

Measuring the Level of Community Participation in a Demand Driven Development Project: Case of *Hazina Ya Maendeleo Ya Pwani* Approach in Coastal Kenya

Farida A. Hassan^{1*}, Hilda A. Ong'ayo¹, Melckzedek K. Osore²

¹Pwani University, Kilifi, Kenya

²Kenya Marine and Fisheries Research Institute, Mombasa, Kenya

Email: *naahiyah@gmail.com

How to cite this paper: Hassan, F.A., Ong'ayo, H.A. and Osore, M.K. (2018) Measuring the Level of Community Participation in a Demand Driven Development Project: Case of *Hazina Ya Maendeleo Ya Pwani* Approach in Coastal Kenya. *Open Journal of Social Sciences*, 6, 189-203. <https://doi.org/10.4236/jss.2018.612017>

Received: November 12, 2018

Accepted: December 25, 2018

Published: December 28, 2018

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Abstract

While active participation of beneficiary communities in development initiatives is often considered critical, its value however, cannot be empirically determined without a good measure of the level of community participation. The objective of this study was to determine the level of community participation in the implementation of projects financed through a community grant facility referred in Kiswahili as *Hazina Ya Maendeleo Ya Pwani* (HMP). The HMP project adopted a Community Driven Development (CDD) approach in engaging coastal communities in development initiatives. The research was carried out at the Kenya coastal region comprising six counties namely, Mombasa, Taita Taveta, Kwale, Kilifi, Lamu and Tana River. Data was collected using a semi-structured questionnaire and analysed using descriptive (frequencies, standard deviation and mean) with the help of the Statistical Package for Social Sciences. The study revealed that there was a high (2.81) Community Participation Index (COPI) in the overall implementation of the HMP projects signifying a high level of participation. There was a relatively lower COPI during proposal development stage—an indication of lack of skill in proposal development probably due to the high illiteracy level among coastal communities. The study concludes that the CDD approach is effective in actively engaging communities in the implementation of development initiatives. Based on the findings, the study recommends that the CDD approach can be used to develop contextualized strategies of enhancing community participation in development projects. The study also recommends that to optimize community participation in development initiatives, the twin challenge of high levels of illiteracy and inadequate skill in proposal

writing among coastal communities needs to be addressed by the County Governments, Non Governmental Organizations and other agencies involved in development work.

Keywords

Community Participation, Development Initiatives, Community Participation Index, Kenya Coastal Counties

1. Introduction

Community participation is considered to be a vital component for sustainable development and has gained acceptance across the spectrum of development actors as a way to improve development practice [1]. The concept of community participation in development initiatives is certainly not new, and in rural development, it has been recognized as an important element at least since the early 1990s [2]. Earning the status of development orthodoxy with promises of giving “the poor” a voice and a choice, community participation has become an essential ingredient in getting development interventions and policies right [3]. As the emblem of democratic development practice [4], community participation facilitates development of the people, their structures and institutions, by the people with their benefactors for their wellbeing, which is their right [5]. The fundamental concept of community participation is that when disadvantaged people participate in policies and programmes that affect them, development is more likely to be sustainable [6]. In support of this argument, Aworti [7] opines that involvement of people at the community level is likely to improve projects design, make programs more closely tied to local needs and that gives the community a voice which results in better quality decision-making.

Community participation is the core theme underlying participatory methodologies, which have gained momentum since the 1990s as researchers, field practices and development experts have sought more effective ways to involve local people in decision-making and research [8]. The spread of this new approach was rapid and far-reaching such that citizens became involved in community health councils, parent committees in schools and countless other beneficiary committees [9]. To a large extent therefore, the current decade of social movements, non-governmental organizations (NGOs) and Community Based Organizations (CBOs) is a manifestation of organized community participation [10]. The development landscape is littered with committees formed in the wake of these changes, mandated as “user groups” to take on some of the functions of provisioning, regulation and management that previously resided with the state [9]. In many instances these have served as instruments for consultation with supposed beneficiaries about planning and implementation of community projects that address their most immediate needs. As argued by Cornwall and

Gaventa [9], institutionalized participation provided opportunities for improved assessment of needs and service.

