



UGANDA MANAGEMENT INSTITUTE

**COMMUNITY PARTICIPATION AND SUSTAINABILITY OF  
COMMUNITY HEALTH PROJECTS: THE CASE OF LOCAL ANTI  
MALARIA PROGRAMME SUPPORT IN BUNGOKHO SUB-COUNTY,  
UGANDA.**

**BY**

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**Declaration:**

I Winifred Nimukunda declare that this dissertation under the title “Community participation and sustainability of community health projects: The case of Local Anti Malaria Programme Support project- Bungokho Sub-county” is my original work and has never been submitted for any academic award in any other institution.

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**Approval:**

This dissertation entitled Community participation and sustainability of community health projects: The case of Local Anti Malaria Programme support project- Bungokho Sub-county was done under my supervision and has been submitted to Uganda Management Institution for examination with my approval as supervisor.

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**Date**

.....

**Dedication:**

I dedicate this work to my parents Mr. Eldard and Mrs. Grace Ruterane who gave me a foundation for my education upon which I continue to build. Equally I dedicate this work to my husband Mr. Mike Kayizzi, my children Joseph, Jemimah and little Japheth whose support and inspiration enabled me to take up this research project.

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**8.0 Acronyms.....XV**

- CBHC – Community Based Health Care
- CNEC/PI – Christian Evangelical Churches/ People International
- CMD - Community Medicine Distributors
- DHO – District Health Officer
- DVCO – District Vector Control Officer
- DV – Dependent Variable
- FCP – Family Care Programmes
- FMC- Fight Malaria Committees
- HBMF – Home Based Management of Fever
- ITN – Insecticide Treated Nets
- IV – Independent Variable
- LAMPS – Local Anti Malaria Programme Support
- LAMPSPAC – Local Anti Malaria Programme Support Project Advisory Committee
- LC – Local Council
- NGO – Non Government Organization
- PHC – Primary Health Care
- RBM – Roll Back Malaria
- SPSS – Statistical Package for Social Scientists.
- TOT - Trainer of Trainees.
- UACP – Uganda Aids Control Programme.
- UMI – Uganda Management Institute
- UNDP – United Nations Development Programme
- US- United States
- UNICEF – United Nations International Children Education Fund
- UWCM – Uganda Women concern ministry
- VHT – Village Health Teams
- WHO - World Health Organization

**9.0 Abstract.....xvi**



## **ABSTRACT**

The purpose of the study was to investigate the extent to which community participation affects the sustainability of community health projects. The study specifically intended to establish the relationship between community participation in project problem identification, project planning, project implementation, monitoring and evaluation and sustainability of the LAMPS project. The study used a case study design using qualitative and quantitative approaches on a population of 1200 households, 20 fight malaria committees, 4 key informants of which 314 respondents were selected using proportionate random sampling and purposive sampling techniques. The data was collected using questionnaire, focus group discussion, key informant interview and documentary review checklist. The data collected was edited, coded and analyzed using frequency, percentages, mean, standard deviation, correlation and regression analysis. The study, found a significant relationship between community participation in project problem identification, project planning, project implementation, project M&E and sustainability of LAMPS project. Community participation predicted 73.6% of the variance in the sustainability of the LAMPS project. The study concluded that community participation through project problem identification, planning, implementation, M&E significantly contributes to sustainability of health projects. The study recommended the managers of health projects, donors, and others stakeholders to always ensure that community members are involved in problem identification, planning, implementation, M&E for enhanced enjoyment of project benefits, behavioral change empowerment and community empowerment. Other studies need to be conducted to establish the extent to which factors such as project funding, project human resources and project environment could have influenced the sustainability of the LAMPS project in Bungokho Sub County.

# CHAPTER ONE

## 1.0 INTRODUCTION

World over, community participation has been recognized as an important strategy in achieving ‘Health for All’ since the 1970s (Turan, *et al* 2003). The topic of sustainability is also increasingly important to the funders and implementers of health related demonstration programs and innovation. According to Scheirer (2005), what happens after the initial funding for new programs expires (whether programmes continue or not or expand to new sites/ beneficiaries) is a major concern. The study was therefore an investigation of the effect of community participation on sustainability of community health projects, particularly examining the Local Anti-Malaria Programme Support (LAMPS) in Bungokho sub-county Mbale District.

Community participation was examined as the independent variable while sustainability of community health projects as the dependent variable. This chapter presents the background to the study, the statement of the problem, the purpose and objectives of the study, the research questions, the hypotheses, the scope of the study, the significance, justification, and conceptual framework, operational definition of terms and concepts and limitations to the study.

## **1.1 Background to the study**

### **1.1.1 Historical Background**

According to Nilsen, (2006) community based programs have become an important strategy to enhance health and safety since the North Karelia, Stanford Five City, USA Minnesota Heart Health and Pawtucket Heart health programs were initiated in the 1970s and 1980s to reduce high community rates of cardiovascular diseases. Since then the belief that the community-based approach is beneficial appears to have become a deeply held conviction in public health. In addition to promotion of the strategy, the issue of sustainability has been a global concern for major community-wide health promotion programs as indicated in the study by Bossert (1990). The study involved a comparative analysis on sustainability of 44 projects in Central America and 13 projects in Africa funded by the US Agency for International Development.

In Uganda, health care system has evolved from that of traditional medical practices to the current one which is based on primary health care priorities following the Alma Ata declaration of 1978 that emphasized a PHC strategy of “health for all”; a system in which the role of individuals and their communities is emphasized.

### **1.1.2 Theoretical Background**

The theoretical framework adopted for this study was derived from the theory of community based health and safety programs by Nilsen (2006). The theory has seven underlying assumptions of the community based approach to health and safety programs. However, for purposes of this study, the principle of participation was the major focus. The underlying assumption of this principle was that people are involved in defining their health problems and

finding solutions thereof. It asserts that member participation represents a bottom up approach to program planning and decision making which empowers people to gain skills to assess their needs, set priorities and control their environment. This participation engenders a sense of identification and continuing responsibility for the program.

The above view was supported by Howard-Grabman and Senetro, (2002) who state that health projects with a participation component range from simply getting feedback from community members after a health intervention has been implemented by professionals to complete community control of problem identification, program planning, implementation and evaluation. Further according to the multi mode, multi-domain model by Plaut et al (1992) three stages which include consultation, strategic planning and implementation were singled out in which community participation could be enhanced.

The above theories informed the study dimensions under which community participation was operationalised in terms of problem identification, programme planning, programme implementation, monitoring and evaluation and its effect on sustainability of community health projects in terms of sustainability of project benefits, community empowerment, behavior change and project ownership.

### **1.1.3. Conceptual Background**

The concept of community participation though widely used, it was established that it lacks a widely accepted definition because of the multiple meaning of each of the terms “Community and Participation” (Rifkin et al 1988). In view of this, one needed to understand the meaning attached to each of the terms separately as to get full meaning of the whole concept. According

to Bakenegura (2003), a community referred to a group of people living together, with shared interests and responsibilities, within which are different small groups like the youth, the children, the men, women, rich, poor, literate and non literate who qualified to be called communities too. A community has geographical and social boundaries, leadership and decision making processes, consists of different groups and different backgrounds, and members in that community share similar development challenges. According to Israel (1998) a community was defined as a group of people who share an interest, a neighborhood, or a common set of circumstances. They may or may not acknowledge membership of particular community. However, it was noted that there is seldom a discrete community. Even within small, geographically bounded communities, there were bound to be differences in values, sentiments, and needs, and these change over time (Thomas, et al 1999).

Participation literally means to take part, be or become actively involved or share in. This too was found to be broadly used. There was considerable disagreement among development scholars and practitioners about the definition of the term. According to Dinham, (2005) as cited in Stephens, (2007) community participation was regarded as axiomatic' in community development approaches, both as a necessary condition for change, and also valued for empowerment and partnership. On the other hand Bakenegura (2003) participation was considered as a process through which stakeholders' influence and share control over development initiatives, decisions and resources which affected them. Desai (2001) participation signified the 'voice' of the people in the activities that affect them. Rifikin et al. (1988) defined it as a social process whereby specific groups with shared needs living in a defined geographical area actively pursued identification of their needs, took decisions and established mechanisms to meet those needs.

Whereas the researcher was in agreement with all the above definitions, Rifikin's definition was adopted for study purposes among the people of Bungokho community.

According to Scheirer (2005), it was noted that research on the general topic of "what happens after the funding ends" for specific program was not yet well conceptualized into agreed on methods and topics and therefore little consensus existed in the literature on the conceptual and operational definitions of sustainability. However, Shediak-Rizkallah and Bone (1998) whose frame work was adopted by Johnson, et al (2004), for substance abuse interventions, Mancini & Marek (2004) for family support programs, suggested the following operational definitions.

1. Measuring continued health benefits for individuals after the initial program funding ended, particularly continuing to achieve beneficial outcomes among new consumers or other intended recipients (in contrast to maintaining behavioral change among earlier clients); whereas this was regarded to be true, the researcher disagreed with the notion of not maintaining behavior change which in most cases affects the sustainability of a programme if people do not adapt to expected behaviors contrary to traditional beliefs and practices.
2. Inquiries concerning the continuation of program activities within an organization, often termed "institutionalization" or "routinization," within an organizational focus.
3. Questions about the continued capacity of a community to develop and deliver health promotion programs, particularly relevant when the initial program worked via a community coalition or other community capacity-developing process. The researcher was in agreement with this fact of developing community's capacity for health interventions to be sustainable and the community to continue to deliver the required services.

According to (Bracht *et al.*, 1994), sustainability referred to the continuing ability of a project to meet the needs of its community and embrace the concept of doing this beyond the time of donor agency involvement (Brinkerhoff and Goldsmith, 1992). The researcher adopted this definition in line with the ability of LAMPS project to deliver the current benefits to the beneficiary community after it ceases to get donor funds and the communities' capacity to deliver and promote health programmes.

#### **1.1.4 Contextual Background**

In Ugandan context between 1978 and 1994 it was primarily the non government sector which focused on achieving meaningful community participation through a Community Based Health Care (CBHC) strategy. During the 1980s and early 1990s the government's strategy of vertically top-down fashion of programme implementation did not build community capacity to take root and therefore the efforts were not sustainable. Communities did not own these programs since they were usually provided to them by donor organizations and were not linked to a decentralized political structure that encouraged people to participate in health. Hence, the community remained a passive recipient of services without becoming involved in the process of problem identification, planning, implementation and monitoring of the programs. As a result, sustainability of these Programs/projects became unrealistic from the perspective. Further it was reported that most of the current or ongoing HIV/AIDS interventions in Uganda were designed without total regard for community needs and priorities, hence compelling many of them to perceive the fight against the AIDS epidemic as a responsibility of health and community workers.

As a result, it was noted that a significant portion of the resources was being spent on services which communities considered inappropriate for addressing their AIDS problems. (UACP, 2001b, p. 1).

Statistically the Burden of Disease in Uganda according to (Ministry of Health, 1995) study over 75% of premature deaths was due to preventable diseases. The situation warranted that programmes be designed with the intent of building community capacity to respond to and manage their primary health care needs for sustainability concerns. This led to the 1995-2000 UNICEF Country Program design to serve the purpose. (Sandra, W and Gaifuba, J. November 2000). On the same footing the Abuja Declaration on Roll Back Malaria in April 2000 Member States were called upon to undertake health systems reforms which would include promoting "community participation in joint ownership and control of RBM actions to enhance their sustainability. Therefore in Ugandan context the issue of sustainability was noted to remain a major concern to health interventions.

## **1.2 Statement of the Problem**

The subject of sustainability was noted to have been a fascination to policy makers, development workers and a dominant development challenge of the 1990s (Devine, 2003). Researchers of the 19<sup>th</sup> century seemed to agree that locating programs in the community and involving the members in planning, implementation and evaluation could be an effective strategy for improving population health and ensuring sustainable interventions. However, assessments of program sustainability despite differences in study times and criteria used for sustainability, findings showed that as many as 40% of all new programs were not sustained beyond the first



few years after termination of initial funding (Riki, Shimon, & Roni, 2008, Steadman et al., 2002; Fagen, 2001). Their findings among other causes showed that this was a result of lack of continued funding for projects and the very projects not being priorities of the host organization. Whereas this could be true empirically, lack of or peoples' participation in different stages of project implementation missed their attention as a contributing factor to project sustainability.

The problem of the study therefore is that whereas there has been effort by government and NGOs to involve people in health programmes in Bungokho sub-county, the very projects have not been sustained beyond pilot phase. If the causes of lack of sustainability are not investigated, this trend could be perpetuated, and the success of community health projects in alleviating health problems in the targeted communities of Bungokho would remain constrained.

### **1.3 Purpose of the study**

The purpose of the study was to investigate the extent to which community participation affects the sustainability of community health projects.

### **1.4 Objectives of the study**

1. To examine the extent to which community participation in problem identification affects sustainability of LAMPS in Bungokho sub-county, Mbale district.

2. To establish to what extent community participation in project planning influences sustainability of LAMPS in Bungokho sub-county, Mbale district.
3. To investigate the extent to which different forms of community participation in project implementation of LAMPS affects project sustainability in Bungokho sub-county, Mbale district.
4. To assess whether community participation in monitoring and evaluation of LAMPS activities influences project's sustainability in Bungokho sub-county, Mbale district.

