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Influence of Public Participation on Successful Implementation of Public Health Projects in Nyeri South Sub-County, Nyeri County, Kenya

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Abstract

The objective of this study was to find out the effects of public participation in the implementation of successful health projects in Nyeri South sub-County. The study focused on the project cycles from identification, designing, execution, monitoring and evaluation. It sought to answer the following questions: To what extent does public participation influence project identification of public health projects? What is the relationship between public participation and project planning of public health projects? How does public participation influence designing of public health projects among residents? To what extent does public participation influence monitoring and evaluation of public health projects? To answer these questions the study used a descriptive study design using open and close-ended questions from the local community and interview among county staff. The study was guided by Social Capital Theory and Theory Of Change. Sampling of respondents was done through random sampling for fair representation while stratified sampling of health facilities was employed. In addition, key informants from four county wards were carefully selected. The area of study has a population of 87,373 according to the Kenya National Census, 1999. The researcher targeted a sample of 100 respondents. Data was cleaned, stored, coded, and analysed using both descriptive and inferential statistics and results presented in the form of tables, graphs, and charts, to explain the relationship between public participation and successful project implementation. Reliability and validity of the study was ensured through correct study questions and relevant methodology in data collection and interpretation. The result showed that since the calculated value of chi square was greater than the table value of chi-square in all the four hypotheses, all the null hypothesis were rejected and all four alternate hypotheses were accepted. The conclusion was that, public participation influences project identification, project planning, project design, and project monitoring and evaluation for successful implementation of public funded health projects in Nyeri South sub-County. The study recommends that community must be involved in all four stages of any public project to ensure that they meet their objectives and at the same time are accepted by the target community.

Key terms: Public Participation, Successful Implementation, Public Health Projects

Introduction

1.1. Background of the Study

Public participation is the process by which an organization consults with interested or affected individuals, organisations, and government entities before making a decision, Jones & Wells (2007). The International Association for Public Participation (IAPP) 2000 stated that communities should have a say in decisions that affect their lives. Hence participation is a process through which stakeholders influence and share control over development initiatives and the decisions and resources, which affect them. The top-down decision-making regime is considered most ineffective in terms of achieving sustainable development, (Campbell, 2001). Most developing countries have tended to vigorously employ a non-participatory approach to decision-making. Because of this, rural communities are alienated from resources they should rightfully control, manage, and benefit from, such as the organisational structures for community-based natural resources management in Southern Africa, (Hughes, 2001), and Community-based wildlife management (CWM) in Tanzania, that are run with the communities' interest at heart.

According to the *National Development Plan, 2002-2008*, the implementation of policies, programmes, and projects need to be closely monitored and evaluated to ensure maximum impact and their output's timely delivery. To implement this, communities are encouraged to prepare community action plans against which they can actively participate in monitoring and evaluation of projects at community level, through community project committees. Under Kenya Vision 2030, a number of flagship projects have been identified in each sector, which will be implemented over the five years of the vision to facilitate the desired growth and on sustainable basis. Health projects have been identified as key in driving growth in the health sector. In 2010 Kenya promulgated a new constitution and devolved health services to its 47 counties. Decision-making organs were decentralised from Central Government to devolved units, to take services closer to local people and ease the decision-making process, to improve health service provision to Kenyans. Community participation is important for development, (Wates, 2014). The Alma-Ata Declaration set principles to guide the planning, implementation, and evaluation of community-oriented health programmes. One of the principles states that people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare (WHO 1978). Unfortunately, until the 1970s, the process of planning development activities in many countries, including developing countries, was centrally controlled. This derails development and leads to wastage of resources meant for *Wanjiku* (a colloquial way of referring to the Kenyan population) through stalled health projects and court battles that polarise the community. Community participation has most often been seen as intervention to improve health outcomes rather than a process to implement and support health programme to sustain these outcomes. To understand the relationship between community participation and improved health outcomes, new frameworks are needed. Examining community participation as a process and dealing with critical issues around empowerment, ownership, cost-effectiveness, and sustainability of health improvement is therefore necessary (Rifkin, 2014).

