COMMUNITY INVOLVEMENT AND PERFORMANCE OF HEALTH CARE PROJECTS: THE CASE OF NUTRITION PROJECTS IN KAMUKUNJI SUB COUNTY, NAIROBI, KENYA

BY

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DECLARATION

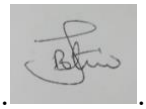
This is my original research project and has not been presented for the award of any degree in any other University.

Signature……  Date…1/7/2021

Yasin Abdulle Mohamed

L50/28660/2019

This research project has been submitted for examination with my approval as the supervisor

Signature…  …… Date…1/7/2021

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DEDICATION

To Hassan and Ayaan for the support they gave me while developing this project

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ABBREVIATIONS AND ACRONYMS

APA	American Psychology Association
AICCAD	Africa Inland Child & Community Agency for Development
M&E	Monitoring and Evaluation
SPSS	Statistical Package for Social Sciences
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

The goal of the research is to determine the effect of community involvement on the performance of healthcare projects, namely the nutrition project in Nairobi's Kamukunji sub-county. In relation to the performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya, the study looked at influence of community contribution in project identification, influence of community involvement in project planning, effect of community involvement in project implementation, and influence of community involvement in project monitoring and evaluation. The objectives were used to develop four null hypotheses that were tested in this study. The theory that underpinned the investigations was the Ladder theory. Descriptive survey and correlational research design was used to assess 20,045 nutrition project participants from Kamukunji Sub County, as well as project managers (from each of the project organizations) and health officials. About 376 random responses were scientifically determined to inform the sample size. A stratified random sampling technique was applied in the selection of respondents. Primary data was collected through questionnaire that was pilot tested for reliability before actual data collection. The collected data was analyzed through frequencies and percentages as well as means and standard deviations as descriptive statistics. Regression analysis was conducted to test the established hypotheses. Tables were used to present the findings. The study established that project identification ($\beta=.194$, $p<0.05$) had the largest and significant effect on performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya followed by project M&E ($\beta=.178$, $p<0.05$), project planning ($\beta=.141$, $p<0.05$) and project implementation ($\beta=.107$, $p<0.05$). The study concludes that community involvement is a significant predictor of the performance of health care projects. The study recommends that project managers of the nutrition projects in Kamukunji Sub County should involve the community more in risk identification as an aspect of project planning The monitoring and evaluation managers of the nutrition projects in Kamukunji Sub County should involve the community in development of the progress reports and the composition of the M&E team for nutrition projects. The study recommends further research to be conducted in other projects apart from the health and nutrition projects.

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

There is need to influence people's participation in the global, regional, national and county levels to effectuate the improvement to the contribution of health systems. The recognition of community participation propensity as the primary health care and as a significant public health intervention has been enhanced since 1978 where the declaration of Alma-Ata occurred. The contemporary established health reforms give more attention to community participation and social values, focusing more on technical, economic, and management factors in health systems. At the global level, various interventions and approaches have been enhanced to initiate the civil society from addressing the factors implicating community participation in health programs (Prytherch, Karimova, Schueth, Egamberdiev, Fischer, Sadonshoeva & Aminov, 2020). According to WHO, the provision of healthcare services is a primary human right that has to be conserved and protected. However, this can be ensured through the attainment of social health goals.

Globally, different countries are subjected to health system problems and concerns which vary depending on the level of globalization and technological prospects. Although healthcare service-based problems are anticipated to be faced mostly in developing and under-developed countries, the challenges entailing human resource and community participation attract developed, developing and under-developed countries.

According to the research done by Aus-Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera and Taylor-Robinson (2019), the tool of community participation is limited and not adequately embraced in Africa. When depicting challenges facing the healthcare system and projects in Africa, poor community involvement in health programs is outlined as a major element. According to Oleribe, et al., (2018), Africa's healthcare systems have been neglected and underfunded, resulting in serious issues across the six pillars of healthcare delivery for WHO. Various assessments have been done to identify the major difficulties confronting the African healthcare system, as well as what interventions should be used to improve evidence-based decision-making, policy creation, and program prioritization. Healthcare systems in Kenya have for years suffered from man-made based issues which entail community healthcare involvement and participation. Through this, various organizations such as WHO have proposed a defined healthcare framework

that would incorporate the essence of community involvement as one of the core components of the healthcare system (Bakibinga, *et al.,* 2020). Majority of counties in Kenya are unable to meet basic requirements for good healthcare systems. This is the main reason why global, regional and States' organizations are establishing community-based healthcare programs or projects to enhance the improvement of the general health care system in Kenya.

Nairobi is one of the counties in Kenya that harbors various vulnerable communities encompassing communities such as the refugees, people from slum areas, people living below the poverty index. This project will look into how the performance of health-care projects (specifically the nutrition project in Kamukunji Sub-County) is affected due to the involvement of community member. Kamukunji is depicted to harbor various socially and economically disadvantaged people within different areas. For instance, Motherland and Bahati are sample estates which Kamukunji constituency within Nairobi County harbors. Different health programs are allocated and intended for communities, and it is necessary to assess the amount of community engagement in these projects, as well as the influence of participation on the healthcare outcome.

Malnutrition is a persistent problem that has had a significant impact on Kenyans' lives, particularly children and mothers who are breastfeeding. Nutrition is divided into two categories: health and agriculture. Lack of enough food supply to the people of Kenya is the key concept that effectuates the prospect of malnutrition. Kamukunji constituency is an electoral constituency within Nairobi County. The area covers approximately 12km2 with a population density of 21604.7 people per km2. Three-quarter of this population in the Kamukunji constituency live below the poverty level enhancing the support of various healthcare and Agricultural organizations to the Area.

Different governmental and No-governmental Organization have come together with the people of Kamukunji to promote and sensitize the community on the importance of embracing community participation. Ministry of Health and Global health concerned Organization have initiated various programs such as Feed the Children, Concern Worldwide among others to effectuate the prospect of healthcare improvement and survival of children under five and pregnant and lactating women (Mutiso, *et al.,* 2018). According to the undertaken research by the Concern worldwide, caseloads for children and lactating mothers who need Treatment for Acute Malnutrition within the

constituency is 23,791 cases with the areas showing the greatest prevalence's are Kiambio and Majengo due to the high household food insecurity.

1.2 Statement of the Problem

The recent welfare monitoring survey noted that significant improvement in health care project needs a high of community involvement (Mutiso, et al., 2018). Most health care projects fail to reach the implementation phase largely attributed to by frictions between the project managers and the community. However, such issues can well be handled when the community has been involved right from the inception of the program. In Kenya, the absence of clearly established legal guidelines on the need for community to take part in health care interventions is a clear pointer that success of projects would be hard. In Kamukunji sub-county, there are several concerns of nutrition that deserve policy direction. In nutrition survey that was done by Concern Worldwide-Kenya (2017), it was shown that Kamukunji (Kiambio/ Majengo) has the highest rate of malnutrition at 9.6%. This is a worrying trend that needs a critical analysis of the performance of nutrition projects currently in place and bring out the related challenges.

The available studies include Kinyata and Abiodun (2020) who looked at community participation and its link with success and sustainability of African projects. The study noted that although much of the aid from developed economies end up in Africa, the initiated projects have ended up failing. Chandago and Kisimbii (2020) focused on bringing out the key issues that shape community participation in the implementation phase of the Kenyan development projects and some of the identified factors include leadership, literacy, culture and commitment. Maritim and Boit (2019) did an inquiry into community involvement in M&E and its link with success of water projects in Uasin Gishu County where a direct link was identified. Mbui and Wanjohi (2018) did a study linking community participation with performance of the water related projects with focus on Meru County where a positive link was noted. Havugimana (2015) focused on Rwanda, where the study found a relatively low awareness levels in the design phase of water projects.

The reviewed studies create gaps, as some of them (Kinyata & Abiodun, 2020) focused on project sustainability and implementation (Havugimana, 2015) and not project performance. Other studies (Mbui & Wanjohi, 2018 & Maritim & Boit, 2019) focused on water projects and not health care projects. Thus, the present inquiry seeks to bridge these gaps.

1.3 Purpose of the Study

The research aimed to assess the influence of community involvement on the performance of health care projects: the case of the nutrition projects in Kamukunji sub-county, Nairobi, Kenya.

1.4 Objectives of the Study

The study was guided by the following objectives:

i. To assess the effect of community involvement in project identification on the performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya.
ii. To determine the influence of community involvement in project planning on performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya.
iii. To examine the influence of community involvement in project implementation on performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya.
iv. To evaluate the influence of community involvement in project monitoring and evaluation on the performance of nutrition projecs in Kamukunji Sub County, Nairobi, Kenya.

1.5 Research Questions of the Study

The study was guided by the following research questions

i. What is the effect of community involvement in project identification on the performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya?
ii. Does community involvement in project planning influence performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya?
iii. How does community involvement in project implementation influence performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya?
iv. What is the influence of community involvement in project monitoring and evaluation on the performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya?

1.6 Research Hypotheses

The following null hypotheses were used to guide the study:

H_{01}: Community involvement in project identification has no significant influence on the performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya.

H_{02}: Community involvement in project planning has no significant influence on performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya.

