

**INFLUENCE OF COMMUNITY PARTICIPATION ON THE  
IMPLEMENTATION OF DONOR FUNDED HEALTH PROJECTS: A CASE OF  
AIDS, POPULATION, AND HEALTH INTEGRATED ASSISTANCE  
PROJECT IN NAKURU COUNTY, KENYA**

**BY**

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the Award of the Degree of Master of Arts in Project Planning and Management of  
the University of Nairobi**

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**DECLARATION**

This research project report is my original work and has not been submitted for any award in any other university.

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## **DEDICATION**

I dedicate this study to my loving children Salome S. Haider, Elio W. Cozza and Emilio W. Cozza.

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## **ABBREVIATIONS AND ACRONYMS**

<b>ACB</b>	Agricultural Credit Board
<b>ADB</b>	African Development Bank
<b>ADD</b>	Agriculture Development Divisions
<b>AIDS</b>	Acquired Immune-Deficiency Syndrome
<b>APHIA</b>	AIDS, Population and Health Integrated Assistance
<b>BOSS</b>	Beginning of Sustainability Status
<b>CRH</b>	Collaborative Reproductive Health
<b>CSA</b>	Community Supported Agriculture
<b>HIV</b>	Human Immunodeficiency Virus
<b>IFAD</b>	International Fund for Agricultural Development
<b>IIRR</b>	International Institute of Rural Reconstruction
<b>LFA</b>	Logical Framework Approach
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MAFISA</b>	Micro Agricultural Financial Institute of South Africa
<b>PM&amp;E</b>	Participatory Monitoring and Evaluation
<b>PMKAs</b>	Project Management Knowledge Areas
<b>RWSS</b>	Rural Water Supply System
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## ABSTRACT

The participatory practice has not yet been cultured properly. Project information is hardly disseminated to a community. Besides, an effective evaluation system has not been fully institutionalized to capture the opinions of the real project beneficiaries. It is against this backdrop that this study sought to interrogate the influence of community participation on project implementation of donor funded health projects, a case of APHIA Plus projects in Kenya. This study sought to achieve the following research objectives: to determine the extent to which community involvement in identifying projects influences the implementation of APHIA Plus projects in Kenya; to establish how the community involvement in project influences the implementation of APHIA Plus projects in Kenya; to determine the extent to which community participation in monitoring influences the implementation of APHIA Plus projects in Kenya; to establish how community participation in evaluation influences the implementation of APHIA Plus projects in Kenya. This study used participation theory because it helps explain the concept of community participation and how this influences project implementation. The study used a descriptive survey design as this allowed the researcher to use both quantitative and qualitative methods. The target population of this study were beneficiaries of USAID APHIA Plus project (Nuru ya Bonde). A sample size of 384 respondents was selected as determined by Fischer's formula. Simple random sampling method was used for selecting the respondents. Data was collected using semi-structured questionnaires and interview guide. Descriptive statistics were used to analyze quantitative data and Statistical package for social sciences (SPSS) was used as an aid for quantitative data analysis. Results of analyzed quantitative data were then presented in frequency tables. Content analysis was used to analyze qualitative data. The results show that community participation in project identification significantly contributed to project implementation. They also show that community participation in project administration significantly contributed to project implementation. The findings of this study revealed that community participation in project communication significantly contributed to project implementation and that community participation in project monitoring and evaluation significantly contributed to project implementation. The study concluded that community participation in project identification and planning are important in project implementation. In addition, the community participation in project administration and financing are critical to project implementation. Another conclusion was that community participation in project communication significantly contributed to project implementation and that community participation in monitoring and evaluation are important in project implementation. This study recommends that project managers and stakeholders should embrace community participation in project identification and planning and that project managers and stakeholders should factor in community participation in administration and financing of projects. In addition, it recommends that project managers and stakeholders should ensure that project communication involves the community where the project is being implemented and should involve the community in project monitoring and evaluation.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Health assumes an essential part in everyday living and impacts nearly everything that individuals do. Without great wellbeing, individuals would battle to accomplish their objectives (Blackman, 2003). This makes the wellbeing area significant, as without appropriate wellbeing, a hefty portion of alternate parts would be without individuals driving them. Medicinal services far and wide is crumbling and fundamental human services lingers behind in most African nations. Financing is a noteworthy arrangement issue for worldwide wellbeing. There is a persevering requirement for subsidizing and securing the cash to accomplish worldwide wellbeing value. Non-governmental organizations like philanthropic foundations, secular private organizations, faith-based organizations and private corporations, have attempted to address this problem and make up nearly 4 per cent of funding for global health assistance (Israel, 2008).

The donors use project approaches to implement their interventions. Project approaches to improvement remain a crucial instrument by benefactors to reach and help poor groups in the creating scene. Advancement mediations in the past have tended to concentrate on asset and information exchange to recipient groups through the 'top-down' approach. Quite a few years of improvement subsidizing have exhibited the disappointments of the 'top-down' way to deal with reach and advantage the rustic poor (Cernea and Ayse, 1997). This acknowledgment has prompted to the appropriation of the 'base up' way to deal with improvement. In any case, in spite of the late upsurge in the 'base up' way to deal with advancement, extend recipients are still not completely taking an interest in the distinguishing proof, arranging, usage and checking and assessment of tasks that are intended to enhance their part (Blackman, 2003).

Notwithstanding when a component of interest is incorporated with activities, it is very regularly to a great extent as far as nearby speculation of work and not in genuine basic leadership. Recipient people group are just educated after arrangements have been made

and this is done through formal gatherings where the officers legitimize their arrangements however adjustment is not considered. Constrained people group cooperation in the execution and administration of ventures implies that the undertakings have few odds of supportability (Dayal, Wijk and Mukherjee, 2000).

Absence of dependable information on successful group cooperation being developed ventures constitutes a noteworthy imperative to advancement professionals, for example, arrangement producers, organizers and supervisors. This regularly prompts to off base appraisal of people groups' advancement needs subsequently, making it troublesome for governments and improvement organizations to legitimately gauge advance accomplished by advancement extends in enhancing of groups' occupations (Karki, 2001). This frequently prompts to poor execution of the undertakings and possible disappointment. Perceiving the focal part of groups in the venture cycle is imperative. It is in this manner basic to include all partners in the outline and usage of undertakings in order to guarantee recipient proprietorship furthermore to ingrain ideals of accountability, transparency and sustainability.

Community participation concerns the engagement of individuals and communities in choices about things that influence their lives (Burns and Taylor, 2000). Once in a while people would prefer not to be included in basic leadership for advancement ventures, however it would be vital that everybody ought to have the chance to do as such. Group investment suggests open talks and working with and not for individuals. Individuals take an interest and contribute essentially to something they feel some portion of, relate to, and associate with their endeavors. Interest is the practice through which partners' info and share control over improvement proposition, choices and assets which influence them (Odhiambo and Taifa, 2009).

Groups will be gatherings of individuals living close to each other, or with different social associations, and frequently with a common feeling of reason or need. As indicated by World Health Organization (WHO), people group contribution is fundamental to all parts of a far reaching way to deal with wellbeing ventures (World Health Report, 2004). The wellbeing division in Kenya is guided by the general Vision 2030 that intends to

change Kenya into an all-around aggressive and prosperous nation with a high caliber of life by 2030. It plans to achieve the privilege to wellbeing, and to decentralize wellbeing administrations administration through a decayed arrangement of Governance. This key concentration has been characterized in the Kenya Health Policy, which has explained the long haul arrangement headings the Country expects to accomplish in quest for the goals of the Vision 2030, and the 2010 constitution. Ashkin (2014) in a study on sustainability outcomes of donor-funded programmes in Kenya observed that the complexity of the healthcare market affects sustainability of donor funded projects. Ashkin (2014) noted that issues of sustainability are linked to the desire to accelerate progress to universal coverage and maintain an equitable, reliable and good quality service for all including the poor.

### **1.1.1 Background to APHIA Plus**

USAID/Kenya bolsters a coordinated administration conveyance model to enhance the soundness of Kenyans the nation over. The AIDS, Population and Health Integrated Assistance Program, otherwise called APHIA Plus, joins family arranging and HIV/AIDS counteractive action, financial reinforcing and sanitation administrations to give a coordinated, high caliber, fair way to deal with practical administrations at the national, area, and group levels. Incorporating these exercises through one program gives more compelling correspondence and coordination with area wellbeing executives. Consistent administrations and specialized support at the nearby level guarantee wellbeing laborers address the one of a kind needs of each geographic range the nation over. The program was implemented in two regions; western Kenya and Rift valley (APHIA Plus also known as *Nuru ya Bonde*) (USAID, 2015).

AIDS, Population and Health Integrated Assistance Western Kenya attempts to assemble evenhanded and feasible wellbeing administration conveyance frameworks for some of Kenya's most helpless populaces. The action works at a group level to enhance the wellbeing and general prosperity of underestimated families through expanded access to nourishment, water, sanitation, and cleanliness, training, life aptitudes and pay creating

exercises. It likewise fabricates the limit of human services specialists through mentorship and therapeutic training on basic wellbeing administrations (USAID, 2015).

APHIA Plus *Nuru ya Bonde* enhances the lives of moms, youngsters and their families in Kenya's Rift Valley area. The venture concentrates on conveyance of value wellbeing administrations identified with HIV/AIDS, financial fortifying, conceptive wellbeing and sanitation. APHIA Plus *Nuru ya Bonde* drives mediations to reinforce HIV guiding and testing, counteract mother-to-tyke transmission of HIV, increment family arranging and regenerative wellbeing assets, and enhance maternal and kid wellbeing. It additionally attempts to manufacture the limit of nearby accomplices to execute quality affirmation and coordination of checking and assessment (USAID, 2015).

## **1.2 Statement of the Problem**

In a developing country such as Kenya, donor funded health projects forms a critical part of health care sector. Donor funded health projects are undertaken to improve the health of the community through equity and access. Successful administration of benefactor subsidized undertakings depends fundamentally on legitimate venture choice, extend configuration, extend execution, observing and assessment. Besides, values, standards, social conviction and assessments of the neighborhood individuals which are influenced specifically or by implication by advancement mediations ought to likewise be considered. Something else, manageability of such undertakings may by and large be addressed (Khwaja, 2004).

