

Stakeholders' Involvement and the Effectiveness of Donor funded Health Project; a case of Honi Community Unit in Nyeri County, Kenya

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Abstract: This article is committed to understanding the importance of stakeholders' involvement to the effectiveness of donor funded health project. The study was confined to Honi community health unit in Kieni West Sub County, Nyeri County. Descriptive research methods in which observational, case study and survey methods were all adapted in the project coverage areas. The target population was 200 from which 60 respondents were picked as the 30% of the target population. Random and snowball sampling methods were used to choose the respondents as well as groups that participated in the study. After data collection, descriptive statistic fitted in analyzing the data and presenting it in percentages. The research found an interesting array of evidence indicating that largely, health projects that involved stakeholders at the kick off and throughout the implementation had motivated their project implementers, beneficiaries and the donor leading to success. The health projects that do not engage stakeholders face imminent failure and waste of resources. The study recommends measures to ensure stakeholder involvement in the process of community project management.

Keywords: stakeholders, health project, Honi community

INTRODUCTION

Typical community organizations fall into the following categories: community-service and action, health, educational, personal growth and improvement, social welfare and self-help for the disadvantaged [1]. For these organizations to succeed, the community, which is a strategic stakeholder, must be involved through the best model [2]. Community Health Strategy has been the brainchild of the Kenyan government since the formation of the Ministry of Public Health and Sanitation. The division of Community Health Services within the ministry has the mandate of delivering affordable, quality, equitable and accessible health services to all Kenyan communities by the year 2030 through the Community Health Strategy (CHS). The approach being Kenya's Vision 2030 flagship project within the social pillar has four main objectives: to bring health services closer to the people, to establish community health units, to enhance community-health facilities linkages and to empower communities with information in order to create health care demand [1]. The approach was developed to support delivery of Kenya Essential Package for Health to the community through a community-based approach, which sets out mechanisms through households, and communities take active role in health related development issues.

Community Health Workers (CHWs) were the key stakeholders in the approach, but they were never

consulted on the formulation and designing of the project or on other needs such as their expectations and terms of participation such as the motivation rates, community and donor roles [3]. Currently the community health strategy stipulates that each Community Health Worker must cover a population of 500 people per month while the monthly stipend is Kshs. 2000 (approximately USD 22). The approach of CHWs can strengthen the prevention and health emergency response capabilities. The WHO 2006 confirmed that maternal and child mortality rates remain a profound challenge presenting a shocking global health disparity.

The *APHIAplus* KAMILI, a cooperative agreement that has been running from January 2011 to December 2015 is one of the leading supporting projects that have seen community development projects in central Kenya (USAID, 2013). The project is a partnership of nine other both local and international organizations. The donor organization works with Kenyan government and the community based organizations (CBOs). The leading health activities of the community unit (CU) includes (1) increased use of quality services, products and information and high impact interventions in maternal, newborn and child health at community and facility level, (2) Addressing the social determinants of health to improve the well-being of the community, (3) Scaling up and expanding

community and facility health-service delivery, (4) Strengthening water and sanitation programs, (5) Addressing gender issues in health services and (6) Designing and implementing effective behaviour change communication programs [3]. APHIAplus KAMILI puts efforts to ensure improved health outcomes while aligning with the Global Health Initiatives principles through an approach that is people-led for universal access to services with intrinsic sustainability. The core objectives were achieved through the community health strategy as per the government of Kenya health initiative.

The key factor for any organizations working with communities to ensure success is to make the process participatory [2]. This is especially important for the beneficiaries and key stakeholders in the adoption and implementation successful community development. During a three-month period of observation by the researcher during the initiation and designing of the Community Health Strategy at Honi Community Unit, it was observed that the CHWs are not consulted to give their opinions as regarding how best they could effectively support the health project while meeting their daily economic needs. The terms of service are not negotiable meaning that the project approach was a top-down one instead of the preferred bottom -up approach. The trends observed over the time were high dropout rates of the CHWs, declining economic status and ineffective outcomes of the project initial objectives. This was the major reason that prompted for the need to study the relationship between stakeholder involvement and the success of the health projects initiated in the area. The major drive was to come up with results that could trigger wider study of the community health projects and to come up with recommendations that can assist health organizations to ensure successful implementation of community based projects or the benefit of all Kenyans.