H_{03}: Community involvement in project implementation has no significant influence on performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya.

H_{04}: Community involvement in project monitoring and evaluation has no significant influence on the performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya.

1.7 Significance of the Study

The County government of Nairobi needs quality information on health care interventions so as to come up with relevant nutrition projects. This inquiry may seek to share such information that would inform policy. Different organization including NGOs may leverage this inquiry to develop relevant strategies of strengthening a participatory approach as they actualize the nutrition projects. The inquiry may add to the existing literature, and this may help future scholars carrying out related inquiries.

1.8 Assumptions of the Study

The participants were expected to have relevant perspectives on health-care initiatives to discuss. The other assumption stemmed from the fact that the information shared by the participants was accurate to inform policy. It was assumed that all the beneficiaries of nutrition projects were involved in the project cycle.

1.9 Delimitations of the Study

The study focused on community involvement and project performance. The investigation focused on community participation in plan processes of a project including identification of needs, planning, implementation, and monitoring and evaluation activities in realizing goals. The research focused on health-care initiatives, specifically nutritional initiatives in Kamukunji. The locations within the Kamukunji region that was of great significance include Bahati, Eastleigh North, Eastleigh South, Kamukunji and Pumwani.

1.10 Limitations of the Study

During data collection, the responses level of confidence was compromised as some suspected their opinions would be used against them. This resulted into some form of uncooperativeness among some of the respondents. However, a statement of authorization from the University of Nairobi was reproduced and attached to each questionnaire to avoid this limitation. Assurance was also provided to respondents that all information being sought was only to be used for academic purpose.

This study was conducted during the COVID-19 pandemic. This was a challenge given that some respondents had general fear of physically handling the questionnaires as doing so would infect them with the virus. In order to overcome this challenge, all questionnaires were sanitized before and after being collected from the respondents.

1.11 Definition of Significant Terms

Community involvement refers to the extent to which stakeholders are permitted to participate in the selection, planning, execution, and monitoring and evaluation of nutrition projects.

Performance of Nutrition Project is designed to improve quality of vaccination, provide food and maternal health.

Project identification includes identification and analysis of the needs and the stakeholders as well as setting of priorities.

Project Implementation it covers resource allocation, coordination of tasks, information flow and scheduling of the project activities

Project M&E involve data collection, the composition of the M&E team, utilization of the information including the progress reports.

Project planning it includes financial planning, human resource planning, contingency planning and time resource planning.

1.12 Organization of the Study

The study is broken down into five chapters, the first of which includes the study's background followed by problem statement, purpose, objectives, research questions, and hypotheses. Further, more emphasis on relevance, assumptions, delimitations, and limitations, as well as the definition of words is done. Chapter two provides a review of literature that is relevant to community involvement and project performance. Specifically, to assess the effect of community involvement: in health care project identification, in healthcare project planning, in health care project implementation and in health care project M&E. The theory providing anchorage to the study is also reviewed in this chapter with the conceptual framework being indicated as well as the research gap matrices and the summary of past empirical studies. Chapter three concentrates on the type of design to be adopted by the inquiry is indicated, the targeted respondents and the means of carrying out sampling. The means gathering data, piloting to determining reliability and validity with the associated procedures and the analysis of the findings are also detailed in chapter three. Findings and presentation is covered in chapter four while a summary, discussion, conclusion and recommendations are noted in chapter five.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

The chapter presents the empirical literature that is relevant to community involvement and project performance. The review of literature is centered around performance of the nutrition programs, community involvement in health care project identification, community involvement in healthcare project planning, community involvement in health care project implementation and community involvement in health care project M&E. The theory providing anchorage to the study is also reviewed in this chapter with the conceptual framework being indicated as well as the research gap matrices and the summary of the reviewed literature.

2.2 Performance of Nutrition Projects

Project performance helps to determining the extent which the established indicators and standards of the project have been achieved in a way that is meaningful (United States Agency for International Development, USAID, 2010). Performance of the program ensures that the plan of the project has been attained within the established budget, time, and scope while ensuring that the needs of the end users have been met. Performance of the project is measured across its lifecycle through some established classic indicators (Raimondo, 2016). Different projects can be guided by different indicators gauging performance. As noted by Mwanza, Namusonge and Makokha (2020), different programs can be guided by their own unique indicators of determining performance.

2.3 Community Involvement in Project Identification and Performance of Nutrition Projects

According to Wera (2016), project identification is a process of identifying individual or group initiatives and then selecting them to achieve the organization's goals. Efforts should be made to ensure that the projects have been linked to the relevant goals (Mutwiri, Were & Odhiambo, 2018). The identification phase is a very important phase since it gives the community who include the beneficiaries an opportunity to identify both primary and secondary stakeholders of the projects as well as prioritization of their needs in the program. The needs of the community that justify the need for the project are analyzed at this identification phase (Dagne, 2018).

Need assessment is an important activity during the identification of the project. This activity is occasioned by a situation analysis that is conducted by a party that arises from the outside community (Kerzner, 2017). Through situation analysis, the demanding problems and issues specific and unique to a given community are identified and listed. Before initiation of the project, efforts should be made to do an evaluation. It is important to create a business case at this point, so that a problem or opportunity is well defined in detail (Kerzner, 2017). The most important thing while carrying out all these activities is to ensure that men and women in the community have been consulted to taken into consideration both perspectives. In most cases, the needs of women are different from those of men and failure to be responsive to the diverse needs may hamper planning processes of a program (Kurt, 2017). Consulting and involving the community at this phase provides a sense of ownership of the project as it progresses other phases of its lifecycle. A single project cannot be able to attain all the established needs of the community hence the need for setting up of priorities. All people at the community level should be involved when these priorities are being set (Pitas, 2016).

Community involvement in the identification phase of the project helps in collective appraisal of the needs, analysis of the objective as well as the alternative course of action of the project activities (Yemini, Oplatka & Sagie, 2018). At this phase, an analysis of the beneficiaries of the project activities is conducted and the composition of the project team is constituted (Bailey, 2020). The identification phase forms the foundation of all other phases of the project, and its poor conceptualization can result into failure of the project. It is still at the identification phase that the community is given an opportunity in developing a project charter and the scope structure that defines the scope of the project activities (Fitria, 2017).

Wera (2017) did an inquiry on identification process of the project and its link performance using a case of Kibera Constituency. The study used a case of the AICCAD, Vocational Training Project. It was noted that there was a high level of involvement of the stakeholders throughout the entire phases of the life cycle. The inquiry disagreed on whether there was encouragement of the stakeholders to take part at the initial phase while stakeholder mapping was conducted at this initial phase. The inquiry shared that problem analysis at the identification phase of the project had a direct link with performance of the program. Dhir, Kumar and Singh (2019) noted that engaging the grassroots bodies' across the project phases impacts outcomes. Muute and James (2019) said

that collective identification of the project helps in attaining project outcomes of time, budget and quality.

A study was conducted by Fitria (2017) on the policies of the government and their effect initiation and implementation. By reviewing relevant literature, the inquiry developed variables and hypotheses that were tested; project management, strategic management and entrepreneurship. The inquiry noted that project tasks should be managed in a strategic manner as this helps in enhancing performance of the entity. Kihuga (2018) focused on building projects in Roysambu Constituency to link the process of initiation of the project with success. The inquiry shared that initiation processes of the project are linked with the success of the project. However, this study creates gaps, since it focused on building projects while the present study will be carried out on health care projects.

2.4 Community Involvement in Project Planning on Performance of Nutrition Projects

At the planning phase, the community is involved in establishing the overall scope of the program while refining the already established objectives. Furthermore, the course of action that is needed for realization of the planned activities is established at this phase of the project. A study conducted by Laird (2016) focused on planning and its link with success of smaller information technology projects. The specific focus of the study was on the level and type of planning and their link with success of the technology projects. It was shown that majority of the factors that are linked with success of larger projects are also central in realizing outcomes for the small-scale technological programs (Hammann, 2016). However, the gap created by this study was the fact that it merely focused on planning and its role in success of the project without considering the concept of community involvement (Pellerin & Perrier, 2019).

The study carried out by Naeem, Khanzada, Mubashir and Sohail (2018) largely paid focus on the planning phase of the project and its link with success with risk management and organizational culture as mediating and moderating variables respectively. The inquiry did share that planning is an important phase of the project that lays the foundation for other phases. Furthermore, planning was seen to be well merged with other phases of the project. However, this study create conceptual gap since it failed to incorporate the aspect of community involvement in the planning activities and merely focused on the planning phase alone. In a study carried out among the construction

projects in China, Xiaotian, Miao, Yu and Fangwei (2020) looked at the planning phase of the project and its link with knowledge integration. Leveraging the knowledge governance dimension, the inquiry noted that planning can be applied to enhance the process of knowledge management and integration within the project activities. In turn, Irfan, Khan, Hassan, Hassan, Habib, Khan and Khan (2021) shared that this will result into success of the project activities. This study create contextual gap since it focused on construction projects in China unlike the present study that will be done in Kenya focusing on health care projects.

