STAKEHOLDER PARTICIPATION AND PROJECT SUSTAINABILITY: A CASE STUDY OF INTEGRATED COMMUNITY BASED INITIATIVE'S COMMUNITY HEALTH PLAN FOR ALL JINJA, UGANDA.

BY

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DECLARATION

I, Masika Nabila declare to the best of my knowledge that this research report is truly my original and has not been submitted in the fulfillment for any award of a degree in any other institution of higher learning or University, so it is entirely out of my own efforts.

Signature  **Date** 14th /07/2020

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APPROVAL

This is to satisfy that this research report is done under our supervision and it is now ready for submission to the College of Humanities and Social Sciences, Kampala International University with our approval.

Signature  **Date** 14th /07/2020

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LIST OF ACRONYMS

CHI	Community Health Insurance
CHPA	Community Health Plan for All
C&IT	Communication and Information Technology
CVI	Content Valid Index
FGD	Focus Group Discussion
ICOBI	Integrated Community Based Initiatives
IFAD	International Fund for Agricultural Development
MFIs	Micro Finance Institutions
MoA	Ministry of Agriculture
NGO	Non-Governmental Organization
PPP	Public Private Partnership
SACCOs	Savings and Credit Cooperatives
SILC	Saving and Internal Lending Community
SPSS	Statistical Package for Social Science
SRI	Stanford Research Institute
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VSLAs	Village Savings and Lending Associations

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DEDICATION

I dedicate this piece of work to my family; Father, my mother and my son for their understanding and patient during the study period most especially to my father for always being there for me in every situation throughout the course.

ABSTRACT

Stakeholder participation is seen as one of solutions to the problem of project sustainability. Not only would participatory approaches assist project sustainability, but it is also argued that participation would make projects more efficient and effective. The study examined the relationship between stakeholder participation and project sustainability to strengthen community health plan for all in ICOBI Jinja Uganda. The study was guided by the following objectives; to find out the rate on how passive participation is practiced, to examine the nature of interactive participation among community members on community health plan for all, to establish ways in which functional participation is carried out among stakeholders on community health plan for all, to investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all. The study adopted a ***correlation design*** to examine the relationship between stakeholder participation and project sustainability of CHPA in Jinja, Uganda**.** According to Sekaran (2009), a correlation research design is used when the researcher is interested in delineating the important variables associated with the problem. Given a population of 225 people, the researcher developed a sample size list of 153 people from the field who participated in the project of CHPA. The study adopted selection criteria to the community members, village saving groups, USAID and CHPA staff/volunteer all for the implementation of the project. The researcher used questionnaires as the tools for data collection. The selection of this instrument was guided by the nature of data the researcher intended to collect, the time available as well as the objectives of the study. Most of the respondents stated that Plan gave them an opportunity to give their views on what projects are to be implemented and with who at Mean=2.58, SD=1.13), others stated that Plan did not give them an opportunity to give their views on what projects are to be implemented. From the findings it indicates that majority of the respondents with Mean=3.204, SD=1.08 have been able to participate functionally through forming interest groups through which they engage with Plan for greater bargain with a mean= 3.02, Std. Dev .97. It was recommended that CHPA needs to reduce the extent of engaging stakeholder passively, enhance the extent of interactive participation, strengthen functional participation among stakeholders and reinforce optimal participation to enable greater efficiency and effectiveness of programming as well as accountability among the stakeholders, this will be an assurance for project sustainability. It was concluded that stakeholders were engaged passively on aspects of programming mainly as a buildup to higher level of participation. The researcher also noted that interactive participation was a dominant way of engaging the project stakeholders. It was deduced that there was a moderate significant positive correlation between optimum participation among stakeholders on sustainability of community health plan for all by ICOBI'S Community Health Plan for All Jinja, Uganda.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The chapter contained the background of the study, statement of the problem, purpose of the study, significance of the study, objectives of the study, research questions, scope of the study, time scope and significance. In addition, it also entailed a review of different elements of participation and how they are used during the project life cycle to enhance project continuity.

1.1 Background to the study

The background of the study is presented in four areas that is historical perspective, theoretical perspective, conceptual perspective and contextual perspective.

1.1.1 Historical Perspective

According to a report by UNDP (2007), Community participation is a matter of global concern and the international community have been persuading the developing countries to engage the people in addressing issues that affect their own lives. The bottom-up approach has gained currency for its gains in project performance and sustainable development, it makes implementation better than the top-bottom approach. In the global scene, it is acknowledged that the bottom-up approach makes people close to the development activities and entrenches ownership.

In this new global economy, stakeholder participation is increasingly becoming a part of project practice in order to deliver excellent project outcomes (Karlsen, Graee and Massaoud,2008). A well-managed stakeholder engagement process helps the project stakeholder to work together to increase comfort and quality of life, while decreasing negative environmental impacts and increasing the economic sustainability of the project. Stakeholder engagement should therefore be taken as a core element of any "sustainable development" plan (Bal, Bryde, Fearon and Ochieng, 2013). The issue of sustainability relating to development activities started to become important to government, donors and development theorists from the 1980s (Scoones, 2007).

Report by UNDP (2007) emphasized that such stakeholder participation should be gender sensitive and include women throughout the project cycle. Women should be a special target

group as they critically contribute to economic development. Having stakeholders set vision and prioritize results will they have the best ideas during planning in the best way and how the results would continue to remain relevant to them. They must therefore be involved in identifying the information that is needed during implementation. Inadequate stakeholder involvement hinders beneficiaries' participation and weakens their capacity to influence project outcomes hence poor performance.

The involvement of stakeholders in project initiation, project planning, project implementation and monitoring and evaluation is critical for better project performance (Ogawa, 2004). Local participation is seen as one of solutions to the problem of project sustainability. Not only would participatory approaches assist project sustainability, but it is also argued that participation would make projects more efficient and effective (McGee, 2002). Since the 1980s, participation has been seen as an antidote to the failure of development assistance, but it was only in the 1990s that multilateral agencies such as the World Bank placed greater emphasis on stakeholder participation as a way to ensure development sustainability (Gonzales, 1998). It is now regarded as a critical component which could promote the chances of development initiatives being sustainable through community capacity building and empowerment (Botchway, 2001; Brett, 2003; Australian Agency for International Development, 2000; Bigdon & Korf, 2002; Lyons, Smuts, & Stephens, 2001).

It is believed that participation would lead to empowerment through capacity-building, skills, and training (Lyons et al., 2001). By increasing the ability of people, projects, and/or communities to be self-reliant, they are then be able to contribute towards the sustainability of Health Projects which in turn could contribute to the broader notion of sustainable national development. Participation is a multidimensional and complex concept (Vos, 2005; Sinclair, 2004). It has many forms and can take place in different stages of a project cycle and at different levels of society along a continuum from contribution of input to a predetermined project; to information sharing; consultation; decision making; partnering and empowerment (Karl, 2000).

In the Philippines, an evaluation of a World Bank project, found out that during a ten-year period, the National Irrigation Administration shifted from a top-down government approach to heavy reliance on the local farmers in the design, operation and maintenance of local irrigation systems. It was discovered that the canals and structures worked better, rice yields were 20% higher and the irrigated area 35% greater than in control groups without participation (World

Bank, 1991). Ei-Gohary et al. (2006) stated that major public private partnership (PPP) initiatives in the United States has reportedly failed due to stakeholder opposition. As a result, it reveals that stakeholder's participation in project is the key to project success and without their input the outcome may not be favorable. In essence, different stakeholders have different levels and types of investments and interests in the project (Yang, 2009) which sometimes results to conflicts among the stakeholders.

In Sub-Saharan Africa, a report by World Bank (2004) cite a case where in 1968, a community of 2000 people in Malawi started work on a novel water supply system. Community members began the planning, construction and operation of their own water supply and distribution. Field staff for the project was recruited locally, traditional community groups formed the basis for water committees and government support was limited. Virtually, all of the more than 6000 standpipes installed nationwide are still in working order. An analysis of rural and urban development over thirty years found high correlation between project performance and level of participation.

According to Boon et al (2012), there are a number of community projects in Ghana such as; market structures, toilet facilities and boreholes that have been abandoned due to little or no stakeholder participation. In Nigeria, implementation of rural Health Projects has been impeded as observed by the Centre down approach in which the rural people were not involved in project conception, planning and monitoring which often led to failure and abandonment of many valuable projects (UN, 2005).

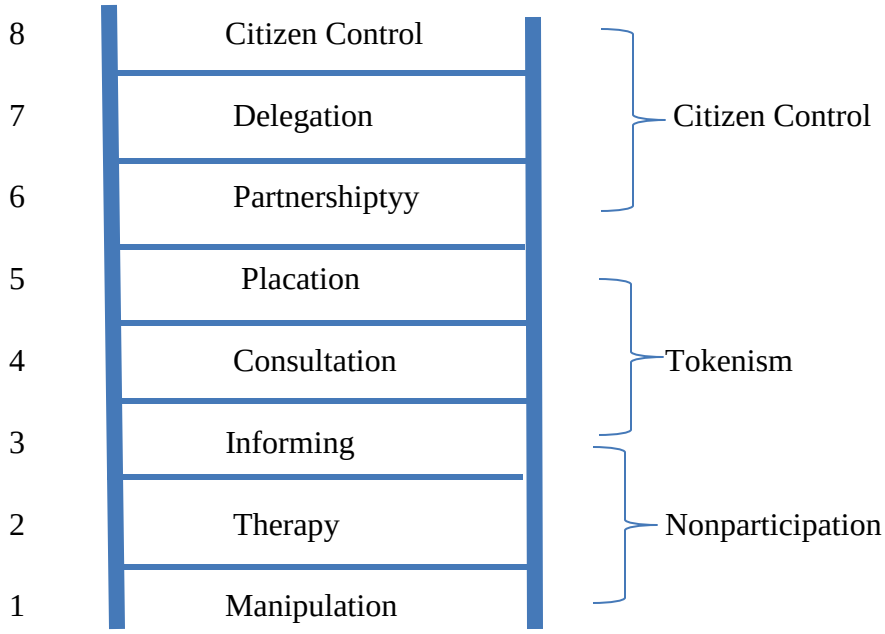
Maina (2013), did a study in Nakuru and established a positive relationship between stakeholder participation in project identification and selection, participation in project planning, participation in project implementation and participation in project monitoring and evaluation and success of the Economic Stimulus Programs, participation was looked at wholly without paying attention to the levels. Golicha (2010), conducted a study in Garissa and found out that the level of participation of the stakeholders was not adequate in the most important stages of project formulation, design and implementation, the study did not assess the outcome of the low levels of stakeholder participation on the project. Maweu (2015) conducted a study in Turkana and established that stakeholders participated actively in project risk management-oriented activities which are tagged to a monetary value. The study demonstrates a link between the level of participation and civic responsibility which ensures project stability. Nonetheless, the study

did not bring out clearly the different levels of participation and how it would influence project sustainability. M'ikiugu (2011) did a study in Meru and established that participation of the head teachers, teachers, parents and children proves to be of great importance to the success of academic performance in the public primary schools. The levels of participation and the sustainability of the school performance did not come out. An evaluation by CHPA in 2014 revealed that community projects are hardly sustainable beyond six months when funding ceases, the study attributes the poor sustainability to weak stakeholder participation. The evaluation used a qualitative approach and did not establish the relationship between the various levels of participation and sustainability of community Health Projects. The researcher did not come across any other study on stakeholder participation and project sustainability of strengthen community health plan in ICOBI Jinja Uganda.

1.1.2 Theoretical perspective

The study adopted Arnstein theory (1969) on "ladder of citizen participation". The theory emphasized that "participation without redistribution of power is an empty and frustrating process for the powerless in determining the end project". The concept was first explicated in the seminal theoretical work on the subject of community participation. Arnstein's theory is important in the sense that it made clear recognition of the different levels of participation, from manipulation or therapy of citizens, through to consultation and to what we might now view as genuine participation, i.e. the levels of partnership and citizen.

The ladder of citizen participation has the following rungs ranging from high to low as illustrated in the diagram below.:



Source: Arnstein's Ladder (1969) Degrees of Citizen Participation

1 Manipulation and 2 Therapy: Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.

3 Informing: A most important first step to legitimate participation. But too frequently the emphasis is on a one way flow of information. No channel for feedback.

4 Consultation: Again a legitimate step attitude surveys, neighbourhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.

5 Placation: For example, co-option of hand-picked 'worthies' onto committees. It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.

6 Partnership: Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees.
7 Delegation: Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the programme to them.
8 Citizen Control: Have-nots handle the entire job of planning, policy making and managing a

programme e.g. neighbourhood corporation with no intermediaries between it and the source of funds.