## **1.5 Research Questions**

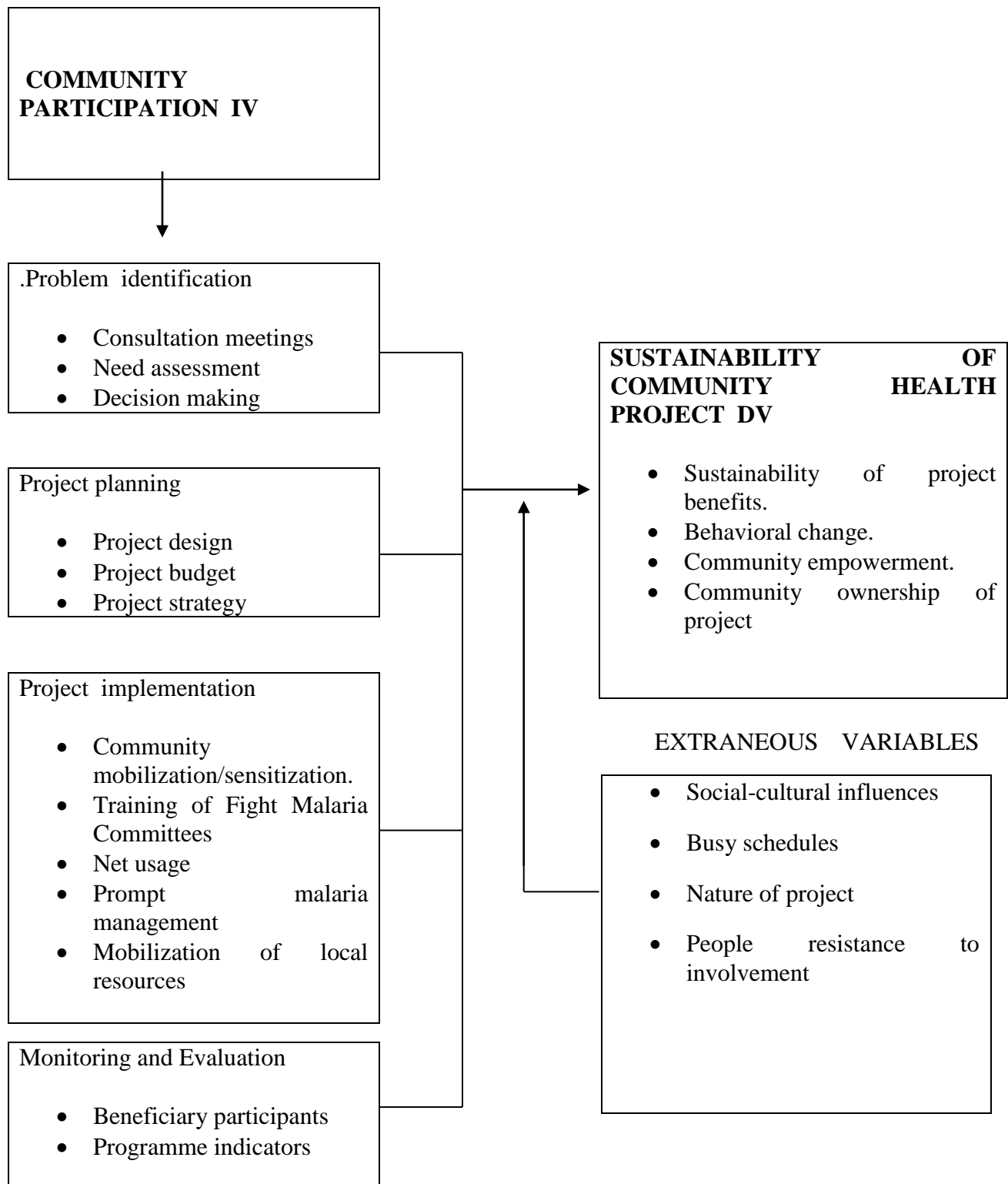
1. To what extent does community participation in problem identification affect sustainability of LAMPS in Bungokho sub-county, Mbale district
2. To what extent does community participation in project planning influence sustainability of LAMPS in Bungokho sub-county, Mbale district?
3. To what extent do different forms of community participation in project implementation affect sustainability of LAMPS in Bungokho sub-county, Mbale district?
4. Does community participation in monitoring and evaluation of LAMPS activities influence the project's sustainability?

## **1.6 Research Hypotheses**

1. There is a strong link between community participation in problem identification and sustainability of LAMPS in Bungokho sub-county, Mbale district.
2. Community participation in project planning positively influences sustainability of LAMPS in Bungokho sub-county, Mbale district.
3. Different forms of community participation in project implementation significantly affect sustainability of LAMPS in Bungokho sub-county, Mbale district.
4. Community participation in monitoring and evaluation influences sustainability of LAMPS in Bungokho sub-county, Mbale district.

## **1.7 Conceptual Framework**

The conceptual framework below is a diagrammatic representation of the relationship between community participation the independent variable and sustainability the dependent variable.



**Figure 1 A conceptual Framework for the relationship between community participation and Sustainability of community health project. Source: (Howard-Grabman and Sonetro, 2002)**

The conceptual frame work helped to explain the linkages between community participation as an independent variable and was operationalised as community participation in problem identification, project planning, Implementation, monitoring and evaluation whereas sustainability of LAMPS the dependent variable was operationalised as sustainability of project benefits, behavioral change, community empowerment and community ownership of the project. It was hypothesized that community participation in problem identification, project planning, implementation, monitoring and evaluation directly affected and influenced sustainability of the LAMPS project in sustainability of the project benefits to beneficiaries, sustainability in behavioral change practices, sustainability as far as empowering the beneficiary communities and the consequent ownership of the project by the beneficiary communities. Acknowledgement that extraneous variables like peoples' social-cultural influences, busy schedules, type of project and people resistance to involvement could affect or influence the relationship between community participation and sustainability was made though not being the major variables and in interest of time of the research undertaking they were not researched on.

## **1.8 Significance of the study**

The findings of the study will help the implementing agency Uganda women Concern Ministry as they plan to scale up the project to the district to cover 12 more sub-counties in Mbale district. This will help in improving the project design and bring more an understanding of how community participation can be promoted in community health projects to ensure their sustainability. Not only will UWCM benefit but Mbale district health office that has worked in close supervision of the programme shall learn from the findings that will contribute to district plans for community health projects.

Given the context and setting of the project this may give insight into future research for those who may intend to carry it out in the same field but with different settings and context for analytical comparisons to add to the body of knowledge of what has been researched so far.

## **1.9 Justification of the study**

The study contributed answers to some of the questions raised such as “Is sustainability possible (Scheirer, 2005) that were cited by some previous researchers in regard to the subject of study. The concepts of community participation and sustainability have become an increasing concern for health programme interventions and therefore this was a strong basis for conducting the research in this field. In a world where funders and policy makers are concerned about effective and efficient allocation of scarce resources it was imperative that the two concepts are comprehensively researched as to come up with ways for their effective and efficient implementation.

## **1.10 Scope of the study**

The study was conducted in Bungokho sub-county in Mbale district. The sub-county has four parishes of Bumbobi, Bumageni, Bubirabi and Bukhumwa. The entire sub-county has 56 villages each with a minimum of 150 households. The study was conducted in 12 villages where 3 villages from each parish were covered as the accessible population.

The time scope covered the period July 2007 when the project was initiated through the implementation phase to phase out in December 2009.

The study covered community participation in terms of problem identification, programme planning, implementation, monitoring and evaluation in relation to sustainability of LAMPS benefits, behavioral change, empowerment of communities and community ownership of the project.

## 1.11 Operational definitions

In relation to the study the following concepts were defined as follows:

- **Community** – referred to the different stakeholders of the project ranging from the beneficiary villages, health personnel in the community, partner organizations in the area and project implementers.
- **Participation** – referred to involvement of all stakeholders in the project throughout the project cycle.
- **Community participation in need identification** – referred to community involvement in deciding on what are the major needs, setting priorities and deciding on intervention to be undertaken.
- **Community participation in project planning** – referred to community involvement in activities for the design of the project and strategy of implementation.
- **Community participation in implementation** – referred to community involvement in activities for the execution of the project deliverables.
- **Community participation in monitoring and evaluation** – referred to day to day monitoring of project activities by community members and holding monthly review meetings to evaluate the strengths and weaknesses for improvement.

- **Sustainability** – referred to continued benefits of the project to the beneficiary communities, behavior change towards malaria control and prevention, community empowerment and ownership of project.
- **Community empowerment** - referred to the process of imparting knowledge and skills to community members to enable them assess, analyze and take appropriate action on issues that concern them using locally available resources.
- **Community ownership** – referred to community participation that was developed to increase people's sense of control over issues that affect their lives.
- **Community mobilization** – referred to bringing people together for a given purpose.
- **Community sensitization** - referred to information dissemination to community members in relation to malaria issues.

### **1.12 Limitations:**

The study limitations under considerations hinged on the research design which was basically a case study whose findings and conclusions would not be generalized to other similar situations but only to the very population of the study. Secondly this being the researcher's area of operation, bias could not be ruled out. However, randomization in sample selection was emphasized as to minimize the bias. Thirdly deficiency of data collection instruments which could have left some gaps not well captured. The researcher tried to ensure validity and reliability through expert judgment and reliability test of the instruments using cronbach alpha coefficients.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviewed the literature related to community participation and its effects on sustainability of community health projects. It focused on the objectives of the study which were the guide of the entire research. The themes were: To examine the extent to which community participation in problem identification affected sustainability of community health projects, to establish the extent to which community participation in programme planning influenced sustainability of community health projects, to investigate the extent to which different forms of community participation in Programme implementation affected sustainability of community health projects and assess whether community participation in monitoring and evaluation of community health projects influenced their sustainability. The review included primary and secondary data from journal articles, text books, dissertations and conference papers.

#### **2.1 Community participation and sustainability of community health projects.**

There seemed to be consensus among researchers of 1990s and early 2000 on the different levels or domains of community participation visa vis needs assessment or problem identification, planning, implementation, monitoring and evaluation (Plaut et al 1992, Susan, Rifkin 1998, Howard – Grabman and Senetro 2002). Further it was agreed that community participation in the design of community health projects improves content and process in several ways thereby producing more sustainable interventions. However, note was made that despite the importance of and interest in community participation in health projects, there was little discussion on how to build and enhance this participation that leads to sustainable interventions. Further it was

noted by a number of researchers that in reality there is a broad range of what is considered community participation. This ranged from active to passive, contractual to collegiate, tokenism to degrees of citizen power as noted by Arnstein (1969). The question was at what level or levels does community participation affect sustainability which was an area of interest to investigate

On the other hand note was made that researchers on sustainability also set the concept within the life cycle perspective about program development, implementation, evaluation, maintenance, dissemination to other sites or beneficiaries (Livit & Wandersman, 2004, Pluye, Potvin & Denis 2004, Scheirer, 1990). However, to determine its influences, researchers agreed that there were no discrete variables whose strength of effects could be tested in isolation of one another. This implied that community participation parse cannot determine sustainability of community health projects but an understanding of the extent of its effect and influence could pave one of the ways to ensuring sustainability. Scheirer (2005) noted that out of the 17 studies on sustainability carried out 14 of these reported 60% having sustained one aspect of the programme and wondered whether this was evidence enough to say that sustainability had occurred. More so the notion of having sustainability pass mark or minimum threshold and who decides it basing on what values still remained a challenge that needed critical reflection. Further still it was noted that health programmes that are evolving with new knowledge being added to address health problems, projects and programmes of a decade ago may not be worth sustaining rather good ones that have evolved using new knowledge to shape their design and actions should be emphasized. This puts a question whether sustainability in relation to health is a reality or should be taken superficially. Therefore this necessitated more research in this area given that different

settings and context impact differently on the way people participate and the consequent sustainability of interventions.

## **2.2 Community participation in problem identification and sustainability of community health projects.**

It was noted that community participation at this level of problem identification involves consultation meetings, needs assessment and decision making about the interventions to take on. According to World Health Organization (WHO, 1991) engaging local communities to participate in identifying their own health priorities spurs the development of innovative culturally acceptable solutions with locally available resources' (Vinod, 2000). It is assumed that when people are involved at this stage, they gain skills in assessing needs, setting priorities, and gain control over their environment. Further it was noted that this is a stage where discussions and questions occur to provide valuable input on community needs and that it may lead to increased interest of people in the project and therefore become more involved.

However, Arnstein (1969), Susan et al (1990) noted that involving people in consultations when not combined with other modes of participation it offers no assurance that peoples' concerns and ideas would be taken into account. They note that when peoples' ideas are restricted to consultation, participation remains just a window-dressing ritual. They argued that participation cannot be quantified on the number of people that attend meetings or answering of questionnaires since this only indicates that those with power succeed in having evidence of

involving the grassroots people but in actual since what happens is that people just participate in participation. In addition it was noted in the literature that this was the least participatory domain and therefore given the low levels of literacy for most community members, lack of trust by development implementers in the ability of the people to make sensible decisions, this could hamper the degree and effect of peoples' participation on the development process. According to UNDP as cited by Narayana, (2002) participation is a time consuming process which if equated in monetary terms, the approach would not be justifiable given the high expenditures involved. Further still communities given their poverty stricken conditions have little say in issues affecting their livelihoods. It's upon the onus of development agencies to involve communities in consultations to justify their moves which are the already set agendas of the development agencies. In this case major decisions are made on behalf of the community members.

Given the above scenario, such instances spelled out the gap for community participation in terms of intensity and consequently sustainability constrained in terms of increased community interest in the projects by the very communities.

### **2.3 Community participation in project planning and sustainability of community health projects**

Studies have documented that once a community plays a key role in the planning process the success of that health program is guaranteed (Village Health Team Training Manual).The researchers seemed to agree that this stage covers the road map of the project in which project direction, strategy to achieve goals and determination of resources (budget) to implement the

projects are key for project success and sustainability (Poli, Shenhar, & Reilly 2005, Saul & Tanya Nov 2004, Plaut et al 1992). It was noted that participation at this stage engenders a sense of project ownership by community members and determines the level of project effectiveness.

Further note was made that participation in the planning process triggers off the advancement from lower to higher levels of participation in the community health activities (WHO 1991). The community can be involved in planning, both in creating the project plan and making changes along the way. Initially, the staff can work with community representatives in developing the project design. As a team, the staff and community representatives map out the general direction of the project and discuss partnership expectations. With community input in planning, the inevitable adjustments that are needed during a project can be ongoing and can make it ultimately more effective. Meetings can be held with various community representatives and stakeholders to review materials, discuss tactics for accomplishing project goals, and generate new ideas.