1.2 Statement of the Problem

In 2015, Nyeri County was reported by the Constitution Implementation Commission to have the best health systems in Kenya. The Daily Nation newspaper on 16th December, 2015 stated that the local Nyeri residents rejected this report. In addition, the Controller of Budget ranked Nyeri County last out of 47 counties in two consecutive years in absorbing money budgeted for development with 0.03% burn rate in 2017 (*Daily Nation*, Thursday, June 29th 2017). Further, several research have been carried out to find out what needs to be done to improve the health sector in Nyeri County but, no researcher has studied the effects of public participation in the successful implementation of health projects in Nyeri County. This formed the foundation for the argument in this research study.

1.3 Research Hypotheses

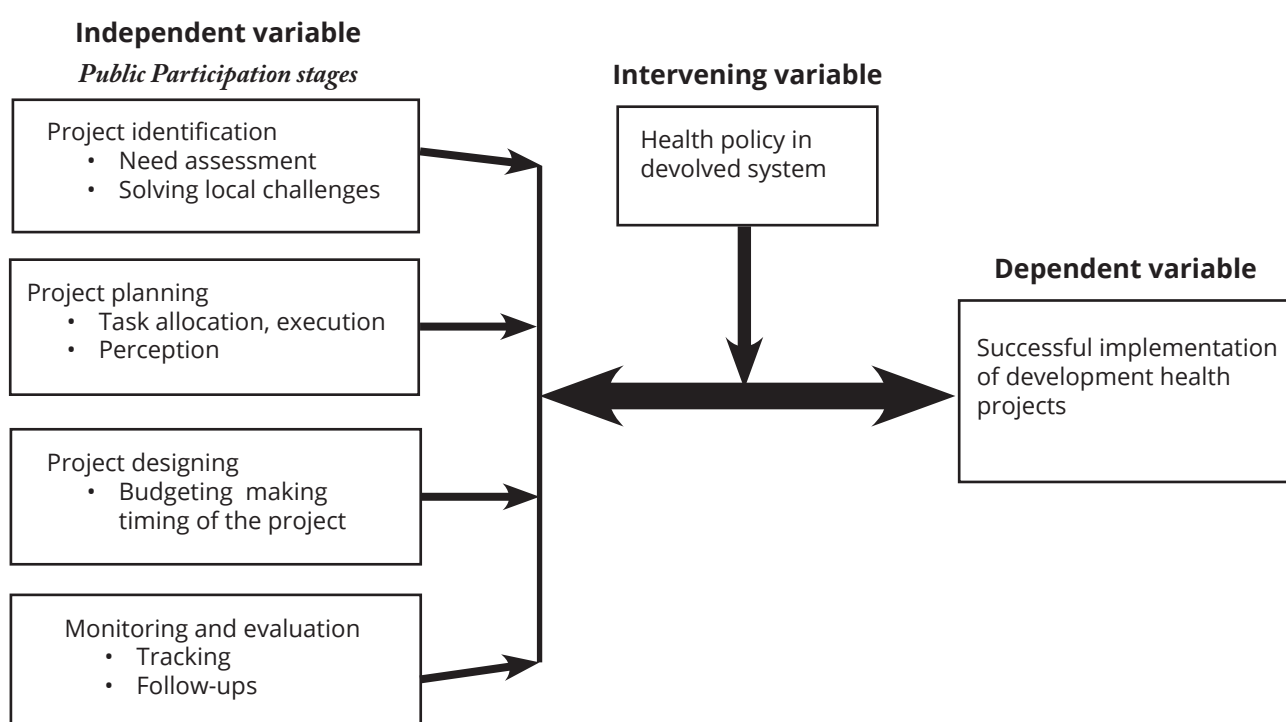
The study was guided by the following research hypotheses;

- a) H_0 There is no relationship between public participation and project identification of public health projects in Nyeri South sub-County, Nyeri County.
 H_1 There is a relationship between public participation and project identification of public health projects in Nyeri South sub-County, Nyeri County.
- b) H_0 There is no relationship between public participation and project planning of public health projects in Nyeri South sub-County, Nyeri County.
 H_1 There is a relationship between public participation and project planning of public projects in Nyeri South sub-County, Nyeri County.
- c) H_0 Public participation does not influence designing public health projects among residents of Nyeri South sub-County, Nyeri County.
 H_1 Public participation influences designing public health projects among residents of Nyeri South sub-County, Nyeri County.
- d) H_0 Public participation does not influence monitoring and evaluation of public health projects in Nyeri South sub-County, Nyeri County.
 H_1 Public participation influences monitoring and evaluation of public health projects in Nyeri South sub-County, Nyeri County.