In a study conducted by Mwanza, Namusonge and Makokha (2020), the specific focus was on the planning practices of the project and their link with performance with emphasis on construction projects. The inquiry noted existence of inverse and significant connection between planning practices in the project and performance of the construction programs. It was noted that planning provides direction on the various tasks that need to be conducted within established timeframes while reducing the mistakes. There are different types of plans that are generated as a product of planning exercise in the organization; these include contingency plans, procurement plans, human resource plans, material resource plans, and financial plans among others (Terhaar, Crickman & Finnell, 2016). The impact of effective planning on success of the project was explored by Phullsunder (2019). The inquiry shared that the association among planning and expected outcomes of a program was strong.

2.5 Community Involvement in Project Implementation on Performance of Nutrition Projects

It is the implementation phase that the project activities established at the identification and planning phase are put into practice (Rumeser & Emsley, 2016). The implementation stages ensure that the project plan that has been designed at an earlier phase is put into reality (Imken, Peral, Statham, Joshi, Tanelli, Sauder & Shaffer, 2019). The implementation phase of the project is geared towards delivery of the desired deliverables or results. It is at this phase that the resources of the project are put into use and it is one of the longest phases of the program. The implementation phase is linked with the subsequent activities such that poor planning will have an adverse effect on execution of the activities at this phase of the project (Al-Hajj & Zraunig, 2018).

Many projects are intended to benefit communities and thus there involvement ensures sustainability (Sligo, Gauld, Roberts & Villa, 2017). Community involvement in the

implementation of the program will support and enhance coordination of the tasks and consideration of the unforeseen contingencies. Communication is important when implementing the project, this done both within and outside the project (Senbeta & Shu, 2019). Timely flow of information keeps all the parties informed of the project as it progresses during the implementation. The community should be involved in design of the reporting and performance measurement frameworks of the projects in place (Anyango, 2016).

The interaction between the strategies of implementing projects and their link with performance of projects at the community level was explored by Kiragu (2015). The study focused on Young Mothers' project that has been actualized by Hand in Hand Eastern Africa. It was shared that project implementation strategy is an evolving concept in the context of project management while Tengan and Aigbavboa (2021) argue that it covers the need to create frameworks that are customizable. The variables of the inquiry included project design, M&E, resource management and stakeholder engagement strategies. Informed by the implementation theory, Zheng, Xu, Wang and Chen (2017) noted that implementation of the programs require well established designs with timely flow of information adequate allocation of resources.

Masasabi and Ngari (2019) investigated the management practices of real estates financed by savings and credit cooperatives, paying particular attention to planning, communication, stakeholder involvement, and resource availability factors. The study noted that successful implementation of the projects require well established plans, communication channels and availability of adequate resources. A similar study by Al-Hajj (2018) relished that majority of the projects have not leveraged on the tools and techniques of managing the capabilities of the projects. There are different actors, some outside the influence of the project management that are linked with success of the program (Cheema & Cheema, 2019).

2.6 Community Involvement in Project Monitoring and Evaluation on Performance of Nutrition Projects

Community involvement in the monitoring activities provides information with regard to the status of completion of a particular program (Chookhampaeng & Chookhampaeng, 2020). Collective monitoring ensures that delays have been identified especially with generation of the periodic reports. Evaluation is an independent exercise that is done against some established indicators and the community can best be involved by utilizing the generated results (Mleke & Dida, 2020).

Evaluation is geared towards establishing whether the program has realized its intended objectives on the basis of some established parameters (Jili & Mthethwa, 2016). Community involvement in the M&E exercise ensures that the deliverables are realized on schedule, within budget and when it has been accepted by the final users (Maendo, James & Kamau, 2018). The community (both men and women) should be involved in gathering information with regard to come up with issues affecting the project while analyzing the patterns of the program (Yusuf, Otonde & Achayo, 2017).

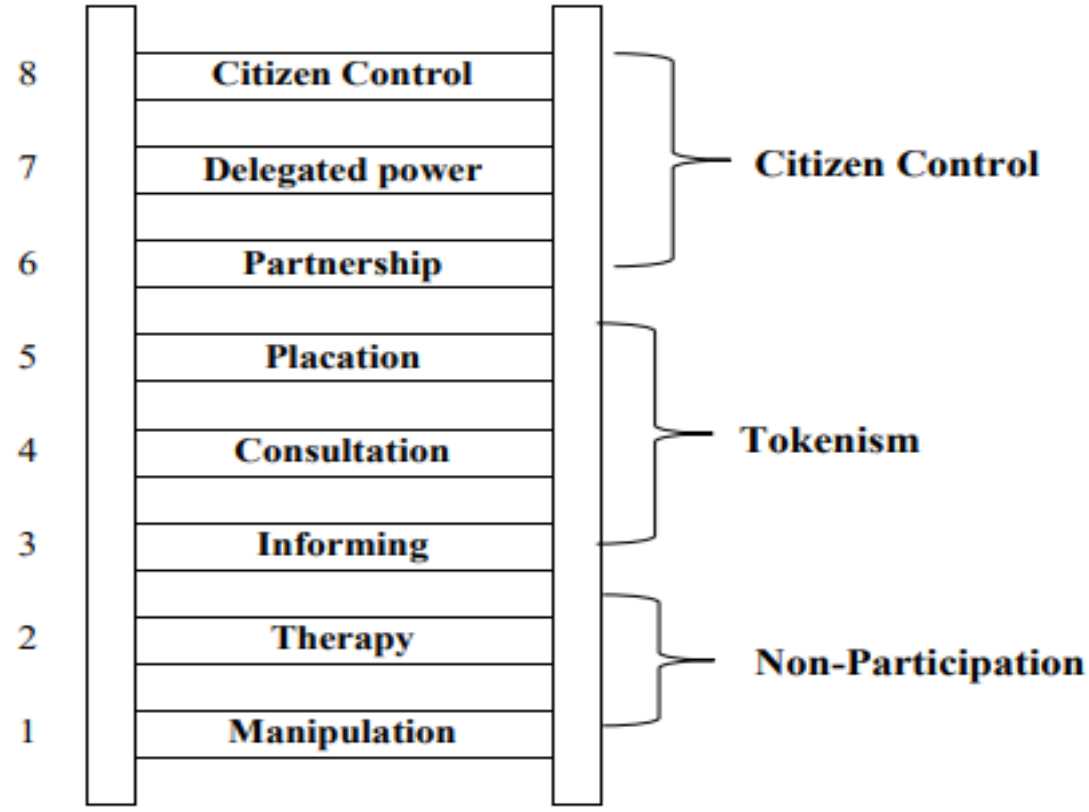
The study conducted by Otieno (2016) largely focused on participatory M&E and its link with service delivery. The study showed that participatory M&E has potential to improve performance of the project activities. Mgoba and Kabote (2020) did a study to bring out the effectiveness linked with participatory M&E as far as the realization of community water projects is concerned. The study noted that participatory M&E helped in realization of the objectives guiding the projects. Mbui and Wanjohi (2018) looked at community participation and the link with performance of the projects. The inquiry covered the water projects in Ruiru. The study variables included community participation in governance of the projects, maintenance and operations, M&E as well as financial management. The study noted that involvement of the community in M&E activities can enhance performance of the project activities.

The influence of stakeholders' participation in M&E of the program was explored by Sulemana, Musah and Kanlisi (2018). The study noted that on a rare occasion did the stakeholders participate in the M&E activities. This according to Callistus and Clinton (2016) is because several factors like poor attitude of the community when it came to matters of M&E. Soransora (2013) focused on community participatory M&E and related association to advancement of programs. The focus of the study was on Ewaso Ngi'ro North Development Authority in the county of Isiolo. It was noted that realization of sustainable development projects call for united efforts and involvement of the involved individuals. Neumann, Robson and Sloan (2018) shared that participation of the community in matters of M&E creates a sense of shared understanding among the stakeholders.

2.7 Theoretical Review

The Ladder theory advanced by Sherry Arnstein in 1969 was used to provide anchorage to the study. The theory identifies 8 rungs in a participation ladder signifying that either there is

manipulation or active participation of people in a program (Carpentier, 2016). Figure 2.1 gives a breakdown of the 8 rungs of this Ladder theory of participation.



Non-participation at a technical level is covered by the first two rungs, where manipulation can arise when the community is invited to attend meetings where they make decisions of the committees of the project even when they have not taken part in the project (Wamugu & Ogollah, 2017). Therapy being the second rung, the beneficiaries is not provided with practical solutions by the donors and leaders of the projects. Instead, the community members are blamed by leaders directing them to look for solutions themselves (Reed, Vella, Challies, De-Vente, Frewer, Hohenwallner-Ries & van-Delden, 2018).

Tokenism is covered by the third to the fifth rung, where the third rung includes the need to inform the community about issues in the project. Although sharing of information on the project is key for the project to realize its goals, there should be a two-way communication so that the project is able to realize its core objectives (Arnstein, 2019). Although extending a bit higher, consultation however fails to meet the need for active participation. Placation may arise when the members of

the community are invited to take part in meetings for planning so that they feel they are part of the project although they are donors to make the final decision on what needs to be implemented (Kisumbi, Omboto & Nassiuma, 2017).

