THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

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PUBLIC PARTICIPATION AND DEVELOPMENT OF HEALTH PROJECTS IN KAJIADO NORTH SUB-COUNTY, KENYA

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DECLARATION

This thesis is my original work. It has not been presented in any other university or institution of higher learning for any academic credit. All work sourced from other scholars and sources have been duly cited and acknowledged in this document.

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DEDICATION

I dedicate this work to my dear wife Lucy and my two daughters Chloe and Talia.

TABLE OF CONTENTS

DECLARATION ..... **I**

ACKNOWLEDGEMENT ..... **II**

DEDICATION ..... **III**

ABBREVIATIONS ..... **IX**

ABSTRACT ..... **XI**

CHAPTER ONE-GENERAL INTRODUCTION **1**

1.1 STUDY BACKGROUND 1
1.2 STATEMENT OF THE PROBLEM 8
1.3 RESEARCH OBJECTIVES 9
1.3.1 Specific Objectives *9*
1.3.2 Research Questions *10*
1.4 RESEARCH ASSUMPTIONS 10
1.5 JUSTIFICATION OF THE STUDY 10
1.6 SIGNIFICANCE OF THE STUDY 11
1.7 SCOPE AND DELIMITATION OF THE STUDY 12
1.8 LIMITATION OF THE STUDY 13
1.9 CONCEPTUAL FRAMEWORK 13
1.10 OPERATIONAL DEFINITION OF TERMS 16

CHAPTER TWO-LITERATURE REVIEW **18**

2.1 CRITICAL REVIEW OF RELEVANT THEORIES 18
2.1.1 Agency Theory *18*
2.1.2 Stewardship Theory *19*
2.1.3 Stakeholder Theory *20*
2.2 REVIEW OF EMPIRICAL STUDIES 21
2.2.1 Public Participation in the Development of Health Projects *21*
2.2.2 Public Participation Mechanisms in Development of Health Projects *23*
2.2.3 Information Transmission on Public Participation Among Stakeholders for Health Projects *25*
2.2.4 Governance Structures as Enablers for Public Participation in Health Projects *26*
2.3 CHAPTER SUMMARY AND RESEARCH GAPS 28

CHAPTER THREE-RESEARCH METHODOLOGY **29**

3.1 RESEARCH PHILOSOPHY 29
3.2 RESEARCH DESIGN 30
3.3 SITE DESCRIPTION, STUDY POPULATION AND TARGET POPULATION 30
3.4 SAMPLE AND SAMPLING TECHNIQUES 31
3.5 METHODS AND INSTRUMENTS OF DATA COLLECTION 33
3.6 RELIABILITY AND VALIDITY 35

3.7 Data Analysis Procedures 35
3.8 Ethical Considerations of the Study 36

CHAPTER FOUR – DATA PRESENTATION AND INTERPRETATION OF FINDINGS 37

1) RESULTS 37

4.1 Demographic Characteristics of the respondents 37
4.1.1 Population distribution by gender 38
4.1.2 Population distribution by level of education 38
4.1.3 Population literacy level 39
4.1.4 Population disability status 40
4.1.5 Population age distribution (in years) 41
4.1.6 Population employment type 41
4.2 Health status of the respondents under new constitutional dispensation after devolution 42
4.2.1 Health seeking behavior 46
4.2.2 Challenges faced in accessing health services 50
4.2.3 Awareness of development projects for health in the community 50
4.2.4 Knowledge of county development blueprint 51
4.2.5 Extent health projects have been successful 53
4.2.6 Challenges experienced in development of health projects (n=452) 53
4.3 Public participation for health in Kajiado North Sub- County 54
4.3.1 Public participation in the health sector 58
4.3.2 Location of public participation forums (n=32) 59
4.3.3 Convener of public participation forums (n=32) 60
4.3.4 Agenda of public participation forums (n=32) 61
4.3.5 Participation of residents in the forums (n=32) 61
4.3.6 Willingness to participate in public participation forums for health 62
4.4 Mechanisms of Public participation for health in Kajiado North Sub-County 63
4.5 Knowledge dissemination on public participation for the health sector 68
4.6 Governance structures as enabler of public participation 71

2) DISCUSSION 74

Population characteristics 74
Health status of residents - post devolution 75
Public participation practices and processes for health 76
Mechanism of public participation for health 78
Knowledge dissemination on public participation for health 79
Governance structures as enablers of public participation 80

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 82

5.1 SUMMARY 82

5.1.1 Public participation in the development of health projects in Kajiado North sub- county 82

5.1.2 Mechanisms for Public participation for health in Kajiado North sub- county 83

5.1.3 Knowledge dissemination on public participation for health in Kajiado North sub- county 84

5.1.4 Governance structures as enablers for public participation for health in Kajiado North sub- county 85

5.2 CONCLUSION 85

5.2.1. Areas for further research 86

5.3 RECOMMENDATIONS 87

REFERENCES 90

APPENDICES 95

APPENDIX I: QUESTIONNAIRE 95

APPENDIX II: INTERVIEW GUIDE 105

APPENDIX III: INDICATIVE BUDGET 107

APPENDIX IV: NACOSTI PERMIT 108

APPENDIX V: LETTER OF AUTHORIZATION FROM CUEA 109

APPENDIX VI: LETTER OF AUTHORIZATION FROM SUB- COUNTY 110

APPENDIX VII: LETTER OF AUTHORIZATION FROM COUNTY 111

APPENDIX VIII: MAPS OF THE STUDY AREA 112

APPENDIX IX: PLAGIARISM CHECK REPORT 114

LIST OF TABLES

Table 1: Distribution of sample population in Kajiado North Sub- County 33
Table 2: Projects implemented in the health sector in Kajiado County between 2017 - 2022 and status 43
Table 3: Equipment within Kajiado County in the last 5 years 44
Table 4: Human resources for health changes within Kajiado County in the last 5 years 45
Table 5: Reasons why members of the public do not go for public participation fora 59
Table 6: Pearson Chi- square test 67
Table 7: Pearson Chi- Square Test 70
Table 8: Pearson Chi-Square Test 73