The limitations of Arnstein's framework are obvious. These includes: the citizen participation-rungs on ladder analogy suggest no logical progression from one level to another, one building to another. In addition, instead of eight rungs, the real world of people and programmes might require as many as 150 to cover the range of actual citizen involvement levels. Another limitation of the Arnstein's theory is that the citizen power is not distributed as neatly as the division used suggest; some significant road blocks are omitted such as the racisms, paternalism and resistance of some power holders and the ignorance and disorganization of many low-income communities. Each of the limitations represents a very broad category, within which there are likely to be a wide range of experiences. For example, at the level of 'informing', there could be significant differences in the type and quality of the information being conveyed. This theory is relevant in that it involves influencing the public and gaining support through the use of propaganda.

1.1.3 Conceptual Perspective

As far as the conceptual definition is concerned, this study has the following key terms: stakeholder participation and project sustainability to strengthen community health plan. This research adopts the following definitions that arise from extant literature. According to Tiller (2015) stakeholder participation is a strategy of involving stakeholders in decision making process. Community participation approaches have become a major demand by the development agencies the world over; the United Nation, World Bank and other donors. Rodolfo S. (2018) also defined stakeholder participation as a means of sharing a common understanding and involvement in decision making process of the project. Participation by stakeholders leads to empowerment and to join ownership of the project.

Stakeholder participation is the process used by a project to engage relevant stakeholders for a clear purpose to achieve agreed outcomes. Arguments for participatory development as advocated by Chambers (1997) and others have led to the inclusion of participation as a crucial means of allowing the poor to have control over decisions. The inclusion of participatory elements in large scale development assistance came quickly at the World Bank, in social investment funds and other forms of assistance.

When communities are involved in project initiation and implementation, there is the assurance of sustainability subject to some conditions unlike when they have no idea about the project or when it is imposed on them. There ought to be genuine demand by a community or groups within it for all projects whether aided or non-aided by the government or any international agency. This eliminates the tendency to abandon the projects when they are half-way completed and sustains the interest of communities or groups within them in maintenance and protection of those projects. The project is not seen on a stranger.

The first condition for achieving sustainability through community participation is that there must be government support (state or local). This is because, according to Adamolekun (1983), local government arouse local citizens to contribute financially to the management of local affairs, get involved in local management as elected or appointed officials or participate on a voluntary basis within community development committees engaged in self-help projects. The assistance from the government can be in cash or in kind. For instance, after the completion of a project like a school or health Centre, a community would normally need teaching and non-teaching staff and also health workers. The community may not be in a position to provide them except with government support.

According to Cracknell (2000), Sustainability is the ability of a development project or programme to deliver appropriate level of benefits for an extended period after the withdrawal of major financial, managerial and technical support from the donor. Strong (1992) also defined project sustainability as means using, developing and protecting resources at a rate and in a way that enables people to meet their current needs and also provides the opportunity for future generations to also utilise those resources to satisfy their needs at the same time meeting environmental, economic and community needs.

Alta A. (2017), Defined project sustainability "as the ability of organisation to continue its mission or programme far into the future" According to her, all projects have to end eventually but the impact should continue.

1.1.4 Contextual perspective

The ICOBI Community Health Plan for All is a community health project targeting households with individuals in organized groups of people already involved in financial saving activities like Savings and Credit Cooperatives (SACCOs), Village Savings and Lending Associations

(VSLAs), Saving and Internal Lending Community (SILC groups) and other informal Micro Finance Institutions (MFIs). This was initiated in June 2016 hoping to end in 2019. The main donors were USAID. (The stakeholders are USAID, members of VSLAs, members of the community who benefited during sensitization, the nurses who were involved in training members of the community and ICOBI staff that was involved in project activities). The overall goal is to contribute to the increased access and affordability of health care services of up to an additional 1,350 households (families with up to 7,227 potential beneficiaries) in rural and semi-urban communities of Sheema, Rukungiri, Jinja and Wakiso Districts respectively; the project included sub-counties in Jinja like Buwenge rural village, Buwebge town council, Budondo sub-county, Butagaya sub-county and Kakiira sub-county all through strengthening of community savings groups with promotion and provision of Community Health Insurance (CHI). It is designed to increase household savings for health by reaching specifically individuals that saved through economic empowerment groups described above, and other organized but informal groups existing in the communities like burial groups etc. Technical capacity and systems will be built to facilitate pooling of these health savings (financial resources) to allow for sharing of health risks and medical liabilities at low premiums, thereby reducing catastrophic health expenses and improved access to quality affordable healthcare close to most community members. By the end of the project (2018), it is anticipated that at least 7,000 individuals in Sheema, Rukungiri, Jinja and Wakiso Districts respectively will have increased access to and utilization of affordable health services (curative and preventive with coverage from at least 10 established community health insurance schemes) making them healthier, more productive hence prosperous in all dimensions of human development.

The project is guided by various objectives that sustain it to stand for the purpose of delivering services to the communities: to improve access to and utilization of quality health services by up to an additional 1,350 targeted households in the district of Sheema, Rukungiri, Jinja and Wakiso by the end of 2018. This was guided by different activities; identified and selection of more targeted financial providers, develop the capacity for the 40 formal financial institutions per targeted district in tools, mapping and selection of health service providers, training of selected health providers on CHI, promotion of CHI provider visibility. The second objective was to increase CHI enrolment from the current 2065 to 7227 active community members into health saving schemes in Sheema, Rukungiri, Jinja and Wakiso District respectively by the end of 2018; this was guided by mobilization and enrolment of organized community saving groups,

mobilization of district leaders for CHP promotion, CHI agreed that for every project to succeed, local leaders have to be brought on board. Training for health workers on community insurance concepts and quality health care. Facilitation of an exchange learning visit, provision of an incentive of up to 6.25% financial contribution on the annual premiums, CHP health provider's emergency care for enrolled members, mobilization of CHP to offer facility, home or outreach HTC care and prevention services. Objective three was to build and strengthen community capacity in establishment and management of community health insurance schemes in Sheema, Rukungiri, Jinja and Wakiso District by the end of 2018. This is guided by activity provision of information on saving for health build capacity of community health plan member and scheme, support health provider scheme data management, monitoring and evaluation of implementation of community health insurance activities in Sheema, Wakiso and Rukungiri.

1.2 Statement of the problem

Integrated Community Based Initiatives (ICOBI) realized that there was inadequate participation by its stakeholders in its project of CHPA. As this was evidenced in ICOBI's annual/project technical report (April 2017- Feb 2018) which highlights that some mobilisers were not putting in more effort into the enrolment process of community members and some mobilisers failed to work. This as a result affect the drive towards the realization of the potential benefits of stakeholder participation which among other things include promoting transparency in the actions of the project and ensures that the project is held accountable for its actions, increases sense of ownership and responsibility by stakeholders who feel the project is taking account their views and motivates them to sponsor the project , which ultimately leads to sustainability. Therefore, CHPA instituted several forms of participation as this can reduce inadequate participation like passive participation through information sharing, legitimization and intermittent engagement, interactive participation through action planning, control of decision and structured learning, functional participation through group information, committee formation and goal setting, optional participation through analysis of participation context, analysis of participation effectiveness and control over operation. The main purpose of these forms was to ensure maximum participation by stakeholders of the project to achieve its intended objectives.

However, much as CHPA adapted measures to carry out its objectives, there is still a challenge in sustaining the project like insufficient financial and social viability of the project of extended

value/benefit to the beneficiaries is still low if continuing to benefit from the project after funding is unknown. Its reported that there was some late release of funds which affected some activities like exchange visits between communities (Annual Project Technical report 2017/2018). Weak management of projects is a challenge to organization competitiveness and effectiveness in finding funds from donors (Scoones, 2007) much as ICOBI would want to accomplish its objectives towards sustaining CHPA, the above challenges would affect sustainability in terms of cost and time. The study, therefore, seeks to reason out the solution and relationship emerging between participation and project sustainability in community health Plan for all (CHPA) in ICOBI Jinja, Uganda.

1.3 Purpose of the study

The purpose of the study is to examine the relationship between stakeholder participation and project sustainability to strengthen community health plan for all in ICOBI Jinja, Uganda.

1.4 Objectives of the study

The study sought to address the following objectives:

i) To assess how passive participation is practiced among stakeholders on sustainability of community health plan for all.

ii) To examine the nature of interactive participation among community members on community health plan for all.

iii) To establish ways in which functional participation is carried out among stakeholders on community health plan for all.

iv) To investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all.

1.5 Research Questions

The study sought to answer the following questions:

i) What is the rate on how passive participation is practiced among stakeholders on sustainability of community health plan for all?

ii) What is the nature of interactive participation among community members on community health plan for all?

iii) What are the ways in which functional participation is carried out among stakeholders on community health plan for all?

iv) What is the rate of optimum participation among stakeholders on sustainability of community health plan for all?

1.5.1 Hypothesis

H_1: There is no significant relationship on how passive participation is practiced among stakeholders and sustainability of community health plan for all.

H_2: There is no significant relationship between interactive participation among stakeholders and sustainability of community health plan for all.

H_3: There is no significant relationship between functional participation among stakeholders and sustainability of community health plan for all.

H_4: There is no significant relationship between optimum participation among stakeholders and sustainability of community health plan for all.

1.6 Scope of the study

1.6.1 Geographical scope

The study was conducted from Jinja (Buwenge Sub-County, Budondo Sub-County and Butagaya Sub-County) because it's one of the districts where the CHPA is currently operating. The study area was chosen because its proven that CHPA has been impacting most of the community members in the above sub-counties therefore it was suitable for the study to enable the researcher to assess the linkage between stakeholder participation and project sustainability.

1.6.2 Content Scope

The study focused on examining the relationship between stakeholder participation and project sustainability of community health plan for all in Jinja. Specifically, it examined whether there is statistically significant relationship between the different forms of stakeholder participation

(passive participation, interactive participation, functional participation and optimal participation) and project sustainability of CHPA in Jinja Uganda. The researcher was interested in stakeholder participation because of the crucial role played by stakeholders in the sustainability of any development project.

The researcher wanted to establish the linkage between stakeholder participation and sustainability of projects which can be attained through an in-depth study of this nature.

1.6.3 Time scope

The study covered the period between 2005 and 2018 to provide current and relevant literature related to the research. The above time scope was chosen to enable the researcher review current literature related to the study as well as communicate relevant results.

1.7 Significance of the Study

The significance of this study is to inform policy debate on participation-sustainability nexus and add to the literature on the subject community participation and health project outcomes. To the Government of Uganda, the study findings and policy implications therefore is of significance in as far as enhancing development and improving health community participation projects. This study pointed to areas that Uganda development partners should improve on in line with their international commitments on effective community participation.

The study is also significant to the community and the civil society in that it sheds light on the relationship between community participation and project outcomes. For researchers with interest on community participation and sustainability, this study examines the relationships between different levels of participation and identifying the relationship between community participation and sustainability of community health plans.

This study is of great importance to public policymakers such as parliamentarians, development planners etc in Uganda as it provides knowledge on stakeholder participation on CHPA and other related projects in the organization and formulates policies that would enhance effectiveness of community projects.

This research serves as an excellent reference material to person(s) who would like to carry out research related to this area and forms a basis for future research of stakeholder participation on

non-government organization as it forms a foundation for further research on stakeholder participation. The study is significant to scholars and researchers as the study contributes to existing body of knowledge on stakeholder participation and project sustainability to strengthen community health. As a researcher, the study will enable me to identify the relationship that exits between stakeholder participation and project sustainability and also be able to identify the gaps that other researchers didn't point out.

1.8 Operational definition of key terms

Stakeholder participation, Involvement of people who are either positively or negatively influenced by the project

Passive participation, People participate by being told what has been decided or has already happened: involves unilateral announcements by project management without any listening to people's responses; information shared belongs only to external professionals.

Interactive participation, People participate in joint analysis, development of action plans and strengthening of local institutions: participation is seen as a right, not just the means to achieve project goals; the process involves interdisciplinary methodologies that seek multiple perspectives and use systemic and structured learning processes.

Functional participation, Participation seen by external agencies as a means to achieve project goals, especially reduced costs: people may participate by forming groups to meet project objectives; involvement may be interactive and involve shared decision-making.

Optimum participation, People participate by taking initiatives independently of external institutions to change systems: they develop contacts with external institutions for resources and technical advice they need but retain control over resources use; self-mobilization may or may not challenge existing distributions of wealth and power.

Project sustainability Is the capacity of a project to continue to deliver its intended benefits over a long period of time after donor funding cease.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The literature reviewed on the concept of stakeholder participation and project sustainability. It involved theoretical and conceptual frameworks and finally the summary of literature.

2.1 Theoretical Framework

The study adopted Arnstein theory (1969) on "ladder of citizen participation" which states that "participation without redistribution of power is an empty and frustrating process for the powerless in determining the end project". The theory was first explicated in the seminal theoretical work on the subject of community participation. The particular importance of Arnstein's work stems from the explicit recognition that there are different levels of participation, from manipulation or therapy of citizens, through to consultation, and to what we might now view as genuine participation, i.e. the levels of partnership and citizens. The limitations of Arnstein's framework are obvious. Each of the steps represents a very broad category, within which there are likely to be a wide range of experiences. For example, at the level of 'informing' there could be significant differences in the type and quality of the information being conveyed. Realistically therefore, levels of participation are likely to reflex a more complex continuum than a simple series of steps. The use of a ladder also implies that more control is always better than less control. However, increased control may not always be desired by the community and increased control without the necessary support may result in failure. Arnstein also says that even 8 rungs is not enough to accurately differentiate between the levels of participation because there are many more distinctions between the way people participate in policy and programmes.