More active participation occurs in the final rungs collectively resulting into citizen control. In partnership, there is sharing of responsibilities and power between the leaders of the project and the community. At this level, the members of the community have a general feeling that they own the available nutritional programs (Botchwey, Johnson, O'Connell & Kim, 2019). Delegated power arises when the community holds a bigger say in the project and this is vested in the members of the committee of the nutritional programs. In the final and highest rung, there is a high degree of absolute control by the citizens such that there is minimal reliance on external support in running the nutritional projects. The daily activities of the nutritional programs at this rung are run by the members of the community (Ianniello, Iacuzzi, Fedele & Brusati, 2019).

This idea is pertinent to the research because it addresses issues about civic engagement. According to this theory, community involvement calls for the need of the members to attend meetings, demand for accountability in the way the nutritional projects are managed and contributing towards resources required for proper implementation and performance of the nutritional programs.

2.9 Conceptual Framework

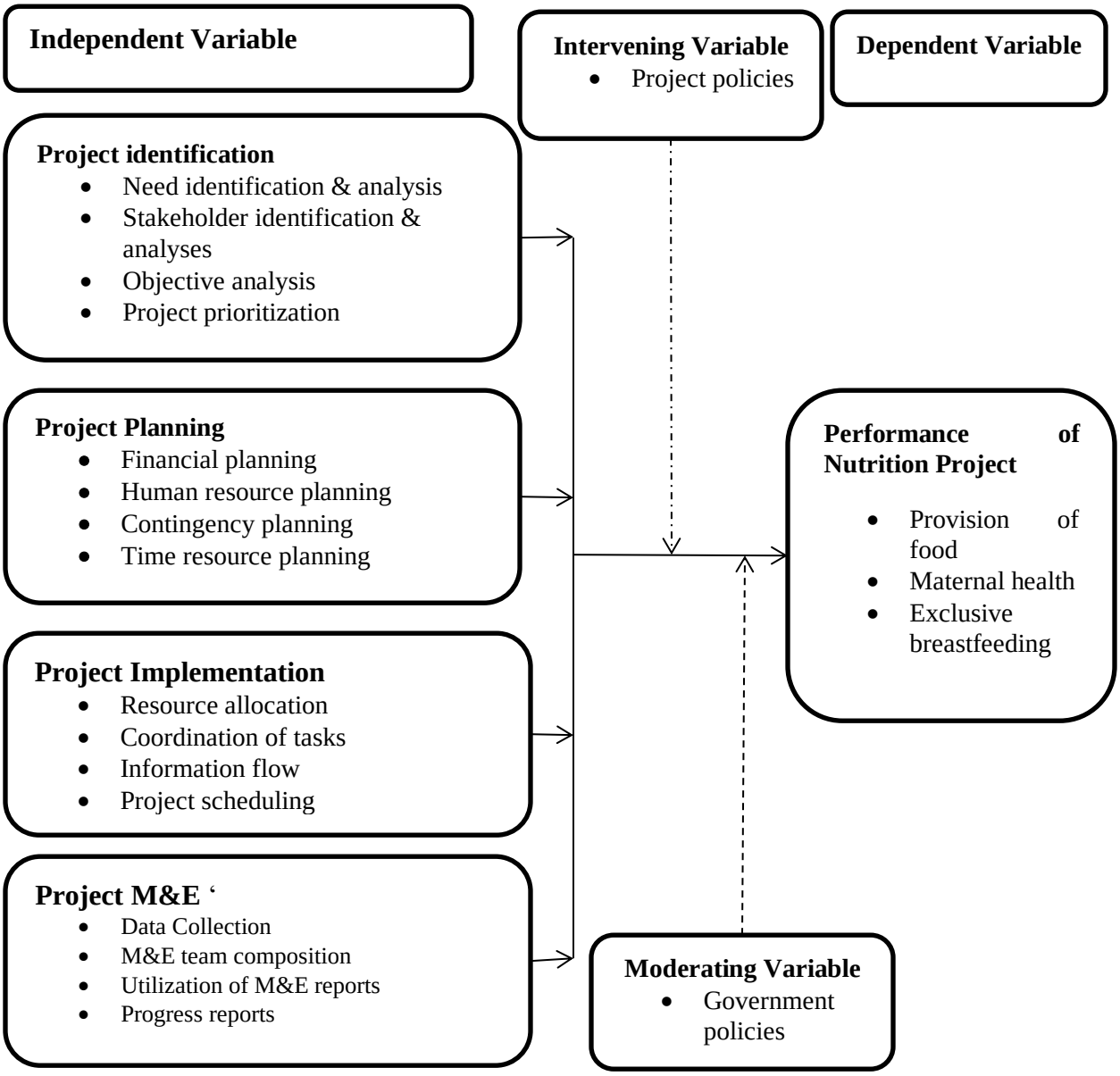


Figure 1: Conceptual Framework

2.10 Knowledge Gap Matrix

Table 2.1: Knowledge Gap Matrix

Variable	Author (Year)	Topic	Research results	Gaps	Focus of the Present Study
Community Involvement in Health Care Project Identification	Wera (2017)	Identification process of the project and its link performance using a case of Kibera Constituency.	problem analysis at the identification phase of the project had a direct link with performance of the program	The study merely focused on project identification as a phase within the lifecycle	This research will assess the effect of community involvement in the identification of the health care projects
Community Involvement in Health Care Project Identification	Kihuga (2018)	to link the process of initiation of the project with success	initiation processes of the project are linked with the success of the project	The study covered building projects	The present study will be conducted among nutrition projects
Community Involvement in Health Care Project Planning	Naeem, Khanzada, Mubashir and Sohail (2018)	largely paid focus on the planning phase of the project and its link with success with risk management and organizational culture as mediating and moderating variables respectively	planning is an important phase of the project that lays the foundation for other phases	The study looked at project success as the dependent variable	Project performance is the dependent variable in the present study
Community Involvement in Health Care Project Planning	Xiaotian, Miao, Yu and Fangwei (2020)	the planning phase of the project and its link with knowledge integration	planning can be applied to enhance the process of knowledge management and integration within the project activities	The study used knowledge integration as the dependent variable	In this research, project performance is the Dependent variable

Community Involvement in Health Care Project Implementation	Masasabi and Ngari (2019)	The key issues that determine the implementation of project activities	successful implementation of the projects require well established plans, communication channels and availability of adequate resources	The present study focused on project implementation as the dependent variable	Project performance is the dependent variable in the present study
Community Involvement in Health Care Project Monitoring	Mgoba and Kabote (2020)	to bring out the effectiveness linked with participatory M&E as far as the realization of community water projects is concerned	Participatory M&E helped in realization of the objectives guiding the projects.	The present study focuses on water projects	Nutritional projects is the main focus of the present study

2.11 Summary of Literature

The review of the empirical researches on performance of the nutrition projects, community involvement in; health care project identification, healthcare project planning, community, health care project implementation and in health care project M&E. The theory providing anchorage to the study has also been reviewed in this chapter with the conceptual framework being indicated as well as the research gap matrices and the summary of the reviewed literature.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

The methods used to perform the research are discussed in this chapter. The sort of research design, target respondents, and sampling techniques were all explained in detail.

3.2 Research Design

The study design lays out how the research will be conducted in terms of data gathering and analysis (Yin, 2017). This study used a descriptive survey and a correlational research strategy to achieve the stated objectives. According to Mugenda & Mugenda (2003), the strategy is excellent when the main goal is to identify a significant relationship between the research variables. Survey involves systematic gathering of information with regard to the population. The reason for model was to provide a description of some specific attributes of a given group. The correlational design supported gathering of quantitative data in realization of the stated objectives while testing the formulated hypotheses.

3.3 Target Population

The population of a research is a set of elements that serve as a foundation for extrapolating the investigation's outcomes (Kothari, 2004). As stated in Table 3.1, the study targeted 20,000 nutrition project beneficiaries from Kamukunji Sub County, 15 project managers (from each project organization), and 30 health officials, totaling 20,045 respondents.

Table 3.1: Target Population

	Target Population
Project Beneficiaries	20,000
Health Officials	30
Project managers	15
Total	**20,045**

Source: NGO Coordination Board (2020)

The project beneficiaries are further classified into male and female respondents as shown in Table 3.2

Table 3.2: Target Population of the Project Beneficiaries

Category	Population
Male	7000
Female	13000
Total	**20,000**

Source: NGO Coordination Board (2020)

3.4 Sample Size and Sampling Procedure

3.4.1 Sample Size

Sample size is the smallest proportion drawn that target population as a representation of the entire attributes. In this study, the sample size was scientifically determined through the following formulae by Kothari (2004):

$$n = \frac{z^2.N.\partial_p^2}{(N-1)e^2 + z^2\partial_p^2}$$

Where; n=Size of the sample

N=Size of the population and given as 20,045

e= Acceptable error given as 0.05

$\partial^2 \hat{p}$= the standard deviation of the population and given as 0.5 where not known

Z= standard variation at a confidence level given as 1.96 at 95% confidence level

Substituting the above target population (N) of 20,045 into the formula gives the following:

$$n = \frac{1.96^2*20{,}045*0.5^2}{(20{,}045-1)0.05^2+1.96^2*0.5^2}$$

$$\frac{19251.218}{50.11+0.9604}$$

n=376 respondents

Thus, the sample size of the study was 376 respondents

3.4.1 Sampling Procedures

The processes used to pick responders once the sample size has been decided in the study are known as sampling procedures. A stratified random procedure was used to choose the research participants. In addition, the census was utilized to choose project managers and health officials. The use of census was informed by the fact that this category of population was relatively small. The use of stratified random sampling, on the other hand, was justified on the grounds that it ensures that every member of the population has an equal opportunity of being selected. First, the health officials and the project managers were selected through census where 45 respondents were sampled. The remaining 331 respondents (376-45) were the project beneficiaries and they were selected through stratified random sampling technique. In this regard, the project beneficiaries were stratified into male and female respondents and an equal representation from each strata was selected as shown in Table 3.3.