The participatory practice has not yet been refined appropriately as appeared by Karki (2001), Kalanda and Johnson (2002), Khwaja (2004) and Mulwa (2008). As saw by Odhiambo and Taifa (2009), extend data is scarcely spread to the group. In addition, a powerful assessment framework has not been completely standardized to catch the sentiments of the genuine venture recipients (Kimweli, 2013). It is against this backdrop that this study seeks to interrogate the influence of community participation on project implementation of donor funded health projects, a case of APHIA Plus projects in Kenya.



### **1.3 Purpose of the Study**

The aim of this study was to investigate the influence of community participation on project implementation of donor funded health projects, a case of APHIA Plus projects in Kenya.

### **1.4 Research Objectives**

This study sought to achieve the following research objectives:

- i. To determine the extent to which community involvement in identifying projects influence the implementation of APHIA Plus projects in Kenya
- ii. To establish how the community involvement in project administration influences the implementation of APHIA Plus projects in Kenya
- iii. To determine the extent to which community participation in project communication influences the implementation of APHIA Plus projects in Kenya
- iv. To establish how community participation in project monitoring and evaluation influences the implementation of APHIA Plus projects in Kenya

### **1.5 Research Questions**

This study sought to answer the following research questions:

- i. What is the extent to which involvement of community on identifying projects has influenced the implementation of APHIA Plus projects in Kenya?
- ii. How has the involvement of community on project implementation influenced the implementation of APHIA Plus projects in Kenya?
- iii. What is the extent to which participation of community in monitoring influences the implementation of APHIA Plus projects in Kenya?
- iv. How has community participation in evaluation influenced the implementation of APHIA Plus projects in Kenya?

## **1.6 Significance of the Study**

The study identifies the influence that community participation has on donor funded health projects in Kenya so that project managers and other stakeholders are aware of where to emphasize on community participation and its impacts on the progress and future of their projects. Recommendations from the study help to ensure appropriate management and implantation of the projects for sustainability and realization of the goal of improving the socio-economic status of community members.

The study also provides useful information to community development officials including project leaders, social workers, community development workers, civil society organizations and even government officials about challenges facing donor funded health projects. It provides relevant information to government officials responsible for development of policies, guidelines and implementation frameworks for the management of community-based development projects.

This study hopes to add to the current learning, address and give the foundation data to research associations, singular analysts and researchers who need to do encourage inquire about around there. The study helps analysts and academicians to grow their examination into the influence of community participation on project implementation of donor funded health projects in Kenya.

## **1.7 Delimitations of the Study**

This study sought to investigate the influence of community participation on project implementation of donor funded health projects in Kenya. The study sought to focus on aids, population, and health integrated assistance (APHIA plus) project in Nakuru County, Kenya. This project was implemented in 2011-2015 period. The study focuses on influence that community participation have on project identification, project implementation, monitoring and evaluation. Project participants and project staff are the respondents of this study.

## **1.8 Limitations of the Study**

Key limitations of the study include limited time and resources for actual field study where the researcher is required to make several trips to donor funded health projects to administer the questionnaire. To address these limitations, the researcher recruited four research assistants familiar with the region where the project was implemented to assist in data collection.

## **1.9 Assumptions of the Study**

The study assumed that respondents were available for the study and that they gave correct and valid information that assisted in getting valid data. The study also assumed that nothing would have changed significantly to influence study variables by the end of this study.

## **1.10 Definition of Significant Terms**

**Community based projects:** A specific undertaking whose membership is drawn from the local community whether registered or not, where members have control over key decisions in the implementation of and capital investment.

**Community Participation:** Active or passive involvement in the process of project implementation.

**Evaluation:** Evaluation is a term that refers to forming an opinion of the amount, value or quality of something after thinking about it carefully.

**Monitoring:** Monitoring means to watch and check something over a period of time to see how it develops so that necessary changes can be made.

**Project identification:** This refers to selection, choice or prioritization of programmes for implementation.

**Project implementation:** Refers to the situation where a project meets its objectives within the required timelines, budgets and scope and satisfies the anticipated beneficiaries.

### **1.11 Organization of the Study**

The study is organized into five chapters. Chapter One contains the background of the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, limitations, delimitations, basic assumptions of the study and the organization of the study.

In chapter Two, literature is reviewed in the following order; a general review of community participation in project implementation, the influence of community participation on project identification, project implementation, monitoring and evaluation. The chapter also presents a theoretical and conceptual framework showing the variables and the various indicators.

Chapter Three outlines the research methodology that was used in the study and includes research design, target population, sample size and sampling techniques, research instruments, questionnaires, validity of the instruments, reliability of the instruments, and pilot test. The chapter also presents the operationalization of variables table.

Chapter Four presents analysis, presentation and interpretation of data while chapter Five entails summary of findings, discussions of findings, conclusions, recommendations and suggestions for further research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter covers a review of relevant literature on community participation identifying projects, project implementation, monitoring and evaluation and their influence on implementation of donor funded projects.

#### **2.2 Community Participation and Project Identification and Planning**

Community participation has been connected to venture manageability and has been alluded to as a dynamic procedure, containing many interrelated parts (Harvey, 2002; Carter, 1999). Levels of supportability are accomplished as ventures changes after some time with the most ordinary example being an expansion in advantages beginning from the Project require recognizable proof and usage. It then levels off in the rate of increment in advantages as groups assume control obligation. At long last, and lamentably, there is frequently a dropping off of advantages over the long haul as groups battle to keep up their level of administration.

The top-down way to deal with advancement trusted that individuals were excessively unmindful and maybe primitive, making it impossible to adequately recognize and choose what was great and suitable for them and accordingly were not anticipated that would set up their own improvement needs, rank them and distinguish the most felt need (Mulwa, 2008). Extends Needs ID is a critical stage being developed at the grassroots level, group improvement begins with need distinguishing proof or the acknowledgment that there is a need. This recognizable proof and the sharing of the vision evoke a promise from the general population to proceed with the procedure of group advancement to end up a reality. On the off chance that individuals are included in this procedure, they are probably going to possess the procedure as their own particular and accordingly oversee it successfully (Ford, 2003).

At this level, partners distinguish and organize the center of the issues and their circumstances and end results this procedure is trailed by gathering exchanges and examination. Such an exchange is gone for comprehension the issue, how it influences them and its degree. This common comprehension gives a strong establishment to distinguishing the issue and attempting to discover methods for settling it. It additionally elucidates the extent of the current issue and the asset accessible. The people group is likewise ready to set the targets, objectives and how the planned improvement will continue (Mulwa, 2008). In this way, for any advancement to prevail there must be investment by partners and recipients.

Through comprehension their requirements, having the capacity to organize and rank them as indicated by the seriousness of the necessities, they see how the issue influences them including their circumstances and end results. They are likewise required in evaluating the alternatives accessible to them given their asset base. Participatory requirements recognizable proof by group individuals is critical on the grounds that once they aggregately consider an issue and organize it; they then move it to the phase of acknowledging and talking about it thoroughly before an agreement is fabricated. The target examination is done and a conceivable arrangement worked out in light of the cause impact relationship (Ford, 2003). This prompts to the arranging stage which is an essential stage in light of the fact that better subtle elements are examined. The issue is talked about further by concentrating on the financial plan, asset preparation, expected fulfillment date, outlining and costing of exercises, usage plan and calendar and wrap-up assessment arrange (Ford, 2003).

As indicated by Bown (2008), group interest in undertakings distinguishing proof and arranging advances new values, states of mind, learning and aptitudes among group individuals and assembles their ability as specialists of progress. Hence, certifiable interest is a need with a specific end goal to empower every constituent gathering of nearby group required at all phases of venture from configuration to assessment. 'Group to begin with, venture second' mediation approach is embraced by the undertakings to

make group support more orderly and institutional. It is a managing rule where clear obligation and assignment division is made between the group and venture for work concentrated venture exercises. In addition, the group ventures out releasing its obligation and this is allowed as a precondition for the venture to dispatch its part (IIRR, 2012).

Activity Planning amid venture recognizable proof and configuration includes partners in a participatory procedure of arranging and basic leadership that reinforces the venture idea while likewise adding to enhancing limit. This procedure, through arranging workshops, assembles neighborhood responsibility and gives the premise to building a group that can give the congruity characteristically ailing in a contributor's staffing turn. Nearby responsibility for advancement action is guaranteed, and the objective of creating successful executing associations is expressly perceived (Ingle, 2005).

The World Bank and other financing organizations have supported the Logical Framework Approach (LFA) as a successful arranging device for outlining, executing, and assessing compelling activities. It is similarly valuable for joining manageability issues into the venture idea. Nonetheless, to guarantee maintainability of advantages after venture inputs stop, the benchmark components prompting to this craved result, or BOSS (Beginning of Sustainability Status) conditions, must be incorporated with the venture from the soonest arrange—at ID. Along these lines, responsibility for working towards manageability all through the procedure can be recorded, and evaluation of the degree to which the plan and execution process is advancing maintainability should be possible.

Various archives portray the LFA as a structure. Benchmarks and irrefutable markers are the connection between the expressed venture reason, the yields and contributions for the venture, and 'this present reality', concrete, evaluated pointers. At every level—from the more universally useful to the most particular venture exercises—fuse no less than one benchmark and its evident pointers which is identified with accomplishing advantage supportability before the end of the venture (Adoum, Carol and Ingle, 1991)

Notwithstanding the underlying plan, the way a venture is executed can have significant impact on its long haul maintainability. For example, by encouraging participatory methodologies, staying adaptable notwithstanding inescapable difficulties, and fortifying the limit of partners to arrange and oversee future activities can guarantee that intercessions lastingly affect the helpless groups they serve. The International Fund for Agricultural Development (IFAD) Strategic Framework 2007-2010 (IFAD, 2007) plots the foundation's way to deal with usage, with an eye particularly towards guaranteeing venture supportability. The archive depicts IFAD's arrangements to enhance extend usage forms so as to guarantee that the normal net advantages won't just be kept up or surpassed over the life of the venture, however will be supported after venture finish.