The bottom rungs of the ladder are (1) Manipulation and (2) Therapy. These two rungs describe levels of "non-participation" that have been contrived by some to substitute for genuine participation. Their real objective is not to enable people to participate in planning or conducting programs, but to enable power holders to "educate" or "cure" the participants. Rungs 3 and 4 progress to levels of "tokenism" that allow the have nots to hear and to have a voice: (3) informing and (4) Consultation. When they are proffered by power holders as the total extent of

participation, citizens may indeed hear and be heard. But under these conditions they lack the power to ensure that their views will be heeded by the powerful, when participation is restricted to these levels, there is no follow through, no "muscle," hence no assurance of changing the status quo. Rung (5) Placation, is simply a higher-level tokenism because the ground rules allow have-nots to advise but retain for the power holders the continued right to decide.

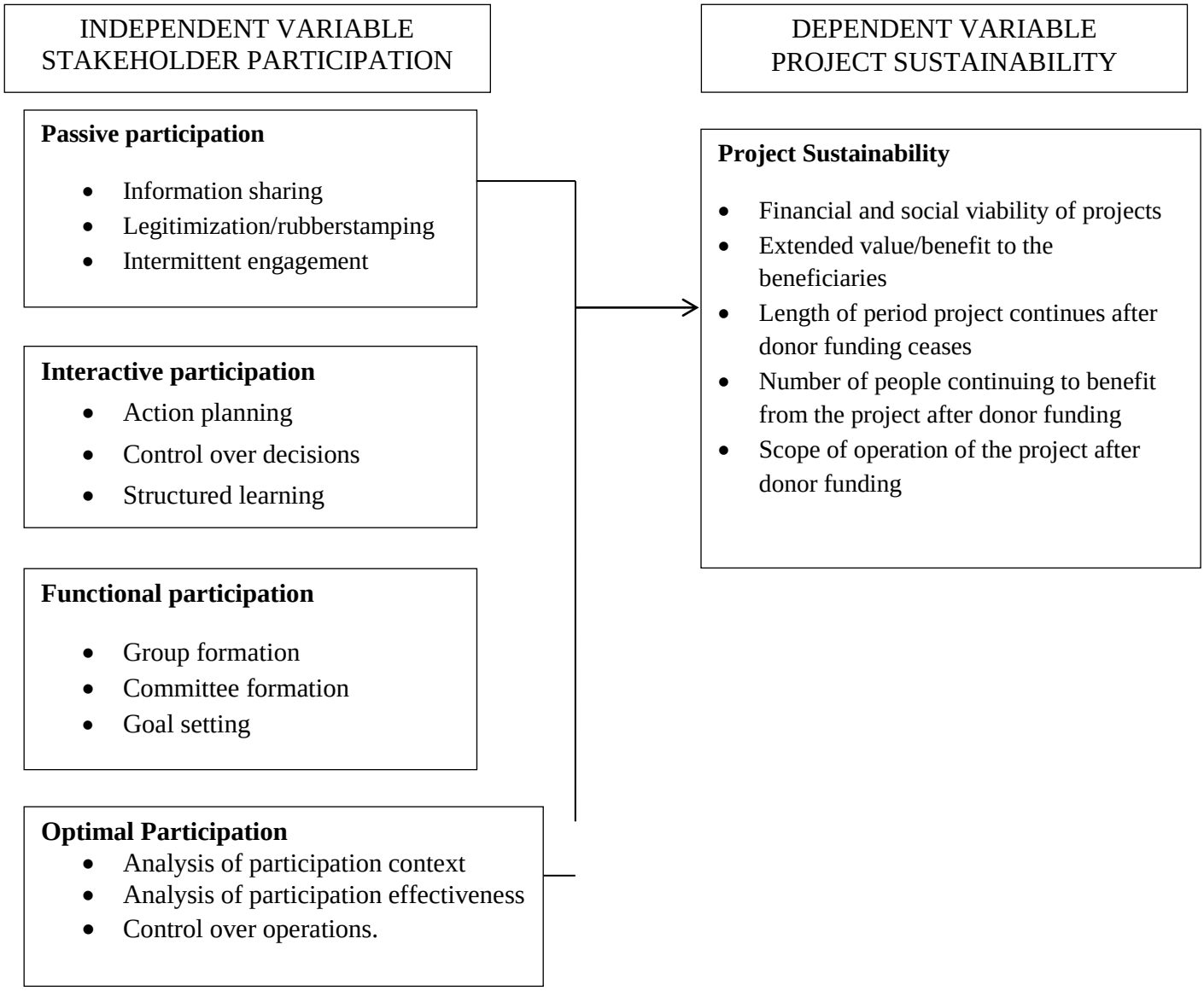
The theory aids on seeing who has power when important decisions are being made during and after the project established. According to the theory residents will achieve a significant degree of power in the planning process for the benefit of project to sustain its intended objectives. The theory emphasizes on the first-year action plans that calls for the creation of some new community institutions entirely governed by residents with a specified sum of money contracted to them.

The theory explores participation through eight rings instance informing and Consultation, it indicates that citizens have the power to influence and determine the project performance and sustainability. All this relates to stakeholder participation that involves interaction, passive, functional and optimum participation that all aid to sustain the project and end project.

On the other hand, Arnsten's ladder of citizen participation theory is both devoid of context and, and critically, has no means of making sense of the context in which the ladder is used. In addition, in circumstances when the nature of the issue is highly debated or undefined, Arnstein's ladder provides limited insights into how participation might be progressed as a collective process between all of the concerned stakeholders.

2.2 Conceptual Framework of the study

The study was guided by the conceptual framework as shown; -



Source: Adopted from *Ariño (2012)*

The framework of the study (Figure 1) shows that an interaction between the four independent variables i.e. passive participation, interactive participation, functional participation, and optimum participation and the dependent variable sustainability of stakeholder participation. The independent variables independently influence the dependent variable and on the other hand have collectively influence the dependent variable. The passive participation approach does not provide adequate room for information and engagement affects project continuity after funding ceases and will as well affect the scope of operation of the project after donor funding.

Furthermore, interactive participation encourage control over decision making, structured learning and action planning which have influence on project sustainability. Action planning will help determines the financial and social viability of the project. While control over decisions also help influence the extended value or benefit to the beneficiaries. Structured learning will as well help determine the scope of the project after donor funding which will certainly affect project sustainability.

Moreover, functional participation also determines that when people come together as a group and work towards achieving a certain goal it can be easy be easy for them to achieve an extended value and determine intended benefits to supposed beneficiaries even after donor funding.

In addition, the optimum participation also determines that if the analysis of participation effectiveness is not measured well, it would be determined the number of people continuing to benefit from the project after donor funding thus affecting its sustainability. Control over operations also have influence over financial and social viability of the project in the sense that if an operation is not well managed, it may likely affect the financial outcome and scope of operation of a project after donor funding.

2.3 Stakeholder Participation

Participation is a multidimensional and complex concept (Vos, 2005; Sinclair, 2004). It has many forms and can take place in different stages of a project cycle and at different levels of society along a continuum from: contribution of inputs to a predetermined project; to information sharing; consultation; decision-making; partnership; and empowerment (Karl, 2000). The meaning of participation can also differ from one area to another based on cultural norms, amongst institutions based on the institutions' particular interests (Khanye, 2005), and the way observers perceive and evaluate it in practice (Brett, 2003). Hence, participation should not be explained with a single definition or interpretation (Oakley, 1991). Participation exist in different forms depending on the level of participation. Arnstein (1971) and Pretty (1994) asserts that participation can be Passive, Interactive, Functional, Optimum among others.

Stakeholder participation has some shortcomings or limitations discussed below:

Time: Engaging stakeholders requires a significant investment of time, especially if it is to be done well; this idea resonated in the literature as well. Systematic reviewers repeatedly emphasized that engaging stakeholders in the systematic review process lengthens the project timeline, especially if stakeholders are engaged at more than one time point.

Training and resources: In addition to the extra time involved, a lack of appropriate training and resources can also limit the benefits of stakeholder participation. Many investigators are unfamiliar with how to best utilize and engage stakeholders and lack the skills required for successful management of such a process. Moreover, stakeholders who do not have a clear understanding of the project may require additional training and ongoing support in order to make a meaningful contribution to the process.

Finding the right people: Identifying and inviting stakeholders to participate in the review process is not an exact science and figuring out who to engage can be a challenge. Not all stakeholders have the same level of commitment and/or ability to contribute significantly to the systematic review process. Engaging those with high commitment runs the risk of engaging those with the most conflicts of interest.

Balancing Multi inputs: Another challenge is defining the relative value of different stakeholder input. Only a limited number of stakeholders are engaged per review and it can be a challenge to determine whether a particular stakeholder is an outlier or has a personal or political agenda. As one systematic reviewer emphasized, not all input is equal, and it is often difficult to assess which points to incorporate.

2.4 Project Sustainability

In the context of donor-funded projects, sustainability can be defined as; the continuation of benefits after major assistance from a donor has been withdrawn. Key points to note in this definition are; the focus is on sustaining the flow of benefits into the future rather than sustainable programs or operations. Projects are by definition not sustainable as they have a definite start and finish date. The concept of sustainable benefits does not necessarily mean continuation of AID-funded activities to sustain the project but rather the adoption of new structures, ownership by communities and support by locally available resources to ensure the continuous inflow of benefits.

The nature of project management has taken a paradigm shift from the earlier one in the sense that it has ceased to be dominated by the construction industry but now is applicable in all organizations (Tembo, 2003). It has also advanced and become more specialized branch of management in its own right. As a result, the nature of projects has to change taking into focus the project management cycle that include: proper design, planning, effective implementation, monitoring and evaluation and the sustainability as well (Norton & Bryan, 2005).

The concept of sustainability was first employed in relation to natural resources and how they should be used. Many theorists feel that natural resources are finite and cannot support the world's projected population at current levels of resource utilization and growth. There are those theorists who argued, however, that resources should be defined more broadly to include stocks of technology and know-how. As knowledge and human capability have increased over time, resources have actually increased (Taylor, 1993).

Sustainability then involves sustaining free markets and human knowledge capacities. In the first view, the threats to sustainability come mainly from overpopulation and consumption, while in the second view the threats to sustainability come from bad policies.

The above statement is very important and clearly need to be understood by various stakeholders to enhance sustainability. The assertion that overpopulation, consumption and bad policies as threats to sustainability is highly factual and has contributed to many projects to ceased operation. Inadequate participation mainly emanates due to bad policies as a result of poor project management which may ultimately affect sustainability.

Over the years, the concept of project sustainability has varied widely and broadened in scope. According to IFAD strategic Framework 2007 – 2010 (IFAD, 2007), project sustainability ensures that institutions supported through projects and the benefits realized are maintained and continue after the end of the project. Also, according to IFAD's office of Evaluation, sustainability entails determining whether the results of a project will be sustained in the medium or even long term without continued external assistance. Within the development community, the notion of sustainability came to be applied to financial resources, including project funds, indicating that projects and donor support are not limitless and must be used efficiently in ways that local actors support so that benefit flows are sustained.

Although donor agencies spelt out their own criteria which includes the sustainability mechanisms of the project, therefore it is important for project stakeholders to adequately incorporate the idea of project sustainability from the early stage of the project to ensure continuity of benefits.

2.5 Stakeholder participation and project sustainability

Ayuso, Rodríguez, Castro and Ariño (2012), did a study with focus on the contribution of stakeholder engagement to firms' innovation orientation within the context of sustainable development. They investigated whether engagement with different stakeholders promotes sustainable innovation. The researcher established that knowledge sourced from engagement with internal and external stakeholders contributes to a firm's sustainable innovation orientation, but that this knowledge has to be managed by the firm internally in order to be converted into new ideas for innovation.

Ayusoet al (2012), asserts that when communities are involved in project initiation and implementation, there is the assurance of sustainability subject to some conditions unlike when they have no idea about the project or when it is imposed on them.

There sought to be genuine demand by a community or groups within it for all projects whether aided Orton-aided by the government or any international agency. This eliminates the tendency to abandon the projects when they are half-way completed and sustains the interest of communities or groups within them in maintenance and protection of those projects.

For projects to be sustainable there must be community participation. This is because, according to Musa (2000), through participation, the communities develop skills for collective action, maintenance and sustainability. This is evident in the community health plan Works done by the Takete-Ide Community in the Mopamuro Local Government Area of Kogi State, Nigeria. They built schools, health centres, community centres and constructed roads. These activities have strengthened the potentials of the people. The development association formed have been upgraded into local societies with their own initiatives to address the people’s needs to strengthen their position and to put forward their case to the decision-making body particularly the local and state governments.