Table 3.3: Sampling of the Project Beneficiaries

Category of respondents	Target Population	Sample Proportion (%)	Sample Size
Male	7000	7000/20,000*100=35.0%	35%*313=116
Female	13000	13,000/20,000*100=65.0%	65%*313=215
Total	**20,000**	**100.0%**	**331**

Source: NGO Coordination Board (2020)

Table 3.4 gives a summary of the sampling methods that was adopted in this study:

Table 3.4: Summary of Sampling Methods

	Target Population	Sampling method	Sample Size
Project Beneficiaries	20,000	Stratified random sampling	313
Health Officials	15	Census	15
Project managers	30	Census	30
Total	**20,045**		**376**

Source: NGO Coordination Board (2020)

3.5 Research Instruments

Through a semi-structured questionnaire, primary data was collected from the study participants. The questionnaire was used because it helped in collection of huge information from the respondents over a limited period of time. The questionnaire questions were guided by the study objectives, with the first section capturing general information. In addition, for stronger cohesiveness among study questions, both open and closed tool design methodologies were used.

3.5.1 Pilot-Testing of the Research Instrument

Before carrying out the actual inquiry, it was important to pilot test the instrument. This was aimed at correcting any mistakes before the final inquiry is conducted. Mugenda and Mugenda share that 10-20% of the respondents from the target population are ideal for piloting the instrument. Thus, the study selected 10% of the sample size, being 37 respondents for the purpose of piloting the instrument. Those identified participants for piloting were secluded from the overall inquiry, so as to limit biasness.

3.5.2 Reliability of the Research Instrument

The researcher conducted test retest method to determine reliability of the instrument. In this regard, the test was administered two times to the same group of the respondents that had been selected for piloting. Furthermore, Cronbach Alpha coefficients were determined and the value 0.7 was taken as the threshold.

3.5.3 Validity of the Research Instrument

Valid tools operate in such a manner that they indicate that which suits their purpose of design (Creswell, 2017). The study tested for construct and content validity by sharing the questionnaire with the supervisor for review. Besides the supervisor, the questionnaire was shared with experts in the field of project management to review the specific contents and the underlying constructs indicated in the conceptual framework.

3.6 Data Collection Procedures

A letter from the Institution was applied that detailed the purpose of this inquiry to the participants. This was followed by a research permit from NACOSTI that authorized gathering of data from the

field. Three research assistants were in charge of questionnaires administration in the ground. The research assistants were trained for a week on objectives of the study and ethical issues before the actual study.

3.7 Data Analysis Techniques

Once data had been collected from the field, it underwent cleaning through excel to edit inconsistencies. From excel, the data was exported to the SPSS tool in readiness for analysis. The study relied on descriptive statistics covering means and standard deviations, frequencies and percentage during analysis. Besides the descriptive statistics, the study relied on inferential statistics covering regression analysis with the model as specified below:

$$\mathbf{Y = \beta_0+\beta_1X_1 +\beta_2X_2+\beta_3X_3+\beta_4X_4+\varepsilon}$$

Where:

Y = Performance of nutrition programs

β_0 = constant

β_0, β_1= beta coefficients

X_1 = Community involvement in health care projects identification

X_2 = Community involvement in health care project implementation

X_3 = Community involvement in health care projects planning

X_4 = Community involvement in health care projects monitoring and evaluation

ε = Error term

3.8 Ethical Considerations

Necessary authorities were consulted prior to actual data collection including the need to seek for a letter of introduction and NACOSTI permit. Assurance of the level of confidentiality of the participants was safeguarded in the inquiry. The information used in the inquiry was acknowledged through APA style of referencing. Taking part in the inquiry by the participants was on a voluntary basis, hence no participant was forced to do so.

3.9 Operational Definition of Variables

Table 3.5: Operational Definition of Variables

Variable	Type of variable	Indicators	Measurement	Scale	Type of analysis	Tool of analysis
Project identification	Independent	Need identification & analysis Stakeholder identification & analyses Objective analysis Project prioritization	5-Point Likert Scale	Ordinal	Descriptive analysis Inferential analysis	Means, standard deviations, frequencies & percentages Regression analysis
Project Planning	Independent	Financial planning Human resource planning Contingency planning Time resource planning	5-Point Likert Scale	Ordinal	Descriptive analysis Inferential analysis	Means, standard deviations, frequencies & percentages Regression analysis
Project Implementation	Independent	Resource allocation Coordination of tasks Information flow Project scheduling	5-Point Likert Scale	Ordinal	Descriptive analysis Inferential analysis	Means, standard deviations, frequencies & percentages Regression analysis
Project M&E‘	Independent	Data Collection M&E team composition Utilization of M&E reports Progress reports	5-Point Likert Scale	Ordinal	Descriptive analysis Inferential analysis	Means, standard deviations, frequencies & percentages Regression analysis
Performance of Nutrition Project	Dependent	Provision of food Maternal health Exclusive breastfeeding	5-Point Likert Scale	Ordinal	Descriptive analysis	Means, standard deviations, frequencies & percentages

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INERPERETAION

4.1 Introduction

The contents of the chapter include the questionnaire return rate, the findings concerning reliability, general information, descriptive statistics and regression analysis as well as the testing of hypotheses.

4.2 Questionnaire Return Rate

The investigations aimed to get 376 replies, however only 245 people filled out and returned the research materials, resulting in a 65.2 percent response rate. This was in line with Babbie (2010) who shared that an above 60% return rate is good for analysis and presentation of the findings in an inquiry.

4.3 Reliability Results

The researcher computed the values of Cronbach Alpha Coefficients on the basis of the dully filled in questionnaire. The findings were determined and summarized as indicated in Table 4.1.

Table 4.1: Reliability Results

	No. of Items	Cronbach Alpha Coefficient
Performance	3	.765
Project identification	6	.864
Project Planning	6	.877
Project Implementation	6	.773
Project M&E	6	.792

From Table 4.1, all the variables had Cronbach Alpha Coefficients above 0.7, this means that the scale used in design of the questionnaire was reliable. This is in line with Yin (2017) who recommended 0.7 and above as the threshold of deciding on reliability.

4.4 General Information

Table 4.2 gives the findings of the general information on the respondent's profiles.

Table 4.2: General Information

Category	Classification	Frequency (n)	Percentage
Gender	Male	89	36.3
	Female	156	63.7
	Total	**245**	**100.0**
Education	no formal education	8	3.3
	Primary	45	18.4
	secondary	59	24.1
	Diploma	81	33.1
	Degree	52	21.2
	Total	**245**	**100.0**

The results in Table 4.2 show that while 63.7% were female, 36.3% were male. This means that both male and female respondents were involved in the study. The findings on education show that 33.1% had diplomas while 3.3% had no formal education. This is a clear indication that the study participants who took part were literate, that is, could read and interpret the study questions.

4.5 Descriptive Statistics

The findings of descriptive statistics on the study's objectives variables are presented in the sub-sections below.

4.5.1 Performance of Nutrition Projects

Table 4.3 summarizes the descriptive statistics on performance of nutrition projects.

Table 4. 3: Performance of Nutrition Projects

	SD		D		N		A		SA			
Statement	**N**	**%**	**n**	**%**	**N**	**%**	**n**	**%**	**n**	**%**	**Mean**	**Std. Dev**
The project has created awareness on the need for exclusive breastfeeding among mothers	0	0.0	10	4.1	63	25.7	141	57.6	31	12.7	3.78	.709
Food is provided to the vulnerable communities	0	0.0	32	13.1	27	11.0	138	56.3	48	19.6	3.82	.895
Maternal health services are available to the community	0	0.0	38	15.5	42	17.1	144	58.8	21	8.6	3.60	.850
Composite/average Mean											**3.73**	**.818**

The results in Table 4.3 show that while 70.3% of the respondents agreed (M=3.78) that nutrition projects had created awareness on the need for exclusive breastfeeding among mothers, 25.7% were neutral while 4.1% disagreed. On whether food was provided to the vulnerable communities, 75.9% of the respondents agreed (M=3.82) while 11% were neutral and 13.1% disagreed. As to whether maternal health services were available to the community, 67.4% of the respondents agreed (M=3.60) while 17.1% were neutral and 15.5% disagreed. Thus, over half of the respondents acknowledged that the nutrition projects in Kamukunji promoted exclusive breastfeeding among mothers besides providing food and maternal health services.

4.5.2 Project identification

The findings of descriptive statistics on project identification were determined and indicated in Table 4.4.