The study was helpful in identifying the key achievements and gaps in the health project. The donor organization was facilitated to understand the importance of involving the CHWS in project designing

for effective implementation and outcomes realization in future. The CHWs further identified their roles during any community-based interventions aimed at improving their health status by eradicating poverty [4], increase economic income, and promote relationship between the community and donor organizations. The study helped the CHWs to expand benefits from the organization, improve project implementation performance and promote the living standards of people.

METHODOLOGY

Descriptive research methods in which observational, case study and survey methods were all adapted in the project coverage areas [5]. The research instruments used to collect data were questionnaires, while Individual and Group questions were used for the special categories of some respondents. The study targeted APHIA plus KAMILI's partner group Honi community Unit, which has 5560 members and 2760 Households. The data was to be obtained from-members of Honi community, CHWs, and staff of the MOH as well as from APHIA plus KAMILI, community members. The sample population was drawn from 200 people from whom 60 respondents were picked as 30% of the target population. The final collected data was subjected to editing to ensure consistency across respondents and to locate omissions. The data was then categorized to enable identification of certain information. Analysis was through descriptive statistic exploiting on both qualitative and quantitative data. The researcher presented the processed data in frequency tables, charts and graphs.

RESULTS

The researcher sought to identify the work experiences of the CHWs. The results showed that the CHWs serving the community unit which included; 25 % (15) had working experience of less than 3 years, 30 % (18) had an experience of between 4-5yrs, 20% (12) had worked for 5-10yrs, and 15 (25 %) had a work experience of over 10 years. More results on experience are as displayed in figure 1 below:

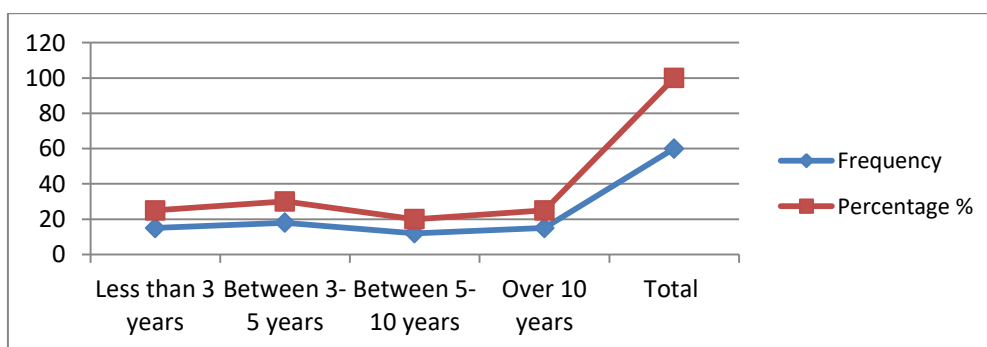


Fig-1: Working experience of the respondents

The study established that most of the CHWs in the health project were women of age between 41 years to 50 years who had a working experience of at

least ten years. The gender distribution is as in figure 2 below:

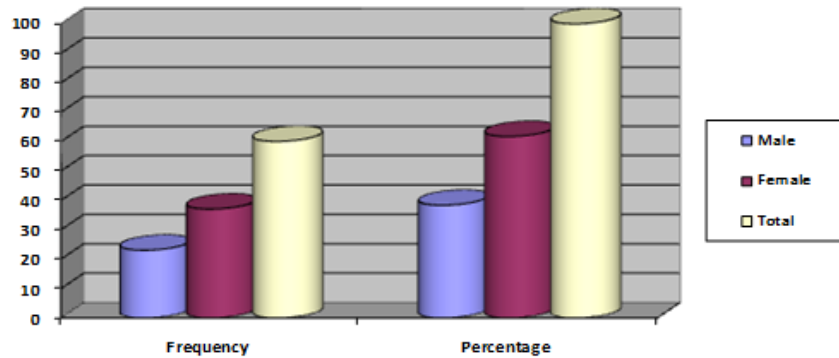


Fig-2: Gender of the respondents

The researcher sought to establish the age bracket of the respondents and found that majority (32 %) were in the cohort of 41-50 yrs. The figure also reveals that only 1% of the youths below 20 years

participate in community health activities in the area under study. Figure 3 below show a summary of the results obtained regarding the age of the respondents.