Ideas about its benefits have been part of mainstream development discourse since the early 1970s, although in the past decade they have been taken up more widely in attempts to shape the way in which development is done [11]. Community participation is advocated for various noble reasons and is often rhetorical and permeated with lofty sentiments [10]. It is promoted as a means to achieve community oriented objectives and is believed to ensure integrity of development practice and outcomes [12]. Efforts to engage communities in the development process have been justified by the fact that involving communities is not only an inherent citizen's right, but that participation often leads to better use of resources geared towards meeting the needs of the communities [13].

While generally many Western scholars think that active local participation in decision-making is a precondition for benefits reaching communities [14], effective community participation is by no means easy to define or to achieve [15]. Moreover, Khwaja [16] asserts that there is much less understanding of and even lesser agreement on, what community participation means and entails and under what conditions it is necessary. In their paper "Beyond form and functioning: understanding how contextual factors influence village health committee in Northern Inida", Scott *et al.* [17] opined that there are a number of contextual factors that impinge the performance of health committees in the health sector. These factors include lack of formal mandate and authority [18] at times linked to broader bureaucratic resistance to decentralization [19] [20] and unjust social structures that fail to include women [21] or other marginalized social groups [22]. As such it becomes necessary to understand the context within which communities participate in order to identify aspects of the environment that must be altered to enable the intervention to succeed, or aspects of the intervention that can be adjusted to better suit the context.

The critics of participatory approaches and its potential to produce sustainable outcomes have focused on its methodological, outcome and ethical concerns [23]. From methodological perspective, poor training on the part of facilitators could potentially affect inclusiveness and ownership experience of a participatory process for the participants in developing countries [24]. Barnes and Ashbolt [25] point out that the use of participation approaches in community development, does not automatically produce sustainable solutions since decisions made by a community are influenced by the community's understanding of the issues involved, such as health related implications of poor water quality and inadequate sanitation. Worse still participatory rural development has no predetermined outcomes; it can lead to transformation and change in the social patterns and sometimes it perpetuates and triggers the antithesis of community liberation, devolution and distribution of power among various stakeholders [26]. Participatory approaches are often conducted by NGOs that are rarely locally owned so this results in a "subtle top-down intervention, controlled and ma-

naged by external forces” so that participation actually becomes “covert manipulation” [27].

Despite these critics, community participation has continued to be firmly anchored in the development process. The use of participatory methods continues to expand geographically and across disciplines [28]. As such, to date there are different typologies of participatory approaches that have been developed which all focus on the balance of power over decisions exercised by managers or planners as opposed to users of a service [29]. Some of the common variations include Participatory Action Research [30], Participatory Development [31], Participatory Rural Appraisal [32] [33], and Participatory Evaluation [34] [35] [36] and recently the Community Driven Development—CDD approach [13].

The CDD is popularly defined as an approach that emphasizes the handing over of planning decisions and investment resources directly to community groups and the local government [13]. Through a community development fund (translated into Kiswahili language as *Hazina Ya Maendeleo Ya Pwani* HMP) the CDD approach was used to engage coastal communities in the implementation of projects aiming at improving access to social services [37]. With its emphasis on participation and strong focus on community empowerment through provision of technical and financial support, the CDD approach provided a unique way to respond to the developmental challenges associated with limited access to social services. As such, it was envisaged that coastal communities would actively participate in all project phases comprising identification, planning, implementation and monitoring and evaluation.

However, despite the increasing interest in the use of CDD approach, validated measures of the extent of community participation in development projects have yet to be fully developed. Without high quality measures, it is impossible to empirically ascertain the value and impact of active community engagement in development initiative. This study therefore sought to measure the level of community participation in HMP project that was implemented at the Kenya coast from 2013 to 2017. To measure the level of community participation, the study adopted the Community Engagement in Research Index (CERI) from Khodyakov *et al.* [38]. In this study, the CERI was customized to Community Participation Index (COPI) and new participation indices added to reflect the context of the HMP project. As such the study assessed the extent of community participation in the four phases of the project cycle namely: 1) project identification; 2) project planning; 3) project implementation and 4) project monitoring and evaluation using a set of 12 participation indices (**Table 1**).