Table 4.4: Project identification

	SD		D		N		A		SA			
Statement	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**Mean**	**Std. Dev**
The community is involved in identification of the needs for nutrition projects	0	0.0	14	5.7	38	15.5	180	73.5	13	5.3	3.78	.625
The community is involved in analysis of the needs for the nutrition project	7	2.9	42	17.1	37	15.1	101	41.2	58	23.7	3.65	1.103
The community is involved in identification of the stakeholders for the nutritional projects	0	0.0	38	15.5	21	8.6	163	66.5	23	9.4	3.69	.843
The community is involved in the analysis of the stakeholders for nutrition projects	0	0.0	7	2.9	62	25.3	146	59.6	30	12.2	3.81	.675
The objectives for the nutritional projects are collectively analyzed	0	0.0	4	1.6	43	17.6	163	66.5	35	14.3	3.93	.617
Priority is given to nutrition projects meeting community needs	0	0.0	31	12.7	17	6.9	170	69.4	27	11.0	3.78	.802
Composite/average Mean											**3.77**	**.778**

From Table 4.4, while 78.8% of the respondents agreed (M=3.78) that the community was involved in identification of the needs for nutrition projects, 15.5% were neutral and 5.7% disagreed. On whether the community was involved in analysis of the needs for the nutrition project, 64.9% of the respondents agreed (M=3.65) while 15.1% were neutral and 20% disagreed. As to whether the community was involved in identification of the stakeholders for the nutritional projects, 75.9% of the respondents agreed (M=3.69) while 15.5% disagreed and 8.6% were neutral. On whether the community was involved in the analysis of the stakeholders for nutrition projects, 71.8% of the respondents agreed (M=3.81) while 25.3% were neutral and 2.9% disagreed. The findings on whether the objectives for the nutritional projects were collectively analyzed showed that 80.8% of the respondents agreed (M=3.93) while 17.6% were neutral and 1.6% disagreed. As to whether priority was given to nutrition projects meeting community needs, 80.4% of the respondents agreed (M=3.78) while 12.7% disagreed and 6.9% were neutral. The mean across all the statements is given as 3.77, which implies that respondents generally agreed that the community was involved in identification of nutrition projects in Kamukunji.

4.5.3 Project Planning

Table 4.5 summarizes the findings of descriptive statistics on project planning.

Table 4.5: Project Planning

Statement	SD		D		N		A		SA			
	n	%	N	%	N	%	n	%	n	%	Mean	Std. Dev
The community is involved in collective identification of sources of funding nutritional projects	6	2.4	15	6.1	65	26.5	130	53.1	29	11.8	3.65	.856
The community is involved in formulating budgets of the nutritional projects	6	2.4	77	31.4	34	13.9	101	41.2	27	11.0	3.26	1.094
The community is involved in identifying skills needed to carry out nutritional activities	24	9.8	100	40.8	42	17.1	35	14.3	44	18.0	2.89	1.287
The community takes part in selecting the team to carry out nutritional projects	11	4.5	76	31.0	0	0.0	141	57.6	17	6.9	3.31	1.117
The community is involved in identifying	0	0.0	94	38.4	55	22.4	62	25.3	34	13.9	3.14	1.083

risks likely to affect nutritional projects												
The community is involved in allocating time to relevant deliverables of the nutritional projects	18	7.3	87	35.5	3	1.2	126	51.4	11	4.5	3.10	1.156
Composite/average Mean											**3.23**	**1.099**

Table 4.5 shows that 64.9% of the respondents agreed (M=3.65) that the community was involved in collective identification of sources of funding nutritional projects, 26.5% were neutral and 8.5% disagreed. On whether the community was involved in formulating budgets of the nutritional projects, 52.2% of the respondents agreed (M=3.26) while 33.8% disagreed and 13.9% were neutral. As to whether the community was involved in identifying skills needed to carry out nutritional activities, 50.6% of the respondents disagreed, 32.3% agreed and 17.1% were neutral. Regarding the statement that the community took part in selecting the team to carry out nutritional projects, 64.5% of the respondents agreed (M=3.31) while 35.5% disagreed. As to whether the community was involved in identifying risks likely to affect nutritional projects, 39.2% of the respondents agreed, 38.4% disagreed and 22.4% were neutral. On whether the community was involved in allocating time to relevant deliverables of the nutritional projects, 55.9% of the respondents agreed, 42.8% disagreed and 1.2% were neutral.

4.5.4 Project Implementation

Table 4.6 is a summary of the descriptive statistics on project implementation.

Table 4.6: Project Implementation

	SD		D		N		A		SA			
Statement	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**Mean**	**Std. Dev**
The community takes part in allocation of finances to different nutritional projects	0	0.0	29	11.8	38	15.5	123	50.2	55	22.4	3.83	.910
The community is involved in allocation of material resources towards the nutritional projects	8	3.3	42	17.1	69	28.2	89	36.3	37	15.1	3.42	1.044
The community is involved in allocation of buildings for carrying out nutrition project activities	11	4.5	61	24.9	36	14.7	130	53.1	7	2.9	3.24	1.007
The community is involved in coordinating different tasks carried in the nutritional project	0	0.0	45	18.4	62	25.3	138	56.3	0	0.0	3.37	.778

The community facilitate the flow of information when carrying out nutritional projects	0	0.0	25	10.2	56	22.9	127	51.8	37	15.1	3.71	.843
The community is involved in developing schedules for the nutrition project	0	0.0	37	15.1	62	25.3	125	51.0	21	8.6	3.53	.851
Composite/average Mean											**3.52**	**.906**

The results in Table 4.6 on the community taking part in allocation of finances to different nutritional projects were that 72.6% of the respondents agreed (M=3.83), 15.5% were neutral and 11.8% disagreed. On whether the community was involved in allocation of material resources towards the nutritional projects, 51.4% of the respondents agreed (M=3.42), 28.2% were neutral and 20.4% disagreed. As to whether the community was involved in allocation of buildings for carrying out nutrition project activities, 56% of the respondents agreed (M=3.24), 29.4% disagreed and 14.7% were neutral. As to whether the community was involved in coordinating different tasks carried in the nutritional project, 56.3% of the respondents agreed, 25.3% were neutral and 18.4% disagreed. The findings on the statement that the community facilitated the flow of information when carrying out nutritional projects were that 66.9% of the respondents agreed, 22.9% were neutral and 10.2% disagreed. The results on the community being involved in developing schedules for the nutrition project showed that 59.6% of the respondents agreed (M=3.53) while 25.3% were neutral and 15.1% disagreed.

4.5.5 Project M&E

Table 4.7 is a summary of the findings on project M&E.

Table 4.7: Project M&E

	SD		D		N		A		SA			
Statement	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**Mean**	**Std. Dev**
The community is involved in collection of data for nutrition projects	3	1.2	6	2.4	57	23.3	170	69.4	9	3.7	3.71	.632
The community is involved in designing the composition of the M&E team for nutrition projects	17	6.9	95	38.8	29	11.8	95	38.8	9	3.7	2.93	1.095
The community is involved in utilization of the M&E reports	0	0.0	60	24.5	45	18.4	124	50.6	16	6.5	3.39	.928
The community demands for a representative M&E team carrying out nutrition activities	7	2.9	53	21.6	62	25.3	110	44.9	13	5.3	3.28	.957

The community is involved in development of the progress reports for the nutrition projects	6	2.4	49	20.0	83	33.9	93	38.0	14	5.7	3.24	.921
The community collects data that is used to generate progress reports for nutrition project	0	0.0	15	6.1	58	23.7	148	60.4	24	9.8	3.73	.716
Composite/average Mean											**3.38**	**.875**

As per Table 4.7, it is clear that 73.1% (M=3.71) of participants agreed that the community was involved in collection of data for nutrition projects, 23.3% neutral and 3.6% disagreed. As to whether the community was involved in designing the composition of the M&E team for nutrition projects, 45.7% of the respondents disagreed, 42.5% agreed and 11.8% were neutral. The study noted that 57.1% of the participants were in agreement that the community was involved in utilization of the M&E reports, 24.5% disagreed and 18.4% were neutral. It was further noted that 50.2 (M=3.28) of participants were in agreement that the community demanded for a representative M&E team carrying out nutrition activities, 24.5% disagreed and 25.3% were neutral. As to whether the community was involved in development of the progress reports for the nutrition projects, 43.7% of the respondents agreed, 33.9% were neutral and 22.4% disagreed. On whether the community collected data that was used to generate progress reports for nutrition project, 70.2% of the respondents agreed, 23.7% were neutral and 6.1% disagreed.

4.6 Inferential Statistics and Hypotheses Testing

The researcher performed regression analysis as an inferential statistic to aid the testing of the formulated hypotheses. The findings were established as summarized in the subsequent sections.

4.6.1 Model Summary

Table 4.8 provides the findings.

Table 4.8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.804[a]	.646	.640	1.97785

As indicated in table 4.8, the findings yielded an R2 of 0.646. As a result, community involvement is responsible for a 64.6 percent difference in nutrition project performance in Kamukunji sub-county. This means that there are other factors apart from community involvement that has an

implication on performance of the nutrition projects in Kamukunji sub-county which deserve further studies.

4.6.2 Analysis of Variance

The ANOVA findings were determined and summarized as shown in Table 4.9.

Table 4.9: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1712.383	4	428.096	109.434	.000[b]
	Residual	938.858	240	3.912		
	Total	**2651.241**	**244**			

Table 4.9 gives the value of F calculated as 109.434 with a p-value of 0.000 ($p<0.05$). This implies that on overall, the model of the inquiry was significant.

