

Full Length Research Paper

Stakeholder participation: An empirical investigation

Sudi Nangoli^{1*}, Sophia Namiyingo¹, Levi Kabagambe¹, Rehema Namono², Mahmood Jaaza¹
and Mohammed Ngoma¹

¹Makerere University Business School, Uganda.

²Busitema University Faculty of Management sciences, Uganda.

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Studies point to the fact that most stakeholders in health projects implemented by non-governmental organisations (NGOs) in Uganda have in some one way or another, not been optimally involved in their implementation. This has led to various projects failing to provide anticipated benefits on a sustainable basis. This study therefore aimed at examining the level of stakeholder participation on health projects in Uganda. Methodologically, this study adopted quantitative research design. The results indicated that some key project stakeholders are neither involved in the consultative meeting for the projects, nor in design of the project. The study findings showed that the level of stakeholder participation in health projects among NGOs in Uganda is still low. The implication is that if stakeholders are not actively involved in the project by being consulted, taking up roles and making decisions concerning the health interventions which impact them; this is likely to negatively affect the sustainability of the project. It was thus recommended that stakeholders should be consulted as regards the project before it is implemented and that this participation should be encouraged throughout the project life. This may be in form of letting stakeholders air out their views in the consultative meetings for the project, consulting them on the needs identification for the project, and carrying out leadership roles for the project.

Key words: Stakeholder participation, project management, health projects, Uganda.

INTRODUCTION

Regardless of the type of project, decisions regarding the degree of participation from various stakeholders are a significant issue that project management should consider (Usadolo and Caldwe, 2016, Nalweyiso et al., 2015; Arca and Prado, 2008). Within the Health projects in Uganda, there is a shared assumption that participation of the users improves the sustainability of these projects. Within the realm of the studied projects, this assumption has been largely based on anecdotal evidence hence the

need to undertake a robust examination of the assumption as it directly has implications on the sustainability of captioned projects. Similar studies, like those by Xiaojin (2006) which have been conducted outside Uganda may provide an indication but not an actual- conclusive view of the state of stakeholder participation in Uganda due to differences in cultures, social practices and contextualized needs usually observed across nations. Bakenegura (2003) considers participation as a process through which

*Corresponding author. E-mail: snangoli@mubs.ac.ug

stakeholders influence and share control over development initiatives, decisions and resources which affect them. This conceptualization of stakeholder participation is closely compared to that by Tammer (2009).

Also, Luyet et al. (2012) has also shown that Stakeholder Participation is regarded as axiomatic in community development approaches and that it is both a necessary condition for change and also valued for empowerment and partnering based on the specific interest of the stakeholder to the project. Stakeholder participation literally means to take part or become actively involved or share in. The Department for Foreign and International Development (DFID, 1995) gives the levels of participation as Consultation, Decision making and Role participation.

Arnstein (1969) points to seven (7) levels of stakeholder participation which ranges from passive collaboration to active role participation by the beneficiaries or the community members. For purposes of this study, the researcher adopted the three measures of stakeholder participation on part of active role participation which involved consultation, decision making and active role participation in examining the level of stakeholder participation on selected health projects in Uganda. The following sections of this paper present the theoretical underpinning of the study, the methods used in the study, the detailed findings and their discussion, the conclusion and recommendations, and suggested areas for further research.

THEORETICAL UNDERPINNING

A stakeholder is an individual, group, or organization who may affect, be affected by, or perceive it's self to be affected by a decision, activity, or outcome of a project (PMI, 2013; Freeman 1984). Stakeholder theory has become so popular especially in livelihood projects aimed at empowering the less privileged (Savage et al., 1991; Nalweyiso et al., 2015). Health Projects have various stakeholders whose expectations are diverse in nature and therefore the management of these project stakeholders is an issue of concern. Stakeholder theory thus holds that when those who have a stake in the projects take part in shaping decisions through participation, their interests are likely to be addressed (Vermoolen, and Hermans, 2015).

This leads to perceived success of the project by the different stakeholders in terms of service delivery and the quality of service. This argument is underpinned by the normative and descriptive form of stakeholder theory as propounded by Donaldson and Preston (1995) and further supported by Phillips (2003). It thus seeks to define the specific stakeholders of the project (the normative form of stakeholder theory), and then examines the conditions under which managers treat these parties as stakeholders (the descriptive form).