2. Methodology

2.1. Research Design

This study employed the use of ex post facto research design to establish whether there is any relationship between the CDD approach and level of community participation. The design is appropriate for the study because of its strength in

Table 1. Key variables for measuring the level of community participation.

No	Project Phase	Community Participation Indices
1	Identification	<ul style="list-style-type: none"> • Assessing community needs • Prioritization of community projects • Development of project proposal
2	Planning	<ul style="list-style-type: none"> • Raising community cash and in-kind contribution • Determining location of the project • Deciding the management team
3	Implementation	<ul style="list-style-type: none"> • Procurement of goods and services • Actual implementation of project activities • Managing work and budget for the project
4	Monitoring and Evaluation	<ul style="list-style-type: none"> • Reviewing project progress and performance • Assessing achievement of project deliverables and objectives • Determining whether projects addresses community's need

Source: Own construction based on data obtained from this study.

establishing the relationship between the independent and dependent variables in specific cases where the independent variable cannot be manipulated as it has already occurred and the researcher can only report what has happened [39].

2.2. Study Area

The study was carried out in coastal Kenya, which covers six coastal counties namely: Mombasa, Taita Taveta, Kwale, Kilifi, Lamu and Tana River (Figure 1). The region covers an area of approximately 83,000 km² in the south-eastern part of Kenya constituting about 11.5% of the country's land area [40]. Considered among the poorest of the eight regions of Kenya, the coastal region is home to a population of approximately 3.3 million people with a birth rate of 3% [40]. An estimated two-thirds of the population is related ethnically and referred to collectively as the Mijikenda. The other one-third of the region comprises of migrants from areas of Eastern, the densely populated areas of western Kenya and from central Kenya. The climate of the region varies with distance from the coast and it becomes drier towards the inland from the ocean and from south to north [41]. The implementation of the HMP project using the CDD approach for a period of five years in the coastal counties influenced its selection as a study area. Besides, no study has been done to assess the level of community participation in the implementation of the HMP project.

2.3. Target Population

The sample size was drawn from the study population of 3.3 Million people [40] residing in coastal Kenya region and accessible population of 2160 persons who are members of CBOs involved in the HMP project [37] across the six coastal counties. The CBOs are composed of men, women, youth and persons with disability in different proportions with mixed ethnical background covering all the main coastal tribes.

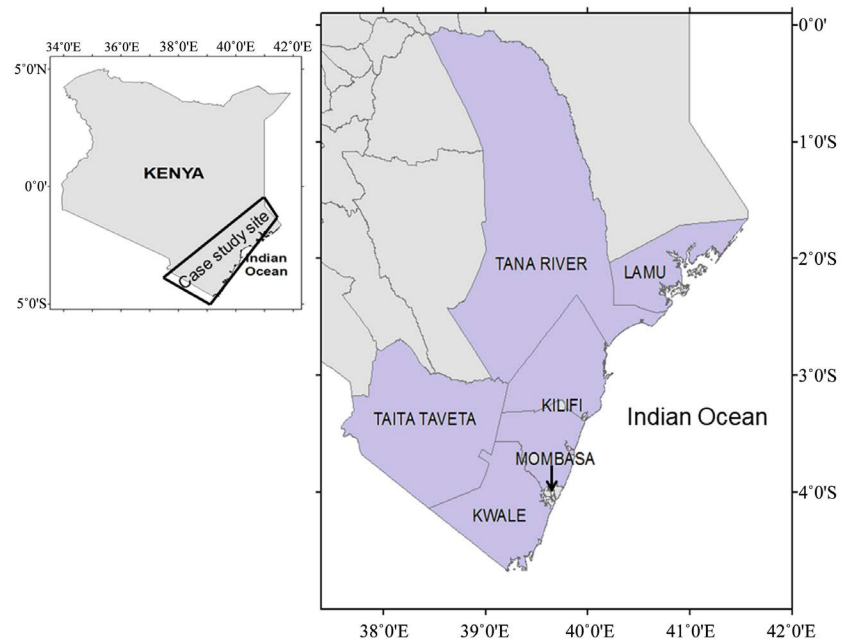


Figure 1. Map of coast region of Kenya, covering the six coastal counties. Source: Hassan *et al.*, 2017 [36].