The review further indicated that this increases community knowledge hence empowering the household members to sustain the initiated programme. In addition it was noted that participation at this stage gives people an opportunity to prioritize the identified health problems/need and solve them according to the identified available resources. The review further indicated that in the process communities resolve to get involved in developing capacity and contributing resources to solving the identified health issues.

However, note was made that there are few local resources to draw upon. This was supported by (Bossert's, 1990) comparative analysis of health projects which demonstrated that projects in Africa were significantly less likely to be sustained than those in Central America. This was attributed to greater economic deterioration and weaker governmental institutions compared to Central America. Given this scenario the researcher questioned the intensity of community participation that would guarantee sustainability as is portrayed above that involving people in planning empowers them to sustain programmes.

#### **2.4 Community participation in project implementation and sustainability of community health projects**

Researchers of the 1990 agreed that involvement by community members was a way to incorporate local values and attitudes into the program and to build the layman's perspective into the program. It was observed that this participation engenders a sense of identification and continuing responsibility for the program, often referred to as the principle of ownership.

According to Shaeffer, (1994), he identified 7 levels of people participation that range from passive collaboration to active role by community members. This similar to Arnstein (1969) eight rungs on the Ladder of Citizen Participation indicated that there was no uniform participation through the project cycle and therefore the form of participation at whatever level was equally important. However, the level of significance at every stage as to qualify sustainability of the programme was the question that needed investigation.

At implementation level it was noted that communities could participate in form of using the service like a PHC facility, resource mobilization by contributing money and materials, attending meetings, training workshops and consultations on different issues, delivery of a service like nets distribution, implementers of delegated powers and participation in decision making. It was noted further according to Arcury et al (1999) that the implementation mode of participation suggests that capacity building should be an important outcome of a project. For community members to implement an intervention they need to receive technical assistance and resources and therefore time is built into the project for training and acquisition of materials.

According Documentation of Capacity Building Experience in Uganda (November 2000) both government and non-government agencies (NGOs) during the 1990s had implemented a number of community based health care (CBHC) projects, investing large amounts of resources in these efforts. However, the traditional approaches used in these projects such as the training of community health workers to deliver specific services like nutrition education, immunizations, sanitation improvement etc., did not yield the expected outcomes. Communities did not own these programs since they were usually provided to them by donor organizations and were not linked to a decentralized political structure that encouraged people to participate in health.

The above scenario partly explained why sustainability of the health projects was unrealistic and because donor organizations work under deadlines this could in a way affect the level at which community members had to be involved lest project delays were to be faced by the

implementers. This was noted to be a source of conflict whether sustainability issues were to take precedence above meeting deadlines or the reverse was true.

#### **2.4.1 Community mobilization**

Community mobilization was taken to be the planned process of creating awareness, generating community support and participation through capacity building, resource mobilization, information/media management, service delivery, monitoring and evaluation of a program so that the community owned and sustained the program.(VHT training manual). Whereas community mobilization was regarded very important in implementation of community health projects, it was noted that it faces challenges of inadequate commitment by community members (participants) who are basically volunteers. Volunteerism was found to be hard to sustain and therefore expected exhaustion, fatigue and burnt- out of the community members. This definitely was observed to have a bearing on sustainability of the projects. How sustainability could be ensured in such a scenario was a question of concern.

#### **2.4.2 Training of Fight Malaria Committees**

Projects with training (professional and paraprofessional) components were noted to be more likely sustained than those without: those trained can continue to provide benefits, train others and form a constituency in support of the program (Bossert, 1990).The experience of the Stanford FCP provided further support for the inclusion of training as a sustainability-enhancing strategy. A key component of the Stanford FCP's capacity-building approach to intervention maintenance involved training a cadre of local health educators to continue the work in heart disease education and also a training of trainers for transmission of knowledge and skills to others health educators in the community to benefit the community at large.



LAMPS trained men and women from communities herein referred to as Fight Malaria Communities to carry out trainings to their communities on issues relating to malaria. On top of this 12 selected members from the committees were trained as trainers of trainees (TOT) to carry on the trainings for subsequent interventions. These committees play various roles in having the communities mobilized to participate in project activities. However, the question was how far this could go on without the support to these volunteers were getting from the project. Whereas it was noted that containing the costs of the program through the use of volunteers and other means is viewed by some program operators as a means of enhancing sustainability (Scheirer, 2005), volunteerism in Ugandan situation given the economic status faces many challenges and this triggered the researcher to investigate how the communities' participation given this scenario was likely to affect the anticipated sustainability of the project.

### **2.4.3 Nets usage**

Studies have shown that Insecticide Treated Nets (ITN) usage has a protective efficacy of 17%, saves about six lives each year for every 1000 children protected, and reduces the incidence of mild malaria episodes by 48%. ITNs have substantially reduced clinical episodes of mild and severe malaria and malaria-related anemia. However, note was made that such interventions are widely never used. Statistics showed that fewer than 5% of children in malaria-endemic communities slept under ITNs. (VHT manual).

In Uganda according to Ministry of Health 85% coverage of nets distribution is recommended to be sure that the populace is protected against malaria. Whereas this is the desired distribution, statistics showed that the distribution by LAMPS fell below the expected (64.5%) according to *LAMPS final evaluation report 2010*). The question further was whether people used the nets as

expected besides the need to acquire more. Further the capacity of community members to acquire nets on their own without the prior support from the project was an area of interest in line with sustainability.

#### **2.4.4 Prompt malaria management**

Home Based Management of Fevers (HBMF), was one of the strategies developed by the Ministry of Health in a bid to reduce the spread of fevers such as malaria in children below 5 years of age through improved community and home management of fever. This strategy could only be achieved through continuous efforts of all community stakeholders; which made the Village Health Teams very relevant in the control of fevers. However, given the realities on ground of absence of drugs in health centers, CMD supply centers at village levels (*Village reports and health center reports*) their efforts were frustrated and therefore a gap that needed to be investigated for possible recommendations.

#### **2.4.5 Mobilization of local resources**

The government of Uganda under ministry of health created through the Village health Team strategy the restoration of the confidence of people to mobilize resources by identifying and using the available resources to realize sustainable development. This being the desirable was however, faced with the challenges of biting poverty that hindered people to participate in contributing the little they have. Therefore a gap remains since resources are very key in determining the sustainability of any programme and these include all the resources ranging from human, financial and material resources. It was noted that several studies show that sustainability increases when programs have multiple sources of funding (Light, 1998; Marek, Mancini, & Brock, 1999), when financing strategies are in place, and when these strategies are implemented early on (Fagen, 2001; Goodson et al., 2001; Pluye, 2002; Steadman et al., 2002; Stevens &

Peikes, 2006). They noted that postponement of efforts to obtain funding to later stages of the program can be a major obstacle to program sustainability (Akerlund, 2000; Marek et al., 1999).

## **2.5 Community participation in monitoring and evaluation and sustainability of community health projects**

Ongoing program evaluation was viewed as a valuable tool to promote sustainability. In addition to achieving alignment of the program's characteristics with the needs of its stakeholders (Johnson et al., 2004, Weiss et al. (2002) argued that program evaluation can help in the development of strategies for sustainability, to follow up their implementation, and to evaluate their effectiveness. Similarly, it was noted that evaluation could be useful in identifying problems in the program and in facilitating flexibility. In addition to this Elsworth and Astbury (2004) viewed internal monitoring of sustainability of activities, ongoing program development and evaluation, dissemination of evaluation findings, and the building of organizational structures needed for program activities as important enabling strategies that lead to program sustainability. Bossert (1990) stressed the need to evaluate and not assume that continued activities actually produce continued benefits.

Whereas the researchers were in agreement about the importance of monitoring and evaluation, they did not specifically come up with who should do it. Is it the programme staff, external evaluators or does the community participates to carry out the above exercises? When it is done for whose interest; are questions that needed to be answered as to establish the effect on the project sustainability.

## **2.6 Summary of the literature review**

In summary the review revealed that community participation was very necessary if projects were to be sustained. Researchers tended to agree that when people were involved in the planning, implementation, monitoring and evaluation of the development intervention affecting them, they would own the project and have their capacity built to ensure sustainability of the development intervention. Further there was agreement that participation can be at different levels that impact on the projects at different times as to influence their sustainability. These levels ranged from passive to active participation. There was still agreement on the fact that the two concepts of community participation and sustainability are broad and multifaceted and therefore no single set of guidelines could be used as to how to implement them.

Whereas it was noted that there was much documentation on the positive relationship between the two concepts, not much has been published on how to build community participation and later on sustainability. In the latter case it was noted by some researchers that its influences were not discrete variables whose strength of effect could be easily tested in isolation from one another therefore the more need for research in this area as to add to the body of knowledge given that different settings and contexts may have different influences. On the other hand the extent of the effect of community participation on sustainability and at what point of stage in the project cycle does one qualify community participation to greatly affect sustainability of community health projects was not yet widely researched and therefore the need to contribute to the body of knowledge in this particular field.

## **CHAPTER THREE**

### **METHODOLOGY:**

#### **3.0 Introduction**

This chapter presents the research methodology used in investigating the effect of community participation on sustainability of community health projects in Bungokho sub-county in particular the Local Anti Malaria Programme Support (LAMPS). The chapter presents the research design, study population, sample size and selection, sampling techniques and procedures, data collection methods, data collection instruments, quality control (validity and reliability), procedure of data collection, data analysis and measurements of variables.

#### **3.1 Research Design**

The researcher used a case study design to investigate the effect of community participation on sustainability of community health projects. This was chosen for purposes of having an in depth study of the single phenomenon of LAMPS from which a basis could be obtained as to gain insight into larger cases. The case study method helped the researcher to describe and explain the effect of the relationship between the variables of the study. Both qualitative and quantitative methods of data collection were used for triangulation of data collected. This was to ensure that data not captured by the questionnaire probably due to the design, could be captured and the gap filled by qualitative data deduced from the rest of the qualitative instruments used in the study. Further it was ensure that there was consistence of results as to be considered reliable and valid. The unit of the data analysis was the households from the selected villages.

## 3.2 Study Population

The study population included the 1,200 households from beneficiary communities of Bungokho sub-county that were getting services from LAMPS, 19 members of the fight malaria committees and 4 key informant interviewees.

### 3.2.1 Sample size and selection

The sample size for the study comprised 314 respondents. It was determined using sampling table by Krejcie & Morgan (1970).

**Table 1 Population and sampling technique to be used to select the study respondents.**

Population category	Population	Sample size	Percentage	Sampling technique
Households	1,200	291	24.3%	Proportionate random sampling
Fight Malaria committees	20	19	95%	Purposive
Key informants	4	4	100%	Census
Total	1,244	314	25.2%	

Source: Sub-county and project records

### 3.2.2 Sampling techniques and procedure

The sampling techniques included random and non –random sampling techniques for sampling of elements in the different categories of population targeted for the study. (Sekeran, 2003, Amin, 2005). Three villages from each parish were randomly selected to constitute a cluster from

which the sample for the study was selected. This was done to have equal and fair representation of the total population in the sample from the four parishes of Bungokho. From the selected village clusters proportionate random sampling of the households using the lottery method was done. This was because every element in the population frame had equal chance of being selected. This method was used because it was the simplest technique (Mbaaga 2000). The random sampling technique was meant to eliminate bias and allow for generalization of the findings to the rest of the villages under the project.

Under non-random sampling technique purposive sampling and census was used considering the capacity of the sampled elements to provide the required information for the study. The key informants and subjects for the Focus Group Discussions were purposively selected for expert opinion on the particular information that was needed for the study topic. They included: The District Health officer Mbale, LC III chairman Bungokho sub-county, chairman LAMPSPAC, Executive Director UWCM and two Fight Malaria Committees.

### **3.3 Data collection Methods and instruments**

#### **3.3.1 Questionnaire**

A questionnaire data collection method was used in the collection of quantitative data. The researcher and the research assistants administered the questionnaire to the respondents given that the literacy levels of the people in Bungokho are low. This involved reading the questions to the respondents and ticking the questionnaire according to the responses given by the respondents.

A structured questionnaire was used to collect information from the subjects of the study. It had questions of category type like education levels and scale type using the Likert scale of measurement with five category response of Strongly agree, Agree, Not sure, Disagree and Strongly disagree.

The choice of this instrument based on the ability to collecting information within a short space of time from a big number of respondents. Secondly the would - be problem of non response because people didn't not know to read and write was minimized as the researcher and assistants administered the questionnaire.

Qualitative data was collected through Focus Group Discussion, Key Informant Interviews, documentary review and direct observations.

### **3.3.2 Focus Group Discussion**

Focus Group Discussions were held using a focus group discussion guide. This contained a list of open ended questions in relation to community participation in need identification, project planning, implementation, monitoring and evaluation and how they contributed to sustainability of LAMPS project. The respondents were selected basing on the knowledge and expertise they possessed in relation to the study concepts and variables. The researcher conducted the discussions with two Fight malaria Committees from the selected villages. The rationale behind was to get the groups' opinion on whether community participation would contribute to sustainability of the Local Anti Malaria Programme Support project in Bungokh



### **3.3.3 Key Informant Interviews**

Face to face interviews were conducted between the researchers and selected Key Informants from Mbale District Health Office, Bungokho Sub-county Office, Uganda Women Concern Ministry Office and LAMPSPAC Office. The in depth information required from the informants was deduced through use of interview guide in which open ended questions used helped the researcher to get detailed information from the respondents.

### **3.3.4 Documentary Review**

Review of documents was carried out using a documentary analysis checklist. A list of documents to be reviewed was prepared to guide the search for necessary information for the study. The documents included monthly activity reports of villages to LAMPS office, village record books, constitutions, local contribution record books, village work plans, monitoring reports, signed Memorandum of Understanding, and Bank records for the villages' Bank accounts. The records helped to confirm the data that was gathered through other research instruments.