LIST OF FIGURES

Figure 1: Conceptual framework. Author's own conception 15
Figure 2: Sample population distribution 37
Figure 3: Distribution of the study population by ward 38
Figure 4: Level of education of the respondents 39
Figure 5: Respondents literacy levels in Kajiado North Sub- county 39
Figure 6: Respondents literacy levels on braille system 40
Figure 7: Disability status among the study population 40
Figure 8: Age distribution in study population by ward 41
Figure 9: Employment status of study population 41
Figure 10: Respondents' health seeking behaviour 46
Figure 11: Respondents health facility visits 47
Figure 12: Reasons why the respondents visited the health facilities 48
Figure 13: Type of facility visited by respondents in the preceding 1 year 48
Figure 14: Why respondents chose the health facility type 49
Figure 15: Reasons given for choosing the facility 49
Figure 16: Respondents views on the challenges in accessing services 50
Figure 17: Development projects for health cited in the community 51
Figure 18: Respondents knowledge about the CIDP 52
Figure 19: Alignment of the health projects in the community with CIDP 52
Figure 20: Views expressed by respondents on how the health projects had improved healthcare 53
Figure 21: Challenges experienced in the development of health projects 54
Figure 22: Ongata Rongai Health Centre Maternity and New Born Unit. Photo taken on 21.4.2023 by Agnes, research assistant 55
Figure 23: Embulbul Catholic Dispensary which is one of the health service providers filling the gap of access to public health facilities in Ngong ward. Photo taken on 21.4.2023 by Mariam Salim, Research Assistant 56
Figure 24: Incidences of attendance of public participation forums 57
Figure 25: Whether members of the study population were involved in public participation for health 58
Figure 26: Location of public participation forums as provided by respondents 60
Figure 27: Respondents answers on the agenda of the public participation forums they attended 61
Figure 28: Structure of public participation in Kajiado North sub- county 64
Figure 29: Public participation mechanisms for health 65
Figure 30: Knowledge dissemination for public participation 69
Figure 31: Map of Kajiado North Sub- County. Courtesy of IEBC and Kajiado North NGCDF 112
Figure 32: Map of Kajiado North Sub- County indicating the GPS locations of the households visited by research assistants. Image generated from Kobo data collection platform. 113

ABBREVIATIONS

ADP	Annual Development Plan
CBO	Community Based Organization
CEC	County Executive Committee
CECM	County Executive Committee Member
CHW	Community Health Workers
CIDP	County Integrated Development Plan
CoK	Constitution of Kenya
CPAP	Continuous Positive Airway Pressure machine
CPO	County Participation Officer
CT-Scan	Computerized Tomography Scan
CUEA	The Catholic University of Eastern Africa
GoK	Government of Kenya
HDU	High Dependency Unit
ICU	Intensive Care Unit
IEBC	Independent Electoral and Boundaries Commission
KHSSIP	Kajiado County Health Sector Strategic and Investment Plan
KM	Kilometres
KNBS	National Bureau of Statistics
KNCHR	Kenya National Commission on Human Rights
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MTP	Medium- Term Plan
NACOSTI	National Commission for Science Technology and Innovation
NGO	Non- governmental Organization
PLWDs	People Living with Disabilities
PWD	Person with disability

SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Sciences
UHC	Universal Health Coverage
UK	United Kingdom
WHO	World Health Organization

ABSTRACT

Public participation as a governance principle is a legal requirement for planning and budgeting in the healthcare sector in Kenya. Its purpose is to ensure shared responsibility in leadership since it allows governments to partner with the public in responding to issues that concern them using all available resources, both local and external. However, in many cases, members of the public are either not involved at all or they are invited to participate but not empowered to take part meaningfully in what is supposed to be participatory decision making for the health sector. The end result is that the priorities of communities are systematically overlooked and "expert-initiated" projects are thereafter often exposed to the risk of abandonment by successive regimes due to changing priorities or they simply do not meet the health needs of the population. This study therefore sought to investigate how public participation influenced the execution of health projects in Kajiado County's most populous sub-county; Kajiado North. The objectives of the study were to establish the influence of public participation on the development of health projects in Kajiado North Sub- County, to assess the public participation mechanisms in development of health projects in Kajiado North Sub- County, to establish how information about public participation for health projects is transmitted among stakeholders of Kajiado North-Sub-County, and to determine how the governance structures can contribute towards meaningful public participation in the development of health projects in Kajiado North Sub-County. In terms of design, this study took a mixed methods research approach involving both qualitative and quantitative methods of data collection. Projects under consideration were those initiated from the beginning of devolution (2013) to 2022 with the county's CIDPs and other development planning policies being the main reference point. Survey data was obtained from households within all the five wards of Kajiado North Sub- County while the qualitative aspects of the research involved stakeholders form the ward, sub- county as well as county level.

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Study Background

Public participation is about building effectiveness in governance through the involvement of citizens in policy formulation and decision- making process (Nyarangaa, Hao, & Hongo, 2021). It has been embraced by governments, NGOs, civil society and other development partners as a useful mechanism for planning and implementing projects (Odhiambo & Opiyo, 2017). It manifests as a structured way through which government involves members of the public (persons, groups and institutions) in decision making for development. Its utility is found in enhanced government performance in discharging its duties since it is aided by the ability to understand the needs of citizens as well as their expectations (Suphattanakul, 2018).

Public participation is also a way of promoting inclusive national and international goal-setting, including the global Sustainable Development Goals (SDGs). Lack of public participation is one of the main reasons for the absence of sound policies to drive development and often a contributor to poor execution of government projects (Nalianya, 2021). The 17 SDGs are a common vision which also call for governments, which lead the implementation of the transformative and universal agenda, to engage parliaments, local authorities, individuals (including the marginalized), civil society, academia, private sector and others in ensuring that people are involved in policy development to determine their future (Mohammed, 2018). SDGs 16 and 17 call for an enabling environment for participation which implies an environment that upholds tolerance for divergent views and participation of all (Mohammed, 2018).

Kenya's approach to implementation of SDGs is based on development programming guided by policies that are aligned with the global targets across the various sectors. At the pinnacle of policy measures is the Vison 2030. The fourth medium term plan (2023- 2027) is the second- last phase of the medium- term plans intended at fulfilling the government's long term development agenda. Under the third medium- term plan (2018 – 2022), national

public participation guidelines were developed and civic education units established across all the 47 county governments as part of the fulfillment of the political pillar targets. The target of the fourth MTP where public participation is concerned was to ensure this requirement is met in all policy development activities as well as through participatory decision- making processes (Yatani, 2022). Development of the health sector itself is normally guided by the health sector strategic and investment plans. These provide an avenue for the health sector to state the development priorities being pursued against the set goals of Vision 2030. Strategic planning within health sector is critical because it sets the agenda within the planning period amidst many needs in a resource constrained environment (McCollum, et al., 2018).

At county level, development initiatives are driven by a logical process established in law and forms the basis for planning and budgeting in counties. County Integrated Development Plans (CIDPs) with 5- year cycles are developed alongside 5- year sectoral strategic plans which delineate the development programmes to be pursued by county governments within the period (Naisho, 2021). However, due to the short history of devolution (having started in 2013), there is little precedence that has been set for determining how devolved functions have been implemented across counties, how the implementation of devolution to lower levels of governance has varied and the extent to which services have been brought closer to the people (Tsofa, et al., 2023). Within the healthcare sector, the main challenge in cascading the benefits of devolution to lower levels has always been associated with structural failures as well as lack of accountability mechanisms such as public participation in decision making (Naisho, 2021).