1.5 Conceptual Framework

A conceptual framework is a detailed mental formulation of ideas that give direction to a study. It enables interaction between dependent and independent variables to be portrayed (Kothari, 2004). In this study, the dependent variable was successful implementation of public health projects, while the independent variables were project identification, project planning, project designing, and monitoring and evaluation. In addition, there are other intervening factors that influence dependent and independent variables in this study - health policy.

Figure 1 | *Conceptual Framework*



Theoretical and Review of Empirical Studies

2.1 Theoretical Framework

The study was guided by two theories namely; Social Capital Theory and theory of change.

2.1.1 Social Capital Theory

Social Capital Theory is characterised by market agents as a means to produce goods and services not for themselves but for the common good, (Bowles, 2002). It was first introduced by Lyda (1916) in the United States of America urging neighbours to work together to oversee schools. He described social capital as those tangible assets that count for most in the daily life of people including: goodwill, sympathy, fellowship, and social intercourse between individuals and families that make up a social unit. This was taken a notch higher by American author Robert Putnam in his book, *Bowling Alone* (2000) where he argued that, while Americans have become wealthier, their sense of community has withered. Bowling advocated for strengthening the bonds of people of the same identity, creating bridges to reach those beyond the shared identity, and linkages to people of either upper or lower social strata. The Social Capital Theory is only ineffective when community act collectively in doing what is right and beneficial to all people in the long run. However, there is no purely classless and homogeneous community as envisioned by Karl Marx, since communities differ sharply along political interests, class, and religion.

In this study Social Capital Theory was employed to understand how well a community can work together by utilising resources within their disposal, for a common good - in this case implementation of health projects. It helped to identify major stakeholders who need to be engaged in a development project and who need to appreciate the value of solidarity. The weakness of this theory is that, there are several reasons to doubt the efficacy of social capital measures simply based on the density of voluntary organisations. The most evident problem is that the logic underlying the connection between social ties and generalised trust has never been clearly theoretically or empirically developed.

2.1.2 Theory of Change

Theory of Change is a specific type of methodology for planning, participation, and evaluation that is used in philanthropy, not for-profit organisations and in the public sector to promote change. Theory of Change explains the process of change by outlining causal linkages in an initiative that may have short-term, intermediate, and long term outcomes. Theory of Change started in the USA in the 1990s in the context of improving Evaluation Theory with conceptualisation by Weiss (1995), when evaluation of complex projects was a challenge due to dissatisfaction with logical frameworks, especially in planning complex programmes and addressing difficult issues such as advocacy and governance. Theory of Change approach to project evaluation has tackled the complexity of integrated and comprehensive programmes at community level (Stame, 2014). In this study, Theory of Change guided the research in evaluating how well planning of development projects is done; who are engaged; and how to evaluate the intervention. The researcher was interested in illustrating the relationships between inputs and outcomes at different levels of interventions, with accompanying explanations that can be reviewed over time. However, the challenge regarding this theory is to explain success according to whom and how, as there is no one-size-fits-all standard for measuring social change. This gave room to subjectivism as different people view the same reality differently. Theory of Change expounded the idea of the 'the end justifies the means' by emphasising on the end results. It focused on the product rather than the process, results rather than uncertainties, and learning rather than accountability.

2.2 Empirical Review

2.2.1 Public Participation in the Implementation of Successful Development Health Projects

Participation is a key factor in the wider context of importance of social determinants of health, and health as a human right (WHO, 2008). There has been broad consensus that communities should be actively involved in improving their own health (WHO 2011). Despite the growing interest in the role of participation, there is little concrete evidence that

links participation directly to better health outcomes (Rifkin, 2009). The absence of this link continues to be a barrier to full support of governments, funding agencies, and health professionals (Atkinson, 2011).

There has been a broad consensus that communities should be actively involved in improving their health (WHO 2011). Yet, evidence for the effect of community participation – here broadly defined as: members of a community getting involved in planning, designing, implementing, and/or adapting strategies and intervention on specific health outcomes, is limited (Zakus & Lysack, 1998). The rationale for community participation in health programmes has included responding better to communities' needs, designing programmes that account for contextual influences on health, such as the effects of local knowledge or cultural practices, increasing public accountability for health, and being a desirable end in itself (Campbell, 2001). Involving communities is thought to be crucial in improving health equity, and healthcare service delivery and uptake (Draper, 2010).