IFAD recognized a few components specifically identified with execution and are noteworthy in deciding maintainability, each of which is and falls inside venture control; Project goals must be clear, represent critical presumptions, and ought not be over aspiring. Ventures need to construct efficient institutional, financial, social and hazard investigation and hazard alleviation into outline and usage. Extend administration must have the capacity to give or mastermind to the arrangement of steady usage support to institutional accomplices. A reasonable leave methodology must be arranged and conceded to by key accomplices amid the outline stage and utilized as a kind of perspective point (benchmark) all through venture usage (IFAD, 2007).

### **2.3 Community Participation and Project Administration and Financing**

Government specifically finances formative activities in different groups. For this situation it recognizes the need of the nearby group, starts and executes the program with no monetary, materials or work bolster from the groups. The significant issue with such a venture is, to the point that the general population may not be counseled. They may not take part in arranging, executing, checking and assessing the achievement or disappointment of these undertakings (Hassan and Oyebamiji, 2012). This approach winds up crashing the mental and moralistic sentiments of the group, henceforth maintaining and dealing with the undertakings turns into a noteworthy issue (Abiona, 2009).



The incorporated way to deal with group improvement underscores on a joint exertion of government, non-administrative association and the group to execute a venture. All assets of the group, whether physical or money related, are joined with those of government or non-legislative association in this approach. The approach includes coordination of all human and material assets accessible and the stake of the neighborhood individuals in the venture is high (Anyanwu, 1992). The approach likewise accentuates on the idea of self-improvement which is additionally central in reasonable group advancement since it secures individuals' enthusiasm for the venture of improvement and execution.

Group Members' Levy is likewise a noteworthy wellspring of store in numerous groups, the choice for collect or deliberate commitment is frequently decided after group individuals have distinguished their felt-require or an issue which needs quick arrangement and consideration. Individuals regularly give or choose a demand contingent upon cost ramifications of the venture. This sort of subsidizing guarantees national investment, majority rule qualities and collaboration among the group. It achieves the idea of self-improvement which is fundamental in manageable group advancement in that it secures individuals' enthusiasm for venture since they have submitted their monetary assets (Anyanwu, 1992; Abiona, 2009).

At the point when a program is started, arranged and supported by the general population through self-improvement endeavors, the general population are more dedicated to the achievement and manageability of the program. There is a solid connection between self-improvement and maintainability of venture. Individuals take an interest for the sole reason that they have seen achievement accomplished and have gotten to be sufficiently energetic to work towards accomplishing it (Hassan and Oyebamiji, 2012). As indicated by Chirwa (1998), group interest in financing makes an empowering domain for supportability by permitting clients not just to choose the level of administrations for which they will pay, additionally to settle on decisions and submit assets in support of decisions made by the group.

In the past accomplishment of group cooperation was measured as measure of work, forthright commitment by groups amid venture development, however at present it implies that group are effectively required in venture advancement exercises through making proper work, time and money related commitment to both introductory and long haul working and administration of activities (Kumar, 2002). Group commitment can likewise be regarding financial speculation, material hardware, abilities and general investment in venture related panels and meeting moral support and decides and controls that oversee and help with the way toward repairing and keeping up social framework. In the quest for maintainability, the limit of neighborhood organizations to meet repetitive expenses is determinant for their survival (Salles, 2002).

Sufficient level of social attachment inside a group is additionally considered by many to be a crucial calculate manageability; World Bank (2003) represents this issue with regards to Rural Water Supply System (RWSS) extends in Morocco. The aggregate ability to keep up the water supply framework, is an impression of social attachment, and is subject to the idea of group personality. Cook et al, (1999) promote contends that separated from social attachment and the inspiration to bolster an aggregate resource, another firmly related element is the effect of charming people. Such individuals are obviously part of the social capital of a group, despite the fact that town pioneers may not really speak to the best advantages of all family units. In any case, it is normal to discover neighboring rustic groups with fundamentally the same as assets, both having experienced indistinguishable venture forms, which wind up with exceptionally contrasting results. By and large, the evident accomplishment in one town is clarified by the nearness of a solid and conferred person, who might possibly be an individual from the political elite.

#### **2.4 Community Participation and Project Communication**

Participation requires communication. Community participation in project communication improves coordination and collaboration in overseeing advancement programs and to pick up contributor and institutional support. It additionally engages the group individuals to perceive imperative issues and discover shared belief for activity. It

likewise assembles a feeling of character and cooperation so as to execute their choices. Just with correspondence will the venture recipients turn into the key performing artists to make advancement programs effective. Advancement projects can just understand their maximum capacity if learning, data and innovation are adequately shared. Unless the group is the main thrust for their own particular advancement, no measure of ventures or arrangement of innovation and data sources will realize any enduring change in their expectations for everyday comforts. Correspondence is basic to this as it empowers organizers while recognizing and detailing advancement projects to counsel with individuals keeping in mind the end goal to consider their necessities, mentalities and conventional learning. Beneficiary participation is an important factor for donor funded projects. Since it gives many benefits and final product to the community, donors are always insisting the projects with beneficiary participation. However, for smooth execution of beneficiary participatory projects has to cross many hurdles for its successful completion. Identify those drawbacks and addressing them is necessary. The results of a study by Gunatilake and Halwatura (2012) show that there are many factors that affect the successful completion of beneficiary participatory projects. The findings have emphasis on more site visits by the management staff, budget to be suit to the site location and the conditions. Findings also extended to management staff travelling distances, vehicle allocations to staff, payment procedure, meeting minutes to be distributed on time to site and also recommending to some team building and coordination programmes with management and beneficiary parties.

A study by Ofori (2013) tried to distinguish and survey the nature of venture administration hones and in addition the basic achievement variables for activities in Ghana. The study received an exploratory approach and used an overview strategy to gather information on venture administration practices of Ghanaian associations. Purposive testing was utilized as a part of selecting the specimen which included 200 chiefs from various financial areas. Comes about because of the study demonstrate that the basic variables that add to the accomplishment of a venture incorporate top administration bolster, compelling correspondence, clarity of venture reason and objectives, and partner contribution. Documentation and spread of basic achievement

calculates and best practices extend administration will enhance the nature of venture administration in Ghana. The nonappearance of an organized arrangement of documentation of venture administration rehearses among Ghanaian venture directors has brought about a shortage of experimental information. The failure of the scientists to test associations crosswise over Ghana is considered as one of the study's restrictions, a case of a land limitation.

In Thailand, various regenerative wellbeing ventures subsidized by both national and universal offices have been built up trying to moderate conceptive medical issues. Taking care of issues on conceptive wellbeing ventures that lone have brief subsidizing requires compelling task administration that ideally prompts to better long haul coveted results. Dumrak, Baroudi and Pullen (2015) distinguished the relationship between cooperative conceptive wellbeing (CRH) extend administration and reasonable results. The manual for the Project Management Body of Knowledge (PMBOK® Guide) was utilized to benchmark extend administration hones on four CRH extends in Thailand. They utilized substance examination of the CRH extend plans and a poll overview of venture groups' understanding and desires, and in addition outline and accomplishment in venture administration and maintainable result conveyance. The outcomes demonstrate that it is obvious that constrained utilization of certain venture administration learning regions (PMKAs) influences CRH extend execution and achievement. The relationship between the utilization of PMKAs and maintainable results on these tasks was additionally introduced. Extension, joining and quality administration were observed to be the most compelling PMKAs for manageable results on CRH ventures. By the by, the tasks demonstrated a lack of venture administration forms for PMKAs that were required to achieve the results.

Khalividzi (2015) sought factors influencing loan effectiveness in donor projects in Kenya. She noted that various studies have attempted to reveal the causes of delay in start-up and completion of donor projects in Kenya and other parts of the world. Delays in funds disbursements, poor project preparation, government bureaucracy, among other causes have been found to be significant factors affecting completion of donor project.

Khalividzi (2015) sought to assess factors that influence loan effectiveness in donor projects in Kenya, a case of Rural Health III Project. Kenya's Rural Health III project funded by African Development Bank (ADB) just like many other projects is a matter of public interest and it was evident that it took long time for its first loan allocation to be effective. The research design used was descriptive and the data collected was quantitative in nature. The sample size of 176 was used, which was drawn using simple random sampling from a stratified population of Project Management Unit, Ministry of Health and National Treasury Staff. The study found out that inadequate knowledge in donor disbursement rules, longer time by borrower to fulfill precedent loan conditions, inadequate staff commitment to adherence of plans, inadequate coordination of roles and responsibilities, long communication levels in the organization and inadequate stakeholders' participation during earlier stages of project to be some of the significant factors that contributed to delay in loan effectiveness in donor projects in Kenya. It was concluded that for timely project loan effectiveness, there is need to improve appreciation of roles of project planning and management within projects and other relevant criteria in achievement of project goals and long term expectations. In addition, borrowers need to involve key project staff during project appraisal stages, adoption of flatter organization arrangement and joint donor and creditor staff capacity training and development and staff motivation so as to minimize delay in project loan effectiveness.

## **2.5 Community Participation and Project Monitoring and Evaluation**

Guijt and Gaventa (1998) portrays participatory checking and assessment (PM&E) as a procedure where essential partners (those influenced by the intercession) are dynamic members; lead the pack in following and gaining feeling of ground towards accomplishment of self-chose or together concurred comes about at the nearby level, and reaching noteworthy determinations. It goes past including essential partners in a procedure of "routine" M&E, for example, counseling them on markers and requesting that they give data or input on the outcomes. Here the accentuation of PM&E is on developing support, a procedure that is inherently connected to learning and strengthening. The adequacy (and maintainability) of such a procedure requires, to the

point that it be inserted in a solid duty towards restorative activity by groups, extend administration and different partners in a position to act.