METHODOLOGY

The study used quantitative research methods. In the Past, Scholars like Hempe et al. (2015) have also used similar approach in investigating stakeholder participation in health related studies. A self-administered questionnaire was used to collect data from a sample of 86 health projects conducted by 110 non-governmental organizations (NGOs) in Uganda. The sampling frame was sourced from the NGO network. The unit of inquiry was sampled using simple random sampling. The unit of inquiry comprised of the community representatives and the end users (beneficiaries) who were/had ever taken part in the sampled projects. From each selected project, 1 community representative and 1 beneficiary was sampled which added up to a total of 172 target respondents. The inclusion and exclusion criteria was that where a person was picked and found not to have participated in the selected projects, he/she was discarded and replaced with the next convenient person. The responses returned were 71% of what was targeted. Stakeholder participation was measured using an abridged version of the stakeholder involvement questionnaire developed by Kanungo (1982) and Schaeffer (1994) and Arnstein (1969). The final instrument used to collect data had a reliable and valid instrument with both Cronbach Alpha Value and Content Validity Index showing coefficients of above 0.7. The collected data was sorted and cleaned to remove inconsistencies. The data was then analyzed using statistical package for the social sciences (SPSS) descriptive statistics.

FINDINGS

Respondents' level of education

Data on respondents' level of education was collected and analyzed using descriptive frequencies and percentages. Table 1 shows the results. Findings indicate that most respondents were below diploma level (certificate, secondary, primary and non formal) as their highest education attained (36.4%), 30.1% of respondents attained diploma as their highest education level, 15% degree level, 10% other professional courses like ACCA CPA CIPS and others, and 8% had attained a masters level and 4%. This would imply that most people who participate in health projects either as community representatives and end users are those with little or no knowledge regarding the execution of health projects.

The level of stakeholder participation in health projects among NGOs in Uganda

To examine the level of stakeholder participation in health projects among NGOs in Uganda, descriptives were presented as shown in the table that follows. Participation was measured using a scale of 1 to 5. Where 1 reflected strongly disagree, 2 Disagree, 3 Uncertain, 4 Agree and 5 Strongly agree. Results were interpreted using mean score such that the mean that the mean scores of either 1 or 2 reflect low level of participation, 3 represents moderate level of participation while those means that are close to 4 or 5 show high level of stakeholder participation. Table 2 presents the results. The results in

Table 1. Level of education.

Variable		Count	Valid Percent	Cumulative Percent
Highest academic qualification attained	Diploma	43	35.0	35.0
	Degree	26	21.1	56.1
	Professional	22	17.9	74.0
	Masters	15	12.2	81.2
	Others	17	13.8	100.0
	Total	123	100.0	-

Source: Primary data.

Table 2 imply that the level of stakeholder participation in health projects is still low (mean=2.53, SD= 0.73) and so are its components of role participation (Mean =2.47) consultation (Mean=2.60) and decision making (Mean=2.48), which are which all had mean scores less than 4.00 a clear indication of the low levels of stakeholder participation among NGOs in Uganda.

These results in the Table 2 indicated that the beneficiaries were not really involved in the consultative meeting for the projects (Mean = 2.18) and neither were they involved in project design (Mean = 2.40). Further, the beneficiaries are hardly engaged in the needs identification for the project and thus as end users, they cannot carry out leadership roles for the projects (Mean ≈ 2.58). When it comes to role participation, the results revealed that Stakeholders do not feel detached from the work they do in the project (Mean = 2.13), are not perfectionists about the work they do (Mean= 2.22) and are not very much involved in the activities they carryout for the project (Mean= 2.32).

DISCUSSION

Stakeholder participation was found to comprise of role participation, decision making and consultation. This was in agreement with the studies of Arnestein (1996). It was further found out that the inclusion of beneficiaries in decision making was vital in increasing the level of stakeholder participation. This is in line with studies of Bourne (2008). The results also agree with the earlier studies of Diallo and Thuillier (2004) and Bryde (2010) to the effect that when people participate in joint decision making, it leads to action plans and the formation of new local institutions or the strengthening of existing ones. These groups should take control over project decisions especially those which impact on them. It was also found out that role participation was another important measure of stakeholder participation.

Note should however be taken that consultation as a measure of participation was the least participatory domain (7.2%), and therefore was not the best in measuring stakeholder participation. The study findings are in agreement with the findings of Anstein (1996),

to the effect that involving stakeholders by only consulting them offers no assurance that people's ideas and concerns would be taken into account by the project implementers. The findings also indicated that the level of stakeholder participation is still low (mean =2.47). This confirms to the studies of UNDP as cited by Narayana (2002) that participation is a time consuming process which if equated in monetary terms, the approach would not be justifiable given the high expenditures involved and the degree of donor dependency least the project would experience time and cost over runs. This also explains why stakeholder participation in health projects among NGOs is still low.