Despite apparent consensus about the value of participation, there is no agreed concept of what participation is or should be (Cornish, 2006), and programmes often develop without an explicit definition (Rifkin, 1986). In 1991, a World Health Organization Study Group defined community involvement in health as a process whereby people, both individually and in groups, exercise their right to play an active and direct role in the development of appropriate health services; in ensuring the conditions for sustained better health; and in supporting the empowerment of community to help development. For this to happen, the processes through which participation leads to change might have some universal characteristics but the solution itself will be local (Rifkin, 1996).

In Bangladesh, India, Nepal, and Malawi the intervention was using women's groups practicing Participatory Learning and Action and involving the intended beneficiaries in decision-making about a programme, to improve birth outcomes. Meta-analyses of all trials showed that exposure to women's groups were associated with reduction in maternal mortality. The conclusion was that, women's groups are both cost-effective as well as a realistic way to reduce maternal deaths and improve birth outcomes rapidly and on a large scale, (Rifkin, 2001). This is in agreement with a detailed case study analysis on CDF projects in Embakasi where the author concluded that it was only through participatory planning, and monitoring and evaluation, that meaningful development can be realised. He further stated that satisfying key stakeholder requirement is central to achieving a successful project outcome (Kimani, 2009). Health effects of joint decision-making through dialogue between community members and service providers were examined in 12 areas in Kenya across 6 districts compared with 12 matched control areas. There were improvements in a number of indicators, including childbirth in a health facility. The study also reported improved accountability of service providers to the communities they served (Marston, 2013).

2.2.2 Community influence in Identification and Prioritization of Health Projects

There should be frameworks within which the local communities receive information that allows them to choose on appropriate collective basis, through free and prior informed consent, whether a development should go ahead. They should participate in the planning and implementation of the project, using their traditional knowledge systems to help guide the decisions that will affect their future. They should use their knowledge and their participation should be handled in a respectful, trusted, equitable way that empowers them (Alan, 2000).

Participation in the problem identification stage ranges from 'passive' to 'participation by consultation'. This limited nature of community involvement in problem identification could be viewed as 'weak participation' as it does not lead to people's empowerment, (Bretty, 2003). These findings are more or less similar to what Bretty observed in a study involving 230 rural development institutions employing 30,000 staff in 41 countries in Africa, where he found that participation for local people was more likely to mean simply having discussions or providing information to external agencies.

A study conducted by the Central Bureau of Statistics (CBS) found out that people do not identify themselves with projects because the planning process is not participatory. In a typical scenario, the community members through local development committees identify the locations and needs, and prepare a priority list of projects and present them to the District Development Committee (DDC). This Committee meets to harness the projects for purposes of avoiding duplication, and then the reports are submitted to Constituency Development Fund Boards, which disburse the funds to the respective project account (Muturi, 2015). Many projects, some of which are funded by the Constituency Development Fund have turned out to be 'white elephants' because they were started without due consultation with local community

members. This calls for community members' participation, and the provision of a favorable environment that allows them to shoulder responsibility for their own development (Gikonyo, 2008).

During identification, a needs analysis of beneficiaries could be attempted as a basis for designing the project to match community needs and capacities (World Bank, 2008). It is in light of this exercise that a judgment should be made on the feasible objectives of community participation in the project. Simply put, local communities often have a fund of knowledge and expertise that is extremely valuable to the project planning and implementation

2.2.3 Influence of Community Participation in the Design of Health Projects

A project design is formalisation, preferably set down in writing on paper, of the whole project, and how and why it is to be carried out. A good project design will also include plans for monitoring the activities, and reporting the results. What is essential is that the design is not prepared by anyone outside the community, or by any faction within the community, but by the community as a whole. Those tasked to mobilise for any upcoming intervention or project are encouraged to guide the community in preparing a project design in a manner that is participatory, with assumptions and observations that are realistic, and in a practical and simple form that will be understood by all community members. The above is in line with another research done on the stakeholder involvement in natural resource management in Northern Congo, where the researcher pointed out that if projects are to be sustainable and yield long-term benefits, communities must be more explicitly involved in design and implementation and in defining their own contribution, (Neba, 2009).

