successful design, implementation, operation, and management of projects.

2. The study also ascertained that the influence community participation in design of health lead to their sustainable implementation. Community members, when given an opportunity to be informed and involved in the revitalization process, are or can be a critical factor to a project's success.

3. The study deduces that monitoring of health projects by community members lead to their sustainable implementation. Community members' contribution in decision making helps in the revitalization planning process and better understand the process and support a project they had input in.

4. The study also found out that decision making by community members in health projects lead to their sustainable implementation. The idea of people's participation in development means improving the potential of the previously neglected rural poor, enabling them to make decisions for their own welfare. By participating in decision making and implementation activities, local people help project officials identify needs, strategies to meet those needs, and the necessary resources required to implement the various ideas.

5.5 Recommendations

From the foregoing community participation is an important component of community development and reflects a grassroots or bottom- up approach to problem solving. In social work, community participation refers to the active voluntary engagement of individuals and groups to change problematic conditions and to influence policies and programs that affect the quality of their lives or the lives of others. This study makes the following recommendations that will enhance community participation to enhance sustainable project implementation:

1. The concerned stakeholders like CBOs, FBOs NGOs and the relevant ministries should ensure effectiveness and efficiency of the training and capacity building programs by addressing the weaknesses or constraining factors (e.g., time management, staff composition, etc.).

2. It is important to link with on-going development (sustainable development) projects in the area to emphasize the importance and relevance to disaster work with regards to the bigger picture. This will help to integrate the work into the local development planning process to ensure continued support (especially financial) at the local level thereby reducing dependency on external/foreign agencies and increasing local capacities.

5.6 Areas for Future Studies

The study recommends that further research on the possible solutions to the challenges experienced by the community in the implementation of community development projects should be done on the other divisions, constituencies and county settings, so as to get comprehensive information on the implementation of community projects.

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APPENDICES

Appendix I: Letter OF Transmittal

Wesley Onsongo.
P.O BOX 312 Keroka.
Tel: 0722-677059
Email: wesleyonsongo@yahoo.com

The Chairperson.....
Dear Sir/Madam.

RE: REQUEST TO UNDERTAKE A RESEARCH WITH YOUR GROUP.

I am a student at the University of Nairobi undertaking a Degree of master Arts in Project Planning and Management, whereby as part of the requirements of the course, I am hereby carrying out a research entitled, **"The Influence of Community Participation in Sustainable Implementation of Health Projects in Borabu Division, Nyamira County.**

I kindly request for your cooperation in this and allow me interview some of your group members on issues and knowledge concerning the above mentioned research.

Attached, find copies of my identity card, University Identity, copies of questionnaires, research abstract and the permit to carry out the study.

In-case of any question or clarification in regard to this study or questionnaire, feel free to contact me on **0722677059**.

Thank you for your cooperation.

Yours faithfully,

Wesley Onsongo

Appendix II: To Whom It May Concern

Dear Sir/Madam

I am a student at the University of Nairobi undertaking a Degree of master Arts in Project Planning and Management, whereby as part of the requirements of the course, I am hereby carrying out a research entitled, "**The Influence of Community Participation in Sustainable Implementation of Health Projects in Borabu Division, Nyamira County.**

You have been identified as a potential respondent in this research. The information you will provide is expected to help in developing policies and strategies that will make informed decisions kin ensuring community participation in sustainable implementation of health projects in this division.

The information you will provide will be treated with utmost confidentiality and will be used for the purposes of this research. You are therefore requested to provide information best known to your knowledge without any modification.

Your support in this exercise will be highly appreciated.

Thank you for your cooperation.

Appendix III: Questionnaire for Community Group Members

Instructions:

1. **i).** ***You are required to read this questionnaire carefully and ANSWER all the questions to the best of your ability. Tick the appropriate box with honesty***

PART A:

PERSONAL DATA

1. Identifying Information

a). Location.....

b) Age (*record complete years*) ☐

c). Sex 1. Male ☐ 2. Female ☐

2. Level of education of the respondent ☐

1. Primary ☐
2. Secondary ☐
3. Tertiary ☐
4. N/A ☐

PART B: Objective 1. Community Participation in identification and Prioritization of health projects.