As per Guijt and Gaventa (1998) advancement of the PM&E approach incorporates: building duty and engagement at the group level and settling on who takes an interest and how this will advance. PM&E prepare includes mutually building up objectives and desires, following advancement and data accumulation, joint examination, sharing results and distinguishing activity focuses and correspondence and input frameworks to group, program, and different partners. Observing and assessment in ventures fundamental object is to permit extend groups to run extends adequately and guarantee that they have the fancied results for recipients (ACF, 2011).

The accomplishment of contributor supported activities keeps on confronting genuine difficulties, which have made them not able to fathom the lasting sustenance deficiencies confronted by groups in the parched and semi-bone-dry zones (Kimweli, 2013). Group PM&E energizes the responsibility for responsibility for the M&E procedure and yields by the groups themselves (CARE-PMERL, 2012). The supportability of nourishment security ventures is an element of the group association in PM&E exercises all through the undertakings life cycle that is enter partners in an intercession are permitted to take part in the venture exercises from plan to end and give input that adds to an effective venture (ACF, 2011).

Discoveries of the contextual investigations of IFAD field operations in the Philippines and India affirm a few basic concerns with respect to PM&E, the greater part of which fixate on improper assessment procedures and conflicting utilization of criteria for maintainability. It was accounted for that PM&E frameworks are not being adequately utilized as venture administration instruments. While staff routinely track yields (preparing, foundation ventures, rural showings among others), they are not effectively occupied with following results or effect of venture exercises. Therefore open doors for information administration and learning are frequently lost (TANGO International, 2008).

A study by Kimweli (2013) to discover the part of checking and assessment rehearses on the achievement of benefactor financed sustenance security extends in Kibwezi region set up that the group was not included in observing and assessment of the nourishment security ventures. This was as opposed to the plainly set out rules and accentuation by benefactors on participatory checking and assessment of the activities. These ventures had been financed subject to exhibition of a plainly laid out M&E system in the proposition. Drafting was likewise managed without the group investment prompting to an up-down way to deal with the advancement of the undertakings and the PM&E systems which made the tasks lacking of tending to the group need needs. Keeping the group out of the PM&E framework brought up major issues of respectability, straightforwardness and responsibility in the tasks in favor of the actualizing organizations. Questions have been raised on who truly profit by these sustenance security ventures which to date have not tended to nourishment security in the territory.

## **2.6 Theoretical Framework**

There are divergent views as to the genesis of participation theory. The background of community participation can be followed to old Greece and Colonial New England. Prior to the 1960s, legislative procedures and methodology were intended to encourage "outer" support. Resident investment was organized in the mid-1960s with President Lyndon Johnson's Great Society programs (Murdock, Wiessner and Sexton, 2005). Cooperation speaks to a move from the worldwide, a spatial, best down procedures that at first overwhelmed most improvement activities to all the more locally touchy strategies (Story, 1999).

As indicated by Midgley et al (1986) a wide suite of meanings of investment have been distinguished, one shared characteristic to all definitions is the part of group in basic leadership. All things considered investment is regularly alluded to as group support. Chamala (1995) expressed that group interest has been the sign of numerous fruitful improvement extends the world over. Michener (1998) however contends that the term is generally connected in scholastic and venture archives without respect for usage substances. Cost and Mylius (1991) additionally recognized nearby responsibility for

venture or program as a vital component to producing inspiration for manageable horticultural exercises.

Gow and Vansant (1983) distinguished four qualities of group support being developed. Individuals recognize issues they consider most critical, Local individuals settle on better monetary choices and judgments with regards to their own particular surroundings and conditions, Volunteer work, time, cash and materials to a venture, a condition for breaking examples of reliance and resignation and local people control over the sum, quality and advantages of improvement exercises makes the procedure self-supporting (Botchway, 2001).

White (1981) recognized various advantageous purposes behind group interest: with support, more will be proficient, and administrations can be given all the more efficiently. Investment has an inherent esteem for members; is an impetus for further improvement; energizes an awareness of other's expectations; ensures that a felt need is included; guarantees things are done the correct way; utilizes significant indigenous learning; liberates individuals from reliance on others' abilities; and makes individuals more aware of the reasons for their destitution and what they can do about it. Bamberger (1988) distinguished the accompanying shortcomings of group cooperation: Negotiations with recipients may defer extend start-up, participatory methodologies increment the quantity of administrative and managerial staff required and sorted out groups may apply weight to raise the level or augment the scope of administrations past those initially arranged, prompting to an expansion in venture costs.

This study embraces this hypothesis since it clarifies idea of group interest and how it impacts usage of tasks. The philosophical supposition for this study is that, is not sufficiently just to recognize groups vision of improvement, however it is essential to get their perspectives of their arrangements to accomplish their fantasies or vision. This is on the grounds that individuals will change just on the off chance that they partake in the choice about the change. The general standards of participatory approach incorporate among others the accompanying; urging groups to take obligations, advance support for all, accommodate diverse interests, listen to the group, inspect the circumstance/issue

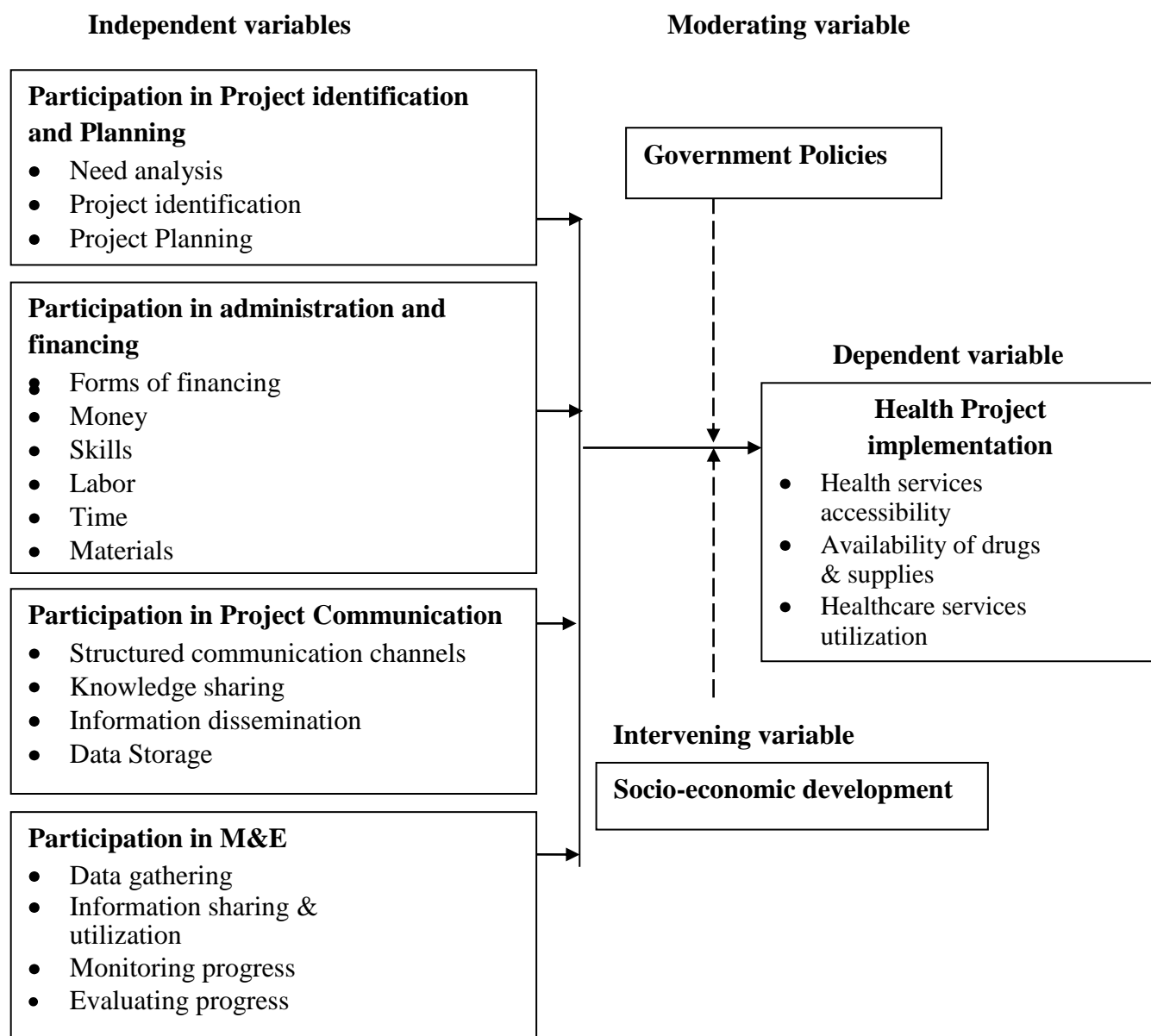


from various perspectives and after that adjust to neighborhood circumstances. All the referred to creators can help us reach a few determinations concurred from the support hypothesis that the procedure makes thriving and manageability by engaging groups. It engages the groups by giving them assets to shape their future and power to utilize their assets. Investment is another vision that tries to put the rustic groups in the driver seat and give them another arrangement of forces, rights and commitments which empowers them to guarantee successful implementation of their projects.

## **2.7 Conceptual Framework**

A conceptual framework is an estimated show distinguishing the ideas under study and their connections (Mugenda and Mugenda, 2003). The applied system gives an auxiliary portrayal of the relationship between the factors shaping the ideas of the study on the usage of wellbeing contributor subsidized tasks. The free factors are gathered together on the left side yet not in any request of significance. The reliant variable is put on the right hand associated with a bolt as an indication of direct relationship.

Three indicators are used to measure participation in project identification and planning. These three indicators include community engagement in need analysis, project identification and project planning. Six indicators are used to measure participation in administration and financing. They include forms of financing, money, skills, labor, time and materials. Participation in communication is measured using four indicators. They include structured communication channels, knowledge sharing, information dissemination and data storage. Four indicators are used to measure participation in M&E. They include data gathering, information utilization, monitoring progress and evaluating progress. This study is guided by the following conceptual framework.