It is only when we know what people want that we can develop an effective project Gilbert (1998). He added that the needs assessment should be followed by a capacity assessment to see what strengths the community has which can use to address its problems. The project should seek to strengthen any weaknesses in the community. The project can then aim to help the community achieve part of its vision.

2.2.4 Influence of Community Participation in Monitoring of Health Projects

The monitoring function is an integral part of project execution. It is simply a way of making efficient project follow-up and to provide systematic, consistent, and reliable information on project progress. The purpose of monitoring is to steer a project towards its purpose and to detect any problems that make it probable that the project will not achieve expected results. This is done through periodic follow-up of technical progress and financial expenditure, whereby actual performance and results are compared to plans (Pasteur and Turrall, 2006). The system of monitoring the progress of a project implementation, besides being an important link in the project cycle, helps in the identification/analysis and removal of bottlenecks and expediting action where projects have stalled or fallen behind schedule. In fact, project monitoring is a tool to serve the interests of both the project management and the planners, as they share a common concern for the timely completion of projects within the approved cost, scope, and time schedule.

A local Management Information System (MIS) was set up within the community to enable them gather, analyse and interpret data concerning the project (Gilbert, 1998). This should be a continuous process throughout the project life cycle. Moreover, to achieve this, some local facilitators were trained in simple methods of gathering information such as ORID (objective, reflective, interpretive and decisional) or discussion methods and workshop methods, to enable local facilitators along with taskforces to gather information (through interviews, questioning, and site visits), hold group discussions, and build a consensus based upon the information generated.

Materials and Methods

This study adopted a descriptive design to determine effects of public participation in the implementation of successful health projects in Nyeri South sub-County. A descriptive research design was preferred in this study because it seeks to describe a case, in detail, in context, and holistically, allowing in-depth investigation of the problem. It describes the state of affairs as it exists and helps the researcher to report the findings (Silverman, 2006). This helped obtain pertinent and precise information regarding the real phenomena and proposed valid conclusions as ascertained by established facts. Both qualitative and quantitative approaches to data collection were used to complement each other in data collection.

3.1 Population and Sample size determination

The research was carried out in Nyeri South sub-County in the central region of Kenya, also referred to as Othaya Constituency. There are 16 public health facilities that serve a population of 87,373 citizens. The research constituted four County Wards: Iriaini, Chinga, Karima and Mahiga as the researchers' unit of analysis. The area has a population of 87,373 people covering 174.70Sq. Km (*Kenya National Census, 2009*).

Sample Size for $\pm 5\%$ and $\pm 10\%$ Precision Levels where Confidence Level is 95% and $P=0.5$

Table 1 | *Sample Size Determination*

Size of Population	Sample Size (n) for precision (e)	
	$\pm 5\%$	$\pm 10\%$
500	222	83
1,000	286	91
2,000	333	95
3,000	353	97
4,000	364	98
5,000	370	98
7,000	378	99
9,000	383	99
10,000	385	99
15,000	390	99
20,000	392	100
25,000	394	100
50,000	397	100
100,000	398	100
>100,000	400	100

Thus, for the precision of $\pm 10\%$ the sample of this study was be 100 respondent (Glenn, 1992)

The obvious advantage of sampling is that the smaller number of elements to be studied the more manageable the research; and the more time efficient, less costly and potentially more accurate since it is easier to maintain control over a smaller number of elements. Both non-probability and probability sampling techniques were used. Random sampling design was used to obtain data from 100 participants to be sampled for the study through random sampling from communities near public health facilities, to give fair chances of representation of all members.

3.2 Validity

Validity was enhanced by accurately using the instruments for data collection and analysis; method calibration of data collection tools; and appropriate recording of the obtained data. The researcher used the test-retest technique, where the same data instrument was administered to the same respondents selected using simple random sampling method. Interview guides and questionnaires were administered to them after a fortnight using the same procedure.

Results and Discussions

Public participation in identification of public health projects

The respondents were required to indicate the length of time they had been living in the area of study. The respondents were required to indicate whether they were aware of any health projects in the in Nyeri South sub-County and they were required to indicate the people who initiated those projects.