### **3.3.5 Observation**

Direct observation was used in assessing some of the activities carried out by the beneficiaries like hanging nets, clearing of drainages and the homestead surroundings. This was confirmatory test on the behavior change practices by community members. An observation checklist containing variables that were to be observed like tied up nets, drained community swamps, cleared households of broken pots, tins, holes and bushes was used.

### 3.4 Pretesting of the instruments (Validity and Reliability)

The researcher subjected the instrument to expert judgment and this was done by the supervisors both the UMI and work based supervisors. The two evaluated the relevance of each item in the instrument to the objectives as to establish the validity of the instrument. The questions were rated on the scale where 4 (very relevant), 3 (quite relevant), 2 (somewhat relevant), 1 (not relevant). The two rated the questionnaire whereby both rated the questions by giving 4 or 3 and this came to 57. To calculate the CVI this total was divided by the total number of questions in the questionnaire rated which is 69. It was established from the two judgments that  $CVI = 0.826$ . Further for each of the variables in the questionnaire the CVI was calculated as indicated in the table below.

**Table 2 Validity of instrument**

Variable	No. of items	Content Validity Index
Problem identification	13	0.77
Programme planning	11	0.91
Programme implementation	22	0.73
Monitoring and Evaluation	3	1
Sustainability	20	0.9

Source: Primary data

Table 2 shows that all variables had a high CVI suggesting that they were valid in measuring what they were supposed to measure.

Similarly a cronbach alpha coefficient for the internal consistency of the items in the questionnaire was established using SPSS test for reliability and the results were as indicated in the table below.

**Table 3 Reliability of instrument**

<b>Variable</b>	<b>No. of items</b>	<b>Cronbach alpha value</b>
Problem identification	13	0.851
Programme planning	11	0.728
Programme implementation	22	0.728
Monitoring and Evaluation	3	0.751
Sustainability	20	0.740

Source: Primary data

Table 3.3 shows that community participation in problem identification was measured using 13 items and yielded cronbach alpha value of 0.851 while community participation in project planning measured 11 items which yielded 0.728. Community participation in project implementation measured 22 items and this yielded the cronbach alpha value of 0.728 while monitoring and evaluation scored 0.751 from the 3 items measured. Lastly sustainability measured 20 items which yielded 0.740 cronbach alpha value.

Since all cronbach alpha values were above 0.70 recommended for social sciences, it was inferred that the instrument consistently measured what it was supposed to measure thus the instrument was reliable.

### **3.5 Procedures of Data Collection**

Permission to conduct the research was granted by UMI by giving me a letter of transmittal which was presented to respondents before conducting the interviews and administering the questionnaire. The letter explained the importance of the study and its significance. Consent

from the relevant authorities, individuals, research assistants and a member of the participating households was sought for the research to be conducted with maximum cooperation. A letter from the researcher explaining the purpose of the study and instructions of how to go about answering the questions was also given to respondents. Before the research assistants proceeded to the field two days of meeting with the researcher were held to have them acquainted with the questionnaire and made sure they understood every item therein as to administer it with confidence. Both qualitative and quantitative methods of data collection were used.

### **3.6 Data analysis**

Data analysis was carried out depending on the type of data. This involved both qualitative and quantitative data. With qualitative data the researcher edited and organized the findings into themes that were aggregated for meaningful interpretation in relation to the study. Before quantitative data analysis was done, the researcher transformed the data that had many variables into single variables of problem identification, project planning, project implementation, monitoring and evaluation and sustainability to modify it as to be fit for analysis. The researcher tested the normality and linearity of the data using scatter plots and histograms before proceeding to do correlations and regressions. The tests carried out confirmed normality of data distribution and linearity of the relationships between the variables. The researcher therefore used Pearson correlation coefficient to determine the strength of the relationship and prediction in variability of the dependent variable. Descriptive statistics of percentages, mean and standard deviation were used to analyze the quantitative data in the questionnaire. Tabular and graphic presentation of the data was done to summarize the data just in a short space and allow easy interpretation of the same.

### **3.7 Measurement of Variables**

#### **Measurement of participation**

Participation was measured in four dimensions of problem identification, planning, implementation, monitoring and evaluation. The Likert scale was used to measure the variables on the five scale continuum of “Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree” where 1= strongly disagree and 5 = strongly agree. The Nominal scale was used to measure the demographic characteristics of the respondents while ordinal scale was used to measure the opinions and attitudes of respondents about the variables.

Participation in problem identification was measured by 3 items asking respondents to show the extent to which they participated in consultative meetings, needs assessment and decision making. Respondents showed the extent to which they agreed with the items on 5 point scale ranging from 1= strongly disagree to 5= strongly agree. Participation in planning was also measured by 3 items of project design, project budget and project strategy to which respondents were asked the extent to which they agreed with the items under each element using the same 5 point scale. Further participation in implementation was measured by 5 items of community mobilization/ sensitization, training of Fight Malaria Committees, net usage, prompt malaria management and mobilization of local resources. In the same way respondents were asked to show the extent to which they agreed with the items in each of these elements as measured by the Likert scale. Finally participation in monitoring and evaluation was measured by 2 items in respect to monitoring beneficiary participants and programme indicators. Like in the preceding dimensions, respondents were asked to show the extent to which they agreed with the items on the five point scale.

### **Measurement of sustainability**

Measurement of sustainability of LAMPS project was measured by 4 items of sustainability of project benefits, behavior change, community empowerment and community ownership of project asking to show how they agreed with the items in each of the dimensions on a 5 point scale ranging from 1= strongly disagree and 5= strongly agree.

## **CHAPTER FOUR**

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

#### **4.0 Introduction**

This chapter presents analyses and interprets the study findings arising from the raw data collected from the field using questionnaire, interview guide, observation and documentary analysis on community participation and sustainability of Local Anti Malaria Programme Support in Bungokho sub-county. The first section presents the response rate. This is followed by background information about the respondents and a presentation and analysis of the study findings in relation to the specific objectives.

#### **4.1. Response rate**

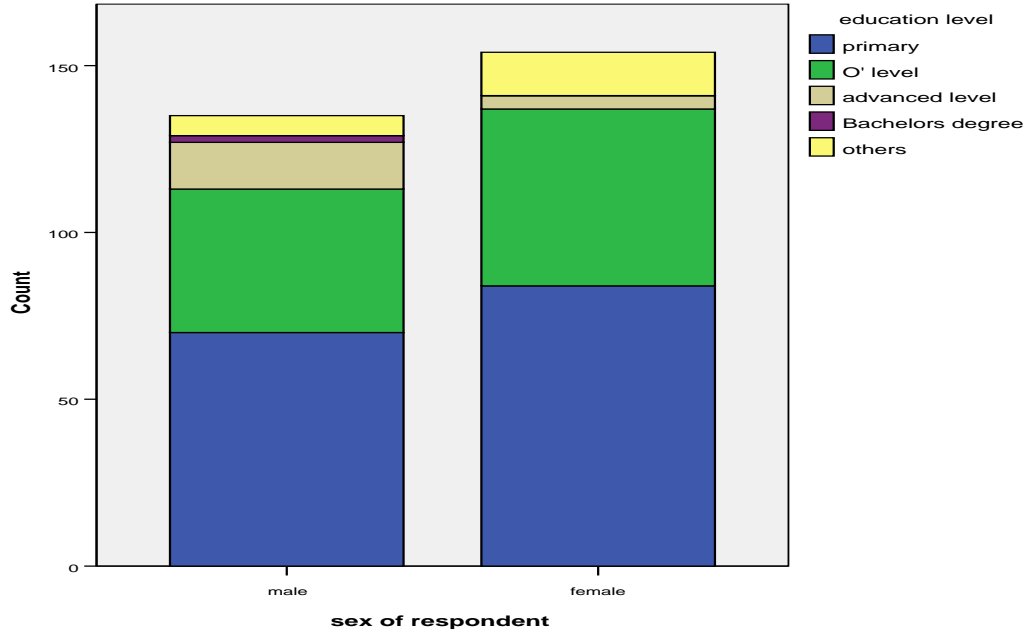
A total of 291 questionnaires were distributed and all were returned making a response rate of 100%. The high response rate was expected since the questionnaires targeted mainly households and the malaria committees in the project area who were easily accessible to by the researcher and the research assistants.

#### **4.2 Demographic characteristics about the respondents.**

This section gives the characteristics of the respondents in form of cross tabulations and graphic presentation in relation to gender and education, occupation and location by parish.

**Table 4 Respondents education and gender**

Profile	Description	Gender		Total
		Male	Female	
Education level	Primary	70(24.2%)	84(29.1%)	154(53.3%)
	O level	43(14.9%)	53(18.3%)	96(33.2%)
	Advanced level	14(4.8%)	4(1.4%)	18(6.2%)
	Bachelors Degree	2(0.7%)		2(0.7%)
	Others	6(2.1%)	13(4.5%)	19(6.6%)
	<b>Total</b>		<b>135(46.7%)</b>	<b>154(53.3%)</b>



Source: Primary data

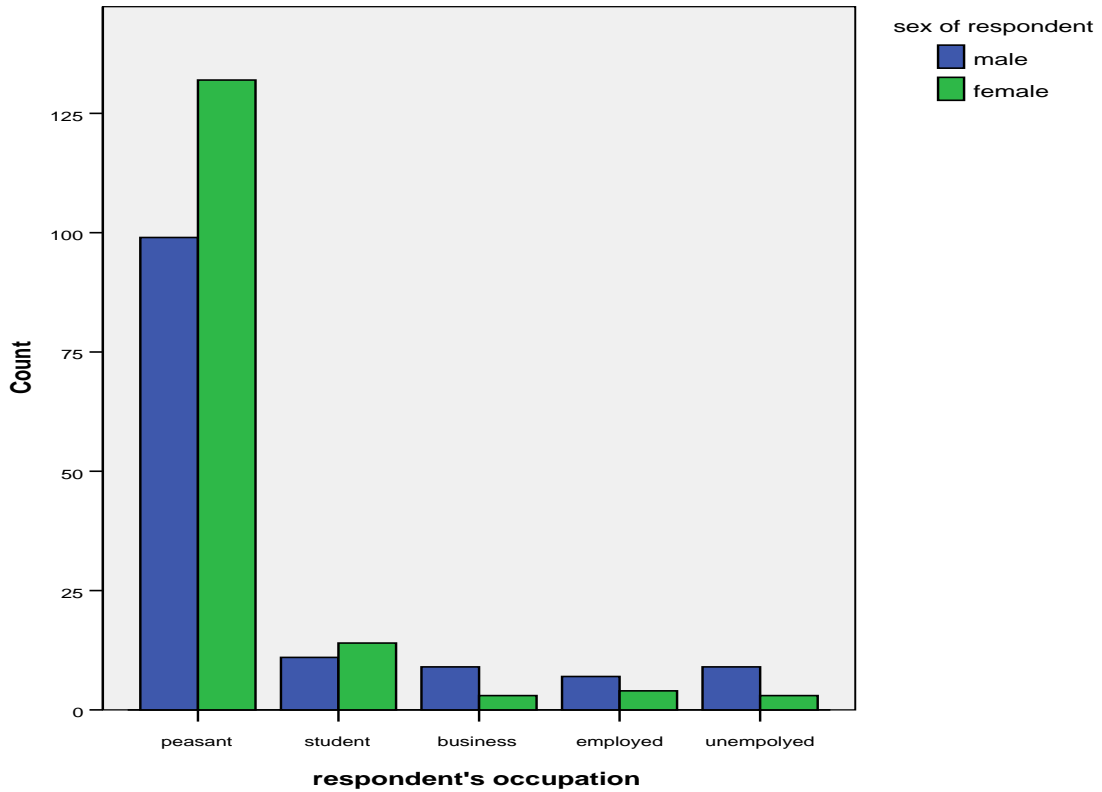
**Figure 2 Respondents education level and gender**



Table 4 and figure 2 show that a majority of 53.3% of the respondents was of primary level education followed by 33.2% who were of ordinary level and 0.7% who had attained a university degree. Those who had attained other forms of education other than those mentioned above constituted 6.6% of the total number of respondents. This can be interpreted that majority people of lower education levels tended to participate more in LAMPS compared to those of ordinary and higher levels of education. On the other hand it could be interpreted that majority respondents of the study were of low education levels and particularly women as compared to men.

**Table 5 Respondents occupation and gender**

Profile	Description	Gender		Total
		Male	Female	
<b>Respondent's occupation</b>	Peasant	99(34.0%)	132(45.4%)	231(79.4%)
	Student	11(3.8%)	14(4.8%)	25(8.6%)
	Business	9(3.1%)	3(1.0%)	12(4.1%)
	Employed	7(2.4%)	4(1.4%)	11(3.8%)
	Unemployed	9(3.1%)	3(1.0%)	12(4.1%)
	<b>Total</b>	<b>135(46.4%)</b>	<b>156(53.6%)</b>	<b>291(100%)</b>



Source: Primary data

**Figure 3 Respondents occupation and gender**

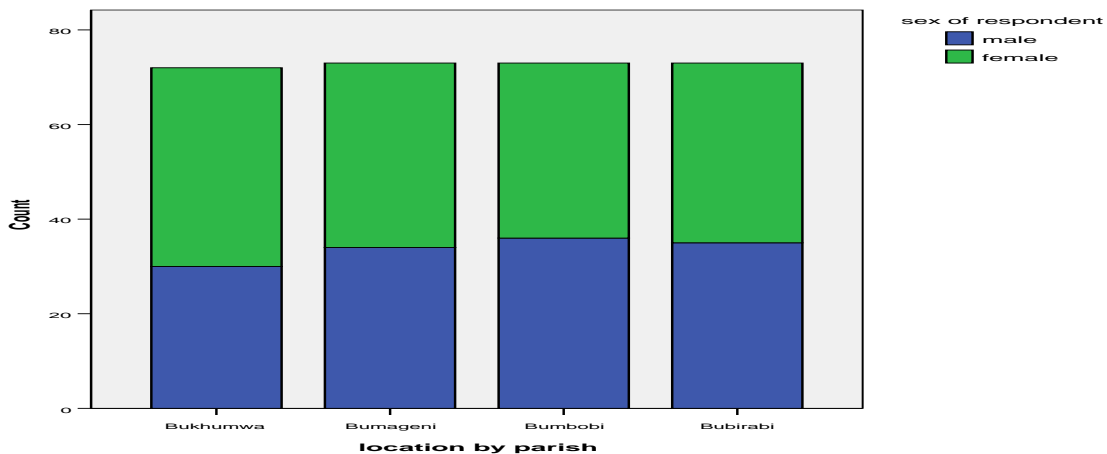
Table 5 and figure 3 shows that a majority of 79.4% were peasants followed by 8.6% who were students 4.1% who were either business persons or unemployed while only 3.8% indicated that they were formally employed. These findings suggested that majority people who participated in LAMPS project were low income earners. Their participation was higher compared to those in other occupations as indicated in figure 3.