4.6.3 Regression Beta Coefficients and Significance

Table 4.10 is the summary of the beta coefficients and significance.

Table 4.10: Regression Beta Coefficients and Significance

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	14.011	1.354		10.346	.000
	Project identification	.194	.048	.303	4.060	.000
	Project Planning	.141	.030	.396	4.750	.000
	Project Implementation	.107	.026	.016	5.115	.019
	Project M&E	.178	.034	.232	5.154	.000

The first hypothesis was that in Kamukunji Sub County Nairobi, Kenya, community involvement in project identification has no significant influence on the functioning of nutrition projects. The study realized a p-value 0.000, thus confirming a significant association among the variables as indicated in Table 4.10. Thus, the study reject hypothesis H_01 and instead adopted alternative hypothesis.

The second hypothesis of the study was H_{02} community involvement in project planning has no significant influence on performance of nutrition projects in Kamukunji Sub County Nairobi, Kenya. The research revealed that project planning had a p-value ($p<0.05$), which infer that it was significant. Hence, the study reject hypothesis H_02 and instead adopted alternative hypothesis.

The third hypothesis of the study was H_{03} community involvement in project implementation has no significant influence on performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya. It was observed that project implementation had p-value ($p<0.05$), this means that it was significant. Thus, the study reject hypothesis H_03 and instead adopted alternative hypothesis.

The last hypothesis of the study was H_{04} community involvement in project monitoring and evaluation has no significant influence on the performance of nutrition projects in Kamukunji Sub County, Nairobi, Kenya. From the findings, the p-value of project M&E was $p<0.05$, thus it was significant. Hence, the researcher rejected hypothesis H_04 and instead adopted alternative hypothesis.

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

A summary of the outputs from the analysis and the link with existing information is provided in this chapter. Conclusion and recommendations as well as concerns that warrant further inquiries are also indicated.

5.2 Summary of the Findings

This section summarizes the findings that were examined based on the research questions.

5.2.1 Project identification and Performance of Nutrition Project

The study rejects the first hypothesis and deduces that involving the community in identification phase has a significant link with performance ($p<0.05$). From the results, 80.8% of the respondents agreed (M=3.93) that the objectives for the nutritional projects were collectively analyzed. Furthermore, 80.4% of the respondents agreed (M=3.78) that priority was given to nutrition projects meeting community needs. Similarly, 78.8% (M=3.78) of the participants orated that the community was involved in identification of the needs for nutrition projects. It was shown that 75.9% agreed (M=3.69) that the community was involved in identification of the stakeholders for the nutritional projects. It was revealed that 71.8% of the respondents agreed (M=3.81) that the community was involved in the analysis of the stakeholders for nutrition projects.

5.2.2 Project Planning and Performance

From regression results, the second hypothesis was rejected and the study infers that project planning has significant effect on performance of nutrition project in Kamukunji Sub County Nairobi, Kenya ($p<0.05$). The results indicated that 64.9% of the respondents agreed (M=3.65) that the community was involved in collective identification of sources of funding nutritional projects. Noted from the findings was that 64.5% (M=3.31) of the participants shared that the community took part in selecting the team to carry out nutritional projects. It was shown that 52.2% of the respondents agreed (M=3.26) that the community was involved in formulating budgets of

the nutritional projects. It was shown that 50.6% of the respondents disagreed that the community was involved in identifying skills needed to carry out nutritional activities.

5.2.3 Project Implementation and Performance

Based on regression results, the study reject the third hypothesis and deduce that community involvement in project implementation and performance have a significant interplay ($p<0.05$). It was observed that 72.6% (M=3.83) of the participants shared that the community taking part in allocation of finances to different nutritional projects. As per the results, 66.9% of the respondents agreed that the community facilitated the flow of information when carrying out nutritional projects. It was shown that 59.6% (M=3.53) of respondents held that the community being involved in developing schedules for the nutrition project. Besides, 56.3% of the participants were in agreement that the community was involved in coordinating different tasks carried in the nutritional project. It emerged that 56% (M=3.24) of the participants were in agreement that the community was involved in allocation of buildings for carrying out nutrition project activities. It was shown that 51.4% (M=3.42) of the participants were in agreement that the community was involved in allocation of material resources towards the nutritional projects.

5.2.4 Project Monitoring and Evaluation and Performance

The study rejects the last hypothesis and infers that community involvement in project M&E and performance have a significant interplay with each other ($p<0.05$). The results show that 73.1% of the respondents agreed (M=3.71) that the community was involved in collection of data for nutrition projects. It emerged that 70.2% of the respondents agreed that the community collected data that was used to generate progress reports for nutrition project. The study noted that 57.1% of the participants shared that the community was involved in utilization of the M&E reports. It was further noted that 50.2% (M=3.28) of the participants believed that the community demanded for a representative M&E team carrying out nutrition activities.

5.3 Discussion

5.3.1 Project Identification and Performance

The study rejects the first hypothesis and deduces that community involvement in project identification and performance are significantly linked with each other ($p<0.05$). The implication

of this finding is that project identification is critical phase that spur performance. These findings are echoed by Dhir, Kumar and Singh (2019) who established that noted that involvement of the stakeholders across all the phases of the project significantly influences how the project activities and tasks are executed. Similarly, Kihuga (2018) shared that initiation processes of the project are linked with the success of the project. From the results, 80.8% of the respondents agreed (M=3.93) that the objectives for the nutritional projects were collectively analyzed. This finding is consistent with Yemini, Oplatka and Sagie (2018) who shared that community involvement in the identification phase of the project helps in collective analysis of the objective of the project activities.

Furthermore, 80.4% of the respondents agreed (M=3.78) that priority was given to nutrition projects meeting community needs. This finding is consistent with Dagne (2018) who said that the identification phase is a very important phase since it helps in prioritization of the needs of the stakeholders in the program. Besides, 78.8% (M=3.78) of participants held that the community was involved in identification of the needs for nutrition projects. It was shown that 75.9% agreed (M=3.69) that the community was involved in identification of the stakeholders for the nutritional projects. It was revealed that 71.8% of the respondents agreed (M=3.81) that the community was involved in the analysis of the stakeholders for nutrition projects. Consistent with these findings, Dagne (2018) noted that the identification phase is a very important phase since it gives the community who include the beneficiaries an opportunity to identify both primary and secondary stakeholders of the projects as well as prioritization of their needs in the program.

5.3.2 Project Planning and Performance

From regression results, the second hypothesis was rejected and the study infers that project planning has significant effect on performance of nutrition project in Kamukunji Sub County Nairobi, Kenya ($p<0.05$). This means that project planning contributes towards success of the project. These findings are supported by Naeem, Khanzada, Mubashir and Sohail (2018) who shared that planning is an important phase of the project that lays the foundation for other phases. Other relevant studies that give consistent findings include China, Xiaotian, Miao, Yu and Fangwei (2020) who noted that planning can be applied to enhance the process of knowledge management and integration within the project activities. Mwanza, Namusonge and Makokha (2020) noted that planning provides direction on the various tasks that need to be conducted within established

timeframes while reducing the mistakes. Phullsunder (2019) shared that there exists a strong link between planning and the success of the project activities.

The results indicated that 64.9% of the respondents agreed (M=3.65) that the community was involved in collective identification of sources of funding nutritional projects. It was revealed that 64.5% (M=3.31) of the participants were in agreement that the community took part in selecting the team to carry out nutritional projects. It was shown that 52.2% of the respondents agreed (M=3.26) that the community was involved in formulating budgets of the nutritional projects. It was shown that 50.6% of the respondents disagreed that the community was involved in identifying skills needed to carry out nutritional activities. Thus, planning in the context of project management is a multifaceted concept. This is supported by Terhaar, Crickman and Finnell (2016) who shared that there are different types of plans that are generated as a product of planning exercise in the organization; these include contingency plans, procurement plans, human resource plans, material resource plans, and financial plans among others.

5.3.3 Project Implementation and Performance

Based on regression results, the study reject the third hypothesis and deduce that community involvement in project implementation and performance are significantly connected with each other ($p<0.05$). This means that involvement of the community in the implementation of the projects increase chances of success. This is supported by Senbeta and Shu (2019) who argued that community involvement in the implementation of the program will support and enhance coordination of the tasks and consideration of the unforeseen contingencies. It was revealed that 72.6% (M=3.83) of the participants shared that the community taking part in allocation of finances to different nutritional projects. This finding is consistent with Zheng, Xu, Wang and Chen (2017) who noted that implementation of the programs require adequate allocation of resources.

As per the results, 66.9% of the respondents agreed that the community facilitated the flow of information when carrying out nutritional projects. The finding is in line with Zheng, Xu, Wang and Chen (2017) who noted that implementation of the programs require timely flow of information. It was established that 59.6% (M=3.53) of the participants said that the community being involved in developing schedules for the nutrition project. Similarly, Wang and Chen (2017) noted that implementation of the programs require well established designs. It was observed that

56.3% of the participants were in agreement that the community was involved in coordinating different tasks carried in the nutritional project. The finding is supported by Al-Hajj and Zraunig (2018) who indicated that the implementation phase is linked with the subsequent activities such that poor planning will have an adverse effect on execution of the activities at this phase of the project. From the findings, 56% (M=3.24) of the participants shared that the community was involved in allocation of buildings for carrying out nutrition project activities. The inquiry observed that 51.4 %(M=3.42) of participants shared that the community was involved in allocation of material resources towards the nutritional projects. These findings are echoed by Zheng, Xu, Wang and Chen (2017) who shared that implementation of the programs require adequate allocation of resources.