Table 2 | *People who Initiated the Projects*

People who Initiated the Projects	Frequency	Percent
Government/CDF	28	29.17
Area MP	4	4.17
Community Members	54	56.25
Local NGO	10	10.41
Total	96	100.0

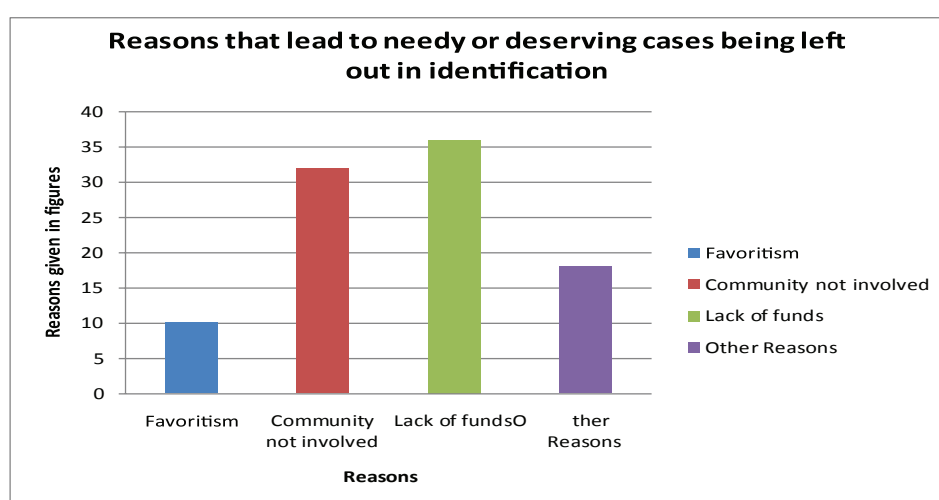
Source: Researcher, 2017

Table 3 | *Deserving cases Left out in Project Identification*

Response	Frequency	Percent
Yes	90	93.75
No	6	6.25
Total	96	100

Source: Researcher, 2017

Figure 2 | *Reasons Leading to Needy or Deserving Cases Being Left Out in Identification*



Source: Researcher, 2017

Table 4 | Community Participation on Project Identification

RESPONDENTS	IRIAINI	KARIMA	CHINGA	MAHIGA	TOTAL
Yes	19	16	10	17	62
No	5	8	14	7	34
Total	24	24	24	24	96

Testing of hypothesis was done through chi-square test $\alpha = 0.05$

H_0 There is no relationship between public participation and project identification of public health projects in Nyeri South sub-County, Nyeri County.

H_1 There is relationship between public participation and project identification of public health projects in Nyeri South sub-County, Nyeri County.

$\alpha = 0.05$ Chi-square (χ^2) = (Observed Value-Expected Value)²/Expected Value.

Expected Value = Total Column*Total Row/ Cumulative Total (of Rows or Columns).

df = (No of Rows -1)*(No of Columns-1)=3

Table 5 | Calculation of Chi-square Value on Project Identification

observed	expected	observed- expected	(observed-expected) ²	(observed-expected) ² /expected
19	15.5	3.5	12.25	0.790
16	15.5	0.5	0.25	0.016
10	15.5	-5.5	30.25	1.952
17	15.5	1.5	2.25	0.145
5	8.5	-3.5	12.25	1.441
8	8.5	-0.5	0.25	0.029
14	8.5	5.5	30.25	3.559
7	8.5	-1.5	2.25	0.265
Total				8.197

The computed value of chi square (χ^2) = 8.197 and the tabulated value of chi-square is 7.815 at $\alpha = 0.05$

Source: Researcher, 2017

Since the calculated value of chi-square is greater than the table value the researchers rejected the null hypothesis, accepted the alternate hypothesis, and concluded that there is relationship between public participation and project identification of public health projects in Nyeri South sub-County, Nyeri County.

Influence of public Participation in planning of public health projects.

The second objective of the study was to investigate influence of public participation in planning of public health projects. On this the respondents were required to indicate the planning process with regard to successful implementation of public health projects

Table 6 | *How Planning is Done*

How is planning done	Frequency	Percent
Through the management committees/consultation	58	60.42
Plan by few individuals	36	37.5
Others	2	2.08
Total	96	100

Source: Researcher, 2017

On whether community participation influences project planning of the health projects in the sub county the results are shown below:

Table 7 | *Community Participation on Project Planning*

RESPONDENTS	IRIAINI	KARIMA	CHINGA	MAHIGA	TOTAL
Yes	11	19	11	16	57
No	13	5	13	8	39
Total	24	24	24	24	96

Source: Researcher, 2017

Testing of hypothesis was done through chi-square test $\alpha = 0.05$

H_0 There is no relationship between public participation and project planning of public health projects in Nyeri outh sub-County, Nyeri County.