The performance of an effective health sector is guided by six building blocks that include good health services, a well- performing health workforce, a well- functioning health information system, equitable access to medical products, vaccines and technologies; a good health financing system and an effective leadership and governance regime. (Manyazewal, Using the World Health Organization health system building blocks through survey of healthcare professionals to determine the performance of public healthcare facilities, 2017). In turn effective leadership and governance function will require a range of instruments and institutions (Oleribe, et al., 2019). Public participation is among the

essential instruments. Health managers and development partners contend that apart from the threat that corruption poses on the health sector, poor accountability mechanisms, lack of consideration for responsiveness in programme and limited opportunities for citizen participation in health matters negatively impact on effective management of the sector (Brinkerhoff & Bossert , 2008). Citizens often want to be involved in health as well as development policy- making in order to improve their own and the community's quality of life and environment; and to prioritize local amenities and services (Weger, Drewes, Van Vooren, Luijkx, & Baan, 2022). Engaging citizens in turn aids accountability, effectiveness and transparency in discharging public resources (Hao, Nyaranga, & Hongo, 2022).

Leaders (governors) must effectively collaborate with, involve, consult, inform and empower their constituents (the governed) in the whole spectrum of decision- making which includes weighing options, selection of appropriate course of action for implementation, actual implementation and monitoring & evaluation (Ndabananiye, 2021). Leadership and governance are at the core of a robust health system because they facilitate the development of strategic policy frameworks, the execution of effective oversight, establishment of partnerships, establishment of regulation, giving attention to system design and accountability. Accountability on the other hand is concerned with ensuring that there is transparency in the management of health resources as well as the management of relationships with various stakeholder of the health sector including individuals, households, communities, the private sector, governments, NGOs, civil society and others who are responsible for financing, delivering, monitoring and using health services.

The WHO, under the rules- based indicators for measuring heath system governance, recommends four broad categories that constitute determinants of healthcare governance: ownership arrangements, decentralization, stakeholder participation and contextual factors (Savedoff, 2011). Another way of measuring health system governance is through the use of outcome-based indicators which measure whether or not the rules and procedures that are established are effectively implemented based on the experience of the stakeholders. The outcome indicators therefore deal with the function of the other health system building blocks mentioned earlier and speak directly to such issues as availability of medicines and technologies in health facilities, health workers performance, right to information among

others (Manyazewal, Using the World Health Organization health system building blocks through survey of healthcare professionals to determine the performance of public healthcare facilities, 2017). To improve health services, measurement and accountability are therefore critical elements with a major component being promotion of country and global governance with citizens' and communities' participation for accountability through monitoring and regular, inclusive transparent reviews of progress and performance at the facility, subnational, national, regional, and global levels, linked to the health-related SDGs (Carothers & Brechenmacher, 2014). While all the 17 SDGs are global in scale, implementation is often in the form of policies and decisions that are made at national, regional and local levels. Involving the public in this process is a radical shift from the previous top- down approach that does not appreciate the local contexts to public participation (a bottom-up approach) that emphasizes inclusion of those affected by development outcomes leading to better policy options for smoother implementation devoid of conflicts (Koski, 2019).

Participatory project planning has led to tremendous success experienced in the health sector of various jurisdictions. For instance, in Canada, Patient Advisory Councils (PACs) involve patients and their families in decision- making. Users of the health system as well as families of those who receive services from the institutions provide feedback on their experiences and provide recommendations on how to improve the services (Robinson & Gogolishvili, 2022). From this system, it has been found that engaging the public in this way has had a profoundly positive impact on the quality of healthcare services offered as well as the quality of research that generates evidence for decision making within the health system. Beyond the health system, decision makers and decision makers utilize the patient data collected through PAC to inform health system changes as well as drive the priorities in policy- making and reform process (Warren, et al., 2020). Through this kind of involvement, patients have contributed to the improvement in the quality of care, such as improved communication between healthcare providers and patients, increased patient safety and reduced waiting time for healthcare services.

In the United Kingdom, the National Health Service (NHS) has implemented a number of strategies of involving the public in healthcare decision- making through patient feedback. Large amounts of data are collected by the NHS through feedback surveys as well as the NHS Friends and Family Test with data used for performance assessment and benchmarking (Maxwell & Lamont, 2020). The use of this system has also resulted in improvement in the quality of care such as increased patient satisfaction, better continuity of care, improved communication between healthcare providers among other benefits. Where patient and public involvement facilitators were applied in UK healthcare organizations, patients, members of the public, healthcare professionals and service managers were better able to develop and maintain relationships hence influencing quality improvements (Todd, Coupland, & Randall, 2020).

A robust health system is therefore one in which those who are served receive quality services and where their satisfaction is assured (Mosadeghrad, 2014). Constitutionally, as rights holders, citizen involvement in decision making is explicit (Mbithi, Ndambuki, & Juma, 2018). This has the implication that projects within the health system have to be responsive to the needs and aspirations of locals. It goes beyond simply building infrastructure and setting up an operational health system but fundamentally touches on the social aspect as well (Chokshi, Mishra, Sethi, & Jorgensen, 2014).

In the Sub- Sahara African context, much of the documented involvement of the public in health sector matters is largely through community involvement in pursuit of making services responsive to community needs and as a contribution to realization of health as a human right (Mulumba, London, Nantaba, & Ngwena, 2018). Health committees are often left out in planning and budgeting processes by health workers, who perceive members of the committees as incompetent to be involved in planning (Karuga, et al., 2022).

South Africa has adopted community participation through the establishment of policies that seek to address past health inequalities (Hove, et al., 2022). Part of the policy provisions require that community participation be undertaken right from the primary healthcare level through health committees that are linked to all clinics, though the legal

requirement was not implemented in all health facilities and they also faced functionality and sustainability challenges (Haricharan, Stuttaford, & London, 2021)

Positive outcomes have been realized through involvement of the public such as in Eritrea and Senegal where an emphasis on community participation in malaria control led to a positive change in malaria intervention programmes where severe cases were reduced (Tizifa, et al., 2022). In Sierra Leone, an initiative called the Community Led Ebola Action (CLEA) saw communities taking the front line in planning and monitoring their own actions and contributed directly towards the success in halting the Ebola epidemic (Bedson , et al., 2020).

In Tanzania, decentralized reforms have facilitated the involvement of community members in the governance structures in health and water service delivery through participation in meetings, project initiation and management and membership in various statutory bodies (Marijani, 2017). Though Uganda has established structures for participatory planning; decision making aspects, implementation as well as monitoring and evaluation are dominated by elected representatives of the people due to perceived economic, social and cultural barriers that lie in the way of the vast majority among members of the public from participating (Kapiriri, Norheim, & Heggenhougen, 2003).