5.3.4 Project Monitoring and Evaluation and Performance

The research disproves the last hypothesis and concludes that community involvement in project monitoring and evaluation has a major impact on the performance of nutrition programs in Kamukunji Sub County, Nairobi, Kenya ($p<0.05$). This finding is strongly echoed by Otieno (2016) who noted that participatory M&E has potential to improve performance of the project activities. Similarly, Mgoba and Kabote (2020) noted that participatory M&E helped in realization of the objectives guiding the projects. Mbui and Wanjohi (2018) noted that involvement of the community in M&E activities can enhance performance of the project activities.

The results show that 73.1% of the respondents agreed (M=3.71) that the community was involved in collection of data for nutrition projects. This finding is in consistent with Yusuf, Otonde and Achayo (2017) who shared that the community (both men and women) should be involved in gathering information with regard to come up with issues affecting the project while analyzing the patterns of the program. It emerged that 70.2% of the respondents agreed that the community collected data that was used to generate progress reports for nutrition project. The study noted that 57.1% were in agreement that the community was involved in utilization of the M&E reports. Additionally, 50.2% of the participants were in agreement (M=3.28) that the community demanded for a representative M&E team carrying out nutrition activities. The importance of involving the community in M&E is recognized by Neumann, Robson and Sloan (2018) who shared that participation of the community in matters of M&E creates a sense of shared understanding among the stakeholders.

5.4 Conclusion

5.4.1 Project identification and Performance

Involving the community in identification phase of the project significantly enhances performance of the nutrition project in Kamukunji Sub County Nairobi. In most of the nutrition project organizations Kamukunji Sub County, the objectives of the projects are collectively analyzed and priority is given to nutrition projects meeting community needs. The community takes part to come up with the needs of the project, the stakeholders for the nutritional project as well as in the analysis of the stakeholders for nutrition projects.

5.4.2 Project Planning and Performance

Involving the community in the planning phase is an important step that contributes towards success of the nutrition project in Kamukunji Sub County. The community was involved in collective identification of sources of funding, selection of the team to carry out nutritional projects and in formulating budgets of the nutritional projects.

5.4.3 Project Implementation and Performance

The involvement of grassroots players during the implementation stage of a nutrition program significantly enhances the related outcomes in Kamukunji Sub County. The neighborhood was active in allocating funds to various nutritional initiatives, facilitating the flow of information throughout the implementation of nutritional projects, and developing nutrition plan timelines.

5.4.4 Project Monitoring and Evaluation and Performance

The performance of nutrition programs is significantly influenced by community participation in project monitoring and evaluation. The community was involved in collection of data for nutrition projects. The community collected data that was used to generate progress reports for nutrition project. The community was involved in utilization of the M&E reports.

5.5 Recommendations

The investigator proposed the following in moving forward:

i. Since most of the nutrition project organizations in Kamukunji Sub County do involve the community in identification of the projects, this can further be improved in order to realize better performance of the nutrition outcomes.
ii. The project managers of the nutrition projects in Kamukunji Sub County should involve the community more in risk identification as an aspect of project planning
iii. Close to half of the respondents on being involved in identifying skills needed to carry out nutritional activities. Thus, the project managers should improve on this.
iv. Involvement of the community in project planning was relatively high, but more improvement is required
v. Less than half of the respondents were involved in development of the progress reports and the composition of the M&E team for nutrition projects. Thus, the monitoring and evaluation managers of the nutrition projects in Kamukunji Sub County should improve on this

5.6 Suggestions for Further Research

The research recommends further research to be conducted in other projects apart from the health and nutrition projects. The emphasis of future studies should be on other counties away from Nairobi. This will provide room for comparison of the findings. Future studies should focus on project implementation as the dependent variable away from performance. Besides implementation, an analysis is required to demonstrate how community involvement impacts on other aspects of the project like sustainability. Sustainability is a global issue that is recognized by the Sustainable Development Goals (SDGs).

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APPENDICES

Appendix I: Letter of Transmittal

UNIVERSITY OF NAIROBI
FACULTY OF BUSINESS AND MANAGEMENT SCIENCES

Telephone: 020-8095398
Telegrams: "Varsity", Nairobi
Telex: 22095 Varsities

Tel: 020 8095398
Nairobi, Kenya

DATE: 14th September, 2021

TO WHOM IT MAY CONCERN

The bearer of this letter, **Yasin Abdulle Mohamed** of Registration Number **L50/28660/2019** is a Master of Arts in Project Planning and Management student in this University.

He is required to submit as part of his coursework assessment a research project report. We would like the student to do his project on ***Influence of Community Involvement on Performance of Health Care Projects: The Case of Nutrition Projects in Kamukunji Sub-County, Nairobi, Kenya.*** We would, therefore, appreciate if you assist him by allowing him to collect data within your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organization on request.

Thank you.

PROF. JACKSON MAALU
DEAN, FACULTY OF BUSINESS AND MANAGEMENT SCIENCE

Appendix II: Questionnaire

SECTION A: GENERAL INFORMATION

1. What is your gender?

Male ( )

Female ( )

2. What is your highest level of education?

No Formal Education ( ) Primary certificate ( ) Secondary Certificate ( ) College Certificate ( )

Diploma ( ) Degree and above ( ) Other……. Specify

SECTION B: Performance of Nutrition Projects

3. Given below are statements on Performance of Nutrition Program. Kindly indicate the extent of your agreement with each of this statements on a scale of 1-5, where 1=strongly disagree and 5=strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
The project has created awareness on the need for exclusive breastfeeding among mothers					
Food is provided to the vulnerable communities					
Maternal health services are available to the community					

SECTION C: Project identification

4. Given below are statements on Project identification. Kindly indicate the extent of your agreement with each of this statements on a scale of 1-5, where 1=strongly disagree and 5=strongly agree.

Statements	1	2	3	4	5
The community is involved in identification of the needs for nutrition projects					
The community is involved in analysis of the needs for the nutrition project					
The community is involved in identification of the stakeholders for the nutritional projects					
The community is involved in the analysis of the stakeholders for nutrition projects					
The objectives for the nutritional projects are collectively analyzed					
Priority is given to nutrition projects meeting community needs					

SECTION D: Project Planning

5. Given below are statements on Project Planning. Kindly indicate the extent of your agreement with each of this statements on a scale of 1-5, where 1=strongly disagree and 5=strongly agree.

Statements	1	2	3	4	5
The community is involved in collective identification of sources of funding nutritional projects					
The community is involved in formulating budgets of the nutritional projects					
The community is involved in identifying skills needed to carry out nutritional activities					
The community takes part in selecting the team to carry out nutritional projects					
The community is involved in identifying risks likely to affect nutritional projects					
The community is involved in allocating time to relevant deliverables of the nutritional projects					

SECTION E: Project Implementation

6. Given below are statements on Project Implementation. Kindly indicate the extent of your agreement with each of this statements on a scale of 1-5, where 1=strongly disagree and 5=strongly agree.

Statements	1	2	3	4	5
The community takes part in allocation of finances to different nutritional projects					
The community is involved in allocation of material resources towards the nutritional projects					
The community is involved in allocation of buildings for carrying out nutrition project activities					
The community is involved in coordinating different tasks carried in the nutritional project					
The community facilitate the flow of information when carrying out nutritional projects					
The community is involved in developing schedules for the nutrition project					

SECTION F: Project M&E

6. Given below are statements on Project M&E. Kindly indicate the extent of your agreement with each of this statements on a scale of 1-5, where 1=strongly disagree and 5=strongly agree.

Statements	1	2	3	4	5
The community is involved in collection of data for nutrition projects					
The community is involved in designing the composition of the M&E team for nutrition projects					
The community is involved in utilization of the M&E reports					
The community demands for a representative M&E team carrying out nutrition activities					
The community is involved in development of the progress reports for the nutrition projects					
The community collects data that is used to generate progress reports for nutrition project					

THANK YOU

Appendix III: Nutritional Project Organizations

1. Femineza
2. United States Agency for International Development
3. Food for the Hungry
4. CARE Kenya
5. Feed the Children Kenya
6. Concern World Wide
7. Afya Kenya Foundation
8. Nutrition International Kenya
9. Hope World Wide Kenya
10. ICRI Kenya
11. Moving Mountains Kenya
12. International Medical Corps
13. CHS
14. FHI 360
15. Nairobi Nutritional Project

Source: NGO Coordination Board (2020)

Appendix IV: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 488927

Date of Issue: 14/October/2021

RESEARCH LICENSE

This is to Certify that Mr.. Yasin Abdulle Mohamed of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: influence of community involvement on performance of health care projects; the case of nutrition projects in Kamukunji sub-county, Nairobi, Kenya. for the period ending : 14/October/2022.

License No: NACOSTI/P/21/13170

488927

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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