H_1 There is relationship between public participation and project planning of public projects in Nyeri South Sub-County, Nyeri County.

$\alpha = 0.05$ Chi-square (χ^2) = (Observed Value-Expected Value) ²/Expected Value.

Expected Value = Total Column*Total Row/ Cumulative Total (of Rows or Columns).

df = (No of Rows -1)*(No of Columns-1)=3

Table 8 | *Calculation of Chi-square Value on Project Planning*

observed	expected	observed-expected	(observed-expected) ²	(observed-expected) ² /expected
11	14.2	-3.2	10.24	0.721
19	14.2	4.8	23.04	1.623
11	14.2	-3.2	10.24	0.721
16	14.2	1.8	3.24	0.228
13	9.75	3.25	10.5625	1.083
5	9.75	-4.75	22.5625	2.314
13	9.75	3.25	10.5625	1.083
8	9.75	-1.75	3.0625	0.314
Total				8.087

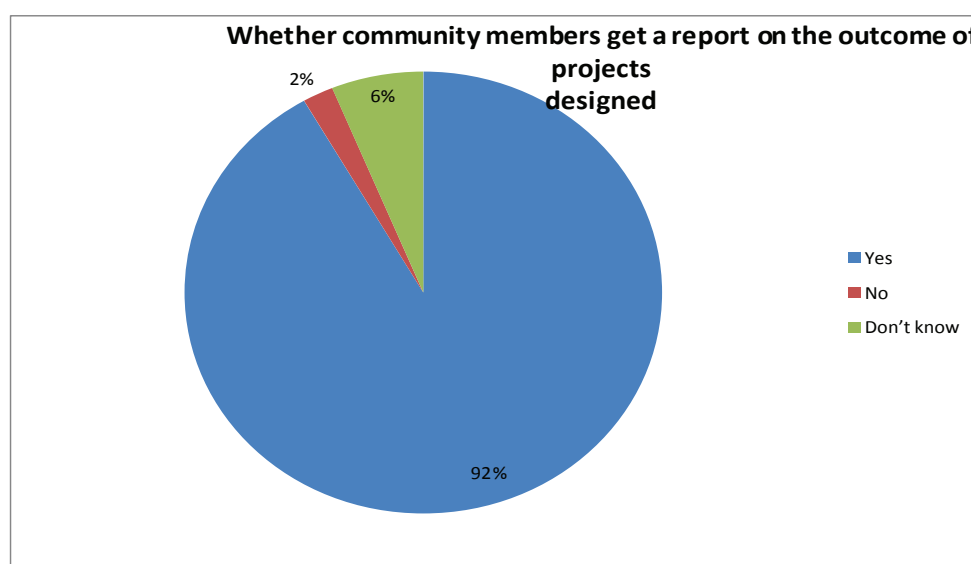
Source: Researcher, 2017

The computed value of chi square (χ^2) = 8.087 and the tabulated value of chi-square is 7.815 at $\alpha = 0.05$. Since the calculated value of chi-square is greater than the table value the researchers rejected the null hypothesis, accepted the alternate hypothesis, and concluded that there is relationship between public participation and project planning of public projects in Nyeri South sub-county, Nyeri County.

Influence of Public Participation in the Design of Public Health Projects

The other objective of the study was to establish how public participation influences the design of public health projects. As such the respondents were required to indicate whether they had an idea of how health projects are designed in the sub-county.

Figure 3 | *Whether community members get a report on the outcome of projects designed*



Source: Researcher, 2017

Figure 4 | *Whether Community Participation Influences Project Design of the Health Projects in the sub-county*

Response	Frequency	Percent
Yes	60	62.5
No	36	37.5
Total	96	100

Testing of hypothesis was done through chi-square test $\alpha = 0.05$

H0 Public participation does not influence designing public health projects among residents of Nyeri South sub- County, Nyeri County.

H1 Public participation influences designing public health projects among residents of Nyeri South sub- County, Nyeri County.

$\alpha = 0.05$

Chi-square (χ^2) = (Observed Value-Expected Value) ²/Expected Value.