3. **i)** For how long have you been living here?

a). Below 1 year ☐

b). Between 3-5 years ☐

☐

c). Above 5 years

4. Are you aware of any health projects in your location?

a). Yes ☐

b) No ☐

iii) If yes, who initiated the project?

a). Government/CDF ☐

b). Area MP ☐

c). Community Members ☐

d). Local NGO ☐

d). Other (specify).....

e). Don't Know ☐

5. Did you or any community member contribute to project's identification and prioritization?

a). Yes ☐ b). No ☐ c). Don't know ☐

6. i). Are there needy or deserving cases that have been left out in identification?

a). Yes ☐ b). No ☐ c). Don't know ☐

ii). If yes, what could have been the reason?

i). Favoritism ☐

ii). Community not involved ☐

iii). Lack of funds ☐

iv). Other Reasons

7. What is the level of community participation in project identification and prioritization?

i). Very high ☐
ii). High ☐
iii).Low ☐
iv). Very Low ☐
v). Don't know ☐

8. Please suggest ways in which community participation in project identification and prioritization can be improved

i) _____
ii)_____
iii)._____

PART C. Objective 2. COMMUNITY INFLUENCE IN MONITORING OF HEALTH PROJECTS.

9. **i).** Are you aware of how health projects are monitored in this division?

a). Yes ☐ b). No ☐ c) Don't know ☐

ii). If yes, who does the monitoring of these health projects?

i) The project heads alone
ii) The projects heads together with community members
iii) External agencies do the monitoring
iv) I don't know
v) Other (specify) _____

_____

10. Does one's level of education and skills matter in the context of monitoring of these health projects?

a). Yes ☐ b) No ☐ c) Don't know ☐

11. Are there any workshops or trainings conducted in your area educating community members on how to monitor projects?

a). Yes ☐ b). No ☐ c). Don't know ☐

12. If any, who/which organization facilitated it?

a). Government

b). NGO (***specify which one***) _____

c). Church/FBO _____

d) Community based organization _____

e) Other (specify)

13. In your own opinion, do you think the members who implement these projects have relevant knowledge and skills in monitoring?

i) Yes, Why?

_____

_____

ii). If No, why?

_____

_____

PART D: Objective 3. INFLUENCE OF COMMUNITY PARTICIPATION IN THE DESIGN OF HEALTH PROJECTS TO THEIR SUSTAINABLE IMPLEMENTATION.

14. i) Do you have any idea on how health projects are designed in this division?

a) Yes ☐ b) No ☐ c) Don't know ☐

15. If yes,

i) Who is involved in their design? _____

i) The project heads alone

ii) The projects heads together with community members

iii) External agencies do the design

iv) I don't know

v) Other (specify) _____

16. i) Once projects have been designed, do you get a report on the outcome of such exercise?

a) Yes ☐ b) No ☐ c) Don't know. ☐

ii). If **NO**, Why? ***(Multiple response)***

_____

_____

PART E: Objective 4. THE INFLUENCE OF COMMUNITY DECISION MAKING IN SUSTAINABSLE IMPLMENTATION OF HEALTH PROJECTS.

17. i) How are various decisions reached in regard to sustainable implementation of health projects in this division?

a) Through the management committees/consultation ☐

b) Decisions are made by few individuals (one man decision) ☐

c) Other (specify) _____

ii). Which form/approach does this decision making process take?

a. Top-down approach ☐

b. Bottom-up approach ☐

c. I don't know ☐

iii). Are the decision reached on various projects implemented according to your knowledge?

18. What are the benefits of involving community members in the decision making process on these health projects?

_____

_____

Appendix IV: Key Informant Questionnaire

Name of the Group.....

Position held.....

When the group started operating.....

1. How many projects are you involved in their implementation in this division?

   _____

   _____

2. How do you involve community members in your activities of project identification and implementation? _____

   _____

3. How do you determine or decide on who should be included in these management positions of the group?

   _____

   _____

4. How does monitoring and evaluation leads to sustainable implementation of health projects in this division?

   _____

5. How are decisions reached on the implementation of health projects? Who oversees the implementation of these decisions?