In Kenya, public participation is a constitutional requirement. Article 1 of the constitution denotes that all sovereign power is vested in the people of Kenya (Kibet & Wangeci, 2016). It is also stated in Chapter 10 of the constitution that participation of the people is one of the national values and principles of governance. In addition, article 174(c) provides that the object of devolution is to: “enhance the participation of the people in exercise of the powers of the state and in making decisions affecting them (Wanjiru, 2021).” Chapter 12 of the constitution on public finance requires the state to ensure openness and accountability, including public participation in financial matters (Ewang, 2019). In addition, both parliament and the county assemblies are expected to facilitate public participation and involvement in the legislative and other business of parliament (the assembly) and its committees (Mukuna & Mbao, 2014). Therefore, before implementing any project, the government is required to undertake public participation both at the

executive level as well as the legislative level (Parliament of Kenya, 2020). For projects in the health sector, this has the implication that the public have to be involved in the planning, budgeting and implementation stages. During such forums, citizens air their views on the projects and programs planned by government and provide their input to guide implementation (Ngundo, 2018).

Kajiado County is one of the largest counties geographically, with a large population which is mostly concentrated in the urban settlements of Kiserian, Ngong, Ongata Rongai and Kitengela. A key proportion of the population lives in the rural areas (particularly the Maasai) and are scattered across the county and mostly practice pastoralism (Mukuna & Mbao, 2014). Despite the investments made in healthcare in the form of hospitals, health centres and clinics, most of the resources that the county generates are utilized as recurrent expenditure catering for salaries of health workers as well as other operational costs (Somoire, 2018). Disparities in the distribution of wealth in the county coupled with lack of proper public participation in planning (including proper project prioritization, selection and design), budgeting, implementation, monitoring and evaluation in the health sector has led to the marginalization of communities as well as poor health outcomes. On the contrary, when proper participation is carried out, there is inclusivity, local knowledge and experiences are harnessed and community resources can be leveraged for sustainable projects.

Where public participation is not carried out in a way that empowers the citizens who seek to have an influence on decisions that affect their lives, the opportunity to achieve people-centered health system goals is lost. Decision- making at planning stage within the devolved context in Kenya has public participation as a key driver. This in turn has implications for resource allocation towards financing healthcare services as well as how the resources are used, viewed through the lens of efficiency, equity and quality of services offered (Kairu, et al., 2021).

1.2 Statement of the Problem

Public participation is a key legal requirement for the management of the health sector in Kenya. As a governance principle, it also directly determines the enjoyment of the right to health and effective delivery of health services in line with SDG 3 (Ensure healthy lives and promote well-being for all at all ages). Involvement of the public enables them to exercise their sovereignty and their right to choose as enshrined in article 1 of the constitution. In practice, when members of the public collaborate with leaders and managers to execute a plan of action to tackle the health challenges within their community or nation, there is increased potential for positive outcomes in health projects as a result of inclusive decision making. Devolution of health functions to county governments in Kenya was thus meant to entrench inclusivity by transferring political, administrative and fiscal management powers from a centralized national government to decentralized 47 county governments (Watetu, Yitambe, & Otieno, 2022).

In Kenya however, access to health services is limited due to inadequate budgets despite the constitutional requirement that devolution of functions needed to be accompanied by devolution of resources (Masaba, Moturi, & Taiswa, 2020). Empowered public participation as envisioned in the Kenyan constitution is hardly undertaken and over time this has led to less prioritization of the health sector in budget- making and unresponsive, inefficient and unaccountable health programme implementation. Since the opportunities that were introduced by the constitution and legal provisions for citizen participation have not been exploited, many Kenyans have lost the opportunity to contribute towards improving their health situation. Under the constitution of Kenya, every Kenyan is guaranteed the right to health and reproductive health services, including emergency care (Article 43 of CoK 2010). Under the fourth schedule of the constitution, health functions assigned by devolution to all the 47 counties include county health facilities and pharmacies, ambulance services, promotion of primary healthcare, waste management and disposal, licensing and control of undertakings that sell food to the public and cemetery services. Health services in the county are managed by the County Executive Committee Member in charge of the health docket, who is accountable to the governor as well as county assembly through the county assembly health committee (Kisika & Kamau, 2019).

According to the Kajiado County CIDP (2018-2022), the county suffers from limited access and utilization of essential healthcare services due to poorly coordinated integrated outreach services. Implementation of CIDPs themselves to remedy identified problems in Kenya is often derailed principally because plans within devolved functions- of which health is the most devolved among the social sectors in Kenya- are frequently amended and budgets re-appropriated through supplementary budgets (Njuguna , Wangia, Wainaina, & Ndavi, 2020). In Kajiado County, public participation is not carried out in a meaningful way that empowers the people to be active and capable contributors to the development process. Despite being ranked as one of the wealthiest counties in Kenya, the county continues to post very poor performance in healthcare service provision prompting frequent calls for reforms (Marindany, 2022). Those who are tasked with mobilizing the public to contribute in development initiatives fail to do so within weak enforcement structures at county level (Njuguna , Wangia, Wainaina, & Ndavi, 2020). Health challenges will potentially persist for many Kenyans in Kajiado and other counties if their contributions are not strongly incorporated in the development agenda.

1.3 Research Objectives

The main aim of the study was to establish the relationship between public participation and development of health projects in Kajiado North Sub-County.

1.3.1 Specific Objectives

i. To establish the influence of public participation on the development of health projects in Kajiado North Sub- County;
ii. To assess public participation mechanisms used in Kajiado North Sub- County towards development of health projects;
iii. To establish how information about public participation for health projects is transmitted among stakeholders of Kajiado North-Sub- County; and
iv. To determine how the county governance structures enable empowered public participation in the development of health projects in Kajiado North Sub-County.

1.3.2 Research Questions

a) Does public participation influence the development of health projects in Kajiado North Sub- County?
b) In what ways do public participation mechanisms influence how health projects in Kajiado North Sub-County are supposed to be implemented?
c) Is there any relationship between transmission of information on public participation and participatory development of health projects in Kajiado North Sub- County?
d) Does the county governance structure encouraged shared decision making in the development of health projects in Kajiado North Sub- County?

1.4 Research Assumptions

This research was based on the premise that public participation plans, policies, legislation and records are readily available to the public at the county government of Kajiado. It is also assumed that many stakeholders in the county's health sector have some knowledge of public participation or have at least once been involved in health projects as part of public participation forums and will be willing to share their experiences.

1.5 Justification of the Study

First, health and healthcare delivery are issues that touch the lives of every citizen. It should therefore be the democratic right of every citizen to participate in decisions that affect their health. It is not only an ethical issue but also an enabler of the right to health when communities and individuals are given the chance to contribute to healthcare delivery as well as research and policy development in the sector.