**Table 6 Respondents location by parish**

Profile	Description	Gender		Total
		Male	Female	
<b>Location by parish</b>	Bukhumwa	30(10.3%)	42(14.4%)	72(24.7%)
	Bumageni	34(11.7%)	39(13.4%)	73(25.1%)
	Bumbobi	36(12.4%)	37(12.7%)	73(25.1%)
	Bubirabi	35(12.0%)	38(13.1%)	73(25.1%)
	<b>Total</b>	<b>135(46.4%)</b>	<b>156(53.6%)</b>	<b>291(100%)</b>

Source: Primary data.

Table 6 and figure 4 show that other than Bukhumwa parish which constituted 24.7% of the total number of respondents, an equal number (25.1% each) of respondents came from the parishes of Bumageni, Bumbobi and Bubirabi. This indicated equal representation of the population sample for the study.



Source: Primary data

**Figure 4 Respondents location by parish**

### **4.3. Major findings**

The empirical findings are presented and analyzed using descriptive statistics of mean, standard deviation, correlation and regression results in relation to the specific objectives. The purpose of the study was to investigate the extent to which community participation affects the sustainability of community health projects. In this section the study findings are presented as follows: the extent to which community participation in problem identification affected sustainability of LAMPS in Bungokho sub-county, Mbale district; the extent community participation in project planning influenced sustainability of LAMPS in Bungokho sub-county, Mbale district; the extent to which different forms of community participation in project implementation of LAMPS affected project sustainability in Bungokho sub-county, Mbale district; whether community participation in monitoring and evaluation of LAMPS activities influenced project's sustainability in Bungokho sub-county, Mbale district. All the variables were measured on a five point Likert scale ranging from 5= strongly agree, 4 = agree, 3 = not sure, 2 = disagree and 1= strongly disagree.

#### **4.3.1. The extent to which community participation in problem identification affected sustainability of LAMPS in Bungokho sub-county, Mbale district.**

The first objective of this study was to examine the extent to which community participation in problem identification affected sustainability of LAMPS in Bungokho sub-county, Mbale district. According to the conceptual framework, indicators of community participation in problem identification included participation in consultation meetings, needs assessments, and decision making. The study analyzed the extent to which community participation in problem identification was effective and the findings on each of the effective indicators of community participation in problem identification are presented in table 10.

**Table 7 Mean and standard deviation results for problem identification of the LAMPS.**

	N	Mean	Std. Deviation
	Statistic	Statistic	Statistic
Consultation	291	4.1765	.91002
Needsass	291	4.6186	.56105
Decision	291	3.7775	.81612
Valid N (listwise)	291		
Problem identification	291	4.1901	.61158
Valid N(listwise)	291		

Source: Primary data

The researcher used a 5 point scale which ranged from 1-5 whereby 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree indicating that a mean score above 3 would suggest that the respondents were in agreement with the items asked in the questionnaire while a mean score below 3 would suggest that respondents were in disagreement with the items asked.

Further a mean score of 3 would suggest that the respondents were not sure of the items asked.

Therefore according to the descriptive statistics in table 7, it shows that respondents were in agreement that they participated in problem identification (mean= 4.19, std deviation= 0.611) in the area of consultation (mean=4.17, std deviation=0.910), needs assessment (mean= 4.61, std deviation=0.56), and decision making (mean=3.77, std deviation 0.81). These findings suggested that effort was undertaken to involve the community during problem identification as intentions of the project were communicated and therefore a likelihood of gaining acceptance and ownership of the project idea in the community which could contribute to LAMPS project sustainability. Further the statistics show that respondents participated more in problem identification and needs assessment than in decision making. In a focus group discussion with

the respondents it was established that after identification and needs assessment, the vision bearer Natasha went back to Australia and on coming back the major decisions were already set to begin the project. This was interpreted that the community members were more actively involved in the two stages of problem identification yet passively involved in decision making.

#### 4.3.1.1 Correlation analysis between community participation in problem identification and sustainability of LAMPS in Bungokho sub-county.

To test if there was relationship between community participation in problem identification and sustainability of LAMPS project in Bungokho sub-county, Mbale district, a correlation analysis was conducted using Pearson’s correlation coefficient and significance at the two tailed level and the findings are shown in the correlation matrix in table.

**Table 8 Correlation matrix between community participation in problem identification and sustainability of LAMPS**

		Problem Identification	Project Sustainability
Problem Identification	Pearson Correlation	1	.339**
	Sig. (2-tailed)		.000
	N	291	291
Project Sustainability	Pearson Correlation	.339**	1
	Sig. (2-tailed)	.000	
	N	291	291

\*\* Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 8 shows the Pearson’s correlation coefficient  $r = 0.339^{**}$  between community participation in problem identification and sustainability of LAMPS project suggesting that the two variables were related. The  $r = 0.339^{**}$  and significance  $p = 0.000$  between community

participation in problem identification and sustainability of LAMPS project suggests that there was a slight positive significant relationship between community participation in problem identification and sustainability of LAMPS project at 99% confidence level. This has policy implication in that to achieve the desired level of sustainability of LAMPS project there was need for community consultation meetings, needs assessments, and decision making.

**4.3.1.2. Regression model between community participation in problem identification and sustainability of LAMPS**

A regression analysis was conducted to measure the extent to which community participation in problem identification predicted the variance in sustainability of LAMPS in Bungokho sub-county using the adjusted R<sup>2</sup> values, standardized beta values, t values and the significance measured at 0.05 level and the findings are tabulated in table below.

**Table 9 Showing Regression results between community participation in problem identification and sustainability of LAMPS in Bungokho**

**Coefficients(a)**

Model		Standardized Coefficients	t	Sig.
		Beta		
	(Constant)		16.101	.000
	Problem Identification	.339	6.116	.000
	F= 37.403*** Adjusted R= .112			

a Predictors: (Constant), Problem Identification

b Dependent Variable: Project Sustainability

The model in table 9 shows simple linear regression analysis of participation in problem identification and project sustainability which yielded a beta value of 0.339 with a t- value of

16.101 and p- value (0.000) implying that the relationship is statistically significant. Hence we would say that there was a statistically positive linear relationship between community participation in problem identification and sustainability of LAMPS. Adjusted  $R^2$  value of 0.112 indicated that community participation in problem identification predicted 11.2% of the variance in the sustainability of LAMPS. This suggested that the model did not fit the data well due to a small value however, F value = 37.403 and ( $p < 0.05$ ) demonstrated that the association between the variables was statistically significant. Thus hypothesis 1 is supported by the data in the present study.

In a focus group discussion, the FMC respondents were not sure of when the project started except for few members who could remember that the project started in 2007 though they could not tell the month in which it started. And when asked on who started the project, they indicated Uganda Women Concern Ministry, pilot villages, Natasha from Australia and a group of ladies from the pilot villages of Makambo and Natondome.

At the inception stage, the community members felt that the idea was highly welcomed by the community since malaria was a very big problem to them so they said. They said that over 80% of the pilot villages welcomed the idea. On how the needs were identified, the discussants reported that there was a research conducted in the area in which people were tested by carrying out blood testing and also being asked questions of the health problems they were facing. It was reported that the researchers went house to house asking different questions while also carrying out blood tests. Similarly, in a FGD, the respondents unanimously responded that it was community members who told the researchers the problems they were facing. The discussants



further told the researcher that results from the research showed that there was high prevalence of malaria killing people. They said children were dying morning and evening and that most people thought that their children were being bewitched. Secondly the respondents said there was manpower to do the work. Thirdly they said that there was facilitation from the funder who provided funds to start the programme. These formed the basis to carry out the program.

#### **4.3.2. The extent to which community participation in project planning influenced sustainability of LAMPS in Bungokho sub-county, Mbale district.**

The second objective of this study was to establish the extent to which community participation in project planning influenced sustainability of LAMPS in Bungokho sub-county, Mbale district. Community participation in project planning according to the conceptual framework included aspects of participation in project design, project budgeting, and project strategy. The study analyzed the extent to which community participation in project planning influenced sustainability and the findings on each of the effective indicators of community participation in planning are presented in table 13.

**Table 10 Mean and standard deviation results for project planning**

	N	Mean	Std. Deviation
	Statistic	Statistic	Statistic
Projectde	291	3.3247	.58740
Projectbt	291	3.1002	.70237
Prostrategy	291	4.5928	1.14168
Valid N (listwise)	291		
Project planning	291	3.7253	.54781
Valid N (listwise)	291		

Source: Primary data

Table 10 shows that respondents agreed about their participation in project planning (mean=3.72, std deviation= 0.547) in the area of project design (mean=3.32, std deviation=0.587), project budgeting (mean=3.10, std deviation=0.702) and project strategy (mean=4.59, std deviation=1.141). These findings generally show that respondents were not very sure of their involvement in project design and budgeting (mean= 3.32 and 3.10) respectively suggesting that there was low participation in the two areas as compared to their involvement in project strategy design (mean=4.59). Probably due to the low education levels of beneficiaries this seemed to be a role exclusively left to staff and funders. The involvement of the community people in the project strategy could contribute to project sustainability through ownership of the project strategies which they have a stake to undertake.

#### **4.3.2.1. Correlation analysis between community participation in project planning and sustainability of LAMPS in Bungokho sub-county.**

To test if there was a relationship between community participation in project planning and sustainability of LAMPS in Bungokho sub-county, Mbale district, a correlation analysis was conducted using Pearson's correlation coefficient and significance at the two tailed level and the findings are shown in the correlation matrix table 14.

**Table 11 Correlation matrix between community participation in project planning and sustainability of LAMPS**

		Project Planning	Project Sustainability
Project Planning	Pearson Correlation	1.000	.383**
	Sig. (2-tailed)	.	.000
	N	291	291
Project Sustainability	Pearson Correlation	.383**	1.000
	Sig. (2-tailed)	.000	.
	N	291	291

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data.

Table 11 above shows the Pearson's correlation coefficient  $r = 0.383^{**}$  between community participation in project planning and sustainability of LAMPS suggesting that the two variables were related. The  $r = 0.383^{**}$  and significance  $p = 0.000$  between community participation in project planning and sustainability of LAMPS suggests that there was a slight positive significant relationship between community participation in project planning and sustainability of LAMPS project at 99% confidence level.

#### **4.3.2.2. Regression model between community participation in project planning and sustainability of LAMPS project.**

A regression analysis was conducted to measure the extent to which community participation in project planning and sustainability of LAMPS predicted the variance in sustainability of LAMPS in Bungokho sub county using the adjusted  $R^2$  values, standardized beta values, t values and the significance measured at 0.05 level and the findings are tabulated in table below.

**Table 12 Showing Regression results between community participation in project planning and sustainability of LAMPS in Bungokho**

Model		Standardized Coefficients	t	Sig.
		Beta		
1	(Constant)		15.758	.000
	Project Planning	.383	7.048	.000
F=49.672*** Adjusted R=0.144				

a Predictors: (Constant), Project Planning  
b Dependent Variable: Project Sustainability

The model in table 12 shows simple regression analysis of participation in project planning and sustainability of LAMPS. It yielded a beta value of 0.383 with a t- value of 15.758, p-value 0.000 implying that there was a significant positive linear relationship between the variables. The adjusted  $R^2$  value of 0.144 between community participation in project planning and Sustainability of LAMPS suggested that community participation in project planning predicted 14.4% of the variance in the sustainability of LAMPS. The F value =49.672 and the associated ( $P<0.05$ ) demonstrated that the association between variables was statistically significant and therefore the data supported hypothesis 2 of the study.

**4.3.3. The extent to which different forms of community participation in project implementation of LAMPS affected project sustainability in Bungokho sub-county, Mbale district.**

The third objective of this study was to investigate the extent to which different forms of community participation in project implementation of LAMPS project affected project sustainability in Bungokho sub-county, Mbale district. Community participation in project

implementation according to the conceptual framework included aspects of community mobilization/sensitization, training of fight malaria committees, net usage, prompt malaria management and mobilization of local resources. The study analyzed the extent to which the different forms of community participation in project implementation were effected and the findings on each of the effective indicators of community participation in implementation are presented in table 13.

**Table 13 Mean and standard deviation results for different forms of project implementation of the LAMPS in Bungokho**

	N	Mean	Std. Deviation
	Statistic	Statistic	Statistic
Mobilisat	291	3.4997	.42778
Trainfmcone	291	4.2878	.60837
Netusage	291	4.1876	.78844
Promptmal	291	4.2491	.72054
Resourceone	291	3.4212	.99531
Valid N (listwise)	291		
Project implementation	291	3.8433	.63277
Valid N (listwise)	291		

Source: Primary data

Table 16 above shows that the respondents were in agreement about their participation in project implementation (mean=3.84, std deviation=0.632) in the areas of mobilization(mean=3.49, std deviation=0.427), training of fight malaria committees(mean=4.28, std deviation=0.608), net usage(mean=4.18, std deviation=0.788), prompt malaria management(mean=4.24, std deviation=0.720), and resource mobilization (mean=3.42, std deviation=0.995). These findings

generally show that there was reasonable participation in the different areas of implementation with a mean =3.84 and therefore suggesting participation in different forms of participation by community beneficiaries.