   _____

6. Do you have qualified people in carrying out monitoring and evaluation of these health projects?

   _____

Appendix V: Indexes

Table 1: Four conceptual approaches to community participation

The contributions approach The contributions approach considers participation primarily as voluntary contributions, to a project, such as time, resources, or community-based knowledge. Professional developers, usually external to the community, lead participation and make the decisions about how the contributions will be used.
The instrumental approach The instrumental approach defines health and wellbeing as an end result, rather than as a process, with community participation as an intervention supporting other public health or primary health care interventions, health planning, or service development. Participation is usually led by professionals and the important components of the interventions or programs are predetermined according to local and national priorities.
The community empowerment approach The community empowerment approach seeks to empower and support communities, individuals, and groups to take greater control over issues that affect their health and wellbeing. It includes the notions of personal development, consciousness-raising, and social action.
The developmental approach The developmental approach conceptualizes health and social care development as an interactive, evolutionary process, embedded in a community of place or interest. Local people, in partnership with professionals, have a role in decision-making and in achieving the outcomes they consider are important. The developmental approach is underpinned by principles of social justice.

Source: Taylor J, Wilkinson D, Cheers B. Working with Communities in Health and Human Services: Oxford University Press 2008.

Table 2: Typology of Participation

Level	Characteristics of each type
1. Passive Participation	People participate by being told what is going to happen or has already happened. It is a unilateral announcement by leaders or project management without listening to people's responses or even asking their opinion.
2. Participation in Information Giving	People participate by answering questions posed by extractive researchers using questionnaire surveys or similar approaches. People do not have opportunity to influence proceedings, as the findings of the research are neither shared nor checked for accuracy.
3. Participation by Consultation	People participate by being consulted, and external people listen to views. These external professionals define both problems and solutions, and may modify these in light of people's responses. Such a consultative process does not concede any share in decision-making, and professionals are under no obligation to take on board people's views.
4. Participation for Material Incentives	People participate by providing resources, for example labour, in return for food, cash or other material incentives. It is very common to see this called participation, yet people have no stake in prolonging activities when the incentives end.
5. Functional Participation	People participate by forming groups to meet predetermined objectives related to the project, which can involve the development or promotion of externally initiated social organisation. Such involvement does not tend to occur at the early stages of project cycles or planning, but rather after major decisions have been made. These institutions tend to be dependent on external initiators and facilitators, but may become self-dependent.
6. Interactive Participation	People participate in joint analysis, which leads to action plans and the formation of new local institutions or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple perspectives and make use of systematic and structured learning processes. These groups take control over local decisions, and so people have a stake in maintaining structures or practices.
7. Self-Mobilisation	People participate by taking initiatives independent of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used. Such self-initiated mobilisation and collective action may or may challenge existing inequitable distributions of wealth and power.

Source: Adapted from Pretty (1995, p.1252) and Kumar (2002, pp.24-25).

Appendix VI: List of Community Groups

1. KEGINGA/METAMAYWA SELF HELP GROUP
2. ETUNDUBARI
3. RIGOKO VILLAGE COMMUNITY GROUP
4. NYAINOGU COMMUITY SELF HELP GROUP
5. **MANYA VILLAGE GROUP**
6. UWEZO VILLAGE GROUP
7. NYAWESIRA YOUTH GROUP
8. OBOMO VILLAGE COMMUNITY YOUTH GROUP
9. STAR VILLAGE COMMUNITY GROUP
10. **RONGO VILLLAGE GROUP**
11. RIMANYA WOMEN GROUP
12. RIAMOKOGOTI COMMU ITY GROUP
13. BOSSEFU COMMUNITY BASED GROUP
14. HIGHLAND GREEN GROWERS COMMUNITY BASED GROUP
15. **MENYAGE WATER RESOURCE COMMUNITY BASED GROUP**
16. ENSAKIA DISPENSARY SHG
17. NYANSIONGO TOWNSHIP COMMUNITY GROUP
18. KEROCHE SHG
19. NAUMI WIDOWERS AND ORPHANS SHG

20. MATONGO MARABU

21. MAJALIWA COMMUNITY GROUP

22. EKERUBO MWANGAZA

23. EGESICHA COMMUNITY GROUP

24. ENSAKIA COMMUNITY WOMEN GROUP

25. BORABU COMMUNITY WOMEN GROUP

26. MOGUSII CHIBAMBA

27. MWONGORI CEREALS COMMUNITY GROUP

28. BORABU BEYOND

29. NYARONDE BUSINESS COMMUNITY

30. EMBANDE DISABLED COMMUNITY GROUP