**Figure 2.1: Conceptual Framework**

## 2.8 Research Gaps

Previous studies have had mixed findings on the suitable approach for project identification and planning. Top-down and bottom up approaches in project identification have been proposed. In the former, the community is perceived as too ignorant to comprehensively identify their needs (Mulwa, 2008). Planning and implementation tools used in project management such as Logical Framework Approach are complex to the

community but preferred by donors (World Bank, 2003). Community first, project second intervention approach is not popular with the donors.

In most cases, governments and donors fail to involve community in project financing as they assume that the community may not be able to contribute to a project (Abiona, 2009; Hassan & Oyebamiji, 2012). They lack to utilize integrated approach to community development where community members can contribute to project through volunteering their time, labor and even resources such as community members' levy. Community commitment can likewise be as far as fiscal speculation, material hardware, abilities and general support in venture related boards of trustees and social infrastructure.

Communication allows dissemination of information, knowledge sharing and capacity building through imparting of skills. When the community is not involved and project managers view project communication as a marketing function, it fails to effectively serve the interests of the community members (Dumrak, Baroudi & Pullen, 2015; Ofori, 2013).

Participatory monitoring and evaluation should involve the project stakeholders and the beneficiaries especially community members need to be active participants. In a conventional M&E only those considered important partners in an intercession are permitted to take an interest. Community members' contribution in M&E is designated to just providing information or feedback of a project's impact rather than taking part in identifying indicators to be tracked and evaluation benchmarks (Kimweli, 2013; ACF, 2011).

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter depicts the exploration philosophy utilized as a part of the study. It depicts the exploration configuration, target populace, test size and choice to be utilized, their dependability and legitimacy. It additionally clarifies the systems for information accumulations, methods for information examination.

#### 3.2 Research Design

The study used descriptive research design since this strategy is regularly embraced keeping in mind the end goal to learn and have the capacity to portray the attributes of the factors of enthusiasm for a circumstance (Sekaran, 2010). The plan is appropriate for this study in light of the fact that the specialist tries to depict the attributes of the factors of enthusiasm for the circumstance such as participation in project identification and planning, project administration and financing, project communication and monitoring and evaluation. In addition, this research design allows the researcher to use both quantitative and qualitative methods.

#### 3.3 Target Population

As indicated by Mugenda and Mugenda (2003), target populace is that universe that the scientist needs to sum up the outcomes and wishes to make inference. The objective populace of this study is all the group individuals who took an interest in APHIA in addition to ventures in Rift Valley (2011-2015). Such a populace adds up to 2,354,366 people. Specifically, the APHIA Plus venture in Rift valley gave HIV testing and guiding administrations to 1,725,371 people, tried 499,399 pregnant ladies for HIV, gave monetary reinforcing administrations to 28,819 grown-ups and kids and upheld 100,777 family units to create hand washing offices. Table 3.1 demonstrates the objective populace of this study.

**Table 3.1: Target Population**

Category	Location	Population	% of Total Population
HIV testing and counseling services	Rift valley	1,725,371	73.3%
Pregnant women tested for HIV	Rift valley	499,399	21.2%
Economic strengthening services	Rift valley	28,819	1.2%
Households supported to develop hand washing facilities	Rift valley	100,777	4.3%
<b>Total</b>		<b>2,354,366</b>	<b>100.0%</b>

### 3.4 Sample Selection Techniques and Sample size

As indicated by Frankel and Wallen (2008), inspecting is the demonstration of selecting an appropriate specimen (or sub-gathering) of the populace with the point of deciding normal for the entire populace. On a similar line, Kothari (2004) states that a specimen size is a sub-set of the aggregate target populace that is utilized to extract information about the target population. In this study, the sample was selected using one of the probabilistic techniques of statistical inference: namely, simple random sampling. More specifically, the sample for this study was determined using Fisher's formula:

$$n = \frac{Z^2 pq}{d^2}$$

Where:

n = required sample size

p= 1-q (variance expected in the responses assumed to be 50:50 proportion rate).

Z = Z score value at 95% confidence level (standard value of 1.96)

q = Estimated responses.

d = Level of precision or margin of error at +/-5% (standard value of 0.1).

$$n = \frac{Z^2 pq}{d^2} = \frac{1.96^2 (0.5 \times 0.5)}{0.05^2} = 384$$

**Table 3.2 Sample size**

<b>Category</b>	<b>Sample</b>
HIV testing and counseling services	281
Pregnant women tested for HIV	81
Economic strengthening services	5
Households supported to develop hand washing facilities	16
	<b>384</b>

**Source: USAID 2015**

Accordingly, this study had a sample composed of 384 respondents, who were randomly selected, according to simple random sampling. This is an examining procedure in which every component of the populace has an equivalent shot of consideration in the specimen (Ogula, 1998). Kothari (2004) prescribes straightforward arbitrary examining in light of the fact that it is precise and effectively available. Since the USAID APHIA Plus had four different groups of beneficiaries, the total sample size was divided among the four groups of beneficiaries in proportion to the size of each group (see Table 3.1 above).

As mentioned, all selected respondents were community members in the project area. Respondents were identified with the help of senior project staff of the USAID APHIA Plus project. The senior staff keeps the lists of beneficiaries. In the beneficiary lists, each beneficiary is coded: in order to guarantee anonymity, beneficiaries' names do not appear in the list. Instead each beneficiary is given one unique alpha-numeric code. The senior staff of the USAID APHIA Plus played a key role in facilitating the identification of beneficiaries, who were randomly selected from the lists on the basis of their alpha-numeric code.

**3.5 Research Instruments**

As indicated by Creswell (2003) explore instruments are the devices utilized as a part of the gathering of information on the marvel of the study. The study depends on both essential and auxiliary information of subjective and quantitative nature. Essential

information was gathered utilizing semi-organized meetings. Self-regulated surveys with both open and shut finished polls were utilized. The shut finished surveys were made of Likert scale and were directed to group individuals taking part in the tasks. Given that the season of study was constrained, utilization of polls was critical on the grounds that it was both financially savvy and was utilized to cover an unfathomable zone inside a brief span. The survey was administered to community members while face-to-face interviews were conducted to seek information from project facilitators and USAID project staff.

The questionnaire was partitioned into four sub segments, named A, B, C, D and E. Area A was utilized to gather data on the demographic foundation of the Community individuals. Area B was utilized to discover the level of cooperation of the group individuals in venture distinguishing proof and arranging. Area C, was utilized to discover the degree of the community involvement in project administration and financing while section D sought information on project communication. Section E sought information on community involvement in project monitoring and evaluation.

### **3.5.1 Validity of Research Instruments**

As per (Mugenda and Mugenda, 2003), validity is how much an instrument measures what it indicates to gauge. Confront legitimacy is whether a survey seems to quantify what it should gauge (Trochim, 2006). This study subjected its instruments of information gathering to face legitimacy since it guarantees the fittingness, significance, and value of the derivations produced using the outcomes (Cherry, 2010). The face legitimacy of the information accumulation instruments was found out by specialists in project planning and management.

### **3.5.2 Reliability of Research Instruments**

Reliability is the consistency and steadiness of information gathering instruments against chance components or ecological conditions in estimation of the factors (Cherry, 2010; Trochim, 2006). Pilot study results were used to determine reliability of the research instrument. The instrument for information gathering was tried for inward consistency and associated through Cronbach's Alpha coefficient. A Cronbach's Alpha estimation

of 0.7 showed instruments security of measure crosswise over time. Dependability dispenses with ambiguities and predispositions in the information gathering instruments.

### **3.6 Data Collection Procedures**

This method began in the wake of being given an endorsement letter by the University to go to the field. Permission to do the study was gotten from the Ministry of Higher Education, Science and Technology. The specialist gathered the information by and by joined by the venture facilitators accountable for every venture. The analyst acquainted herself and clarified with them the moral standards saw in accordance with their rights as respondents. The specialist then proceeded to manage the polls to the respondents who reacted to the things in that and gave over the surveys back to the scientist. This strategy empowered the analyst to achieve a high response rate.

### **3.7 Data Analysis Techniques**

After information gathering, inquiries were coded then information entered in the Computer for investigation. Subjective information handling included acclimation, translation, coding and distinguishing proof of developing issues, union and elucidation. Information handling likewise included information altering to guarantee that wrong sections were reviewed and rectified. Quantitative information were investigated utilizing spellbinding measurements, for example, frequencies and rates and inferential insights with Correlation coefficient ( $r$ ). The relationship examination was figured at 95% confidence level.

### **3.8 Ethical Considerations**

The specialist looked for and got consent from key authorities before starting on the study. The respondents were guaranteed that the study was implied for scholarly reason as it were. Respondents were treated with most extreme privacy; they were additionally met on their readiness and permitted to pull back from taking part on the off chance that they wish to.



### 3.9 Operational Definition of Variables

Implementation of donor funded health projects is expected to yield better health outcomes. These health outcomes are conceptualized to be influenced by community participation in project identification and planning, administration and financing, project communication and monitoring & evaluation. The relationship between independent and dependent variables was expected to be moderated by government policies while socio-economic development is intervening variables.