2.4. Sample Size

A sample size of 326 persons was computed using Ross *et al.* [42] equation.

Equation 1: Computation of study sample

$$n = \frac{NZ^2 \times 0.25}{(d^2 \times (N - 1)) + (Z^2 \times 0.25)}$$

where n = sample size required

N = Total population size (known or estimated)

d = precision level (usually 0.05 or 0.10)

Z = number of selected standard deviation units of the sampling distribution corresponding to the desired confidence level (1.96)

To compute the study sample therefore the following formula was used

$$n = \frac{2160 \times 1.96^2 \times 0.25}{(0.05^2 \times (2160 - 1)) + (1.96^2 \times 0.25)}$$

Therefore $n = 326$

2.5. Sampling Procedure

Proportionate sampling was done to obtain a fair representation of community members from each county who participated in the HMP project. Simple random sampling techniques were used to obtain the study sample using a sampling frame obtained from HMP records [43].

2.6. Data Collection and Analysis

A semi-structure questionnaire was used to collect data from respondents. The

questions were structured in a three to three-point Likert rate scale which was meant to guide respondent's on their views regarding the level of community participation in the HMP project. Using the questionnaires a total of 285 were taken through a one to one interview session. The accuracy of information provided in questionnaires was verified through cross checking with verbal interview transcripts and observations notes made during field trips for the purpose of improving internal and external validity of the research. Data on respondents feedback on the 12 participation variables was categorized as 1 = Community did not participate in this activity; 2 = Community was consulted on this activity; 3 = Community actively engaged on this activity. The data gathered was processed and analyzed using the Statistical Package for Social Sciences Version 20.0. Descriptive statistics such as frequency, percentages, mean and standard deviation were used to present the data.

3. Results and Discussion

Data was collected on demographic characteristics of the respondents and the results are as shown in **Table 2**.

Majority (53%; n = 151) of the respondents fell within the age group of 31 - 50 years, whereas an additional 40% (n = 111) were above 50 years of age and only 3 respondents were below 20 years (**Table 2**). More than half (56%, n = 161) of the respondents were females, while 46% (n = 133) were males. In terms of household sizes, slightly more (42.8%, n = 122) of the respondents had small households of 1 - 5 persons while 41.4% (n = 118) had household size of 6 - 10 persons. Very few respondents (7.4%, n = 214) had household sizes of 11 - 15 persons. The educational attainments of respondents were relatively low. Only 7.7% (n = 22) and 2.8% (n = 8) had college and university education. About 64% (n = 183) of the respondents engaged in farming as their main source of livelihood. Very few respondents engaged in fishing (0.7%, n = 2). Given the fact that the region is endowed with marine and specifically fishery resources this finding is of great concern. Versleijen and Hoorweg [44] confirm that challenges such as reduced catches, more competition from fellow artisanal fishermen as well as foreign fishermen, tourism and human settlement have made many fishermen to resort to other income-generating activities.

3.1. Level of Community Participation

The study assessed the extent to which communities were involved in the HMP project. **Table 3** shows the frequency and percentage rating on the level of community participation by the respondents on of each of the 12 indices organized into 4 phases of the project cycle.

The results in **Table 3** indicate that majority (77%, n = 220) of the respondents confirmed that they were actively engaged in the implementation of the HMP CDD projects throughout the four phases of the project cycle. The high level of participation in the implementation of the HMP projects could be asso-

ciated with the fact that the HMP financed community projects address priority needs that the community identifies with.

The research findings agree with those of other researchers. For example, a study carried out in several countries of East and Central Africa under Participatory Hygiene and Transformation Project (PHAST) observed that local populations were actively involved in project planning and evaluation if they volunteered their labour and out of pocket payments to supplement project budget [45]. The study results are also similar to those of Omotesho *et al.* [46] in their determination of the level of participation of farmers in group activities in Kwara State, Nigeria. In this study they reported an increased level of participation of farmers in farmer-group activities due to factors such as increased awareness and access to training opportunities.

Table 2. Demographic characteristics of respondents.