Secondly, within the governance structure of the health system, citizens who are the rights-holders retain the constitutional power to participate in decision making. This right has to be exercised within the bounds of the established laws and guidelines, but not merely because of the policy and legal requirements. It must be geared towards attaining legitimacy, inclusion and appropriateness of design within the process itself. There is therefore need to establish the nature of public participation being carried out in relation to

project planning. An inquiry into this will also shed light on whether in the first instance public participation takes place in any health projects; whether in its rollout, the set procedures, guidelines and rules are followed to the latter; and how meaningful in terms of project outcomes the process is. In addition, the reasons behind public participation not taking place in health projects and the attendant challenges faced are.

Thirdly, in undertaking the study, we also sought to identify the key success factors for public participation modalities within projects. These have the potential of providing evidence that would be useful for benchmarking across projects within the health sector. It also has the potential of highlighting best practices that can be used by other county health departments to improve their own modalities for undertaking citizen inclusive decision making for successful projects with public endorsement.

Finally, the research also looked out for any shortcomings of the existing laws, guidelines and approaches to public participation for project management. From the analysis of these drawbacks, the recommendations made could prove useful towards reform efforts.

1.6 Significance of the Study

This study provides fresh insights on public participation at all stages of project implementation within the health sector in Kajiado County. Findings could potentially help the county government to acquire new evidence on how public participation has been conducted in Kajiado North Sub- County across several projects and the outcomes that emanated from the process. County planners, the controller of budget, the county department in charge of public participation, project managers within the health sector as well as the project managers in other sectors of the county were likely to benefit from insights emanating from the findings of this study to justify meaningful public participation in all health projects. By documenting the effectiveness of public participation, there is an opportunity to further strengthen the approaches used and address the shortfalls that present themselves.

Devolution was almost a decade old at the time this study was done. Counties had established their own context- specific modalities for achieving sustainable development. However, there was still plenty of room for knowledge sharing and transfer of best practices. Therefore, the other 46 county governments could potentially benefit from the best practices and lessons learned out of Kajiado County's health sector. Conversely, recommendations could emerge on ways to improve participatory approaches to sustainable development in the health sector.

The general public also stood to benefit when better public participation modalities were upheld using the right procedures. This study documented the level of success achieved by projects within the health sector in Kajiado North Sub- County and the perceptions held by local communities concerning the public participation forums. By highlighting the different ways to enhance public participation, it was our hope that the results would lead to greater and more meaningful involvement of the public. Ideally, this would consequently promote even higher levels of achievement in planning and implementing high impact projects that are fully supported and celebrated by members of the public.

1.7 Scope and Delimitation of the Study

The study covered public participation and its application in project implementation for health towards effective performance of the sector. Focus was mainly on how members of the public could be facilitated to contribute to the governance of the healthcare sector in the county through their participation. We also sought to apply the constitutional principles of public participation as contained in Constitution of Kenya 2010 as well as national and county legislation and policies in obtaining information for the study through secondary sources. Projects under consideration were those initiated from 2013 onwards when devolution was being implemented in Kenya as contained in the CIDPs and ADPs of the county. Kajiado North Sub-County and its wards were the focus for the structured interviews though other key informants drawn from county level where key decision makers are found were also engaged through in-depth interviews.

1.8 Limitation of the Study

Due to time and logistical and resource constraints, the study was limited to Kajiado North Sub-County as the geographical scope. The study also sought to investigate the topic by covering health care delivery projects within the sub-county planned and/ or executed between 2013 and 2022. This entailed both community participation as well as high-level engagement with key informants drawn from the civil society, NGOs implementing health projects within the county, CBOs, community representatives (elders and religious leaders), community health workers and representatives from the county government. Members of the public from Kajiado North sub- county formed a sample of county residents to participate in the survey to collect household level data. The limitation of scope for this project was mitigated by ensuring that stakeholders from the county government as well as other non- state actors contributed valuable insights that could inform interventions at county level.

Since 2023 was a transition year after the 2022 general elections, some officials of the county government were still new to their roles due to political changes that took place at the ballot. However, the researchers sought to establish the information from the available records held by civil servants at various levels in the county who were conversant with the topic.

1.9 Conceptual Framework

Current development discourse is geared towards establishing a form of human progress which puts people at the front and center of decision-making through participation and empowerment. People can no longer be viewed as passive recipients of development projects but as active participants in shaping their aspirations and determining their destinies. Ascroft and Masilela (1994) posit that “if peasants do not control or share in the control of their own development, there can be no guarantee that it is their best interest that is being served.” While it is the lowly and disadvantaged groups who are contemplated by Ascroft and Masilela, and given that they are often the target of involvement in public participation, the overall aim is to achieve participation that is all inclusive with every segment of society engaged.

The public in public participation is construed by some scholars to mean those who have a "stake" for each issue and decision being made (Creighton, 2005). Each public's opportunity to participate is provided by the agencies whose mandate it is to plan and implement projects, based on their willingness to be involved. Their stake emanates from their close proximity to a project (with potential impact from pollution from dust, noise or other effluents), the potential of being direct beneficiaries or benefactors or by virtue of their legal mandate that would be brought into focus by a project (in the case of local government, civil authority or regulator) (Creighton, 2018).

Participation in development initiatives can take different forms depending on the level of engagement that is desired. The lowest form of participation only allows a form of token participation where the participants who provide their inputs do not alter the process or its output in any significant way. At the highest level, the local stakeholders hold equal share in determining outcomes from decisions as external stakeholders. Below is an illustration of participation in its different conceptualized forms which is useful for identifying the type of participation carried out.