**Table 3.3: Operational Definition of Variables**

<b>Variable</b>	<b>Type</b>	<b>Indicators</b>	<b>Type of analysis</b>	<b>Scale of measurement</b>
	Independent	<ul style="list-style-type: none"> <li>• Need analysis</li> <li>• Project identification</li> <li>• Project Planning</li> </ul>	Descriptive statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>
Participation in administration and financing	Independent	<ul style="list-style-type: none"> <li>• Forms of financing</li> <li>• Money</li> <li>• Skills</li> <li>• Labor</li> <li>• Time</li> <li>• Materials</li> </ul>	Descriptive statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>
Participation in project communication	Independent	<ul style="list-style-type: none"> <li>• Structured communication channels</li> <li>• Knowledge sharing</li> <li>• Information dissemination</li> <li>• Data Storage</li> </ul>	Descriptive statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>
Participation in M&E	Independent	<ul style="list-style-type: none"> <li>• Data gathering</li> <li>• Information sharing &amp; utilization</li> <li>• Monitoring progress</li> <li>• Evaluating progress</li> </ul>	Descriptive statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>

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Socio-economic development	Intervening	<ul style="list-style-type: none"> <li>• Level of education</li> <li>• Occupation</li> </ul>	Descriptive statistics Inferential statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>
Government policies	Moderating	<ul style="list-style-type: none"> <li>• Health access policies</li> <li>• Economic policies</li> </ul>	Descriptive statistics Inferential statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>
Health outcomes	Dependent	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Availability</li> <li>• Utilization</li> </ul>	Descriptive statistics Inferential statistics	<ul style="list-style-type: none"> <li>• Percentage</li> <li>• Frequency</li> </ul>

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## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

This chapter covers data analysis and interpretation of research findings. It has nine sections. They include questionnaire return rate and demographic information of the respondents. The chapter also presents descriptive data analysis results on community participation in project identification, administration, communication, and monitoring and evaluation. The chapter also presents descriptive results on health outcomes and it ends with presentation of regression analysis results.

#### **4.2 Questionnaire Return Rate**

The study had a sample size of 384 respondents. The researcher administered 384 questionnaires. There were 324 questionnaires that were properly filled for this study. This translates into 84.4% response rate which was considered adequate for analysis and making conclusions from the data. Since the sample design was based on random selection (i.e. all members of the population had equal chance of being selected), the statistical results closely reflect the situation among the actual population, with a confidence interval of 0.95 and a margin of error of 0.05.

#### **4.3 Demographic Information**

This study sought demographic information from the respondents to understand them better. It sought information on gender, age, academic qualification and occupation. This section presents study findings on demographic information.

##### **4.3.1 Respondents' Distribution by Gender**

The respondents were asked to indicate their gender. The results on respondents' distribution by gender are summarized in Table 4.1.

**Table 4.1: Respondents' Distribution by Gender, frequency and percentage**

	Frequency	Percentage
Male	144	44.4
Female	180	55.6
Total	324	100.0

The study results in Table 4.1 show that the majority of respondents were female (55.6%) while 44.4% of respondents were male.

#### **4.3.2 Respondents' Distribution by Age Bracket, frequency and percentage**

The respondents were asked to indicate their age bracket. The results on respondents' distribution by age bracket are presented in Table 4.2.

**Table 4.2: Respondents' Distribution by Age Bracket, frequency and percentage**

	Frequency	Percentage
Below 25 years	36	11.1
26-35 years	108	33.3
36-45 years	126	38.9
46-55 years	36	11.1
Above 55 years	18	5.6
Total	324	100.0

The results in Table 4.2 show that 38.9% of the respondents were aged 36-45 years while respondents aged 26-35 years were 33.3%. The results also show that respondents who indicated their age bracket as below 25 years and 46-55 years were 11.1% each. Only 5.6% of the respondents indicated that they were aged above 55 years. This signifies that the population of this study is mostly composed of adults within the 36-45 age group. Both the mean and median values of the population age are within this range. This data is significant as it reflects the age of the population and gave an overall insight of the population.

### 4.3.3 Respondents' Distribution by Academic Qualification

The respondents were asked to indicate their highest academic qualification. The results are summarized in Table 4.3.

**Table 4.3: Respondents' Distribution by Academic Qualification**

	Frequency	Percentage
O-level	216	66.7
Diploma	72	22.2
Graduate degree	18	5.6
Post graduate	18	5.6
Total	324	100.0

The results in Table 4.3 show that the majority of respondents indicated o-level as their highest academic qualification while 22.2% indicated diploma as their highest academic qualification. The results also show that respondents who indicated their highest academic qualification as graduate degree and post graduate degree were 5.6% each. This signifies that the large majority of the population has a level of education equivalent to O-Level. Also, virtually the entire population is literate.

#### 4.3.4 Respondents' Distribution by Occupation

The respondents were asked to indicate their reputation. Table 4.4 show respondents' distribution by occupation.

**Table 4.4: Respondents' Distribution by Occupation**

	Frequency	Percentage
Employed by government	54	16.7
Employed in private sector	72	22.2
Self-employed	90	27.8
Unemployed	36	11.1
Student	72	22.2
Total	324	100.0

The results in Table 4.4 show that 27.8% of the respondents indicated that they were self-employed while 16.7% indicated that they were employed by the government. Respondents who indicated that they were employed in private sector and students were 22.2% each while those that indicated that they were unemployed were 11.1%. This signifies that self-employment is the primary source of income, followed by salaries from the private and public sector respectively. The significance of this data is to reflect the source of income and economic status of the population.

#### 4.4 Project Identification and Planning

The respondents were asked to indicate the extent of community participation in project identification and planning. They were requested to use a Likert scale of 1-5 where 1=not at all, 2=little extent, 3=moderate extent, 4=great extent and 5=very great extent. The results are summarized in Table 4.5.

**Table 4.5: Project Identification and Planning**

	To what extent were community members involved in need analysis for health services provided by USAID?		To what extent were community members involved in project identification for health services provided by USAID?		To what extent were community members involved in project planning for health services provided by USAID?	
	F	%	F	%	F	%
Not at all	72	22.2	0	0.0	72	22.2
Little extent	144	44.4	216	66.7	198	61.1
Moderate extent	108	33.3	108	33.3	54	16.7
Great extent	0	0.0	0	0.0	0	0.0
Very great extent	0	0.0	0	0.0	0	0.0
Total	324	100.0	324	100.0	324	100.0
N	Valid		324	324	324	
Mean	2.11		2.33		1.94	
Std. Deviation	0.738		0.472		0.622	

The results show that community members were involved in need analysis for health services provided by USAID to a little extent (M=2.11, SD=.738). Seemingly, community members were involved in project identification for health services provided by USAID to a little extent (M=2.33, SD=.472). Participation to a little extent also prevailed for the project planning component (M=1.94, SD=.622).

In all cases, community participation was low. The lowest level of community participation was in project planning, while the highest level was in project identification. The significance of this data is to reflect the level of community involvement in need analyses, project identification and planning of health services provided by the project.

#### 4.5 Project Administration and Financing

The respondents were asked to indicate the extent of community participation in project administration and financing. They were requested to use a Likert scale of 1-5 where 1=not at all, 2=little extent, 3=moderate extent, 4=great extent and 5=very great extent. The results of this study are presented in Table 4.6.

**Table 4.6: Project Administration and Financing**

	To what extent did community members contribute money for health services provided by USAID?		To what extent did community members contribute skills for health services provided by USAID?		To what extent did community members contribute labor for health services provided by USAID?		To what extent did community members contribute time for health services provided by USAID?		To what extent did community members contribute materials for health services provided by USAID?	
	F	%	F	%	F	%	F	%	F	%
Not at all	216	66.7	0	0.0	90	27.8	18	5.6	144	44.4
Little extent	72	22.2	234	72.2	180	55.6	90	27.8	144	44.4
Moderate extent	36	11.1	90	27.8	54	16.7	216	66.7	36	11.2
Great extent	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Very great extent	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	324	100.0	324	100.0	324	100.0	324	100.0	324	100.0
N Valid	324		324		324		324		324	
Mean	1.44		2.28		1.89		2.61		1.67	
Std. Deviation	0.686		0.449		0.658		0.591		0.668	

The results show that, on average, community members did not contribute with money for health services provided by USAID (M=1.44, SD=.686) while they contributed with skills to a little extent (M=2.28, SD=.449). The results also show that community members contributed only to a little extent with labor for health services provided by USAID (M=1.89, SD=.658) while they contributed time to a little extent (M=2.61, SD=.591). This results signify that, skills and labor were the main forms of community contribution to the project. The significance of this data is to reflect the level of



community involvement in project administration and financing. It presents the extent to which the community contributed money, skills, labor, time, and material for the project.

#### 4.6 Project Communication

The respondents were asked to indicate the extent of community participation in project communication. They were requested to use a Likert scale of 1-5 where 1=not at all, 2=little extent, 3=moderate extent, 4=great extent and 5=very great extent. The results are shown in Table 4.7.

**Table 4.7: Project Communication**

	To what extent were there structured communication channels that allow community members to participate in the health services project provided by USAID?		To what extent was knowledge in the health services project provided by USAID shared with the community members?		To what extent was information in the health services project provided by USAID disseminated to the community members?		To what extent was data collected in the health services project provided by USAID stored for the sake of community members?	
	F	%	F	%	F	%	F	%
Not at all	0	0.0	126	38.9	0	0.0	72	22.2
Little extent	198	61.1	162	50.0	126	38.9	162	50.0
Moderate extent	126	38.9	36	11.1	144	44.4	90	27.8
Great extent	0	0.0	0	0.0	54	16.7	0	0.0
Very great extent	0	0.0	0	0.0	0	0.0	0	0.0
Total	324	100.0	324	100.0	324	100.0	324	100.0
N Valid		324		324		324		324
Mean		2.39		1.72		2.78		2.06
Std. Deviation		0.488		0.651		0.713		0.706

The results show that to a little extent (M=2.39, SD=.488) there were structured communication channels that allow community members to participate in the health services project provided by USAID. However, the findings of this study demonstrate that knowledge in the health services project provided by USAID was shared only to a

little extent with the community members (M=1.72, SD=.651). The results show that information in the health services project provided by USAID was disseminated to the community members to a little extent (M=2.78, SD=.713) while data collected in the health services project was stored for the sake of community members to a little extent (M=2.06, SD=.706). This data is significant in that it presents the level of communication between the community and the health service project provided by USAID.

#### 4.7 Project Monitoring and Evaluation

The respondents were asked to indicate the extent of community participation in project monitoring and evaluation. They were requested to use a Likert scale of 1-5 where 1=not at all, 2=little extent, 3=moderate extent, 4=great extent and 5=very great extent. The results are summarized in Table 4.8.