However, despite the continuous increase in awareness regarding stakeholder participation, there is still need for more concerted efforts to enhance effective and adequate stakeholder participation to promote sustainability of community projects.

The new aid paradigm has seen participation as useful not only in enhancing the effectiveness, efficiency, and coverage of the project benefits, but also in encouraging self-reliance of the project participants (Kleemeier, 2000; Oakley, 1991, 1991). Participation is useful for the achievement of sustainability because sustainability depends on the role played by stakeholders, particularly those directly concerned with projects or programs, such as Government and the implementing agency, and those who will gain the benefits, the intended participants (Australian Agency for International Development, 2000; Brinkerhoff & Goldsmith, 1992). The intended participants are important because these people are the ones who can decide to continue or to stop the use of services created by Health Projects.

Thus, genuine stakeholders' participation has become a critical factor in promoting project sustainability (Australian Agency for International Development, 2000; Bigdon & Korf, 2002; Lyons et al., 2001; Oakley, 1991).

Maina (2013), explored the influence of stakeholders' participation on the success of the economic stimulus programme: A case of education projects in Nakuru County, Kenya. The purpose of this study was to assess the influence of stakeholders' participation on the success of the Economic Stimulus programs focusing on education projects in Nakuru County. Key findings of the study included establishment of a positive relationship between stakeholder participation in project identification and selection, participation in project planning, participation in project implementation and participation in project monitoring and evaluation and success of the Economic Stimulus Programs. From the study findings, conclusions drawn included the need for the government and other project facilitators to ensure full participation of key identified stakeholder's in future similar programs and the need to clearly identify and train stakeholders before initiation of similar programs as this aided in the success of the overall programme.

King'ori (2014), studied the influence of community participation in completion of Health Projects: a case of Korogocho slums, Nairobi County, Kenya. On project identification, 76 per cent of the respondents agreed that participation in project identification influenced project

completion. Furthermore, the strong positive correlation of 0.714 between participation in planning and project completion confirmed that an increase in the community‘s participation in the planning phase had a positive influence in its completeness. Chi-test results confirmed that there was a significant relationship between community participation in planning phase and the completion of Health Projects.

On project execution, correlation findings showed a positive correlation of 0.575 with project completion to imply that an increase in community participation during execution phase increased the chances of completing the development project. On participation in project monitoring, correlation test showed a positive correlation of 0.799 with project completion to imply the positive effect on monitoring on project completion.

In addition, all the above writers emphasized the need for stakeholder participation as a strategy towards ensuring project sustainability. It is obviously true that when people are consulted and given the opportunity to participate, they will certainly take responsibility towards such developments. This certainly enhances the knowledge of the researcher and demonstrate a sharp linkage between participation and sustainability which is basically the key issue the research seeks to examine.

2.6 Passive Participation and Sustainability of Community Health Plan

Passive participation implies participation as a contribution to the implementation of a project without any control over the resources and decision-making. In passive participation, the external agents have assumed their role as teaching the participants the solutions to their problems (Gonzalez, 1998). The interest of the external agents is only to legitimize their existence in the project without any intention to really involve the participants (White, 1996). Meanwhile, the participants assume their role is to be receptive and attentive to the suggestions of the proponents (Gonzalez, 1998).

Oakley (1991a) and Bigdon & Korf (2002) have also categorized passive participation as a means. This implies participation is used only as a tool to achieve better project outcomes (an efficiency argument) and equity, or to improve project sustainability by developing the sense of ownership of the people concerned (Bigdon & Korf, 2002; Cleaver, 1999, 598; Vos, 2005; White, 1996). However, Oakley (1991a) argues that participation as a means is only a short-term exercise that will not lead to the sustainability of participation after the project is completed.

Additionally, participation as a means can be seen as a form of mobilization to get things done which could still be a "state-directed, top-down mobilization, sometimes enforced to achieve specific objectives" (Bigdon & Korf, 2002).

This type of participation has also been called participation as involving (Lyons, et al., 2001), contribution (Oakley, 1991a, 1991b), manipulative, consultation up to functional or placation participation (Arnstein, 1971; Pretty, 1995), instrumental, nominal, cosmetic, or pseudo-participation (Vos, 2005; White, 1996).

Golicha (2010) did a study to find out the extent of stakeholder's participation in the formulation of donor funded education project in Garissa district. The study intended to establish factors enhancing or inhibiting participation of stakeholders and their impacts on the project. The study attempted to answer the following questions: 1. which stakeholders are involved by NGOs in project identification in Garissa district? 2. What is the level of stakeholder's participation in NGOs supported secondary education projects in Garissa district? 3. What are factors influencing stakeholder's participation in project formulation in NGO funded secondary education projects in Garissa district? 4. What are measures adopted to mitigate challenges facing stakeholder's participation in NGOs supported secondary school education projects formulation in Garissa district? The researcher found out the level of participation of the stakeholders was not adequate in the most important stages of project formulation, design and implementation.

According to Chifamba (2013), community participation is widely viewed as a basic operational principle of rural development, although debates about this concept are fervent. Beneficiaries of community development have been seen as consumers of service, and their role in rural development has been accorded less importance. Community participation has been limited to consultation, thereby shifting the creative capabilities and potential community members at all levels of the society. Chifamba (2013), used a descriptive case study design to collect primary data in addition to secondary data. Questionnaires were administered to all participants collected through proportionate sampling to ensure representation and stratification at all levels. 200 respondents were interviewed. The data collected was analyzed numerically and descriptively and was presented in the sum of texts and tables. The study revealed that there is relatively low degree of community influence or control over projects in which community members

participate, especially given that the services are controlled by people or who are not poor or recipients of services.

Community members are usually going through an empty ritual of participation; thus, they have no real power to influence the outcome of community Health Projects. The study found that participatory rural development has no predetermined outcomes since it can result in transformation as well as change in the social patterns and sometimes it perpetuates and trigger the antithesis of community liberation, devolution and power distribution among various stakeholders involved in the project. The form of participation in rural Health Projects in Buhera, therefore, has transformed and modified relations of power that objectify and subjugate people, leaving them with no voice. The study recommended that participation should be focused on the role of the community as the primary actors who should be allowed and enabled to influence and share responsibility, and probably, costs of rural Health Projects. This study concentrated on passive participation, but it failed to incorporate effective, function and optimum participation variables, which are of interest to the researcher.

However, passive participation similarly encourages external agents to assume the role as teaching the participants the solutions to their problems. Stakeholders in this approach are not given the opportunity to decide neither take an active part in the project. This has a negative consequent on the sustainability of such projects hence they are seen as imposed and does not encourage sustainability.

Masanyiwa and Kinyashi (2008) conducted a study on the Analysis of Community Participation in Projects Managed by Non-governmental Organizations: A Case of World Vision in Central Tanzania. This work is the product of a study conducted in two World Vision rural development programs (one fourteen-year-old and one three-year-old programme) in Central Tanzania, to analyze the effectiveness of participatory development processes. The study was aimed at finding out how participation is perceived among local communities and how they participate in the NGO's development interventions in their communities. Data for the study was collected from project staff, community committees and community members using open ended questionnaires and focus group discussions. A total of 65 respondents participated in the study.

Masanyiwa and Kinyashi (2008) established that 'community participation' in the study programs takes on different forms in different stages of the project cycle. Despite the time

difference between the old and new programme, the nature and extent of participation for most of the local communities in both programs is generally limited to information giving, consultation and contribution. Local communities are generally not actively involved in decision making, planning, monitoring and evaluation processes. Key factors identified as facilitatory in promoting stakeholders' participation are the NGO's long-term commitment in working with the poor, staff with knowledge and skills on participatory approaches, continuous community sensitization and mobilization, and perceptions that interventions being implemented are addressing participants' needs. Poverty was seen to be main factor limiting local communities' participation. Other factors are contradicting policies and approaches of different agencies working in the same area, non-flexible organizational policies, poor community leadership and dependency syndrome.

Based on these findings, it is concluded that participation of local communities in World Vision Project interventions is generally limited to 'contribution' and therefore not 'empowering' to the local communities to take control of the development process. The researchers recommend some changes in terms of management structures and human capacity to help widen the scope of participation for local communities. This study also focused on passive participation variable, but it failed to incorporate effective, function and optimum participation variables, which are of interest to the researcher.

In addition, as highlighted by the above authors, participation should encourage effective and active engagement of stakeholders in various activities of the project and not only see them as mere tools for consultation in CHPA project.

2.7 Interactive Participation and Sustainability of Community Health Projects

According to Lennie (2005), participatory evaluation methodologies are considered to produce many positive and empowering impacts. However, given the complex power, knowledge and discursive issues involved and other factors, use of these methodologies can have contradictory effects. He presented results from the implementation of a process that aimed to build the capacities of people in two Australian rural communities to evaluate their local communication and information technology (C&IT) initiatives. The 'learners' process used participatory action research and participatory evaluation methods and took an inclusive 'whole of community' approach. The process aimed to enhance community development and to facilitate community

empowerment, participation and leadership, particularly for women. Rigorous analysis of the impacts of the project found that it was effective in producing various degrees of social, technological, political and psychological empowerment. However, some corresponding disempowering impacts were also identified. The strengths and limitations of this evaluation capacity-building process and the lessons learned are considered. This study concentrated on effective participation, but little attention was paid to the variable of functional participation.

Oino, Towett, Kirui, & Luvega (2015) emphasized that globally, billions of shillings have been spent in communities to enhance the living situation of the people. However, one of the most critical obstacles is the extent to which the projects are able to persist despite the exit of donors, while the beneficiaries reap dividends; appreciate their participation and ownership role in the project. Apparently, it is sustainability that makes the difference between success and failure of community-based projects. Various factors such as technical, financial, institutional, economic, and social factors contribute to the failure to sustain the projects if not considered well in the project management cycle.

The authors provided a conceptual explanation of factors that influence sustainability of projects in Kenya, especially in the very needy communities where such projects are the only window of hope. They rely on analysis of secondary evidence from Kenya and other parts of the world. Their main argument is that a lot of money is being spent in community-based projects yet most of such projects have generally failed to bring sustainable benefits to the target groups. The study particularly observed that although many projects highlight elements of sustainability in their proposal stage, the actual implementation seems to lack emphasis on sustainability. The authors concentrate on socio-cultural, political, economic and technical factors and how they affect sustainability of community-based projects. This study concluded that lack of stakeholder ownership and commitment leads to project failure. Additionally, aid support from development agencies often do not fully understand and consider socio-economic, cultural, and political factors influencing the project design, planning and implementation. As well, very limited follow-up support during implementation is tendered by these development agencies. Therefore, there is need for inclusive and viable community driven approaches to project sustainability which can be achieved through participation and involvement of all stakeholders. This study focused on control variables, including socio-cultural, political, economic and technical factors,

with little focus to effective participation variable, which forms a critical component of the researcher's work.

Nevertheless, the interactive approach according to the various scholars enhance successful implementation of a project. In light of this, the adoption of the interactive participation approach will positively enhance effective stakeholder participation and promote sustainability of CHPA activities.

2.8 Functional Participation and Sustainability of Community Health projects

Khwaja (2004) uses primary data on Health Projects in Northern Pakistan to provide empirical support to illustrate the effects of community participation on project performance. His findings do provide evidence supporting the theoretical claim that greater community participation in non-technical decisions is associated with higher project outcomes. Katz and Sara (1997), analyzed the performance of water systems in a variety of countries. They found out that the performance of water systems was markedly better in communities where households were able to make informed choices about the type of system and the level of service they required, and where decision making was genuinely democratic and inclusive. In contrast, projects which were constructed without community supervision and where project management was not accountable to the community, tended to be poorly constructed by private contractors.

However, functional participation gives project stakeholders the ability to make informed decision which consequently enhance sense of ownership and responsibility thus ensuring sustainability.

A study of 121 rural water supply projects in 49 countries of Africa, Asia and Latin America found that participation was the most significant factor contributing to project effectiveness and maintenance of water systems. According to the study, it was when people were involved in decision-making during all stages of the project, from design to maintenance that the best results occurred. If they were just involved in information sharing and consultations, then results were much poorer (Narayan, 1995).

Over the past three decades, many Health Projects and programmes have failed where activities have been designed with little or no reference neither to people's needs or priorities, nor to their knowledge and skills. An evaluation of 25 projects sponsored by the World Bank reported that

13 of them had been discontinued a few years after financial assistance had ended. Lack of attention to participation and to local organization-building when the projects were formulated and implemented appeared to be the main cause (Zazueta, 1994). This study focused on the variable of functional participation with little concentration on the variable of optimal participation.

In Uganda, the Ministry of Agriculture (MoA) involves the community in soil and water conservation. Where there has been collaboration between professionals from various departments combined with interactive participation with rural people, once again the impacts have been substantial (MoA 1988-95). Findings show that where there is mobilization of the community, strong local groups, committed local staff and collaboration with other departments in multi-disciplinary planning and implementation, then within two years there are clear benefits. These include increases in agricultural productivity, diversification into new enterprises, reductions in resource degradation, improvements in the activities of local groups, and independent replication to neighboring communities. These improvements have occurred without payment or subsidy, and so are more likely to be sustained.