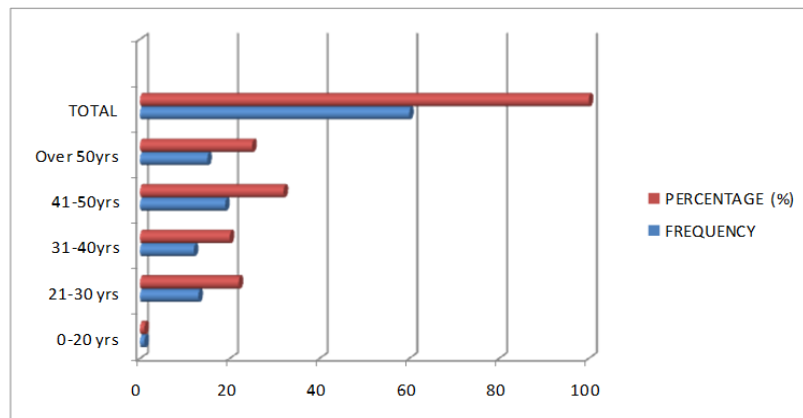


Fig-3: Age of the respondents

The respondents had an average awareness of the role of the donor towards the community [6]. According to the respondents, the stakeholders' involvement to the effectiveness of donor funded health project was significant to enhance project ownership, for sustainability, for positive development, for community needs prioritization and for the achievement of the initial project objectives. Motivation of the CHWs was necessary as a means of increasing CHWs working morale, to put human resource into action, for effective goals achievement, for stability of the implementation force and for a positive work environment.

The researcher found out that most CHWs working at the APHIAplus Kamili health funded project, Honi community Unit were women meaning that there is no equal gender distribution in the community Unit. The findings show that most of employees working at the community unit were between 41-50 years, of which the majorities were form four leavers followed by certificate holders, which call for frequent capacity building to keep balance between the implementers, project objectives achievements and

effectiveness of the health project. From the findings, most of the CHWs had work experience of between 5 years and 10 suggestive that the CHWs had other type of work knowledge base and experience. Majority of the CHWs understood the donor role as of funding and enhancing community health while the role of the CHWS was to participate in the project formulation and planning to be able to articulate and prioritize community health needs [2]. Motivation factor for the CHWs was a very important aspect for the health project to be effective [4]. The project set up such as the stipend system, which was determined in a non-consultative state by the government as per the findings from the CHWs, is affecting the performance of the CHWs and sometimes serves as a de-motivation factor due to the irregularity in its dispensation.

The interests of the CHWs at Honi CU

Donor organizations could promote empowerment among community members, and eventually improving welfare of the community. According to IDASA [3] empowerment is the ability of individuals to gain control socially, politically, economically and psychologically through access to information, knowledge and skills; decision making;

and individual self-efficacy, community participation, and perceived control. In line with this thought, the researcher found that the interests of the CHWs included increasing local economic diversity, self-reliance that entails the development of income generating activities, better stipend rates, and greater cooperation and participatory project approaches among local key stakeholders, careful project planning and the commitment of the welfare of the communities for social justice. To enhance community's health project ownership, which automatically has a positive ripple effect on its effectiveness; it is important that the key stakeholders such as the CHWs and general community are involved from the project initiation all through the project growth and exit.

The success rate of APHIAplus KAMILI Health project at Honi CU

The results revealed that the success rate of APHIAplus KAMILI Health project at Honi CU includes; increased CHWs health information access and improved health knowledge, improved health indicators such as reduced mother and child mortality rates, increased community health information and knowledge access, improved community's attitude

towards health facilities and increased uptake of the health services [6]. The management of the organization is proficient having experienced employees capable to do the work diligently. The donor organization has been able to replicate the projects in the neighboring community units and the organization has been collaborating appropriately with the Government in running their projects through Ministry of health. However, as Chechetto-Salles and Geyer [6] analyse the donor organization should keep on improving the stakeholders' relationship and engagements for sustainable and effective health outcomes.

Importance of motivation to the CHWs

The importance of motivation to CHWs was a significant factor to consider in this study. The motivation values at the CHWs level were found to be in the following ratios; motivation increases individual morale 100% (60), puts human resources into action 30(50%), improves level of efficiency of the CHWs 50 (83%), leads to goals achievements 55(92 %), builds friendly relationship 50 (83 %), leads to stability of work force 45 (75 %). the results are shown in table 1 below:

Table 1: showing the importance of motivation to the CHWs

POINTERS	Frequency	Percentage (%)
Increases morale of an individual	60	100
Puts human resources into action	30	50
Improves level of efficiency of community members	50	83.3
Leads to achievement of community goals	55	91.7
Builds friendly relationship	50	83.3
Leads to stability of work force	45	75
Enhances Positive Environment	60	100

Impact of APHIAplus KAMILI Health project at Honi CU

On the impact of the project set up on the effectiveness of the CHWs the following results were obtained; timely reporting: 14 CHWs (23.3 %), improved health indicators 12 CHWs (20%), households coverage 16 (26.7 %), reporting tools usage (13.3 %) and Donor monitoring (16.7 %). This data explains that the CHWs require more sensitization reporting, project objectives, and on the usage of the reporting tools. Table 2 below is a representation of the results on the impact of the project.