**Table 4.8: Project Monitoring and Evaluation**

	To what extent did community members take part in information gathering in the health services project provided by USAID?		To what extent were community members involved in information sharing in the health services project provided by USAID?		To what extent were community members engaged in tracking resources for the health services project provided by USAID?		To what extent were community members engaged in evaluating progress of the health services project provided by USAID?	
	F	%	F	%	F	%	F	%
Not at all	36	11.1	0	0.0	162	50.0	126	38.9
Little extent	90	27.8	180	55.6	108	33.3	144	44.4
Moderate extent	198	61.1	144	44.4	54	16.7	54	16.7
Great extent	0	0.0	0	0.0	0	0.0	0	0.0
Very great extent	0	0.0	0	0.0	0	0.0	0	0.0
Total	324	100.0	324	100.0	324	100.0	324	100.0
N Valid		324		324		324		324
Mean		2.50		2.44		1.67		1.78
Std. Deviation		0.688		0.498		0.747		0.713

The results show that community members took part in information gathering in the health services project provided by USAID to a little extent (M=2.50, SD=.688). The results also show that community members were involved in information sharing in the health services project provided by USAID to a little extent (M=2.44, SD=.498). However, the study shows that half of the community members were not at all engaged in tracking resources for the health services project provided by USAID (M=1.67, SD=.747). The study also shows that most community members were not –or only to a little extent– engaged in evaluating progress of the health services project provided by USAID (M=1.78, SD=.713). This data is significant in that it reflects the extent to which the community was involved in information gathering, information sharing, tracking of resources, and the evaluation process of the health service project provided by USAID.

#### 4.8 Health Outcomes

The respondents were asked to indicate their rating of health outcomes as a result of healthcare services provided by USAID. They were requested to use a Likert scale of 1-5 where 1=not good at all, 2=good to a little extent, 3=moderate extent, 4=great extent and 5=very great extent. The results are presented in Table 4.9.

**Table 4.9: Health Outcomes**

	To what extent would you rate health services provided by USAID as accessible?		To what extent would you rate health services provided by USAID as available?		To what extent has health services provided by USAID been utilized?	
	F	%	F	%	F	%
Not good at all	0	0.0	0	0.0	0	0.0
Good to a Little extent	108	33.3	126	38.9	36	11.1
Moderate extent	216	66.7	144	44.4	270	83.3
Great extent	0	0.0	54	16.7	18	5.6
Very great extent	0	0.0	0	0.0	0	0.0
Total	324	100.0	324	100.0	324	100.0
N Valid		324		324		324
Mean		2.67		2.78		2.94
Std. Deviation		0.472		0.713		0.405

The results show that the accessibility of health services provided by USAID was rated as good to a little extent (M=2.67, SD=.472). The results also show that the availability of health services provided by USAID was also rated as good to a little extent (M=2.78, SD=.713). The results also show that health services provided by USAID were utilized to a little extent (M=2.94, SD=.405).

#### 4.9 Regression Analysis

Multiple linear regression was conducted to establish the contribution of independent variables in variation of the dependent variable. Table 4.10 shows the results.

**Table 4.10: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.902 <sup>a</sup>	0.814	0.811	0.66429

a. Predictors: (Constant), Project Monitoring and Evaluation, Project Identification, Project Communication, Project Administration

The results in the model summary shows that 81.1% of change in project implementation could be explained by community participation in project monitoring and evaluation, project identification, project communication and project administration (Adjusted R Square=0.811).

Analysis of variance was used to establish whether the model used in the regression analysis was statistically significant or not. A statistically significant model shows that the results revealed by the model are a true reflection of reality while a non-significant model show that results could have occurred by chance. The results are shown in Table 4.11.

**Table 4.11: ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	615.232	4	153.808	348.552	.000 <sup>b</sup>
	Residual	140.768	319	0.441		
	Total	756.000	323			

a. Dependent Variable: Health outcomes

B. Predictors: (Constant), Project Monitoring and Evaluation, Project Identification, Project Communication, Project Administration

In this study, the ANOVA results show that the model used was statistically significant ( $F=348.552$ ,  $p=0.000$ ) hence the findings reflect the reality and could not have occurred by chance.

The coefficients table show contribution of each independent variable to the dependent variable. Table 4.12 shows the results.

**Table 4.12: Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
(Constant)	-3.428	.342		-10.013	.000	
1	Project Identification	.129	.036	.121	3.614	.000
	Project Administration	.338	.058	.256	5.824	.000
	Project Communication	.620	.037	.581	16.846	.000
	Project monitoring and evaluation	.359	.028	.352	13.029	.000

a. Dependent Variable: Health outcomes

The results show that community participation in project identification contributed to project implementation by a factor of 0.129. This contribution was statistically significant ( $\beta=0.129$ ,  $p=0.000$ ). The results also show that community participation in project administration contributed to project implementation by a factor of 0.338 and this contribution was statistically significant ( $\beta=0.338$ ,  $p=0.000$ ). The findings of this study revealed that community participation in project communication contributed to project

implementation by a factor of 0.620 and this contribution was found to be statistically significant ( $\beta=0.62, p=0.000$ ). The study findings also show that community participation in project monitoring and evaluation contributed to project implementation by a factor of 0.359. This contribution was found to be statistically significant ( $\beta=0.359, p=0.000$ ).

## CHAPTER FIVE

### SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents the summary of study findings conclusions and recommendations as per objectives of the study. The objectives of this study were to determine the extent to which community involvement in identifying projects influence the implementation of APHIA Plus projects in Kenya; to establish how the community involvement in project influences the implementation of APHIA Plus projects in Kenya; to determine the extent to which community participation in monitoring influences the implementation of APHIA Plus projects in Kenya; and to establish how community participation in evaluation influences the implementation of APHIA Plus projects in Kenya.

#### 5.2 Summary of the Findings

This section presents the summary of key findings based on the objectives of the study. The objectives included: to determine the extent to which community involvement in identifying projects influence the implementation of APHIA Plus projects in Kenya; to establish how the community involvement in project administration influences the implementation of APHIA Plus projects in Kenya; to determine the extent to which community participation in project communication influences the implementation of APHIA Plus projects in Kenya; and to determine the extent to which community participation in project monitoring and evaluation influences the implementation of APHIA Plus projects in Kenya.

##### **5.2.1 The extent to which community involvement in identifying projects influence the implementation of APHIA Plus projects in Kenya.**

The results show that community members were involved in need analysis for health services provided by USAID to a little extent ( $M=2.11$ ,  $SD=.738$ ). The results also show that community members were involved in project identification for health services provided by USAID to a little extent ( $M=2.33$ ,  $SD=.472$ ) while community members

were not involved at all in project planning for health services provided by USAID (M=1.94, SD=.622). The results show that community participation in project identification significantly contributed to project implementation ( $\beta=0.129$ ,  $p=0.000$ ).

### **5.2.2 The community involvement in project administration influences the implementation of APHIA Plus projects in Kenya.**

The results show that community members did not at all contribute money for health services provided by USAID (M=1.44, SD=.686) while they contributed skills to a little extent (M=2.28, SD=.449). The results also show that community members did not at all contribute labor for health services provided by USAID (M=1.89, SD=.658) while they contributed time to a little extent (M=2.61, SD=.591). The results also show that community participation in project administration significantly contributed to project implementation ( $\beta=0.338$ ,  $p=0.000$ ).

### **5.2.3 Extent to which community participation in project communication influences the implementation of APHIA Plus projects in Kenya.**

The results show that to a little extent (M=2.39, SD=.488) there were structured communication channels that allow community members to participate in the health services project provided by USAID. However, the findings of this study demonstrate that knowledge in the health services project provided by USAID was not at all shared with the community members (M=1.72, SD=.651). The results show that information in the health services project provided by USAID was disseminated to the community members to a little extent (M=2.78, SD=.713) while data collected in the health services project was stored for the sake of community members to a little extent (M=2.06, SD=.706). The findings of this study revealed that community participation in project communication significantly contributed to project implementation ( $\beta=0.62$ ,  $p=0.000$ ).



#### **5.2.4 Extent to which community participation in project monitoring and evaluation influences the implementation of APHIA Plus projects in Kenya.**

The results show that community members took part in information gathering in the health services project provided by USAID to a little extent (M=2.50, SD=.688). The results also show that community members were involved in information sharing in the health services project provided by USAID to a little extent (M=2.44, SD=.498). However, the study shows that community members were not at all engaged in tracking resources for the health services project provided by USAID (M=1.67, SD=.747). The study show that community members were not at all engaged in evaluating progress of the health services project provided by USAID (M=1.78, SD=.713). The study findings also show that community participation in project monitoring and evaluation significantly contributed to project implementation ( $\beta=0.359$ ,  $p=0.000$ ).

### **5.3 Discussions**

This section presents the discussions of the findings based on the objectives of the study.

#### **5.3.1 The extent to which community involvement in identifying projects influence the implementation of APHIA Plus projects in Kenya.**

The study found the extent of community participation in project identification and planning. It was found that members were involved in need analysis for health services provided by USAID, community members were involved in project identification for health services provided by USAID, community participation was low. It was further found that the lowest level of community participation was in project planning, while the highest level was in project identification. The findings are in line with Mulwa (2008) who stated that through community participation, the community can set the targets, objectives and how the proposed improvement will continue. Shared comprehension gives a strong establishment to distinguishing the issue and attempting to discover methods for tackling it. It likewise elucidates the extent of the current issue and the asset accessible.

### **5.3.2 The community involvement in project administration influences the implementation of APHIA Plus projects in Kenya.**

The study found that community members did not contribute with money for health services, while they contributed with skills to a little extent. The results also showed that community members contributed only to a little extent with labor for health services provided by USAID. The findings concur with Chirwa (1998), who stated that community commitment can be as far as fiscal venture, material hardware, aptitudes and general cooperation in venture related boards of trustees and meeting moral support and decides and controls that oversee and help with the way toward repairing and keeping up social framework. Group interest in financing makes an empowering domain for supportability by permitting clients not just to choose the level of administrations for which they will pay, additionally to settle on decisions and submit assets in support of decisions made by the community.