The observations captured in figure 8 show beneficiary participation in different aspects of community participation.



Participation in mosquito repellent preparation



Cleared drainage by community members



Community members attending workshop

**Figure 5 Different forms of community participation**

#### **4.3.3.1. Correlation analysis between community participation in project implementation and sustainability of LAMPS in Bungokho sub-county.**

To test if there was relationship between community participation in project implementation and sustainability of LAMPS in Bungokho sub-county, Mbale district, a correlation analysis was conducted using Pearson's correlation coefficient and significance at the two tailed level and the findings are shown in the correlation matrix table 14.

**Table 14 Correlation matrix between community participation in project implementation and sustainability of LAMPS**

		Project Imple- mentation	Project Sustainability
Project Implementation	Pearson Correlation	1.000	.404 **
	Sig. (2-tailed)	.	.000
	N	291	291
Project Sustainability	Pearson Correlation	.404 **	1.000
	Sig. (2-tailed)	.000	.
	N	291	291

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data.

Table 14 shows the Pearson's correlation coefficient  $r = 0.404^{**}$  between the different forms of community participation in project implementation and sustainability of LAMPS project suggesting that the two variables were related. The  $r = 0.404^{**}$  and significance  $p = 0.000$  between community participation in project implementation and sustainability of LAMPS suggests that there was a moderate positive significant relationship between community participation in project implementation and sustainability of LAMPS at 99% confidence level.

According to the documentary review carried out of the communities' record books, work plans, cashbooks and attendance registers, it confirmed the above finding in as far as community participation was concerned in terms of project implementation. The six communities whose documents were reviewed were found to have the above records as evidence for participation and accountability; factors that could contribute to sustainability of LAMPS.

In an interview with key informants on what were the major contributions of LAMPS in Bungokho sub-county, Mbale district; the district directors of health services had this say about LAMPS contributions:

*“The project has built the capacity of the people and communities involved in fighting malaria and so the district was proud of what has been done to support their efforts in ensuring protection of the populace against malaria. Similarly, promotion of use of mosquito nets as a preventive measure. One cannot compromise the increased awareness about malaria in relation to spread, control and prevention which has helped communities to manage malaria cases”.*

The district director of health services further observed that:

*“LAMPS had resulted into increased referral cases to health facilities and also has promoted research in the area of making mosquito repellents which needs further support from MoH”.*



**Citronella grass**



**Lemon grass**

**Figure 6 Observed mosquito repellent grass**

The executive director of UWCM noted that:

*“The LAMPS success can be attributed to capacity building of communities to solve their own problems, enhanced sense of ownership of project in the community which have*



*contributed to saving lives through nets distribution, clearing stagnant waters and provision of locally made mosquito repellents. Behavior change /attitude towards use of nets and building sense of trust of the community in the organization and networking with other service providers like health centers and district office can be boasted of this project”.*

The chairman LCIII Bungokho noted that:

*“LAMPS had done a great work in fighting malaria in his sub-county and that their work was transparent. Other sub-counties desire to have the same programme he said. He said he was glad that the success story of LAMPS was his ‘child’ he supported from its beginning and had seen the fruits of empowering communities to be part of the development going on in the area”.*

#### **4.3.3.2. Regression model between the different forms of community participation in project implementation and sustainability of LAMPS**

A regression analysis was conducted to measure the extent to which the different forms of community participation in project implementation and sustainability of LAMPS predicted the variance in sustainability of LAMPS in Bungokho sub county using the adjusted R<sup>2</sup> values, standardized beta values, t values and the significance measured at 0.05 level and the findings are tabulated in table below.

**Table 15 Showing Regression results between the different forms of community participation in project implementation and sustainability of LAMPS in Bungokho**

Model		Standardized Coefficients	t	Sig.
		Beta		
	(Constant)		18.222	.000
	Project Implementation	.404	7.511	.000
F=56.422*** Adjusted R=0.160				

a Predictors: (Constant), Project Implementation  
b Dependent Variable: Project Sustainability

The regression model in table 15 yielded a Beta value of 0.404 with a t- value of 7.511 (p=0.000) implying that there was a positive significant association of the two variable. Further it implied that participation in project implementation influences project sustainability. The adjusted R<sup>2</sup> value of 0.160 implies that participation in project implementation accounts for 16% of the variance in project sustainability. F value= 56.422 (p<0.05) demonstrated that the data fit the model well and the relationship was statistically significant. Thus hypothesis 3 is supported by the data in the present study.

#### **4.3.4 An assessment of community participation in monitoring and evaluation of LAMPS activities influence on project's sustainability in Bungokho sub-county, Mbale district.**

The fourth objective of the study was to assess whether community participation in monitoring and evaluation of LAMPS activities influenced project's sustainability in Bungokho sub-county, Mbale district. Community participation in Monitoring and Evaluation according to the conceptual framework included indicators of monitoring the beneficiary participants and programme indicators. The study assessed the extent to which community participation in

project monitoring and evaluation was effected and the findings on each of the effective community participation in M&E presented below.

**Table 16 Mean and standard deviation results for community participation on monitoring and evaluation of LAMPS in Bungokho**

	N	Mean	Std. Deviation
	Statistic	Statistic	Statistic
Monitorone	291	3.8133	.95486
Valid N (listwise)	291		

Source: Primary data

Table 19 shows that on overall the community members participated in monitoring and evaluation of malaria related activities especially the fight malaria committee members (Mean = 3.81 standard deviation = 0.954).

The documentary review of monthly reports and monitoring tools from project office was confirmatory of the results obtained using the questionnaire. This suggested that the beneficiary communities were keen on monitoring the activities carried out by LAMPS.

#### **4.3.4.1. Correlation analysis between community participation in project M&E and sustainability of LAMPS in Bungokho sub-county.**

To test if there was relationship between community participation in project M&E and sustainability of LAMPS in Bungokho sub-county, Mbale district, a correlation analysis was

conducted using Pearson’s correlation coefficient and significance at the two tailed level and the findings are shown in the correlation matrix in table 20.

**Table 17 Correlation matrix between community participation in project M&E and sustainability of LAMPS**

		Monitoring and Evaluation	Project Sustainability
Monitoring and Evaluation	Pearson Correlation	1.000	.567**
	Sig. (2-tailed)	.	.000
	N	291	291
Project Sustainability	Pearson Correlation	.567**	1.000
	Sig. (2-tailed)	.000	.
	N	291	291

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data.

Table 17 shows the Pearson’s correlation coefficient  $r = 0.567^{**}$  between community participation in project M&E and sustainability of LAMPS suggesting that the two variables were related. The  $r = 0.567^{**}$  and significance  $p = 0.000$  between community participation in project M&E and sustainability of LAMPS at 99% confidence level suggests that there was a moderate positive significant relationship between community participation in project M&E and sustainability of LAMPS.

**4.3.4.2. Regression model between community participation in project M&E and sustainability of LAMPS**

A regression analysis was conducted to measure the extent to which community participation in project M&E of LAMPS predicted the variance in sustainability of LAMPS in Bungokho Sub County using the adjusted R<sup>2</sup> values, standardized beta values, t values and the significance measured at 0.05 level and the findings are tabulated in table 18.

**Table 18 Showing Regression results between community participation in project M&E and sustainability of LAMPS in Bungokho**

Model		Standardized Coefficients	t	Sig.
		Beta		
	(Constant)		36.578	.000
	Monitoring and Evaluation	.567	11.713	.000
1	F= 137.203*** Adjusted R=0.320			

a Predictors: (Constant), Monitoring and Evaluation  
 b Dependent Variable: Project Sustainability

The regression model in table 18 yielded a Beta value of 0.567 with a t-value of 11.713 (p=0.000) implying that participation in project M&E has a positive significant relationship therefore we can conclude that there is a statistically significant positive linear relationship between community participation in project M&E and sustainability of LAMPS. The adjusted R<sup>2</sup> value of 0.320 implied that participation in project M&E predicted 32% of the variance in the sustainability of LAMPS. The F value of 137.203 (p<0.05) demonstrated that the association between the two variables was statistically significant and therefore the data supporting the 4<sup>th</sup> hypothesis of the study. Further community participation in project M&E was a significant

predictor of Sustainability of LAMPS and the strongest predictor of the variance in project sustainability (32%) in comparison to participation in problem identification (11.2%), participation in planning (14.4%), and participation in project implementation (16%).

#### 4.3.5. Sustainability of the LAMPS project in Bungokho sub county

Sustainability of LAMPS was the dependent variable in this study and had indicators of project benefits, behavior change, community empowerment and community ownership. The study analyzed the extent to which LAMPS was sustainable and the findings are shown in table 19.

**Table 19 Mean and standard deviation results for sustainability of the LAMPS**

	N	Mean	Std. Deviation
	Statistic	Statistic	Statistic
Projectbone	291	3.3356	.77737
Behaviorc	291	3.9637	.68886
Empower	291	4.0863	.65412
Ownersh	291	4.1392	.90041
	291	3.8191	.44986
Project Sustainability			
Valid N (listwise)	291		

Source: Primary data

Table 19 shows that the respondents were in agreement that LAMPS would be sustained (mean =3.82, std deviation= 0.449) in the area of project benefits (mean=3.34, std deviation=0.777), behavior change (mean=3.96, std deviation=0.688), community empowerment (mean=4.08, std deviation=0.654), community ownership (mean=4.14, std deviation=0.900). However, the mean of 3.33 for project benefits to be sustained suggested that LAMPS had not reached the point of sustaining itself to enjoy its benefits and withdrawing the external assistance to the project may

lead to loss of what the project had achieved. The mean of 3.96 for behavior change suggested that LAMPS had achieved a reasonable degree of behavior change in the beneficiary community as shown in some pictures below captured through observation.



Cleared drainage



Hanged up nets



Cleared homesteads of broken pots, tins and bushes



**Figure 7 Cleared**

**drainage, homesteads and hanged up nets in areas of LAMPS interventions.**

The researcher together with the research assistants and mapping guides visited some of the potential breeding sites for mosquitoes. It was observed in some places that community members had put in a lot of effort to clear the drainages for water to flow as to inhibit mosquito breeding. This suggested that the community had been empowered to appreciate the fight against malaria.

However, in some areas it was observed that some of the swamps were too big to be managed at community level rather there was need for government support or Non Governmental Organizations to carry out spraying in the homes near the swamps or provide nets as to reduce incidents of malaria episodes in the affected communities.



**Figure 8 Big swampy areas**

On community empowerment aspect of project sustainability the mean of 4.08 and standard deviation of 0.654, the findings suggested that LAMPS had to a reasonable degree empowered the community people in as far as gaining knowledge on malaria and its management and collective action taking.

On the community ownership aspect of project sustainability the mean of 4.14 and standard deviation of 0.900, suggested that to great extent the communities had achieved a reasonable degree of community ownership of LAMPS.

In an interview, on what factors are likely to influence sustainability of this programme in Bungokho sub-county, the district director of health services felt that:

*“Acceptance of volunteerism by community members, continued capacity building, refresher trainings, linkage with the district office for planning, technical guidance, monitoring and reporting, starting IGAs among the LAMPS beneficiaries as to earn an income for support and sustenance, formation of groups that can be registered and at the same time be able to write proposals to solicit funds had significant influence on the project prevailing performance and therefore these efforts should continue”.*

The executive director of UWCM felt that:

*“Continuous involvement of community leadership and community members in the ongoing activities, strengthening the communities’ capacity, group savings for self support and investment”*, would go a long way to ensure sustainability of LAMPS.

The chairman LC III had this to say:

*“Organizations should make sure that they work closely with the leadership in the area so as to have their programmes supported and that they should make effort to submit their reports so that they know what is going on. I am happy that LAMPS has involved us from the start and indeed I refer to it as my baby”.*



Asked on their opinions on what had been the limitations of this programme the district director of health services pointed to: low coverage, limited resources especially on part of the district to support the work, slow training of Village Health Teams by the district and payment to volunteers. The UWCM executive director and LCIII chairman singled out limited resources as a major limitation.

On the suggestions for improved health project's interventions, the district director of health services suggested the following:

- Community involvement right at the beginning of the programme.
- Team building spirit to keep people on going with voluntary work.
- Massive training for capacity building.
- Availing materials to support the work for instance nets.
- Planning together and sharing feedback and reports such that there is transparency.
- Strong management and coordination.
- Supervision by the district and regular review meetings.

The UWCM executive directors isolated having an integrated approach to health interventions while the LCIII chairman advocated for support by the government to supplement good work done by some organizations.

The above views complement the focus group discussion findings where the members felt that LAMPS had met the community's real need in the following ways:

1. The project has provided nets which prevent us from mosquito bites.
2. The project created awareness in the control and prevention of malaria.

3. Community members' behavior and attitude towards malaria had changed and therefore could now take appropriate measures to fight malaria.
4. The members had been empowered to make mosquito repellents from local herbs which households can access and therefore could continue to use them sustainably.
5. Training of local facilitators who constitute the village health teams had empowered the communities to continue with the programme should LAMPS go away the respondents said.

Asked in a focus group discussion, about the future of LAMPS in the community without the current LAMPS all the respondents agreed that the programme would continue without the current LAMPS. However, they were not sure whether they could sustain all the project benefits without LAMPS.