Khisa (2012) in his study established that withdrawal of donor funding affects project sustainability and development. In the event that donor funding was withdrawn, most (41%) of the respondents were of the opinion that the project would cease operating, 33% pointed out that project would be affected significantly, 18% indicated that project would be not affect at all while 8% were of the opinion that project would continue normally. Khisa also established that financing affects sustainability and performance of the project. From the findings most (59%) of the interviewed respondents pointed out that financing affects project sustainability at a very great extent, 28% at a great extent while 13% reveled that financing affects project sustainability at moderate extent. This illustrates that poor misuse of the funds allocated for project sustainability, inadequate fund and embezzlement of funds may hinder sustainability of the project.

In addition to the above scholars, functional participation looks at participation in terms of group formation, committee formation and goal setting which are geared towards enhancing the attainment of project end results.

2.9 Optimum Participation and Sustainability of Community Health Projects

Ofuoku (2011) conducted a study to assess the effect of community participation on sustainability of rural water projects in Delta Central Agricultural Zone of Delta State, Nigeria. The study was concentrated in the rural settlements where water projects were executed. The community citizens were rarely often or always involved in the various stages of the projects as the community development committees' executives represented the communities. In most communities, the water projects were funded by the respective communities and other bodies. Those counters partly funded were highly sustainable than those solely funded by governments. The various communities were mostly organized through formation of community development committees, weekly meetings and formation of social groups. There was a significant relationship between participation and sustainability of water projects (r-cal= 0.652 and r-critical = 0.632). It is recommended that the level of participation in projects should be increased; and the communities should continue with their methods of organization with more emphasis on regular conference and institution of sanctions/rewards to encourage citizens to participate in Health Projects. This study concentrated on functional participation with a little focus to optimal participation, which the researcher could explore to fill the literature gap.

Mwobobia (2011) conducted a study to evaluate the influence of local community in Project Planning on the sustainability of projects in Embu County, in Kenya's Eastern province. The response rate to the questionnaires sent out was 77% pointing to a successful research activity. A total of 163 respondents out of the possible 211 respondents gave their responses composed of project managers, project team, project sponsors and community members. Data collected was analyzed using descriptive statistics and inferential statistics to establish the relationship between the independent and the dependent variables. The data was presented using tables, graphs and charts. The study revealed that individuals involved in coming up with objectives of the project are the project managers, project sponsors and project workers. The community members are never involved in this exercise.

Mwobobia (2011) established that specifications of the projects are not written in consultation with the community members. This is to mean there is lack of clear link between projects standard/ specifications and the needs or expectations of community members' in projects within Embu County.

It was also concluded that community members are never adequately involved in resource mobilization for the execution of the project. The few resources they contribute in small quantities are man power, raw materials and financial resources. This has led to negative effects on the sustainability of projects within Embu County. Finally, the researcher concluded that projects in Embu County are monitored although community members are not involved in monitoring process. This has led to late completion of projects, inefficient use of project resources and lack of satisfaction of client (community members) in all aspects expected. This has led to negative effects on project sustainability.

However, most of the scholars above indicates that optimum participation does not encourage much consultation with community members which certainly make sense because projects are not written in consultation with community members. Projects designed in this approach are likely unsustainable hence they may not reflect the needs and interest of community members.

Mwobobia (2011) recommended that there is a need to involve the community members at all phases of the project from the formulation, to planning, to implementation and finally to clean up phase of the project. The study recommended specifically that the 'stakeholder need analysis' need to be conducted to all projects within Embu County so as to specifically determine the needs and expectations of all the stakeholders including the community member and design the project with that in mind. The study also recommended that community members need to contribute largely to the resources needed for execution of the project. This will create sense of project ownership and by all means they will sustain the projects which they feel they have invested in it. Lastly, it is recommended that community members should be part and parcel of project monitoring process. In this case, they will be informed if the project is within their area of interest and if it is solving their problems. This will make them sustain the project so that it continues to benefit them. This study concentrated on optimal participation but with little reference to effective and functional participation as community groups were not effectively engaged in the project initiative, thus forming prompting the researcher to fill the literature gap by exploring the missing variables.

Despite the efforts to encourage the community participation as highlighted by Mwobobia (2011), there still remain a challenge in getting the targeted people to effectively participate hence most of them sometimes even after engaging them, they still don't respond as desired.

Study on the Kiserian Dam water project, Kajiado County, Kenya revealed a low level of community participation in the development of Kiserian Dam project. The overall level of community involvement demonstrated on a 5-range Likert Scale an average measure of 2.3 in their actual involvement and participation in Identification, Planning, Implementation and Monitoring of the Kiserian Dam project. The study recommends that implementing agencies of development projects must accept the challenge for project sustainability and actively engage the community in all the stages of project development.

2.10 Gaps in the literature

The chapter examined literature on stakeholder participation and project sustainability of Community Health Plan for all through Integrated Community Based Initiatives (ICOBI) in Jinja, Uganda. Most researchers seem to agree that stakeholder participation influences project outcomes. However most of the researches (Bal Bryde, Fearon, Ochieng 2013; Brett EA., 2003; Chifamba., 2013) tend to analyze its influence not holistically but on one performance indicator of measuring project performance.

In addition, the researchers present findings on positive influence but are silent on possible negative influence stakeholder participation may have on project performance. However, there is need to find out how stakeholder participation influences project performance.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter entails research methodology that was used in the study. These include the research design, target population, the sample size and sampling procedure to be used. The research instruments that were employed in the study, measures to test reliability and validity of the study, the data collection procedure and data analysis techniques and finally the ethical consideration that was followed during the study.

3.2 Research Design

The study adopted a ***correlation design*****.** According to Sekaran (2009), a correlation research design is used when the researcher is interested in delineating the importance variables associated with the problem. The correlation research design mainly helps to determine prevalence and relationships among variables, and to forecast events from current data and knowledge. On the other hand, correlation research design has some challenges viz; they cannot be used to draw conclusions about the causal relations among the measured variables, but the researcher was able to establish the relationships between the two variables. In light of this, the study therefore used a correlation research design to examine the relationship between stakeholder participation and project sustainability of CHPA in Jinja, Uganda.

3.3 Study Population

According to Kothari (2004), a population is referred to as the total of items about which information is required. Jinja has a total population of 507,700 including 258,800 females (Uganda Bureau of Statistics 2019). Out of this, CHPA targeted a population of 255 from community members, Village Saving Groups, USAID and staff within ICOBI which represented the study population.

3.4 Sample Size

Sample size determination is the act of choosing the number of respondents to include in a statistical study. The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample (Sarmah H.K and Hazarika B. 2012). In

light of this, the study applied Krejcie & Morgan (1970) sample determination table shown (See Appendix III)). To determine the sample from the population of 255 people, the sample size according to the pre-calculated table by Krejcie & Morgan (1970) was 153 respondents. The researcher therefore used 153 respondents to collect data and interviews.

3.4.2 Sampling Techniques

The researcher applied a simple random sampling and purposive sampling to select respondents. The simple random sampling technique gives better chances that the sample represent the whole population. Purposive sampling on the other hand enables the researcher to target niche demographics to obtain specifics data points. The researcher developed a sample size list of 153 people from the field who participated in the project of CHPA. The study adopted selection criteria to the community members, village saving groups, USAID and CHPA staff/volunteer all for the implementation of the project. This was to ensure that the respondents have adequate knowledge to respond to the questions.

Table 1: Shows the Target Population, Sample size and Sampling techniques

Category		**Target Population**	**Sample size**	**Sampling technique**
ICOBI staff	Staff members	23	15	Purposive sampling
Village Saving and Lending Association	Leaders	8	6	Purposive sampling
Buwenge Hospital	Doctors	5	3	Purposive sampling
	Nurses	8	5	Purposive sampling
USAID	Managers	4	2	Purposive sampling
	Accountant	2	1	Purposive sampling
Community members	Beneficiaries	200	118	Random sampling
	Local Leaders	5	3	Purposive sampling
Total		255	153	

Source: *Primary Data (/2018)*

3.5. Data collection Instruments

3.5.1 Interview

Interview as a primary source of data collection for this study was used by constructing different interview guides to obtain opinions of key informants, community members representative ICOBI and focused group discussion. These were handled face to face interviews and the respondents provided information on stakeholder participation and project sustainability. Questionnaires were closed ended questions with follow up probes where necessary to elicit information about respondent's attention to the major themes of interest corresponding to the study objectives.

3.5.2 Survey Questionnaires

The researcher used questionnaires as the tools for data collection because they ensure anonymity to its respondents, less time consuming, generates large amount of data, answers can be easily quantified and analyzed. The selection of this instrument was guided by the nature of data the researcher intended to collect, the time available as well as the objectives of the study. Saunders *et al*, (1997) defined a questionnaire as a general term to include all techniques of data collection in which each person is asked to respond to the same set of questions in a pre-determined order. In other words, a structured questionnaire is a written guide with open ended and sometimes close ended questions. A questionnaire was constructed focused on quantifying those respondent's perceptions and attitudes towards the use of family planning services. The questions were closed ended so as to limit the responses from the respondents.

3.5.3 Focus Group Discussions

Focus group discussions were conducted as a means to collect qualitative data from community member's respondents. This approach was considered favorable for the study because it provided valuable information gathered from all the community members in a short period of time and at a relatively low cost. It also gave an opportunity for the researcher to interact directly with respondents which helped in clarification of responses, follow up of questions asked and for probing the responses as well. Focus group discussions also enabled the researcher to gather large and rich information in regard to stakeholder participation of CHPA.

3.6 Validity of the Instruments

Validity indicates the degree to which results obtained from the analysis of the data actually represent the phenomena under study (Mugenda & Mugenda, 2003). Data validity was tested by using the Content Valid Index (CVI). To achieve this, a copy of the questionnaire and the interview guide was distributed to the supervisors and field experts to rate the relevant items/questions in relation to the research objectives, the relevant questions were then divided by the total number of items. Validity was tested as follows: CVI=Relevant Items/Total Number of Items.

Fisher (2004), indicates that for a research instrument to be valid, the CVI should be more than or equal to 0.7. The CVI for the study was calculated to be 0.76. This were an indication that the instrument would capture what it intended for.

3.5.2 Reliability of the Instruments

According to Kasomo (2006), reliability refers to how consistent a research procedure or instrument is. It therefore means the measure of degree to which research instruments yields consistent results or data after repeated trials. This involved administering the same questionnaires and the interview guide twice to 10 respondents in Jinja and correlating their responses independently. After administering the questionnaires, a correlation co-efficient was calculated using appropriate formula to establish the relationship between the two set of scores. Spearman's Brown Prophecy formula was applied as shown below:

$$\textit{Reliability of the entire test} = \frac{\textit{(Reliability of 0.5 test) (r)}}{\textit{1+ (Reliability of 0.5 test) (r)}}$$

Where r, is Coefficient of correlation

A coefficient of 0.7 and above would mean that the research instruments are reliable hence a display consistence in the research finding. The reliability test produces a coefficient of correlation of 0.81, this meant that the data collection instruments were reliable enough to give consistent findings.

3.6 Data Collection Procedures

According to McMillan and Schumacher (1993), it is prudent to acquire consent from relevant authorities before embarking on data collection exercise. The researcher sought permit from the ICOBI, a letter of transmittal was also obtained from Kampala International University, ICOBI Program Unit. Upon visiting each location of implementation and organizations and meet the respondents' identified, introduction about the study was done and their informed consent to participate in the study sought. All the instructions on how to complete the questionnaire were made clear to the respondents. The researcher dropped the questionnaires and make an appointment to pick the questionnaires after two days. Upon the third day after delivering the questionnaire the researcher visited the respondents and picks the questionnaires. On-spot checks were done to the questionnaires to confirm whether they are completed well and accurately. Any question or clarification was done on any answer that is not clear. The researcher appreciated the respondent for having participated in the study upon verifying that everything is fine.

3.7 Data Analysis

Once data was collected, it was checked for completeness, edited and cleaned. This involved making call backs for the questionnaires not filled in correctly. Quantitative data from the questionnaires were coded and then entered into the Statistical Package for Social Scientist (SPSS) software for analysis. These included statements said from the focused group discussion. Quantitative data were analyzed using frequencies, percentages and cross-tabulation. The Spearman rank correlation co-efficient were used to test the direction and the magnitude of the relationships, this was because the researcher was using ordinal scale of measurement; the 5-Likert Scale. The findings were presented in tables and narrations. Qualitative data from the open-ended items was analyzed through content analysis; organizing based on the emerging themes.