CONCEPTUAL FRAMEWORK

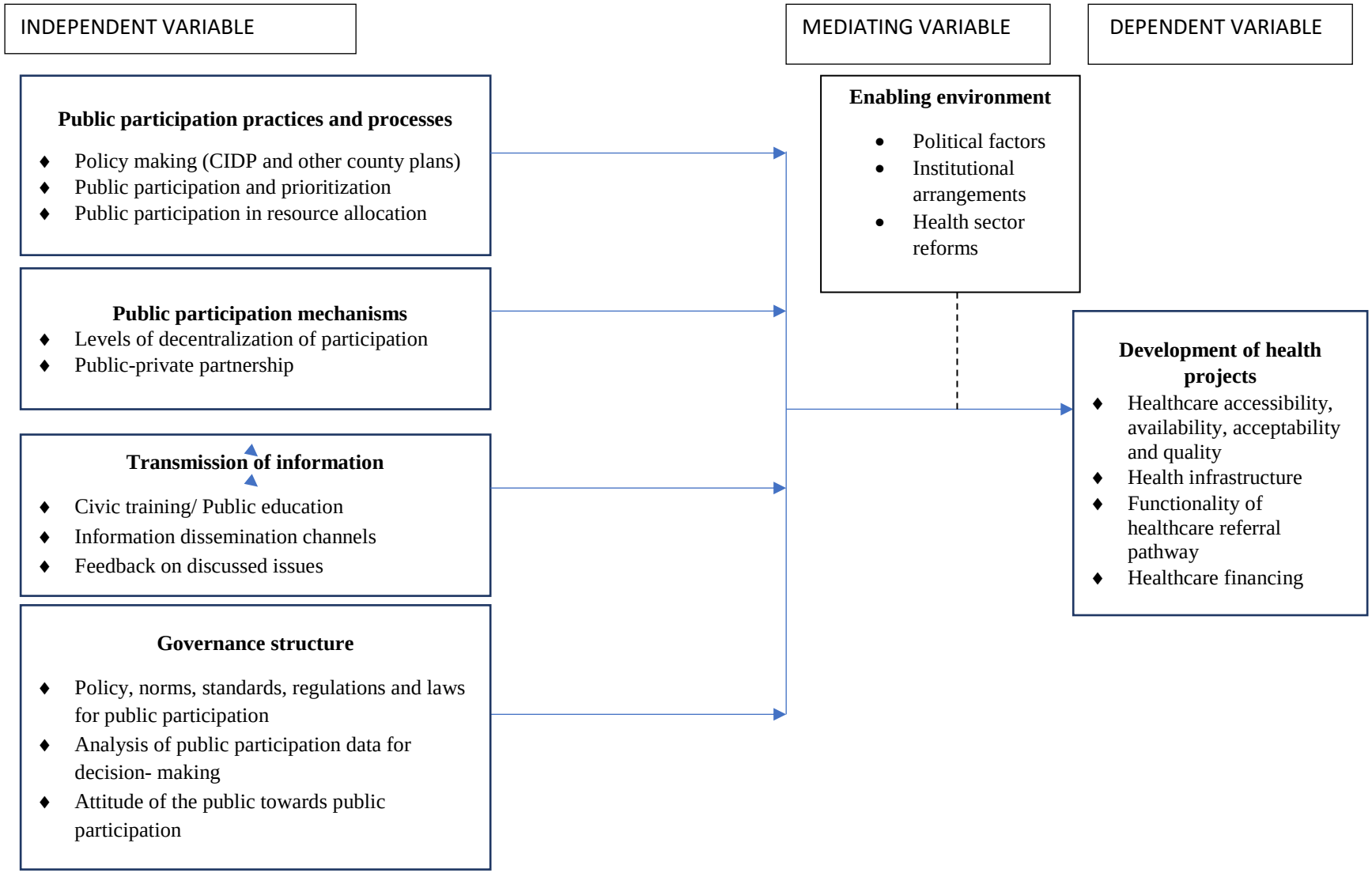


Figure 1: Conceptual framework. Author's own conception

1.10 Operational Definition of Terms

Public participation

Also known as public involvement or citizen participation, this is used to refer to any process that incorporates the inputs of members of the public and institutional stakeholders in decision making.

Passive participation

Stakeholders are identified and invited to participate by being informed of upcoming plans and projects without necessarily inputting feedback to the process.

Participation by consultation

Stakeholders participate by providing their input to the plans and projects but there is no obligation on the decision makers to incorporate the feedback.

Functional participation

In this type of participation, stakeholders are usually given a chance to contribute to the "how" aspect of the intended programme but their influence does not touch on the main objectives which are normally predetermined.

Empowered participation

Stakeholders have the willingness and capacity to participate in a meaningful way to programmes which ultimately leads to joint decision making on the objectives of what needs to be done and how the plans are implemented. The thrust of this approach is that outsiders and locals are equal partners.

Community participation

This is the involvement of people in projects within the communities where they live in order to solve local problems that affect them.

Governance

This refers to the art of conducting the affairs of a particular jurisdiction including the passage of policies and laws as well as their application in exercise of authority.

Planning

Setting of goals, formulating objectives and reporting on progress towards the implementation of plans.

Implementing

Application of plans towards the desired end result through execution of stated strategies and activities.

Mobilizing

Raising awareness in a community about the needs and getting them to be active participants in establishing and supporting community structures.

Knowledge transfer

This is a function of knowledge management that is concerned with externalization of information such that those who have the knowledge pass it on to those who need it at the right time and using the right channels of transmission of information.

Enabling environment

A set of circumstances that exist within a particular locality to facilitate a situation where risks are mitigated and well managed while customs, laws, policies and regulations encourage progression towards the ideal.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter will delve into the literature review. It contains information that was obtained from secondary data and written by authors who have had experience in the health sector, project management, devolution among other objectives and indicators the study will explore. Ultimately, we shall explore public participation in light of the public participation practices and processes, collaborative planning, knowledge transfer and governance aspects as well as the enabling environment and accountability. Through the discussion around these thematic areas, the gaps to be filled by the study will be identified.

2.2 Critical Review of Relevant Theories

This research describes three theories that help to explain public participation and the impacts that they create. These theories include agency theory, stakeholder theory and steward theory.

2.2.1 Agency Theory

This is a classical theory that is used to understand organizations from a governance perspective. This economic theory and institutional theory of agency were first advanced by Stephen Ross and Barry Mitnick respectively (Mitnick, 2006). Over the years, it has been applied in various disciplines relating to corporations such as accounting, finance, marketing, organizational behavior and sociology (Eisenhardt, 1989). In this theory, one party plays the role of the principal who appoints another party; an agent to protect its interests. Corporations therefore behave like agents working to promote and protect the interests of the shareholders who are the principals (Gordon, 2021). In democratic circles, voters elect their representatives to government with the expectations that they will live up to their promises of service delivery (Borad, 2021).

In relation to public participation, agency theory sees the masses as the principals while the elected leaders, bureaucrats and technocrats are the agents. Agency theory highlights the potential for conflict in the stated goals for both the principal and the agent. Where this relationship breaks down, the voters as the principles often get shortchanged by elected officials who play the role of unaccountable agents who instead pursue their own ends in an unethical manner after assuming office (Borad, 2021). Agency therefore needs checks and balances in order to perform. The public oversite them through public participation. It is through this theory that objectives one and four will be addressed.

The weakness of agency theory is that it is simplistic in assuming that financial incentive alone is enough to motivate principals to do their work to satisfy agents. At the same time, it is also constrained because of the weakness in explaining how other stakeholders apart from the agents are treated; hence it overlooks the fact that stakeholders within any context cannot be a binary issue (Zogning, 2022).

2.2.2 Stewardship Theory

This is a normative theory that is situated as an alternative to agency theory, as advanced by its originators (Donaldson & Davis, 1989, 1991). Stewardship theory draws its roots from organization psychology and sociology. In contrast to the agency model, stewardship theory looks at organizational leaders as parties who are interested in the attainment of the greatest possible success for the organization as the most compelling inspiration (Davis, Schoorman, & Donaldson, 1997). It argues that the duty bearers do so in the interest of the common good, society's prosperity or the organization's success as a way of attaining maximum satisfaction from the efforts expended (Menyah, 2013). Ethical stewardship therefore is attained by honoring the duties owed to employees, stakeholders and society as a means of attaining worthwhile goals that include wealth generation (Caldwell, Hayes, Karri, & Bernal, 2008).