#### 4.3.6. Summary of hypotheses tested

Hypotheses	Confirmed/disconfirmed	Inferential statistics used to test hypotheses
1. There is a strong link between community participation in problem identification and sustainability of LAMPS project in Bungokho sub-county, Mbale district.	Confirmed	Correlation and regression results
2. Community participation in project planning positively influences sustainability of LAMPS in Bungokho sub-county, Mbale district.	Confirmed	Correlation and regression results
3. Different forms of community participation in project implementation significantly affect sustainability of LAMPS in Bungokho sub-county, Mbale district.	Confirmed	Correlation and regression results
4. Community participation in monitoring and evaluation influences sustainability of LAMPS in Bungokho sub-county, Mbale district.	Confirmed	Correlation and regression results

## **CHAPTER FIVE**

### **SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATION**

#### **5.0. Introduction**

The study investigated the extent to which community participation affects the sustainability of community health projects. The variables included community participation as the independent variable under the dimensions of problem identification, programme planning, programme implementation, monitoring and evaluation. Sustainability of community health projects was the dependent variable and included indicators of sustainability of project benefits, behavioral change, community empowerment and community ownership of projects. This chapter presents a summary, discussion, conclusions and recommendations based on the study findings.

#### **5.1. Summary**

On sustainability of community health projects, the study found out that LAMPS had not reached the point of sustaining itself to enjoy its benefits and withdrawing the external assistance to the project may lead to loss of what the project had achieved. The LAMPS project had achieved a reasonable degree of behavior change in the beneficiary community while the project had to a reasonable degree empowered the community people in as far as gaining knowledge on malaria and its management and collective action taking and advocacy. LAMPS had achieved a reasonable degree of community ownership.

On community participation in problem identification of LAMPS, the study found out that the community people were actively involved in consultation meetings, needs assessment and decision making. Community participation in project problem identification had a significant

relationship with sustainability of LAMPS in Bungokho sub-county and it was a significant predictor of the variance in the sustainability of LAMPS.

On community participation in project planning influence on sustainability of LAMPS in Bungokho sub-county, the study found out that effort was undertaken to involve the community beneficiaries in the project design, budgeting and project strategy but with less involvement in project budget formulation. There was a positive significant relationship between community participation in project planning and sustainability of LAMPS and it was a significant predictor of the variance in sustainability of LAMPS.

On the extent to which different forms of community participation in project implementation of LAMPS affected project sustainability in Bungokho sub-county, the study found out that community people were actively involved in different forms of project implementation such as mobilization/sensitization, training of FMC, net usage, prompt malaria management and local resource mobilization. Different forms of community participation in project implementation of LAMPS had a significant relationship with project sustainability in Bungokho sub-county and it was a significant predictor of the variance in project sustainability.

On community participation in monitoring and evaluation of LAMPS activities influence on project's sustainability in Bungokho sub-county, the study found out that community was actively involved in monitoring the beneficiaries and programme indicators. Community participation in M&E had a significant relationship with sustainability of LAMPS and it was a significant predictor of the variance in LAMPS.

## **5.2. Discussion**

### **5.2.1. The extent to which community participation in problem identification affected sustainability of LAMPS in Bungokho sub-county, Mbale district**

The study found a positive significant relationship between community participation in problem identification and sustainability of LAMPS. The findings inferred that sustainability of LAMPS and other related health projects requires effective community participation in community consultation meetings, needs assessments, and decision making.

The findings suggested that effort was undertaken to involve the community in consultations, needs assessment and decision making which indicated that during problem identification in project management, it was important that all community stakeholders attended the very initial and consequent meetings as the project intentions were communicated as to gain acceptance of the project in the community which could contribute to LAMPS sustainability. Peoples' involvement in needs assessment by expressing their felt needs and setting priorities of the same was effective and if health projects are to achieve the desired sustainability, this should be an area of emphasis. Overall the community beneficiaries' participation in project decision making was vital for realization of LAMPS sustainability.

The above study findings related to a great extent to the view that there seemed to be consensus among researchers of 1990s and early 2000 on the different levels or domains of community participation visa vis needs assessment or problem identification, planning, implementation, monitoring and evaluation (Plaut et.al, 1992, Susan, Rifkin 1998, Howard – Grabman and Senetro 2002). In support of the above position, World Health Organization (WHO, 1991) observed that engaging local communities to participate in identifying their own health priorities

spurs the development of innovatory culturally acceptable solutions with locally available resources' (Vinod, 2000). It is assumed that when people are involved at this stage, they gain skills in assessing needs, setting priorities, and gain control over their environment. It is a stage where discussions and questions occur to provide valuable input on community needs which may lead to increased interest of people in the project and therefore become more involved, empowered, enjoy project benefits, and own the project.

However, according to Arnstein (1969), Susan et al (1990) they noted that involving people in consultations when not combined with other modes of participation it offers no assurance that peoples' concerns and ideas would be taken into account. They noted that when peoples' ideas are restricted to consultation, participation remains just a window- dressing ritual. They argued that participation cannot be quantified on the number of people that attend meetings or answering of questionnaires since this only indicates that those with power succeed in having evidence of involving the grassroots people but in actual sense what happens is that people just participate in participation. In addition it was noted in the literature that this mode of participation was the least participatory domain and therefore given the low levels of literacy for most community members, lack of trust by development implementers in the ability of the people to make sensible decisions, this could hamper the degree and effect of peoples' participation on the development process. According to UNDP as cited by Narayana, (2002) participation is a time consuming process which if equated in monetary terms, the approach would not be justifiable given the high expenditures involved. This probably explains why community participation in problem identification only accounted for 11.2% in sustainability variation.

### **5.2.2. The extent to which community participation in project planning influenced sustainability of LAMPS in Bungokho sub-county, Mbale district**

The study found a positive significant relationship between community participation in project planning and sustainability of LAMPS. The findings generally inferred that to achieve the desired level of sustainability of LAMPS there was need for community participation in the project design, project budgeting and project strategy formulation. However, it was found out that participation in project budgeting was low.

The findings suggested that effort was undertaken to involve the community beneficiaries in the project design and strategy as the staff guided the exercise. Low participation in project budgeting was probably due to supremacy of the donor in determining what they could offer to run the project. The participation of the community beneficiaries in project design and strategy design could contribute to project sustainability since it helps beneficiaries own the project strategies which they have a stake to undertake. The policy implication of these findings therefore is that to achieve the desired level of sustainability of LAMPS there was need for community participation in the project design, project budgeting and project strategy formulation.

The above study findings echo other studies which have documented that once a community plays a key role in the planning process the success of that health program is guaranteed (Village Health Team Training Manual). In support of the above view, the WHO (1991) review noted that participation in the planning process triggers off the advancement from lower to higher levels of participation in the community health activities. The review indicated that this increases community knowledge hence empowering the household members to sustain the initiated

programme. The researchers seemed to agree that this stage covers the road map of the project in which project direction, strategy to achieve goals and determination of resources (budget) to implement the projects are key for project success and sustainability (Poli, Shenhar, & Reilly 2005, Saul & Tanya Nov 2004, Plaut et al 1992). It was noted that participation at this stage engenders a sense of project ownership by community members and determines the level of project effectiveness. This partly explains why there was reasonable degree of community ownership of LAMPS and participation in project planning accounting for 14.4% of the variance in sustainability.

### **5.2.3. The extent to which different forms of community participation in project implementation of LAMPS affected project sustainability in Bungokho sub-county, Mbale district.**

The study found a positive significant relationship between community participation in project implementation and sustainability of LAMPS. The findings inferred that to achieve the desired level of sustainability of LAMPS there was need for ensuring the community took part in community mobilization/sensitization, training of fight malaria committees, net usage, prompt malaria management and mobilization of local resources. Thus the policy implication is that to achieve the expected sustainability of health projects, the management of health projects should ensure effective community participation in the aforesaid dimensions of project implementation.

These findings generally revealed that the project utilized different forms of community participation in the implementation of LAMPS and the beneficiary communities to a reasonable extent participated in project activities. This has policy implication in that to achieve the desired



level of sustainability of LAMPS there was need to ensure that the community took part in community mobilization/sensitization, training of fight malaria committees, net usage, prompt malaria management and mobilization of local resources.

However, drawing from previous research it was noted that whereas use of volunteers contains programme costs and viewed by some program operators as a means of enhancing sustainability (Scheirer, 2005), volunteerism in Ugandan situation given the economic status faces many challenges. For instance whereas community mobilization was regarded very important in implementation of community health projects, it was noted that it faces challenges of inadequate commitment by community members (participants) who are basically volunteers. Volunteerism was found to be hard to sustain and therefore expected exhaustion, fatigue and burn- out of the community members.

On the other hand the study findings on community participation in project implementation and sustainability are supported by previous works such as Shaeffer, (1994), who identified 7 levels of people participation that range from passive collaboration to active role by community members. This similar to Arnstein (1969) eight rungs on the Ladder of Citizen Participation indicated that there was no uniform participation through the project cycle and therefore the form of participation at whatever level was equally important. However, the level of significance at every stage as to qualify sustainability of the programme was the question that needed investigation.

At implementation level it was noted that communities could participate in form of using the service like a PHC facility, resource mobilization by contributing money and materials, attending

meetings, training workshops and consultations on different issues, delivery of a service like nets distribution, implementers of delegated powers and participation in decision making.

Findings on training of Fight Malaria Committees (FMCs) were in agreement with the view that projects with training (professional and paraprofessional) components were more likely to be sustained than those without. Those trained could continue to provide benefits, train others and form a constituency in support of the program (Bossert, 1990). The experience of the Stanford FCP provided further support for the inclusion of training as a sustainability-enhancing strategy where training a cadre of local health educators to continue the work in heart disease education was done. This further included training of trainers for transmission of knowledge and skills to others health educators in the community to benefit the community at large.

The study findings indicated that net usage was relatively high (mean= 4.18 and std deviation = 0.720) in relation to 5% of children in malaria-endemic communities who do not sleep under ITNs (VHT manual). This in relation to other studies which have shown that Insecticide Treated Nets (ITN) usage had a protective efficacy of 17%, saves about six lives each year for every 1000 children protected, and reduced the incidence of mild malaria episodes by 48% was a confirmation. ITNs have substantially reduced clinical episodes of mild and severe malaria and malaria-related anemia.

Findings on proper malaria management indicated that the community had been empowered to practice and seek proper interventions in malaria management as in line with the government strategy of Home Based Management of Fevers (HBMF) by the Ministry of Health in a bid to reduce the spread of fevers such as malaria in children below 5 years of age through improved community and home management of fever. This strategy could only be achieved through

continuous efforts of all community stakeholders; which made the Village Health Teams very relevant in the control of fevers. However, given the realities on ground of absence of drugs in health centers, CMD supply centers at village levels (*Village reports and health center reports*) their efforts were frustrated and therefore a gap that needs to be filled by the government.

Findings on resource mobilization indicated that the community to some level were involved in resource mobilization (mean =3.42, std deviation=0.995) though not very substantial. The government of Uganda considering the past experiences has under ministry of health created through the Village health Team strategy the restoration of peoples' confidence to identify and mobilize available resources to realize sustainable development. However, this being the desirable it is faced with the challenges of biting poverty that hinder people to participate in contributing the little they have. Therefore a gap remains if resources in terms of human, financial and material are not forth coming as to determine sustainability of health programmes. Further several studies show that sustainability increases when programs have multiple sources of funding (Light, 1998; Marek, Mancini, & Brock,1999), when financing strategies are in place, and when these strategies are implemented early on (Fagen, 2001; Goodson et al., 2001; Pluye, 2002; Steadman et al., 2002; Stevens & Peikes, 2006). They noted that postponement of efforts to obtain funding to later stages of the program can be a major obstacle to program sustainability (Akerlund, 2000; Marek et al., 1999). These observations in light of the LAMPS project indicate that there is need for improved performance in this area of resource mobilization.

#### **5.2.4. An assessment of community participation in monitoring and evaluation of LAMPS activities influence on project's sustainability in Bungokho sub-county, Mbale district.**

On community participation in M&E of the LAMPS activities, the study found out that overall the community members participated in their LAMPS monitoring and evaluation.

There was a positive significant relationship between community participation in project M&E and sustainability of LAMPS. The findings inferred that to achieve the desired level of sustainability of LAMPS there was need for ensuring that the community took part in monitoring the beneficiary participants and programme indicators. The policy implication is that monitoring the beneficiary participants and programme indicators is very crucial if sustainability is to be ensured.

A reflection of the above study findings and observations on community participation in M&E suggested a concurrence with the view that ongoing program evaluation was a valuable tool to promote sustainability (Johnson et al., 2004). In addition to achieving alignment of the program's characteristics with the needs of its stake holders (Johnson et al., 2004, Weiss et al. (2002) argued that program evaluation can help in the development of strategies for sustainability, to follow up their implementation, and to evaluate their effectiveness.

Similarly, it was noted that evaluation could be useful in identifying problems in the program and in facilitating flexibility. In support of the debate, Elsworth and Astbury (2004) viewed internal monitoring of sustainability of activities, ongoing program development and evaluation, dissemination of evaluation findings, and the building of organizational structures needed for program activities as important enabling strategies that lead to program sustainability. Bossert (1990) on his part stressed the need to evaluate and not assume that continued activities actually

produce continued benefits. Therefore the implication is that to achieve the expected sustainability of health projects, the management of projects should carry out effective M&E.

### **5.3. Conclusions**

The study made the following conclusions in relation to the study objectives and the discussion above.

#### **5.3.1. Community participation in problem identification affected sustainability of health project**

The study concluded that effective community participation in problem identification requires involvement of the community beneficiaries and all stakeholders in health project consultative meetings, needs assessment, and decision making as part of the project team.

Community participation in problem identification significantly contributes to sustainability of health projects. Community participation in health problem identification significantly affects sustainability of health projects through enjoyment of project benefits, behavioral change, community empowerment and community ownership of project.

#### **5.3.2. Community participation in project planning influenced sustainability of Health project**

The study concluded that effective community participation in health project planning requires effective involvement of the community beneficiaries in project design, project budgets and project strategy.

Community participation in health project planning significantly contributes to sustainability of health projects. Community participation in health project planning positively influences health project sustainability through enjoyment of project benefits, behavioral change, community empowerment and community ownership of project.

### **5.3.3. The different forms of community participation in project implementation of Health projects and sustainability of Health project**

The study concluded that health projects need to involve community stakeholders in different forms of participation if they are to achieve the desired health project sustainability.