### **5.3.3 Extent to which community participation in project communication influences the implementation of APHIA Plus projects in Kenya.**

Under project communication, the study findings indicated that there were structured communication channels that allow community members to participate in the health services project provided by USAID. The findings of this study demonstrate that knowledge in the health services project provided by USAID was shared only to a little extent with the community members. The results showed that information in the health services project provided by USAID was disseminated to the community members while data collected in the health services project was stored for the sake of community members. According to Ofori (2013), communication is essential to this as it enables planners when identifying and formulating development programmes to consult with people in order to take into account their needs, attitudes and traditional knowledge. He also indicated that beneficiary participation is an important factor for donor funded projects. Only with communication will the project beneficiaries become the principal actors to make development programmes successful. Development programmes can only

realize their full potential if knowledge, information and technology are effectively shared.

#### **5.3.4 Extent to which community participation in project monitoring and evaluation influences the implementation of APHIA Plus projects in Kenya.**

The research findings indicated the extent of community participation in project monitoring and evaluation. The results showed that community members took part in information gathering in the health services project provided by USAID, The results also showed that community members were involved in information sharing in the health services project provided by USAID. The study indicates that half of the community members were not at all engaged in tracking resources for the health services project provided by USAID. The study also showed that most community members were not –or only to a little extent– engaged in evaluating progress of the health services. The findings are in line with Kimweli (2013) who indicated that community PM&E supports the responsibility for accountability for the M&E procedure and yields by the groups themselves. Additionally, checking and assessment in undertakings principle object is to permit extend groups to run extends adequately and guarantee that they have the fancied results for recipients. Keeping the group out of the PM&E framework brings up major issues of honesty, straightforwardness and responsibility in the tasks in favor of the actualizing organizations.

#### **5.4 Conclusions**

This study concludes that community participation in project identification and planning are important in project implementation and that community participation in project administration and financing are critical to project implementation. Further, the study concludes that community participation in project communication significantly contributes to project implementation and that community participation in monitoring and evaluation are important in project implementation.

## **5.5 Recommendations**

This study recommends that project managers and stakeholders should embrace community participation in project identification and planning. This will not only create ownership of project to the community where it is implemented but also helps in identification of needs that are priority to the community. The study also recommends that project managers and stakeholders should factor in community participation in administration and financing of projects. This will increase ownership of the project and utilize community resources to implement a project. Further, recommends that project managers and stakeholders should ensure that project communication involves the community where the project is being implemented. This study recommends that project managers and stakeholders should involve the community in project monitoring and evaluation. This will not only enrich the project but also share knowledge and lessons from feedback on project implementation.

## **5.6 Suggestions for Further Research**

- i. This study suggests that further research should be done to investigate areas of project identification and planning that are ideal for community participation.
- ii. Further research should be carried out to find out factors that have contributed to reduced community participation in administration and financing of projects.
- iii. Further research should be done to establish elements of project communication that have greatest impact on project implementation.
- iv. Project managers and stakeholders should carry out more research to make community participation in monitoring and evaluation more meaningful to project implementation.

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## APPENDICES

### Appendix I: Letter of Introduction

Dear Respondent,

RE: Data Collection on MA Project

I am an MA student at the University of Nairobi and in my final year of study. As part of the requirement for graduation, I am undertaking a research to investigate “The Influence of Community Participation on Project Implementation of Donor Funded Health Projects in Kenya”.

In such manner, I am generously asking for your support as far as time and by reacting to the connected survey. Your exactness and open reaction will be basic in guaranteeing target examine. It won't be important to compose your name on this poll and for your solace, all data got will be dealt with in strict certainty. Also, the discoveries of the study will exclusively be utilized for scholastic research purposes and to improve learning in the field of project planning and management. On the off chance that need be the exploration report might be introduced to your association for data and record.

Thank you for your valuable time on this.

Yours faithfully

Washtina Willimina Morris

## Appendix II: Questionnaire

### Instructions

Kindly write your answers, tick or mark (✓) in the spaces provided in the questionnaire as appropriate.

### Section A: Background Information

1. What is your gender?

Male            [ ]            Female        [ ]

2. What is your age bracket?

Below 25 years        [ ]

26-35 years            [ ]

36-45 years            [ ]

46-55 years            [ ]

Above 55 years        [ ]

3. What is your highest academic qualification?

O level                [ ]

Diploma               [ ]

Graduate Degree      [ ]

Postgraduate         [ ]

Other (specify) .....

4. What is your occupation?

Employed by government        [ ]

Employed in private sector [ ]

Self-employed [ ]

Unemployed [ ]

Student [ ]

Any other (specify) .....

**Section B: Project Identification and Planning**

In the following table, kindly rate using a scale of 1-5 where 1 is not at all and 5 is to a very great extent the statements in regard to project identification and planning.

Statement	Not at all	Little extent	Moderate extent	Great extent	Very great extent
5. To what extent were community members involved in need analysis for health services provided by USAID?					
6. To what extent were community members involved in project identification for health services provided by USAID?					
7. To what extent were community members involved in project planning for health services provided by USAID?					

**Section C: Project Administration and Financing**

8. What forms of financing were available for the community members for health services provided by USAID?

.....

.....

In the following table, kindly rate using a scale of 1-5 where 1 is not at all and 5 is to a very great extent the statements in regard to project administration and financing.

Statement	Not at all	Little extent	Moderate extent	Great extent	Very great extent
9. To what extent did community members contribute money for health services provided by USAID?					
10. To what extent did community members contribute skills for health services provided by USAID?					
11. To what extent did community members contribute labor for health services provided by USAID?					
12. To what extent did community members contribute time for health services provided by USAID?					
13. To what extent did community members contribute materials for health services provided by USAID?					

**Section D: Project Communication**

In the following table, kindly rate using a scale of 1-5 where 1 is not at all and 5 is to a very great extent the statements in regard to project communication.

Statement	Not at all	Little extent	Moderate extent	Great extent	Very great extent
14. To what extent were there structured communication channels that allow community members to participate in the health services project provided by USAID?					
15. To what extent was knowledge in the health services project provided by USAID shared with the community members?					
16. To what extent was information in the health services project provided by USAID disseminated to the community members?					
17. To what extent was data collected in the health services project provided by USAID stored for the sake of community members?					



**Section E: Project Monitoring and Evaluation**

In the following table, kindly use a scale of 1-5 where 1 is not at all and 5 is to a very great extent to rate the statements in regard to project monitoring and evaluation.

Statement	Not at all	Little extent	Moderate extent	Great extent	Very great extent
18. To what extent did community members take part in information gathering in the health services project provided by USAID?					
19. To what extent were community members involved in information sharing in the health services project provided by USAID?					
20. To what extent were community members engaged in tracking resources for the health services project provided by USAID?					
21. To what extent were community members engaged in evaluating progress of the health services project provided by USAID?					

**Section F: Health Outcomes**

In the following table, kindly use a scale of 1-5 where 1 is not at all and 5 is to a very great extent to rate the statements in regard to health outcomes.

Statement	Not at all	Little extent	Moderate extent	Great extent	Very great extent
22. To what extent would you rate health services provided by USAID as accessible?					
23. To what extent would you rate health services provided by USAID as available?					
24. To what extent has health services provided by USAID been utilized?					

25. Suggest ways in which participation in project implementation would be enhanced.

.....

.....

.....

### **Appendix III: Interview Schedule**

The researcher conducted an interview guided by the following questions:

1. How were community members involved in the following areas of project identification and planning?

- Need analysis
- Project identification
- Project Planning

2. How were community members involved in the following areas of project administration and financing?

- Financing
- Money
- Skills
- Labor
- Time
- Materials

3. How were community members involved in the following areas of project communication?

- Structured communication channels
- Knowledge sharing
- Information dissemination
- Data Storage

4. How were community members involved in the following elements of monitoring and evaluation in the project?

- Information gathering
- Information sharing & utilization
- Tracking resources
- Evaluating progress

5. How would you rate accessibility of health services that were provided by USAID project?

6. How would you rate availability of health services that were provided by USAID project?

7. How would you rate utilization of health services that were provided by USAID project?

## Appendix IV: Research Letter



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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Email: dg@nacosti.go.ke  
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When replying Please quote

9th Floor, Utalii House  
Uhuru Highway  
P. O. Box 30623-00100  
NAIROBI-KENYA

Ref. No. NACOSTI/P/16/29858/13363

Date:  
19<sup>th</sup> September, 2016

Washtina Willimina Morris  
University of Nairobi  
P.O. Box 30197-00100  
NAIROBI.

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Influence of community participation on project implementation of donor funded health projects in Kenya: A case of Aids, Population and Health Integrated Assistance (APHIA plus) projects in Nakuru County, Kenya,*" I am pleased to inform you that you have been authorized to undertake research in Nakuru County for the period ending 14<sup>th</sup> September, 2017.

You are advised to report to the County Commissioner and the County Director of Education, Nakuru County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

  
BONIFACE WANYAMA  
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner  
Nakuru County.

The County Director of Education  
Nakuru County.

# Appendix V: Research Authorization Permit

THIS IS TO CERTIFY THAT **MS. WASHTINA WILLIMINA MORRIS** of **UNIVERSITY OF NAIROBI**, 0-100, **NAIROBI**, has been permitted to conduct research in **Nakuru County** on the topic: **INFLUENCE OF COMMUNITY PARTICIPATION ON PROJECT IMPLEMENTATION OF DONOR FUNDED HEALTH PROJECTS IN KENYA: A CASE OF AIDS, POPULATION, AND HEALTH INTEGRATED ASSISTANCE (APHIA, PLUS) PROJECTS IN NAKURU COUNTY, KENYA** for the period ending **14th September 2017**.

**Applicant's Signature** \_\_\_\_\_

**Permit No: NACOSTI/P/16/29858/13363**  
**Date Of Issue: 19th September, 2016**  
**Fee Received: USD 19.23**

**Signature** \_\_\_\_\_  
**Director General**  
**National Commission for Science, Technology & Innovation**