Table 2: Mean Rang of a five-level Likert scale

Scale	Mean range	Interpretation
Strongly agree	4.20-5.00	Very high
Agree	3.40-4.19	High

Not sure	2.60-3.39	Moderate
Disagree	1.80-2.59	Low
Strongly Disagree	1.00-1.79	Very low

Adopted from Renis Likert (1932)

3.8 Ethical Considerations

Permission to conduct the study was obtained from them Kampala International University, College of Humanities and Social Science, Department of Administrative studies. Respondents' informed consent was obtained verbally either in English, Kiswahili and Luganda. To ensure confidentiality, interviews were conducted in private areas and strict control will be maintained over data collected. There won't be direct benefit to the respondents; however, the study findings were useful in promoting acceptable stakeholder participation practices for sustainable programming.

3.9. Limitations of the study

The following limitations were encountered during the study which one way or the other affected the quality of the research. Getting respondents for interview on time was difficult considering their busy schedules coupled with their geographical locations which affected the timely completion of the work. Despite the difficulty in getting respondents in time, the researcher used to reschedule appointments with targeted respondents at their convenient time.

The cost involves in collecting data as well as printing of research materials and copies of the report was indeed a challenge and many times, I arranged with printing centers operators to print and later pay the money.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS

4.0 Introduction

This chapter analyzes the data collected from the respondents, presents and interprets and discusses it. The chapter comprises the questionnaire response rate and objective specific themes. The chapter found out results on the stakeholder participation and project sustainability on ICOBI'S Community Health Plan for All Jinja, Uganda. The subsections here include: Demographic information, *to find out the rate on how passive participation is practiced among stakeholders, to examine the nature of interactive participation among community members, to establish ways in which functional participation is carried out among stakeholders and to investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all*.

4.1 Demographic Information

This section analyses, presents and interprets the findings on the respondent's age in completed years, their gender, level of education, name of and position in organization working with, how long they have worked for the organization, how long, how often and in what program areas the organization has engaged with Plan.

4.1.1 Age of the respondents

The respondents were asked to state their age in completed years. The results are as shown in table

Table 3: Showing the age of respondents

Category	Frequency	Percent
18-27	22	14.4
28-37	82	53.6
38-47	24	15.7
48-57	18	11.8
58 and above	7	4.6
Total	153	100.0

Source: ***Primary Data, 2018***

The average age of the respondents was 28-37; the oldest respondent had 58 years with the youngest respondent having 27 years. Most of the respondents at 82 (53.6%), were between ages 28-37 closely followed by 24(15.7%) falling between 38-47 years, 22 (14.4%) falling between 18-27 years, 18 (11.8%) between 48-57 years with the least number of respondents falling between the ages 58 years at 7 (4.6%). The above age categories of respondents show that the study area have a very active population This can be a potential opportunity to maximize production thus contributes to socio-economic development. In addition, it also shows that a greater percentage of people who participate in the project are part of the active age category thus ensuring effectiveness and efficiency. On the other hand, the information collected shows few people above 58 years participating in the project activities. This is a clear demonstration that the project stakeholders are mostly part of the youthful population which significantly contributes to the successful implementation of the project and its sustainability.

4.1.2 The respondents' gender

The respondents were asked to state their gender. The results are as shown in table

Table 4: Showing the respondents gender

Category	Frequency	Percent
Male	65	42.5
Female	88	57.5
Total	153	100.0

Source: *Primary Data, 2018*

The females were the Most at 88 (57.5%) with the males being the least at 65 (42.5%). The respondents were selected randomly, this therefore implies that there were more females' stakeholders than males. The above statistics shows that the study area has a high female composition. This consequently contributed to development endeavors in the area as women are seen as active participants in the Implementation of the project activities. It also shows a significant percentage of men participating in the project which fosters a greater sense of

ownership and responsibility on the minds of both men and women thus ensuring sustainability of the project.

4.1.3 Level of education

The respondents were asked to state their level of education and the results are as shown in table

Table 5: Showing the respondents education level

Category	Frequency	Percent
Secondary	43	28.1
Degree	68	44.4
Diploma	30	19.6
Primary	12	7.8
Total	153	100.0

Source: ***Primary Data, 2018***

The highest level of education for most of the respondents was tertiary level at 68 (44.4%), followed by Secondary holders at 43 (28%), Diploma at 30 (19.6%) with the minority being degree holders at 12 (7.8%). The research findings revealed that most of the respondents attended education up to tertiary level which demonstrated the importance people in the study area attached to education. This contributed to the increased in the level of awareness as well as develop them socially, economically and politically. In addition, it also shows that most of the participants in the project are literate with higher qualifications such as degree and diploma which enables them to contribute meaningful ideas to the realization of the project desired goals and enhances its sustainability. Only few of the respondents representing 7.8% were found have attended only primary education which consequently demonstrated the least educated community members attach to participation in community development projects and their sustainability.

4.1.4 Period employees worked for the organization

The respondents were asked to state how long they have worked for their organization and the results are as shown in table

Table 6: Showing the Period employees worked for the organization

Category	Frequency	Percent
1-2 Years	48	31.4
3- 7 Years	49	32.0
8-11 Years	34	22.2
11-14 Years	19	12.4
15 years & above	3	2.0
Total	153	100.0

Source: *Primary Data, 2018*

The average number of years respondents had worked for the organization that they were presently in was 3 years; respondents who has worked long enough for the organization has done so for 15 years and this include 2% of the respondents representing the smallest frequency. The fact that a good number of respondents spent eight years and above working in the organization demonstrated the motivational tactics employers used to retain employees. This contributes to the strengthening of the institutional memory of the organization thus improving effectiveness and efficiency. In addition, statistics also shows that employees who spend less years in the organization participate more in the project activities thus ensuring satisfactory realization of the intended objectives and continuity of the project.

Most of the respondents at 49 (32%) have worked for their organization for between 3-7 years, at 48 (31.4%) working for between 1-2 years, 34 (22.2%) working for between 8-11 years, 19 (12.45) working for between 11-14 years with the least at 3 (2%) working for over 15 years for the organization.

4.1.5 Period respondents engaged with CHPA

The respondents were asked to state how long their organization has engaged with CHPA and the results are as shown in table

Table 7: Showing the Period respondents engaged with CHPA

Category	Frequency	Percent
Weekly	35	22.9
Monthly	59	38.6
Quarterly	27	17.6
Semi-annually	19	12.4
Annually	13	8.5
Total	**153**	**100.0**

Source: *Primary Data, 2018*

Most of the respondents at 59 (38.6%) stated that they engaged with plan on a monthly basis which may likely affect the timely implementation of project activities. 35 (22.9%) on a weekly basis which on the other hand which may have positive impact on the estimated time frame of the project. 27 (17.6%) on a quarterly basis, 19 (12.4%) engage with CHPA on semi-annually basis, 13 (8.5%) annually with the minority which may not have much impact on the progress of the project considering the number involved. The period respondents engaged with CHPA certainly enhances a higher sense of ownership and responsibility towards the project thus promotes sustainability.

4.1.6 Program of engagement with CHPA

The respondents were asked to state what program areas they have engaged with CHPA and the results are as shown in table.

Table 8: Showing the programs of engagement with Plan

Category	Frequency	Percent
Training Health service providers	30	19.6
Mobilization on community saving groups	49	32.0
Health program	26	17.0
Radio Talks programs	19	12.4
Financial Contributions	29	19.0
Total	153	100.0

Most of the respondents at 49(32%) engaged in Mobilization on community saving groups with CHPA, 19(12.4%) Radio Talks programs program, 30(19.6%) other programs apart from the stated above, 26(17%) Training Health service providers and Health program, other respondents participate in Financial Contributions program at 29(19%). This gave the researcher more information related to the study.

4.1.7 The significance of Demographic Information to the study

From the results, the engagement of respondents towards Community Health Plan for All Jinja, Uganda has influenced outcome of the project. The demographic characteristics provides information regarding research participants and is necessary for the determination of whether individuals in a particular study representative sample of the target population for generalization purpose.

4.2 The rate on how passive participation is practiced among stakeholders on sustainability of community health plan for all.

This section presents the opinions on passive participation with regards to Plan's work. The respondents were given several 5-point Likert Scale questions to respond to 1-Strongly Disagree, 2- Disagree, 3-Neutral,4-Agree and 5-Strongly Agree

Table 9: Descriptive statistics showing the rate on how passive participation is practiced among stakeholders on sustainability of community health plan for all

	Mean	Std. Deviation
Passive Participation		
CHPA do not give us an opportunity to give our opinion on what projects are to be implemented, how and with who.	2.58	1.14
CHPA only shares with us information on decisions already taken	3.27	8.14
We are often engaged to legitimize/rubberstamp decisions already take as opposed to actively participating in the same	2.58	1.05
The engagements are often intermittent engagement and only happen when CHPA deems necessary.	2.82	1.14
Our opinions on choice of project and manner of implementation rarely count.	3.23	.76
Average mean	**2.89**	**0.99**

Source: ***Primary Data, 2018***

Most of the respondents stated that CHPA gave them an opportunity to give their views on what projects are to be implemented and with who at Mean=2.58, SD=1.14), others stated that CHPA did not give them an opportunity to give their views on what projects are to be implemented. The findings of this study are divergent to those of Mwobobia (2011), who established that community members are never adequately involved in resource mobilization for the execution of the project. Consequently, they contributed minimally; small quantities are man power, raw materials and financial resources. This has led to negative effects on the sustainability of projects within Embu County.

It was popular among the respondents at (Mean=3.27, SD=8.14) that CHPA only shares with them information on decisions already taken, on the other hand, respondents stated that Plan does not only share with them information on decisions already taken. The findings of the study diverge with the findings of Mwobobia (2011) who established that specifications of the projects are not written in consultation with the community members and that their decision were not taken into account. Most of the respondents at Mean=2.58, SD=1.05 stated that they are often engaged to legitimize/rubberstamp decisions already taken as opposed to actively participating. The findings of the study diverged with the assertions of Chifamba (2013), beneficiaries of community development have been seen as consumers of service, and their role in rural development has been accorded less importance. That community participation has been limited to consultation and rubberstamping of decisions already taken.

It was popular among Mean=2.82, SD=1.14) respondents that the engagements are often intermittent engagement and only happens when Plan deems necessary. This means that respondents engage in intermittent moderately when plan deems necessary. The findings of the study showed that the stakeholders are not adequately engaged this converges to the findings of Golicha (2010), who established that the level of participation of the stakeholders was not adequate in the most important stages of project formulation, design and implementation. This would have a negative effect on the project sustainability.

The findings of this study converged with the assertions of Chifamba (2013) that Community members are usually going through an empty ritual of participation, thus they have no real power to influence the outcome of community development projects; this is strong indication of passive participation.

> According to the interviews one of the key informants revealed that "*Community health plan for all is a community health strengthening project that was introduced to us by ICOBI through community leaders and it was mainly targeting household with individuals in organized groups already involved in financial saving and credit cooperative (SACCOs), Village saving and lending association, saving and internal lending community and other informal micro finance institutions that were helping them earn some little money and the project has existed for about three years now.*" Furthermore, the respondent revealed that there was adequate information sharing through

radio talk shows, newspapers, social ,organizational website and carrying information to those who were not able to attend the meetings, however the respondent added that this was not a routine to the organization and its stakeholder to carry out information to those who couldn't get, others totally missed out.

4.3 The nature of interactive participation among community members on community health plan for all

This section analyses, presents and interprets and discusses the findings for the second objective of the study: To establish the nature of interactive participation among community members on community health plan for all. The respondents were given several 5-point Likert Scale questions to respond to 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree and 5-Strongly Agree; means and Std. deviation were calculated and interpreted.

Table 10: Descriptive statistics showing the nature of interactive participation among community members on community health plan for all

	Mean	**Std. Deviation**
Interactive Participation		
Our interaction with CHPA is often engaging and collaborative	3.95	1.03
We have control over decisions whenever we engage with CHPA	3.09	1.40
Whenever we pass a decision, it is often upheld and implemented by CHPA	3.45	1.18
Our engagement with CHPA is systematic and promotes structured learning.	3.97	1.03
We are often engaged in action planning by CHPA in all that they do with the project beneficiaries.	3.29	1.35
Average Mean	**3.55**	**1.21**

Source: *Primary Data, 2018*

It was popular among Mean=3.95, SD=1.03 of the respondents that their interaction with CHPA was often engaging and collaborative, stated that their interaction with plan was not often engaging and un-collaborative with the minority where undecided whether their interaction with plan is either engaging or not.

There was significant relationship between collaborative engagement with CHPA and project sustainability, $p<0.001$. The findings of this diverge with those of Masanyiwa and Kinyashi (2008), who established that participation was not engaging; the nature and extent of participation for most of the local communities in both programs is generally limited to information giving, consultation and contribution. That local communities are generally not actively involved in decision making, planning, monitoring and evaluation processes.

Most of the respondents at Mean=3.09, SD=1.40 stated that they have control over decisions whenever they engage with Plan. On other hand, respondents stated that they did not have control over decisions whenever they engage with CHPA and the least at respondents undecided whether they have or lack control over decisions whenever they engage with CHPA. There was a significant relationship between having control over decisions whenever stakeholders engage with CHPA and the sustainability of community development projects, $p<0.001$.The findings of the study was supported by those of Chifamba (2013) who revealed that there is relatively low degree of community influence or control over projects in which community members participate, especially given that the services are controlled by people or who are not poor or recipients of services. This compromised the sustainability of community developments projects.