Community participation in health project implementation significantly affects sustainability of health project through enjoyment of project benefits, behavioral change, community empowerment and community ownership of project.

### **5.3.4. Community participation in monitoring and evaluation of Health projects and health projects' sustainability**

The study concluded that it is vital that health projects are monitored and evaluation of beneficiary participants and programme indicators done as this reinforces their sustainability. Community participation in health project M&E to a great extent influences sustainability of health project through enjoyment of project benefits, behavioral change, community empowerment and community ownership of the project.

## **5.4. Recommendation**

The study made the following recommendation in relation to the study findings and conclusions.

#### **5.4.1. Community participation in problem identification affected sustainability of health project**

The managers of health projects, donors, and organizations dealing with health programme interventions ought to always ensure that community members are involved in health projects by attending most of the meetings if not all and have their input in consultative meetings, needs assessment, and decision making right away at problem identification stage for enhanced community enjoyment of health project benefits, behavioral change, community empowerment and community ownership of projects.

#### **5.4.2. Community participation in project planning influenced sustainability of Health project**

The managers of health projects, donors, and organizations dealing with health programme interventions ought to always ensure that community members are involved in health project design, project budgets and project strategy formulation for enhanced enjoyment of project benefits, behavioral change, community empowerment and community ownership of projects. This can be done through participatory approaches like brainstorming, open discussions and questions as to come up with relevant interventions that address peoples' real needs.

#### **5.4.3. The different forms of community participation in project implementation of Health projects and sustainability of Health projects**

The managers of health projects, donors, and organizations dealing with health programme intervention ought to always ensure that community members are involved in different forms of community mobilization/sensitization, training of beneficiaries for capacity building and

empowerment, collective action taking in response to health problems, and resource mobilization/ management for enhanced enjoyment of project benefits, behavioral change, community empowerment and community ownership of projects. This would involve getting people to do some of the project tasks by themselves with just minimal technical support to ensure correctness of the outputs.

#### **5.4.4. Community participation in monitoring and evaluation of Health projects and health project's sustainability**

The managers of health projects, donors, and organizations dealing in health programme interventions ought to always ensure that community members monitor and evaluate beneficiaries' participation and programme indicators for enhanced enjoyment of project benefits, behavioral change, community empowerment and community ownership of project

#### **5.5. Recommendations for furthers studies**

The study found that community participation predicted a 73.6% of the variance in the sustainability of the LAMPS in Bungokho Sub County suggesting that there existed other variables other than those under this study which predicted 26.4% of the variance in the sustainability of the project. Other studies need to be conducted to establish the extent to which factors such as project funding, project human resources and project environment could have influenced the sustainability of LAMPS.



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## **APPENDIX 1**

### **QUESTIONNAIRE FOR A STUDY ON COMMUNITY PARTICIPATION AND SUSTAINABILITY OF COMMUNITY HEALTH PROJECTS: THE CASE OF LOCAL ANTI MALARIA PROGRAMME SUPPORT PROJECT IN BUNGOKHO SUB-COUNTY, MBALE DISTRICT.**

3<sup>rd</sup> August 2010

Uganda women concern ministry,  
P.O. Box 1820,  
Mbale.

Dear respondent,

This questionnaire is designed to study the extent community participation contributes to sustainability of community health projects and in particular the Local Anti Malaria Programme Support project (LAMPS). The information you provide will help us to understand the relationship between community participation and sustainability of projects. As a beneficiaries or stakeholder of the project you have been considered as one that can give us the correct picture and therefore request you to respond to the questions frankly and honestly.

Your response will be kept strictly confidential. Only members of the research team will have access to the information you give. Please indicate your opinion by ticking a response from the given scale ranging from 1- 5 where 1 = Strongly Disagree (SD) 2 = Disagree (D) 3 = Neutral (N) 4 = Agree (A) 5 = Strongly Agree (SA)

Thank you very much for your time and co-operation. I greatly appreciate your help in furthering this research endeavor.

Winifred Nimukunda.  
**Researcher.**

## SECTION A: BACKGROUND INFORMATION

*Please tick ( ✓ ) in the appropriate box*

### 1. Education level

- I. Primary
- II. O'level
- III. Advanced level
- IV. Bachelors degree
- V. Others (specify).....

### 2. Occupation

- I. Peasant
- II. Student
- III. Business
- IV. Employed
- V. Unemployed
- VI. Others (specify) .....

### 3. Location by Parish

- I. Bukhumwa
- II. Bumageni
- III. Bumbobi
- V. Bubirabi

**SECTION B: COMMUNITY PARTICIPATION AND SUSTAINABILITY OF LOCAL ANTI MALARIA PROGRAMME SUPPORT PROJECT.**

Please tick ( ✓ ) or circle the appropriate response to the statement on the scale below.

**1. NEED IDENTIFICATION RELATED FACTORS**

**(a) Consultation meetings**

		SA	A	N	D	SD
4	I attended the first meeting organized for the community by officials from Uganda Women Concern Ministry..	5	4	3	2	1
5	¾ of the village residents attended the meeting.	5	4	3	2	1
6	I attended all meetings organized by Uganda women concern Ministry.	5	4	3	2	1
7	I signed the attendance register.	5	4	3	2	1
8	The community participated in discussions to begin LAMPS project.	5	4	3	2	1

**(b) Needs assessment**

		SA	A	N	D	SD
9	Staff from UWCM guided the need assessment exercise	5	4	3	2	1
10	The community members were asked about the health problems faced before starting LAMPS project.	5	4	3	2	1
11	Several health problems were identified including HIV/Aids, Chlorella, TB, poor sanitation, malaria, lack of drugs in health centers, etc	5	4	3	2	1
12	Malaria was considered the number one health problem by all participants.	5	4	3	2	1

**(c) Decision making**

		SA	A	N	D	SD
13	The staff guided the community in decision making about LAMPS project.	5	4	3	2	1
14	The staff made the decision for the community to start LAMPS project.	5	4	3	2	1
15	The project funder made the decision to start the project	5	4	3	2	1
16	The community was involved in taking major decisions concerning LAMPS project.	5	4	3	2	1

## 2. FACTORS RELATED TO PROGRAMME PLANNING

### (a) Project design

		SA	A	N	D	SD
17	Community representatives were involved in designing the LAMPS project.	5	4	3	2	1
18	The project was designed by Uganda Women concern Staff only.	5	4	3	2	1
19	Different stake holders were involved in the project design	5	4	3	2	1
20	The LAMPS project was externally designed by the funder.	5	4	3	2	1

### (b) Project budget

		SA	A	N	D	SD
21	The project budget was determined by the project stakeholders	5	4	3	2	1
22	The budget was shared with beneficiary communities	5	4	3	2	1
23	The budget was externally determined by the funder	5	4	3	2	1
24	The community has access and control on the project budget.	5	4	3	2	1

### (c) Project strategy

		SA	A	N	D	SD
25	The community participated in selecting the FMCs as a project strategy to meet project goal.	5	4	3	2	1
26	Formation of village health structures facilitates community participation.	5	4	3	2	1
27	Collaboration with relevant stakeholders promotes community participation.	5	4	3	2	1

## 3. FACTORS RELATED TO PROGRAMME IMPLEMENTATION

### (a) Mobilization/ sensitization

		SA	A	N	D	SD
28	More than 50% of community members attend sensitization meetings of LAMPS programmes.	5	4	3	2	1
29	Only ¼ of community members attend LAMPS sensitization meetings.	5	4	3	2	1
30	Fight malaria committee conducts sensitization meetings on malaria once every month.	5	4	3	2	1
31	Community sensitization meetings on malaria activities are poorly attended by community members.	5	4	3	2	1
32	Community members sign the attendance register on every meeting	5	4	3	2	1

**(b) Training of Fight Malaria Committee**

		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
33	Community members participated in selecting members from our village to train as FMCs	5	4	3	2	1
34	The community provided venue for the training	5	4	3	2	1
35	Community Trainer Of Trainees participated in the training	5	4	3	2	1
36	The community participated in setting the time for the training	5	4	3	2	1

**(c) Net usage**

		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
37	The community demanded for nets from LAMPS project.	5	4	3	2	1
38	Net usage is considered very important in preventing malaria by community members.	5	4	3	2	1
39	Some community members sold their nets for cash to meet other needs.	5	4	3	2	1
40	$\frac{3}{4}$ of community households sleep under a net especially under 5 and pregnant mothers.	5	4	3	2	1
41	FMCs monitor households using nets in our village	5	4	3	2	1

**(d) Prompt malaria management**

		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
42	90% of the community membersI can diagnose malaria symptoms for simple and severe malaria	5	4	3	2	1
43	Children who are under five with simple malaria are taken to a CMD for treatment.	5	4	3	2	1
44	Most parents take their children with severe malaria to be treated from the main hospital only.	5	4	3	2	1
45	FMCs sensitized the community about proper malaria management.	5	4	3	2	1

**(e) Local resource mobilization**

		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
46	Community members willingly make resource contributions for the village health activities.	5	4	3	2	1
47	The community operates a village bank account.	5	4	3	2	1
48	Money collected is receipted and banked immediately.	5	4	3	2	1
49	The fight malaria committee gives financial accountability to the village.	5	4	3	2	1



#### 4. MONITORING AND EVALUATION- RELATED FACTORS

		SA	A	N	D	SD
50	FMC members monitor malaria related activities.	5	4	3	2	1
51	The community identified the activities to monitor.	5	4	3	2	1
52	The FMCs give feedback report to the community.	5	4	3	2	1

#### 5. SUSTAINABILITY RELATED ISSUES

##### (a) Project benefits

		SA	A	N	D	SD
53	Community members have actively participated in LAMPS activities.	5	4	3	2	1
54	The community will sustain all the project interventions without LAMPS.	5	4	3	2	1
55	Only few activities will be sustained.	5	4	3	2	1
56	The community is able to finance some of the activities.	5	4	3	2	1
57	The community accesses funds from other sources.	5	4	3	2	1

##### (b) Behavioral change

		SA	A	N	D	SD
58	I do self treatment concerning malaria.	5	4	3	2	1
59	I finish the whole doze even when I feel better the day after the initial doze.	5	4	3	2	1
60	I go for blood test before treating malaria.	5	4	3	2	1
61	I take my child under five years to the hospital within 24 hrs after diagnosing sign and symptoms of malaria.	5	4	3	2	1
62	I sometimes consult the witchdoctors for malaria treatment.	5	4	3	2	1
63	I close my windows and door early before dark.	5	4	3	2	1
64	I keep my compound clear of bushes, empty tins and pots.	5	4	3	2	1
65	I sleep under a treated mosquito every night.	5	4	3	2	1

##### (c) Community Empowerment

		SA	A	N	D	SD
66	Community members are knowledgeable about the causes, spread and treatment of malaria.	5	4	3	2	1
67	Most of the community members have the skills to diagnose the signs and symptoms of malaria.	5	4	3	2	1
68	The community has been mobilized to collectively fight against malaria.	5	4	3	2	1
69	The community can advocate for its health requirements (e.g	5	4	3	2	1

	drugs like coartem etc).					
70	The community has been linked with relevant health stakeholders.	5	4	3	2	1

**(d) Community ownership**

		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
71	Community fully identifies with the project.	5	4	3	2	1
72	The community takes major decisions for programme implementation at village level.	5	4	3	2	1

**APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE**

**PARTICIPANTS**

- 1. Fight Malaria committees ( 2 )

**Questions**

- 1. When did the LAMPS project begin in Bungokho sub-county?

.....

- 2. Who were the initiators of the project? .....

.....

- 3. What was the community’s response to the project idea?

.....

- 4. How were needs identified?

.....

.....

- 5. Who identified them? .....

- 6. Why was it decided to carry out the programme?

.....

.....

- 7. In what ways was the community involved in the successive stages of the project? (a)

Inception .....

.....

.....

(b) Planning .....

.....

.....

(c) Implementation .....

.....

(d) Evaluation.....

.....

8. How would you describe the community's participation in LAMPS programmes?

1.Active    2. Moderate    3. Passive

9.Give reasons for the answer above

.....

.....

10. What measures has the community put in place to ensure sustainability of project benefits? .....

.....

Do you think LAMPS project has met the community's real need? Yes..../ No....

11. If yes in what way? And if not why?

.....

.....

12. Who owns the programme? .....

13. What do you think is the future of LAMPS programmes in the community without the current LAMPS project ?.....

.....

### **APPENDIX 3: INTERVIEW GUIDE FOR KEY INFORMANTS**

The key informants include:

1. District Health Officer Mbale
2. Executive Director UWCM.
3. LC III chairman/ Sub-county chief.
4. Chairman LAMPSPAC

#### **Questions**

1. What have been the major contributions of LAMPS programme in Bungokho sub-county, Mbale district?
2. How would you describe the community's participation in the LAMPS project activities?
3. What factors are likely to influence sustainability of this programme in Bungokho sub-county?
4. In your opinion what have been the limitations of this programme?
5. What are the suggestions you think can improve health project's interventions?

## **APPENDIX 4:      OBSERVATION GUIDE**

The following will be observed:

1. House hold compounds in relation to bushes around, broken tin/pots and holes.
2. Hanged nets in households.
3. Drainage maintenance and swamp clearing.
4. Antenatal visit cards for pregnant mothers.
5. Respondents reactions.

**APPENDIX 5: DOCUMENTARY CHECKLIST**

1. Community census book.
2. Records book
3. Cash book
4. Minutes book
5. Reports file
6. Monitoring tools
7. Community Work plans
8. Attendance Register.

## APPENDIX 6: WORK PLAN

<b>ACTIVITY</b>	<b>TIME (MONTHS)</b>	<b>DATES (2009 – 2010)</b>
Development of proposal	3	October - December
Development and piloting of instruments	3	January - March
Data collection	3	April- June
Data organization, Analysis and Interpretation	4	July - October
Typing/Editing/Report writing/Submission.	2	November– December