Variables	Frequency (n)	Percentage (%)
Age		
<20 Years	3	0
20 - 30 Years	20	7
31 - 50 Years	151	53
>50 Years	111	40
Gender		
Male	124	44
Female	161	56
Household size		
1 - 5 Persons	122	42.8
6 - 10 Persons	118	41.4
11 - 15 Persons	24	8.4
16 Persons and above	21	7.4
Level of education		
Primary school	96	33.7
High School	70	24.6
College	22	7.7
University	8	2.8
Illiterate	89	31.2
Occupation		
Farming	183	64.2
Fishing	02	0.7
Trading	54	18.9
Formal employment	23	8.1
Others	23	8.1

Field Survey data collected in January 2017.

Table 3. Extent to which communities participated in the various stages of project cycle.

Statement: To what extent did you participate in the following activities?	Community did not participate n (%)	Community consulted n (%)	Community actively engaged n (%)
Project identification	82 (10)	262 (33)	491 (57)
1) Assessing community needs	15 (5)	26 (9)	244 (86)
2) Prioritization of community projects	10 (4)	28 (10)	247 (93)
3) Development of project proposal	57 (20)	228(80)	00 (0)
Project planning	27 (3)	64 (7)	764 (89)
4) Raising community contribution	11 (4)	16 (6)	258 (90)
5) Deciding project location	07 (2)	25 (8)	253 (89)
6) Deciding project management team	09 (3)	23 (8)	253 (89)
Project implementation	73 (9)	130 (15)	652 (76)
7) Procurement of goods and services	29 (10)	38 (13)	218 (76)
8) Actual implementation of project activities	20 (7)	36 (13)	229 (80)
9) Managing work and budget for the project	24 (8)	56 (20)	205 (72)
Project monitoring and evaluation	52 (6)	89 (10)	714 (84)
10) Reviewing project progress and performance	20 (7)	28 (10)	237 (83)
11) Assessing achievement of project deliverables and objectives	18 (6)	31 (11)	236 (83)
12) Determining whether projects addresses community's need	14 (5)	30 (16)	241 (85)
Overall community participation	20 (7)	45 (16)	220 (77)

The findings are however contrary to those of Mubyazi and Hutton [47] that in many countries, communities are partially involved in one or several stages of project cycles—priority setting, resource allocation, service management, project implementation and evaluation. In such settings, there is tendency of informing communities to implement decisions that have already been passed by elites or politicians and in most cases professionals dominate the decision making processes by downgrading the non-professionals or non-technical people's knowledge and skills. Similarly, a study carried out in Mukono District, Uganda observed low public participation in priority setting due to reasons such as weak planning approaches, social-economic and cultural barriers [48].

The study also revealed that fewer respondents (57%) actively participated during Project Identification than the other phases of the project cycle (Planning—89%, Implementation—76%, Monitoring and Evaluation—84%). The low community participation during project identification was as a result of the nil (0%) active participation of respondents during development of the project proposal. This finding is an indication that due to the high levels of illiteracy (31.2%) coastal communities could not effectively participate in project identification

phase. As such their participation in project planning phase was limited to assessing community needs and prioritization of community projects. It could also be argued that the low community participation in proposal development was as a result of the lack of technical skill in proposal writing since over 60% of the respondents were literate. The implication of this finding is that training of communities in simple proposal writing is essential in enhancing their active participation in development projects.

The current study's findings favourably compare with those of Mwenda [49] who argues that lack of sufficient educational attainment lower the quality of public participation. These findings echoes those of Mboga [50] who commented that higher education attainment has direct correlation with public participation in Kenya and argues that education expands the ability of citizens to appropriate their desires and interests and have their voices heard in a logical and organized manner. The findings agree with those of Kakumba and Nsingo [51] that lack of adequate knowledge and skills by the community members due to the high level of illiteracy have limited the scope of community participation in development projects.

This finding, however, contrasts with that of Davis [52] that even in developed countries like England, communities participate mostly in the design of government services, policies and local priority-setting.

3.2. Community Participation Index

The study also examined the COPI, which demonstrates the level of community participation in implementation of HMP CDD projects (Table 4). The COPI was calculated by computing and ranking the mean of the responses for each of the 12 statements. A mean range of 1 was considered "low level of community participation" while a mean of 3 was considered to indicate "high level of community participation".