This theory differs from the agency theory since it looks at the executives, politicians or policy makers as individuals motivated to attain organizational success as a way of benefiting the majority of the people in the organization. When everyone in the organization or project succeeds, even the steward succeeds because everyone is happy

with shared success. It supports the personal motivation of the steward to deliver results and build a thriving enterprise. The theory is important for this study because it gives the perspective of leaders and managers in specific situations of governance within projects or programmes.

To the extent that it is a useful lens to apply in addition to agency theory is that it portrays the horizontal relationships between the success of citizens and the success of leaders, duty bearers or politicians as will be explored in objectives one and four. It would be a key addition given that agency theory only looks at the vertical relationship between the rights holders (those who receive health services) and the duty bearers.

2.2.3 Stakeholder Theory

Stakeholder theory traces its origins back in 1984 when Edward Freeman proposed it as a means of addressing morals and values in the management of an organization. This theory focuses on the effects of corporate activities on stakeholders, as opposed to looking at the corporate effect on stakeholders (Price, 2019). In this theory the people, electorate, voters or citizenry are regarded as the most important players in a country. They demand representation and service delivery from their elected leaders, policy makers and decision makers; development partners demand accountability in the use of resources while the civil society give a voice to the voiceless. Developed in the strategic management field, the theory is concerned about reconciling business ethics and society. Within the decision-making circles and power dynamics of organizations, it better aligns the organization's obligations in society with the impacts arising from its activities on the social, political, environmental, economic, legal and cultural landscape (Bonnafous-Boucher & Rendtorff, 2016). Milton Friedman (1962) with whom the theory is credited posits that power must be checked and used responsibly within the framework of building stakeholder relationships rather than maximizing on selfish interests such as profits.

Since the theory focuses specifically on the contribution of each stakeholder in relation to either fulfilling a duty or demanding for results and accountability, it is critical in exploring the individual roles and contributions of each entity concerned in development matters. It addresses ethical and moral substance in decision making and outcomes, an aspect that

agency theory and stewardship theory are not directly concerned with. In relation to the objectives of this study, it is most relevant to objectives two and three.

2.3 Review of Empirical Studies

This section gives a summary of the review of literature concerning public participation at a global, regional, national and county level. Public participation in the Kenyan context is a scarcely studied topic, possibly due to the fact that as a governance principle it came into being with the promulgation of the Constitution of Kenya 2010. We therefore shall explore secondary data available in published literature that concern public participation practices and processes, collaborative planning mechanisms in health, knowledge transfer initiatives for health projects; and the governance structures and the enabling environment for public participation in Kenya. As a foundational principle it is established in countries such as the United Kingdom (UK) with which Kenya shares common law principles, that public participation is not just about the government initiating the process, but it is equally about members of the public's willingness to be involved in decision making in local projects (Potter, 2008). Available studies in other jurisdictions such as Portugal also indicate that there are similarities between the perceived quality of life brought about by decisions of those who are in power and the level of public participation that is conducted in achieving political decisions (Carreira, Machado, & Vasconcelos, 2016).

2.3.1 Public Participation in the Development of Health Projects

To critically understand how public participation is carried out, it is essential to establish its characteristics and the process that defines them in each context. Public participation is critical during project planning because of a growing demand for greater accountability and the inclusion of ordinary folk in the decision-making process (Freitas, 2017). Different techniques have been used in implementing public participation during programme planning and policy development. One of the models is Citizens Jury which is an effective way of obtaining informed and representative input from citizens on policy matters and promoting citizen- policy makers partnership (Armour , 1995). It entails a project sponsor selecting a neutral facilitator to establish a jury, whose members are drawn from a quota sampling procedure, and who consist of representatives of the public; they will therefore

form a sample that matches the community demographics (age, economic status, gender, education, race and attitude (Armour , 1995). Other models of public participation include citizen's panel, community meetings, public consultations among others (Pagatpatan & Ward, 2017).

Public participation for development projects in the health sector can be carried out in a variety of ways including through research (needs assessments), priority setting and participation in governance structures for decision making (Quick & Bryson, 2016). Increasingly, public participation in policy making is of necessity to foster democratic ideals and enhance trust between government institutions and members of the public (Rowe & Frewer, 2013). Incorporating participatory planning in health is inherently a social and political process that is replete with both challenges and opportunities for stakeholders, chief among them the state (which is the main convener) and the civil society (oversight roles played) (Loewenson, 1998). Most studies conducted have focused on the context in health policy and programming while others have focused on identifying possible outcomes of public participation (Pagatpatan & Ward, 2017). For instance, one study found that there was little effect that application of public participation had on the legislations passed by the national assembly (Imbo, 2018). Another study in Elgeyo Marakwet indicated that poorly structured public participation processes undermine the involvement of the public in decision making with the main weaknesses emanating from poor communication and insufficient evidence to guide decision-making (Mionki, 2019).

Some of the stages for public participation in projects for health include project identification, design, monitoring and evaluation. This is the continuum that forms the involvement of the public in devolved health governance. Thus, it has been established through research that public participation, applied in a single component like in identification of publicly funded health projects, often leads to successful implementation due to buy-in by members of the public (Ndegwa, Mavole, & Muhingi, 2017).

2.3.2 Public Participation Mechanisms in Development of Health Projects

WHO's Alma-Ata declaration (1984) was a milestone in the field of public health because it among other things called for state parties to involve people in in the planning and implementation of healthcare as part of their right and duty to participate individually and collectively. In the health sector, projects are often used to address new challenges, pilot new and innovative approaches as well as finding creative solutions to meeting the needs of the system (Quick & Bryson, 2016).

One of the success stories of collaboration in health projects was in Adelaide where despite turbulent initial periods of collaboration, the health staff showed commitment to work with other stakeholders including planning and health department management as well as government ministries and a collaborative network was established composed of both formal and informal relationships leading to successful implementation of several health projects (McGreevy, et al., 2020).

Public participation, under the constitutional and legal provisions consist of direct participation and participation by association. Therefore, for public participation to have taken place, there has to be citizen participation in their capacity as individuals or indirectly through the delegation of citizen powers to elected representatives (Okumu, 2020).

Public participation is often linked to increased quality delivery, efficiency as well as effectiveness when done well. County governments therefore need to focus more on more meaningful public participation that goes beyond tokenism to actual involvement of the public in governance through collaboration and empowerment (Rono, 2020). Where higher levels of public participation are embraced, project success is usually realized as a result of the public embracing the projects and thereby enhancing the quality and longevity which is an aspect of sustainability (Rono, 2020).