CONCLUSION

The study findings showed that the level of stakeholder participation in health projects among NGOs in Uganda is still low (mean=2.47). This therefore implies that if stakeholders are not actively involved in the project by being consulted, taking up roles and making decisions concerning the health interventions which impact them; this is likely to negatively affect the sustainability of the project. It is also recommended that stakeholders should be consulted as regards the project before it is implemented. This can be in form of letting them air out their views in the consultative meetings for the project, consulting them on the needs identification for the project, and carrying out leadership roles for the project.

SUGGESTION

Further research should be undertaken to test the levels of project stakeholder participation, in health projects in other sectors other than NGOs like in the different Ministries say Agriculture, to mention. This is because such sectors tend to receive a lot of funding for their projects and results from such sectors can widen the objective basis upon which a more applicable policy can be crafted to enable cross-cutting promotion of stakeholder participation. Future researchers can explore the same concept with a wider sample involving other

Table 2. Level of stakeholder participation.

Consultation	N	Min	Max	Mean	SD
I was involved in the consultative meeting for this project	55	1.00	5.00	2.18	1.24
As a beneficiary, I was involved in project design	55	1.00	5.00	2.40	1.32
I was involved in needs identification for this project	55	1.00	5.00	2.52	1.32
The Community has clearly defined roles and responsibilities in this project	55	1.00	5.00	2.73	1.40
As an end user, I carryout leadership roles for this project	55	1.00	5.00	2.57	1.35
I participated in the Financing of the project	55	1.00	5.00	2.23	1.22
I was involved in the meeting for deigning the budget for this project	55	1.00	5.00	2.67	1.45
I am aware of the goals and objectives of this project	55	1.00	5.00	3.34	1.56
The project team actively sought out the views of women, to provide a more complete picture of potential risks, impacts, and opportunities relating to an engagement process	55	1.00	5.00	2.40	1.07
The project was just brought to us by the organization without our knowledge	55	1.00	5.00	2.18	1.13
I greatly supported the project to proceed	55	2.00	5.00	3.34	1.51
I was satisfied with the level of consultation and participation as far as my input is concerned towards the success of this project	55	1.00	5.00	2.62	1.47
Often when not in a meeting, I would receive communication from other members about the project progress	55	1.00	5.00	2.66	1.35
-	55	2.60		0.75	
Role participation	N	Min	Max	Mean	SD
Am willing to work overtime to accomplish unfinished tasks	55	1.00	5.00	2.66	1.44
Often when I was not engaged in project work, I would find myself thinking about things that I have done or things that need to be done in the project	55	1.00	5.00	2.49	1.23
Generally, I feel detached from the type of work that I do in this project	55	1.00	5.00	2.13	1.19
I am absorbed in the activities that I carry out in this project	55	1.00	5.00	2.47	1.14
I am really a perfectionist about the work that I do in this project	55	1.00	5.00	2.22	1.09
I do only what am required of, no more no less	55	1.00	5.00	2.36	1.21
I am really interested in my project work	55	1.00	5.00	3.00	1.54
I am very much involved personally in the activities I do in this project	55	1.00	5.00	2.32	1.24
In this project, I often do extra work beyond what is expected of me	55	1.00	5.00	2.58	1.42
<i>I am very much involved personally in the activities I do in this project</i>	55;55	1.00	5.00	2.51; 2.47	1.31; 0.79
Decision making	N	Min	Max	Mean	SD
I participated in selecting this project on behalf of the community	55	1.00	5.00	2.40	1.46
I decided on the community labor contribution for this project	55	1.00	5.00	2.17	1.15
I decided on the wages to be paid for community labor in this project	55	1.00	5.00	2.12	1.27
I decided on the compensation for non-labor community resources in this project	55	1.00	5.00	2.10	1.16
I participated in deciding the sanction measures for the project misuse	55	1.00	5.00	2.40	1.37
I decided on the distribution of project benefits for this project	55	1.00	5.00	2.18	1.24
I decided on the sanctions imposed for not participating in project maintenance	55	1.00	5.00	2.36	1.31
I decided on the project site	55	1.00	5.00	2.00	1.11
I decided on the project scale (Length, Capacity)	55	1.00	5.00	2.22	1.30
I decided on the time frame for this project	55; 55	1.00	5.00	2.16; 2.48	1.13; 0.72
Grand mean (Stakeholder participation)	55	-	2.53; 0.73	-	-

stakeholders like the project staff, Donors, Project managers among others. This is so because the study only captured the perceptions of project beneficiaries and

Community coordinators that had taken part in executing health projects and yet accommodation of various stakeholders could give a different view. There is need to

investigate whether same results could be obtained should the variables be subjected to a longitudinal study.

Conflict of Interests

The authors have not declared any conflict of interests.

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