With the exception of the index on development of project proposal (COPI, 1.80), the results in Table 4 indicate that most of the remaining participation indices had a high COPI score (2.66 - 2.87). This suggests that there was a high level of community participation across most of the participation indices. The current study's findings favourably compare with those of Oyugi and Kibua [53] in a study on planning and budgeting at the grassroots level with Local Authorities (now county Governments) in Kenya. Oyugi and Kibua [53] found that community participation was poor and that most participation was during projects identification and preparation of what it called "wish lists" of the project.

The findings are contrary to those of Blackman [54] that despite the recent upsurge in the "bottom-up" approach to development, project beneficiaries are still not fully participating in the identification, planning, implementation and monitoring and evaluation of projects that are meant to improve their lot. Even when an element of "participation" is built into projects, it is all too often largely in terms of local investment of labour and not in real decision-making [55].

Table 4. Descriptive statistics showing extent of community participation in implementation of HMP CDD projects.

Statement: To what extent did you participate in the following activities?	Mean	Standard Deviation	COPI
Assessing community needs	2.80	±0.514	2.80
Prioritization of community projects	2.83	±0.459	2.83
Development of project proposal	1.80	±0.401	1.80
Raising community contribution	2.87	±0.440	2.87
Deciding project location	2.87	±0.395	2.87
Deciding project management team	2.86	±0.432	2.86
Procurement of goods and services	2.66	±0.655	2.66
Actual implementation of project activities	2.73	±0.581	2.73
Managing work and budget for the project	2.64	±0.634	2.64
Reviewing project progress and performance	2.76	±0.568	2.76
Assessing achievement of project deliverables and objectives	2.76	±0.554	2.76
Determining whether projects addresses community's need	2.80	±0.511	2.80
Overall level of community participation	2.81	±0.469	2.81

COPI scale scores: 1 = low community participation; 3 = High community participation.

The results also contrast with those of Ojwang and Bwisa [56] in their study of the role of participatory management in the sustainability of Constituency Development Fund (CDF) projects: a case study of Maragua Constituency of Kenya. The study revealed that there was low community participation in all phases of the project with a few community members involved at the conception stage. The low community participation had a direct negative impact on the ownership of the CDF projects consequently affecting their overall performance.

4. Conclusion and Recommendation

This study found that a significant majority of the coastal communities actively participated in the implementation of the HMP projects. The level of community participation measured in terms of COPI was also high signifying an elevated level of participation by the community. The study also revealed that COPI was low during the process of proposal development probably due to the high illiteracy levels amongst coastal communities. Given these findings the study concludes that the CDD approach seems to be an effective approach for enhancing active community participation in development projects. Its performance however could be undermined by factors such as the lack of technical skill in proposal development and the low literacy level among coastal residents.

In line with the findings of this study and the literature reviewed this research seeks to advance the following key recommendations:

- 1) Development practitioners, staff from the both county and national governments can use the CDD approach to develop contextualized strategies to

optimize community participation in development projects that is critical for their sustainability.

- 2) It is important to address the illiteracy challenge in coastal region that hinders active community participation in planning for development projects. This requires concerted efforts from the different stakeholders comprising the development partners, government and civil society organizations.
- 3) It is worthwhile to build community capacity in simple proposal writing in order to enhance their active participation in development projects. With this skill, communities will be in a better position of communicating their needs when seeking external support to address some of their priority development agendas.
- 4) Further studies need to be done to identify other factors besides illiteracy that hinder active community participation in development projects.

Acknowledgements

We wish to recognise the support by Kenya Marine and Fisheries Research Institute (KMFRI) through the Kenya Coast Development Project (KCDP), the National Government and Coastal County Government in terms of allocating resources and staff for this work. Task Team Leaders Mr. Dinesh Aryal and Ms. Veruschka Schmidt are appreciated for their support. We also wish to sincerely thank all the residents of the coastal region for accepting to participate in this study.

Disclosure

This work is part of PhD Thesis currently undertaken by the corresponding author at Pwani University, Kilifi, Kenya.

Conflict of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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