Table 2: Project set up impacts assessment on the effectiveness of the CHWs

Indicators	FREQUENCY	PERCENTAGE %
Timely reporting	14	23.3
Improved health indicators	12	20
Households coverage	16	26.7
Reporting tools usage	8	13.3
Monitoring	10	16.7
TOTAL	60	100

The study results showed that the community health workers have health knowledge, but their economic status has not been taken care off as they spend most of their times volunteering in the community health care services and end up receiving

the little stipend. The health project expectations were so demanding overlooking the welfare of the CHWs who were its implementers. Lack of CHW's involvement in the health project designing and planning is partly to blame for the failed socio-

economic status of the CHWs. The project donors and government should help the community to access to quality of health by building of health centers such as clinics, as well as improving of education standards in the rural set ups, enhancing income growth of the community by improving their business reducing on inflation rate. Chechetto-Salles and Geyer [6] stated that donor organizations enhance the community to access to quality of health as well as improve in their economic status.

Challenges faced by APHIA plus KAMILI at Honi CU.

Chechetto-Salles and Geyer [6] highlight that among the challenges donor and other inter-governmental organizations face were societal expectations, resistance to change by the recipient community, lack of managerial skills, lack of skills and knowledge, legal and Taxation Issues, and internal Conflicts. The researcher found that these were among the key challenges faced by APHIA plus Kamili at Honi CU except for the challenge of taxation. Poor cooperation between the organization and government health workers who become rigid to change from the traditional implementation system and unnecessary bureaucratic procedures to the new management system derails the project implementations and feedback system [2] [3]. Low levels of education among the CHWs and the general community while considering that health information is quite technical was a key challenge. Honi location is a vast area and considering the government policy of 1 CHW to the Ratio of 500 people and the scattered population density, then implementation efficiency becomes questionable.

Strategies to improve effectiveness of the APHIA plus Kamili health project

The initial processes of the health project designing and planning should adopt some of the following strategies for effective outcomes; consultative forum to include key stakeholders such as the CHWs, CHEWs and the target community. Proper mapping of the region or unit to include the socio-economic status, demographics, education levels and needs priority list through mocks data collection can play a major role.

This should give clear guidance as regarding the levels of engagement with the CHWs for the wheel to balance for the donor, community and government and hence the positive project effects realization. Other possible strategies, as supported by Thompson [7] include promoting good relation with the stakeholders and government, promoting, awareness, enhancing legal framework and implementing of capacity building and training.

CONCLUSION

From the above findings, the researcher concludes that:-Involvement of key stakeholders such as the CHWs in the initiation of health related projects

could have marvelous outcomes as this plays a vital role in shaping the attitudes of the community towards the project hence implementation and sustainability no longer becoming an issue. Motivation is a key factor concern by the stakeholders for the effectiveness of the health project. Awareness of the stakeholders' roles versus the donor roles is also important to avoid duplication of efforts or conflicts. Donor Organizations can promote and "empowerment" the poor, particularly CHWs, through a combination of capacity building, awareness raising, training for group members, and other social services. Empowerment is the ability of individuals to gain control socially, politically, economically and psychologically through access to information, knowledge and skills; decision making; and individual self-efficacy, community participation, and perceived control.

Recommendations

For effective outcomes of the health projects, key stakeholders like CHWs should be involved for the projects to be more effective. Donor organizations play a vital role to the community since they increase the social and economic welfare of the community. For *Aphiaplus* Kamili to improve the project outcomes as well as improve the welfare of the CHWs and community at Honi CU it is important for it to put into considerations the following mechanisms;

- i. Engagement of key stakeholders such as CHWs and government in the project if success is to be expected in the implementation of community projects
- ii. Proper mapping of the beneficiary community and other important resources prior project implementation as a means of counteracting any eventualities in future in relation to the project set up.
- iii. The study recommends better remuneration rates for the CHWs as a means of boosting their economic status as well as to serve as a motivation.

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