It was also popular among (Mean=3.45, SD=1.18) respondents that whenever they pass a decision. From the field respondents undecided whether their decision was often upheld or not and implemented by Plan whenever they pass it.

There was a significant relationship between often upholding decisions of stakeholders and sustainability of community development projects, $p<0.001$. This differed with the findings of Masanyiwa and Kinyashi (2008) who did a study on World Vision Project interventions and established that participation is generally limited to ‘contribution’ and therefore not ‘empowering’ to the local communities to take control of the development process. The communities were not able to make decisions or if they did, it was not taken seriously.

The findings of the study contradicted those of Mwobobia (2011), where it was established that stakeholders were not involved in some aspects of the project cycle. Community members were not involved in monitoring process. This has led to late completion of projects, inefficient use of project resources and lack of satisfaction of client (community members) in all aspects expected. This has led to negative effects on project sustainability. Overall, preponderance of the respondents at (Mean=3.55) were for the idea that various aspects of interactive participation was present in their engagement with CHPA.

> According to the interview conducted, *"the project manager explained that different participatory strategies were used to carry out project activities. The resolution was to adopt group meetings at difference levels, training, person to person contact and assigning duties and responsibilities to various members of the community". In addition, the respondent further indicated that some community members were given the opportunity to participate in decision making which according to him helped in enhancing sustainability. Furthermore, the manager revealed that beneficiaries of the project include members of village saving and lending associations who paid premiums and got health insurance cards, and community members who got knowledge during sensitization meetings.*
>
> *The FGD was composed of eight people, five women and three men from each of the three study communities. Six respondents during the FGD indicated that they have been positively benefiting from the CHPA project which among other things enhance access and affordability to health care services. Majority of them stated that they have Health Insurance Cards and each time they visit the health facility, they only need pay 6000 shillings as a core payment for consultation fee. In addition, some of the respondents indicated they have participated in the sensitization on health insurance and how it would benefit them although some according them did not actively participate. The discussion further revealed that some of the community members are not effectively benefiting because they were ignorant about the project and claimed that there was less motivation from the project management team and community leaders.*

Generally, respondents during the FGD lamented that the ICOBI health insurance has really helped them because before someone in a household or community would fall sick but won't be taken for treatment due to high cost of medical attention but following the establishment of CHI introduced by ICOBI, it's all now easy for them. They expressed thanks and gratitude to ICOBI and USAID for bringing this project.

4.4 Ways in which functional participation is carried out among stakeholders on community health plan for all

This section analyses, interprets, presents and discusses findings on the third objective: To establish the ways in which functional participation is carried out among stakeholders on community health plan for all. The respondents were given several 5-point Likert Scale questions to respond to 1-Strongly Disagree, 2- Disagree, 3-Neutral, 4-Agree and 5-Strongly Agree.

Table 11: Descriptive statistics Showing ways in which functional participation is carried out among stakeholders on community health plan for all

Functional Participation	Mean	Std. Deviation
We have been able to form interest groups through which we engage with CHPA for greater bargain	3.02	.97
We have at times formed committee through which we engage with CHPA for greater bargain	2.86	1.06
Our engagement with CHPA is alive and we are able to engage anytime we feel there is a need	3.66	1.21
Ideas and decisions on what CHPA does generated from the stakeholders and especially the project beneficiaries	3.81	1.13
We are engaged in objective and goal setting activities in the organization	2.67	1.03
Average Mean	**3.204**	**1.08**

Source: *Primary Data, 2018*

From the findings it indicates that majority of the respondents with Mean=3.204, SD=1.08 have been able to participate functionally through forming interest groups through which they engage with Plan for greater bargain with a mean= 3.02, Std. Dev 9.7. It was also popular among most of respondents with Mean=2.86, SD=1.06) that they have at times formed committee through which they engage with Plan for greater bargain. There was a significant relationship between formation of interest groups through which to engage CHPA and sustainability of community development projects, $p<0.001$.

Zazueta (1994), observed that over the past three decades, many development projects and programs have failed where activities have been designed with little or no reference neither to people's needs or priorities, nor to their knowledge and skills. Stakeholders have therefore devised mechanisms of having greater voice by forming interest groups.

From the findings, majority of the respondents with Mean=3.66, SD=1.21, mentioned that their engagement with Plan for all was alive and they are able to engage anytime they felt there was need, other respondents engage with Plan for all was not alive and they were not able to engage anytime the need arise. There was a significant relationship between engagement anytime there was need and the sustainability of community development projects, $p<0.001$. The study by Mwobobia (2011), identified gaps in the involvement of stakeholders in generating project ideas and recommended that there is a need to involve the community members at all phases of the project from the formulation, to planning, to implementation and finally to clean up phase of the project. That the 'stakeholder need analysis' need to be conducted to all projects to determine the needs and expectations of all the stakeholders including the community member through their participation**.**

> *Moreover, from the interview conducted, the local leader indicated that those community people who were already involved in the VSLAs, SACCOs were organized to form groups in which they were involved to make decisions on what to do concerning the CHI that was introduced to them, however these groups were conducted with the community members and their leaders in order to come up with an idea on what should be paid regarding the health insurance and then later the leaders would report this to the managers. However, this did not necessarily mean that every one's idea was taken.*

4.5 Investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all

This section analyses, interprets, presents and discusses findings on the fourth objective: To find out the influence of optimum participation among stakeholders on sustainability of community health plan for all. The respondents were given several 5-point Likert Scale questions to respond to 1-Strongly Disagree, 2-Disagree, 3- Neutral,4-Agree and 5-Strongly Agree.

Table 12: Showing descriptive analysis on investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all

Optimal Participation	**Mean**	**Std. Deviation**
We often have room to analyze the participation context	3.24	.76
Together with CHPA, we often do an analysis of participation effectiveness and seek ways of improving it.	2.79	1.02
In our engagements with CHPA, we are given a certain degree of control over the operations.	2.53	1.02
Our engagement with plan is formalized and documented with roles well defined	3.15	.82
Our opinions are respected, and we engage as equal partners even when our resource base is varied.	3.00	.98
Average Mean	**2.94**	**0.93**

Source: *Primary Data, 2018*

From the findings, majority of respondents on average Mean=2.94, SD=0.93 participate optimally in CHPA within Jinja. From the results, respondents often have room to analyze the participation context with a mean=3.24 Std. Dev .76. It was popular among mean=2.79, SD=1.02, of the respondents that together with Plan for all, they often do an analysis of participation effectiveness and seek ways of improving it. From the study, majority of respondents with Mean=2.53, SD=1.02, indicated their engagements with Plan that they are

given a certain degree of control over the operations. This presented a good opportunity for better development outcomes and sustainability of the projects moderately.

This was similar to a study by Narayan (1995) established that it was when people were involved in decision-making during all stages of the project, from design to maintenance that the best results occurred. If they were just involved in information sharing and consultations, then results were much poorer. The findings of the study diverged with the findings of Masanyiwa and Kinyashi (2008), who established that poverty was the main factor limiting local communities' participation; stakeholders with minimal resources were engaged to a lesser extent.

> *According to the interview conducted, the USAID manager also revealed that there were no serious analysis on stakeholder participation by the directors and the donors of the project during the implementation of project activities which would in any way affect its sustainability although their opinions were respected by ICOBI and they engaged as equal partner even when their resources were limited in relation to the project.*
>
> *In addition to the interview conducted, the USAID accountant revealed that sometimes there were late release of funds to this project (CHPA) and sometimes they could not reach the amount that was proposed to carry out the project activities due to financial problems with their organization and this would negatively affect the timely accomplishment of the project as designed.*

4.6 Project Sustainability

This section analyses, interprets, presents and discusses findings on elements on how ICOBI sustains project on community health plan for all.

Table 13: Showing descriptive analysis on Project Sustainability

Category	Mean	Std. Deviation
The projects implemented by CHPA are financially and socially viable.	2.77	1.08
The projects implemented by CHPA have extended value/benefit to the beneficiaries.	2.62	1.10
The projects implemented by CHPA continue operating even 3 years after donor funding ceases.	3.23	.76
Considerably large number of people continues to benefit from the project after donor funding ceases.	3.00	.98
The scope of operation of the project often remains the same or expands after donor funding ceases.	2.53	1.05
Average Mean	**2.83**	**0.99**

Source: *Primary Data, 2018*

From the findings, results indicate that majority of respondents with mean =2.83 Std. Dev 0.99 strongly agreed moderately that projects are sustainable by ICOBI on community health plan for all. This is evident on implementation of CHPA continuity operating 3 years with mean= 3.23 Std. Dev .76. This means that ICOBI sustained the project on community health plan for all.

4.7 Chapter Summary

It was found out that there was a moderate significant positive correlation between the influences of stakeholders on sustainability of CHPA. In all aspects of the project the study found out that majority of respondents on average Mean=2.94, SD=0.93 participate optimally in CHPA within Jinja. From the results, respondents often have room to analyze the participation context with a mean=3.24 Std. Dev .76.

From the interactive participation it was popular among Mean=3.95, SD=1.03 of the respondents indicated that their interaction with CHPA was often engaging and collaborative. This stated that their interaction with CHPA did not often engaging and un-collaborative with the minority where undecided whether their interaction with CHPA is either engaging or not.

Furthermore, passive participation was observed that, respondents stated that CHPA gave them an opportunity to give their views on what projects are to be implemented and with who at Mean=2.58, SD=1.13), others stated that CHPA did not give them an opportunity to give their views on what projects are to be implemented.

4.8 A relationship between stakeholder participation and project sustainability.

Table 14: Showing the significant relationship between stakeholder participation and project sustainability in CHPA, Jinja

		Stakeholder Participation	Project Sustainability
Stakeholder Participation	**Pearson Correlation**	**1**	**.313****
	Sig. (2-tailed)		**.000**
	N	**153**	**153**
Project Sustainability	**Pearson Correlation**	**.313****	**1**
	Sig. (2-tailed)	**.000**	
	N	**153**	**153**

Results in table revealed that there was a positive relationship between stakeholder participation and project sustainability in Jinja with (Sign > 000). This implies that null hypothesis which stated that there was no relationship between stakeholder participation and project sustainability was rejected. The finding also indicates that stakeholder

participation moderately affects project sustainability. Findings reveal that the factors contributing to project sustainability are more effective in achieving set goals of ICOBI organization in project sustainability. This is supported by Sebikari (2014b:14) who stated that fostering stakeholder participation and project sustainability leads to appropriate levels of project sustainability activities in Jinja.

4.9 Discussion of findings

Objective one: The rate on how passive participation is practiced among stakeholders on sustainability of community health plan for all

From the findings majority represented by 74(48%) respondents stated that CHPA gave them an opportunity to give their views on for instance more target financial providers were identified in Jinja district. This was sought that management of the Project passively involved members at a moderate level. Masanyiwa and Kinyashi (2008) who did a study on World Vision Project interventions and established that that participation was is generally limited to 'contribution' and therefore not 'empowering' to the local communities to take control of the development process. The communities were not able to make decisions or if they did, it was not taken seriously.

> According to one of the interviews it was quoted from the project manager that *"they carried out several meeting on how to conduct the project successfully and engage in community members. The resolution was to adopt group meetings at difference level, training, person to person and assigning duties and responsibilities to various members of the community". In addition, the project manager further indicated that some community members were given the opportunity to participate in decision making which according to him helped in enhancing sustainability.*

From the study most of the respondents at Mean=3.09, SD=1.408 stated that they interactive was effective through the control over decisions whenever they engage with CHPA and the least at respondents undecided whether they have or lack control over decisions whenever they engage with CHPA. This indicates that interaction was based on individual perspectives. The findings of the study was supported by those of Chifamba (2013) who revealed that there is relatively low degree of community influence or control over projects in which community members

participate, especially given that the services are controlled by people or who are not poor or recipients of services.

Objective two: **The nature of interactive participation among community members on community Health Plan for All**

It was popular among the respondents represented by average (mean 2.89) and 67(43.8%) that their interaction with CHPA was interactive participation. CHPA was in position to engaged members systematically and it promoted a structure of learning to sustain the project. Furthermore, the community members participated moderately show by Mean=2.58, SD=1.13. This indicates that majority of respondents ignore this kind of participation in community health plan for all. The findings of this study are divergent to those of Mwobobia (2011) who established that community members are never adequately involved in resource mobilization for the execution of the project. Consequently, they contributed minimally; small quantities are man power, raw materials and financial resources. This has negatively affected sustainability of the CHPA project.

> From one of the interviews, it was quoted that "*there was adequate information sharing through radio talk shows, newspapers, social, organizational website and carrying information to those who were not able to attend the meetings. However, the respondent added that this was not a routine to the organization and its stakeholder to carry out information to those who couldn't get, others totally missed out. This consequently affects information flow and thereby have a negative effect on sustainability of development endeavors."*

The study was able to determine the passive participation through engagement which are often intermittent by mean=2.81, SD=1.13). This means that respondents engage in intermittent moderately when plan deems necessary. The findings of the study showed that the stakeholders are not adequately engaged this converges to the findings of Golicha (2010) who established that the level of participation of the stakeholders was not adequate in the most important stages of project formulation, design and implementation. This would have a negative effect on the project sustainability.