Expected Value = Total Column*Total Row/ Cumulative Total (of Rows or Columns).

df = (No of Rows -1)*(No of Columns-1)=3

Table 10: Calculation of Chi-square Value on Project Design

observed	expected	observed-expected	(observed-expected) ²	(observed-expected) ² / expected
12	14.8	-2.8	7.84	0.530
11	14.8	-3.8	14.44	0.976
17	14.8	2.2	4.84	0.327
19	14.8	4.2	17.64	1.192
12	9.25	2.75	7.5625	0.818
13	9.25	3.75	14.0625	1.520
7	9.25	-2.25	5.0625	0.547
5	9.25	-4.25	18.0625	1.953
Total				7.863

Source: Researcher, 2017

The computed value of chi square (χ^2) = 7.863 and the tabulated value of chi-square is 7.815 at $\alpha = 0.05$. Since the calculated value of chi-square is greater than the table value the researchers rejected the null hypothesis and accepted the alternate hypothesis and concluded public participation influences designing public health projects among residents of Nyeri South sub-county, Nyeri County.

Influence of public participation in Monitoring of public health projects

The study sought to determine the influence of public participation in monitoring of public health projects on successful implementation of these projects. The study therefore required the respondents to indicate whether they were aware of how health projects are monitored in the sub-county.

Table 11 | Whether Respondents are aware of how Public Health Projects are Monitored

Response	Frequency	Percent
Yes	52	54.17
No	44	45.83
Total	96	100.0

Table 12 | Persons Involved in Monitoring Health Projects

Persons who Monitor health projects	Frequency	Percent
The project heads alone	60	62.5
The projects heads together with community members	20	20.83
External agencies do the monitoring	16	16.67
Total	96	100.0

Table 13 | Calculation of Chi-Square Value on Project Monitoring and Evaluation

observed	expected	observed-expected	(observed-expected) ²	(observed-expected) ² / expected
10	15.8	-5.8	33.64	2.129
17	15.8	1.2	1.44	0.091
19	15.8	3.2	10.24	0.648
17	15.8	1.2	1.44	0.091
14	8.25	5.75	33.0625	4.006
7	8.25	-1.25	1.5625	0.190
5	8.25	-3.25	10.5625	1.280
7	8.25	-1.25	1.5625	0.190
Total				8.525

The computed value of chi square (χ^2) = 8.525 and the tabulated value of chi-square is 7.815 at $\alpha = 0.05$. Since the calculated value of chi-square is greater than the table value, the researchers rejected the null hypothesis, accepted the alternate hypothesis and concluded that public participation influences monitoring and evaluation of public health projects in Nyeri South sub-County, Nyeri County.

Conclusion

Using PESTEL analysis (political, economic, social, technological, legal, and environmental factors) the study concurred with (Muturi, 2015), that there is need for capacity building to enhance participation. The study concludes that public participation in identification of public funded health projects leads to successful implementation of them. The benefits of these projects can include the creation of more jobs, improvement in community relations, community empowerment, and heightened economic status. Through participation, local people identify their needs as well as the relevant goals of a programme. Timely, well-planned, and well implemented public involvement programmes have contributed to the successful design, implementation, operation, and management of projects. The study also ascertained that, community members, when given an opportunity to be informed and involved in the revitalization process, are/can be a critical factor to a project's success. The study deduces that monitoring of health projects by community members leads to successful implementation of the projects.

Recommendations

Based on the findings, the researcher proposes the following strategies for improving public participation in the entire project life-cycle.

To ensure that the project identification phase progresses smoothly, the researcher proposes that the project team encourage participation of the community by encouraging individual members to give their opinions on different projects. To achieve maximum participation in the planning phase and complete the projects successfully, the researcher proposes that the project team involve community residents in all planning activities including work sequencing, work scheduling, budgeting, staffing, and getting approvals from government agencies. Their involvement would enable the project team to take into consideration community concerns and ensure that the project is demand-driven.

The project should involve the community when performing quality assurance tests, drafting progress reports, managing communications, reporting project risks, and managing the schedule of the development project. This participation would create trust and encourage the people's commitment to the implementation and success of the project. The researcher recommends that the project team and decision-makers promote participatory monitoring by accepting feedback from the

community and anticipating project issues after it has been handed over. This tracking and control would help the project team deliver the desired product on time, cost, and with sufficient resources.

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