Objective three: **Ways in which functional participation is carried out among stakeholders on Community Health Plan for All**

From the findings it indicates that majority 60(39.2%) of the respondents with Mean=3.204, SD=1.08 have been able to participate functionally through forming interest groups through which they engage with CHPA for greater bargain with a mean= 3.02, Std. Dev .97. The mobilization and sensitization began with the launch of the project in Jinja where over 600 leaders from the district of Jinja were mobilized and sensitized about Community Health Insurance and requested to support the project and mobilize people they lead to join the project. This was achieved as the project had the support of local government leaders at all levels which enabled it to achieve its objectives. Other opinion leaders, religious leaders and leaders of SILCNSLA groups and SACCOs were also mobilized to support the project in their different areas of jurisdiction and they also supported the project. Because of this intensive mobilization, leaders were part of the project from the time it started, joined us and even facilitated during different trainings in their Districts and sub counties until the project ended.

From the findings it indicates that majority of the respondents have been able to participate functionally through forming interest groups through which they engage with Plan for greater bargain. This was in line with the study from Zazueta, (1994) who observed that over the past three decades, many development projects and programs have failed where activities have been designed with little or no reference neither to people's needs or priorities, nor to their knowledge and skills. Stakeholders have therefore devised mechanisms of having greater voice by forming interest groups. This was similar to a study by Narayan (1995) established that it was when people were involved in decision-making during all stages of the project, from design to maintenance that the best results occurred. If they were just involved in information sharing and consultations, then results were much poorer.

> *According to the interviews conducted, the researcher observed that there was formation of saving groups, committees that aided to make sensitive decisions and goals for running the project. However much of these groups were formed, some goals that came up with several meeting were not progressing as planned and this may affect sustainability of CHPA. CHPA project at times slowed down due to activities that have been designed with*

little or no reference neither to communities' needs or priorities, nor to their knowledge and skills in the community.

Objective four: **Investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all**

From the findings majority 63(41.2%) of respondents on average Mean=2.94, SD=0.93 were highly qualified and experienced trainers in the field of health insurance were brought for these trainings and they equipped all the health workers with knowledge on Community Health Insurance, Quality Health care and how to handle health insurance clients and other clients as a whole. From the results, respondents often have room to analyze the participation context with a mean=3.24 Std. Dev .76. It was popular among mean=2.79, SD=1.02, of the respondents that together with CHPA for all, they often do an analysis of participation effectiveness and seek ways of improving it. According to respondents, mobilization and enrollment of organized Community Saving groups was vigorously done and many groups and members were enrolled into the project. This was done by CHPA mobilizers supervised by the District project officers. This presented a good opportunity for better development outcomes and sustainability of the projects moderately.

From one of the interviews conducted, "there were no serious analysis on stakeholder participation by the directors and the donors of the project during the implementation of project activities which would in any way affect its sustainability although their opinions were respected by ICOBI and they engaged as equal partners even when their resources were limited in relation to the project." Yet Mwobobia (2011) recommended the need to involve the community members at all phases of the project from the formulation, to planning, to implementation and finally to clean up phase of the project. The study recommended specifically that the 'stakeholder need analysis' need to be conducted to all projects within Embu County so as to specifically determine the needs and expectations of all the stakeholders including the community member and design the project with that in mind.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presented the summary of the findings of the main study, conclusions, recommendations arrived at and contribution to body of knowledge. It also gives suggestions for further research.

5.2 Summary of Findings

Objective one: The rate on how passive participation is practiced among stakeholders on sustainability of community health plan for all

From the findings majority represented by 74(48%) respondents stated that CHPA gave them an opportunity to give their views on for instance more target financial providers were identified Jinja district. This was sought that management of the Project passively involved members at a moderate level.

Objective two: The nature of interactive participation among community members on community Health Plan for All

It was popular among the respondents represented by 67(43.8%) that their interaction with CHPA was interactive participation. ICOBI was in position to engage members systematically and it promoted a structure of learning to sustain the project. Furthermore, the community members participated moderately show by mean 3.55 std. 1.21. This indicates that majority of respondents ignore this kind of participation in community health plan for all.

Objective three: Ways in which functional participation is carried out among stakeholders on Community Health Plan for All

From the findings it indicates that majority 60(39.2%) of the respondents with Mean=3.204, SD=1.08 have been able to participate functionally through forming interest groups through which they engage with CHPA for greater bargain with a mean= 3.02, Std. Dev .97. The mobilization and sensitization began with the launch of the project in Jinja where over 600 leaders from the district of Jinja were mobilized and sensitized about Community Health

Insurance and requested to support the project and mobilize people they lead to join the project. This was achieved as the project had the support of local government leaders at all levels which enabled it to achieve its objectives. Other opinion leaders, religious leaders and leaders of SILCNSLA groups and SACCOs were also mobilized to support the project in their different areas of jurisdiction and they also supported the project. Because of this intensive mobilization, leaders were part of the project from the time it started, joined us and even facilitated during different trainings in their Districts and sub counties until the project ended.

Objective four: **Investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all**

From the findings majority 63(41.2%) of respondents on average Mean=2.94, SD=0.93 were highly qualified and experienced trainers in the field of health insurance were brought for these trainings and they equipped all the health workers with knowledge on Community Health Insurance, Quality Health care and how to handle health insurance clients and other clients as a whole.. From the results, respondents often have room to analyze the participation context with a mean=3.24 Std. Dev .76. It was popular among mean=2.79, SD=1.02, of the respondents that together with CHPA for all, they often do an analysis of participation effectiveness and seek ways of improving it. Mobilization and enrollment of organized Community Saving groups was vigorously done and many groups and members were enrolled into the project. This was done by CHPA mobilizers supervised by the District project officers. This presented a good opportunity for better development outcomes and sustainability of the projects moderately.

5.3 Conclusion

Given the findings, the researcher came up with the following conclusions:

It was concluded that there was a weak and insignificant association between passive participation among stakeholders on the sustainability of community health plan for all by IC OBI'S Community Health Plan for All Jinja, Uganda.

In objective one, it was also concluded that stakeholders were engaged passively on aspects of programming majorly as a buildup to higher level of participation.

In objective two, the researcher also noted that interactive participation was a dominant way of engaging the project stakeholders. It was inferred that there was a moderate significant positive

correlation between functional participation among stakeholders on sustainability of community health plan for all by ICOBI'S Community Health Plan for All Jinja, Uganda.

In objective three, the researcher also inferred that functional participation was present but not as strong as the lower levels of participation. It was deduced that there was a moderate significant positive correlation between optimum participation among stakeholders on sustainability of community health plan for all by ICOBI'S Community Health Plan for All Jinja, Uganda. Finally, in objective four, the researcher deduced that slightly more than one half of the stakeholders were engaged optimally in the implementation of Plan's activities.

5.4 Recommendations

Given the conclusions, the following recommendations were arrived at

Objective one: The rate on how interaction participation is practiced among stakeholders on sustainability of community health plan for all

CHPA needs to reduce the extent of engaging stakeholder passively in the project cycle. This should be done by ensuring effective consultations as well as encouraging active participation of stakeholders at all levels of the project. This will yield better sustainability outcomes. In relation to this, seminars can be organized to create awareness among stakeholders on CHPA.

Objective two: **The nature of interactive participation among community members on community Health Plan for All**

CHPA needs to enhance the extent of interactive participation with its stakeholders, this will function to strengthen their capacities in project cycle management hence greater sustainability for its projects. This can be done through workshops which are often in small informal meetings that include exhibits and presentations designed to be interactive among participants.

Objective three: **Ways in which functional participation is carried out among stakeholders on Community Health Plan for All**

CHPA should strengthen functional participation through frequent consultations and involvement among stakeholders for greater ownership of project activities and sustainability of its projects. In light of this, group formation needs to be strengthened through organizing meetings that create awareness to increase participation.

Objective four: **Investigate the rate of optimum participation among stakeholders on sustainability of community health plan for all**

CHPA should enhance optimal participation to enable greater efficiency and effectiveness of programming as well as accountability among the stakeholders. This can be done through effective monitoring and evaluation on project activities to determine its sustainability.

Generally, the researcher recommends that government should come out and support such development projects that impact on human health because sometimes such projects are not sustainable due to insufficient funds that can be afforded by government.

5.5 Contribution to the existing body of knowledge

The study was able to aid contribution to the existing knowledge for instance; the study was able to review on how different elements of participation (passive, interactive, functional and optimum participation) are used during the project lifecycle to enhance project sustainability. In light of this, the study discovered what the ladder on citizen participation talked about which emphasized giving power to people to take part in their own development activities which ultimately enhances sustainability. The study also explored that projects sustainability is always affected by the untimely disbursement of funds.

5.6 Areas for further Study

Effects of stakeholder participation on timely completion of projects

Effects of inadequate funding on project sustainability

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR RESPONDENTS

Dear respondent;

I am a student of Kampala International University carrying out a research on the stakeholder participation and project sustainability on ICOBI'S Community Health Plan for All Jinja, Uganda.

You are kindly requested to spare a few minutes and fill this questionnaire. This research is purely for academic purpose and any information provided will be treated with at most confidentiality. Thank you for your cooperation.

DEMOGRAPHIC CHARACTERISTIC

Personal information

This section has to be complete by each respondent.

Name of place of living……

Name of a district……

Interviewer number……

Marital Status

Single ☐

Married ☐

Widowed ☐

Divorced/Separated

Age

18-27 ☐

28-37 ☐

38-47 ☐

48-57 ☐

58 and above ☐

7. For how long has your organization engaged with the CHPA?(Fill in completed years)

……

8. How often do you engage with CHPA?

(a) Weekly (b) Monthly (c) Quarterly d) Semi-annually (e) Annually

f) Other (specify)…….

9. In what program areas have you engaged with plan?

a) Child protection program (b) Education program (c) Health program

d) Disaster management and resilience (e) Governance program

f) Child sponsorship g) Other (specify)……

SECTION B

INTERACTIVE PARTICIPATION	**SA**	**A**	**SD**	**D**
CHPA do not give us an opportunity to give our opinion on what projects are to be implemented, how and with who.				
CHPA only shares with us information on decisions already taken				
We are often engaged to legitimize/rubberstamp decisions already takes as opposed to actively participating in the same				
The engagements are often intermittent engagement and only happen when CHPA deems necessary.				

Our opinions on choice of project and manner of implementation rarely count.

Our interaction with CHPA is often engaging and collaborative

We have control over decisions whenever we engage with CHPA

Whenever we pass a decision, it is often upheld and implemented by CHPA

Our engagement with CHPA is systematic and promotes structured learning.

We are often engaged in action planning by CHPA in all that they do with the project beneficiaries.

FUNCTIONAL PARTICIPATION

We have been able to form interest groups through which we engage with CHPA for greater bargain

We have at times formed committee through which we engage with CHPA for greater bargain

Our engagement with CHPA is alive and we are able to engage anytime we feel there is a need

Ideas and decisions on what CHPA does generated from the stakeholders and especially the project beneficiaries

We are engaged in objective and goal setting activities in the organization

OPTIMAL PARTICIPATION

We often have room to analyze the participation context

Together with CHPA, we often do an analysis of participation effectiveness and seek ways of improving it.

In our engagements with CHPA, we are given a certain degree of control over the operations.

Our engagement with plan is formalized and documented with roles well defined

Our opinions are respected and we engage as equal partners

even when our resource base is varied.

PROJECT SUSTAINABILITY

The projects implemented by CHPA are financially and socially viable.

The projects implemented by CHPA have extended value/benefit to the beneficiaries.

The projects implemented by CHPA continue operating even 5 years after donor funding ceases.

Considerably large number of people continues to benefit from the project after donor funding ceases.

The scope of operation of the project often remains the same or expands after donor funding ceases.

APPENDIX II

INTERVIEW GUIDE FOR REPRESENTATIVES FROM ICOBI STAFF, VILLAGE SAVING AND LENDING ASSOCIATION, BUWENGE HOSPITAL AND USAID.

Dear Respondent

I am a student of Kampala International University carrying out a research on the stakeholder participation and project sustainability on ICOBI'S Community Health Plan for All Jinja Uganda.

1. How long has the project existed and was there any form of information sharing regarding the implementation of project activities?
2. As a community member, were you given chances or opportunities in decision making and ideology development at the committee level during the project life cycle?
3. Was there any participation analysis by the authority among stakeholders during the implementation of the project?
4. How was interactive participation carried out among stakeholders on sustainability of CHPA?
5. As a community member, how have you benefited from CHPA?
6. Were the funds enough to carry out the project activities as planned or expected ?

APPENDIX III:

SAMPLE DETERMINATION TABLE

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size.

S is sample size.