Modalities on how to engage stakeholders must be crafted at the initial planning stages before project rollout in order to prevent conflicts during implementation. Unfortunately, the involvement of the public in decision making and problem solving is curtailed by availability of resources, time constraints and attitudes emanating from cultural

persuasions (Maina, 2016). For this reason, participation remains a key challenge in devolution, mostly because of failure to incorporate it in project inception reports leading to lack of resources or failure to carry out other activities (Njeri, 2018). In addition, budgets are the most important instrument that require members of the public to influence projects through mobilization, appropriation as well as accountability (National Assembly, 2017).

The legislation on development within the health sector in the county is guided by laws such as the Kajiado county health improvement fund act 2020 and Kajiado county community health services act. County governments across the country have been grappling with the issue of devolved healthcare implementation with the issues of health financing, human resources for health, health infrastructure, commodities as well as health information architecture from level 1 to level 5 of the health system being the focus. In Kajiado County for example, allocation to health services increased from Ksh. 2 billion in 2017/ 2018 financial year to Ksh. 2.6 billion in the financial year 2021/ 2022 (Rop, 2022). The Legislative and policy framework in Kajiado County therefore is in keeping with the government of Kenya's approach to UHC which focuses on providing access to all Kenyans to services at primary care centres (level 1 – 3) as well as insurance model (NHIF).

Within its county specific strategy, Kajiado County Health Sector Strategic and Investment Plan (KHSSIP) 2014 – 2018 was established as the first sectoral development plan. Despite the strategy elapsing, the second sectoral strategic plan had not been developed at the time this study was undertaken. The stated mission of the investment plan was to provide sustainable, accessible, quality and equitable health care that is informed by the health needs of county residents. However, there was no evidence of the implementation of the legislations, such as establishment of the health funds nor the actualization of investments envisaged within the strategic and investment plan.

Challenges experienced in the implementation of devolution from 2013 included lack of sufficient resources to cater for decentralized services since much of the budgeted money is retained by the national government (Wambua C. K., 2014).

2.3.3 Information Transmission on Public Participation among Stakeholders for Health Projects

When organizations or institutions are able to create efficient communication channels as part of the process of creating strategic value towards implementation of public participation, they are better placed to effectively address the specific needs of their stakeholders (Wanjiku, 2013). The main rationale for public awareness, sharing of information and education in the development of health projects is to enhance the knowledge, understanding, skills and abilities of individuals or groups within communities to act in accordance with their interests and priorities (Roniotes, Malotidi, Virtanen, & Vlachogianni, 2015).

Many countries in Africa are challenged when it comes to passing on information, receiving feedback and sharing it with appropriate publics to aid in decision making. For instance, in Ghana, the process is hampered by weak internal knowledge production capacity, inadequate access of health knowledge products by the public and lack of an enabling environment for generation of evidence for policy formulation (Abekah-Nkrumah, Issiaka, Virgil, & Ermel , 2018). Research conducted in Uganda indicated more needed to be done to use generated evidence to improve decision making in a resource-scarce context of low-income countries (Orem, Mafigiri, Nabudere, & Criel, 2014).

Demographic characteristics such as gender, cultural/ ethnic background, and level of education, belief systems and others need to be taken into account while planning for public participation fora (Kimathi , 2016). Equally, the success of public participation forums is influenced by citizens' awareness of the public participation programmes through the effective utilization of the appropriate dissemination platforms (Kimathi , 2016).

Patients and members of the public who are affected by health projects need to be empowered through training and capacity building in order to become part of the makers and shapers of the health system (Jones, Kwong, & Warburton, 2021). Capacity building on its part involves a continuous process of growing stakeholders' abilities, knowledge and skills as well as aligning stakeholders' attitude, values and practices with the desired

outcomes (Ochieng', 2015). Often, lack of accountability and transparency of projects leads to lack of sufficient involvement of members of the public. In many cases, development projects within the health ministry have sidelined women, People with Disabilities and youth in some of the counties (Mohamud & Minja, 2020). At the same time, perceived difficulty in influencing decision-making in Kenya is a deterrence to public participation especially in an environment where accessing crucial documents such as county budgets, legislations and projects is difficult (Mbithi, Ndambuki, & Juma, 2018).

Most of the instances where public participation has failed, the origin has inadvertently been traced to a lack of initiative to make the process meaningful right from the publicity stage. One study found that government itself has failure to provide notice for public participation on time, abdicated its role in civic education, and ultimately ignored inputs provided by members of the public in final decisions (Hao, Nyaranga, & Hongo, 2022).

2.3.4 Governance Structures as Enablers for Public Participation in Health Projects

Robust governance structures are built within an enabling environment that promotes public participation. Venues have to be prepared, public participation laws have to be implemented and timely notice has to be given to enable effective public participation (Hao, Nyaranga, & Hongo, 2022). Progressive governance arrangements for health should instructively integrate all levels of governance from local to global (Kickbusch & Gleicher, 2012). This is however often not the case. Malawi's health system is one of the places where health stakeholders have reported seeing little progress made in key governance parameters such as accountability and stakeholder engagement which has also jeopardized the implementation of UHC (Masefield, Msosa, & Grugel , 2020).

Since health functions were devolved to counties, it is the prerogative of each of the 47 county governments to provide health services to communities and individuals (Wambua K. C., 2014). A well-functioning health system will also bring together several actors in place including leaders, managers and policy makers (in government and among non- state actors) who come together and work seamlessly towards the creation of an enabling environment.

Public participation and stakeholder engagement in policy development is a requirement of the Constitution of Kenya. Stakeholder engagement and participation in policy development is essential for a number of reasons including creating policy ownership and support, awareness, sharing of information and knowledge, mutual learning, identifying and prioritizing needs and formulating policy strategies.

Engaging all categories of stakeholders including the public, relevant ministries, departments and agencies at both national and county levels, non-state actors and development partners, can lead to more effective and harmonized policy document as information and policy insights are generated and shared among stakeholders to inform the development of the policy. Stakeholder engagement can also provide a platform to resolve conflicts and arrive at a common understanding on the policy issues at hand.

A good system will ensure that all the stakeholders involved in it are given sufficient capacity building in order for them to take part effectively in the functions of the sector (Karimi, Mulwa, & Kyalo, 2021). An organization that's well adapted is able to efficiently coordinate all the stakeholders and achieve successful project delivery by harnessing their experience and knowledge in such matters as budgeting, donor protocols, organization procedures etc. (Maina, 2016).

In Kenya, lack of political goodwill is viewed as one of the major challenges affecting the involvement of the public in devolved governance and the health system (Rono, 2020). However, Wacera (2016) notes that public participation in devolved governance promotes dialogue between citizens, the government and elected officials. The enhanced benefit of the process is drawn from the fact that it promoted successful delivery of projects with a pro-poor consideration (Wacera, 2016).

Despite some technocrats overlooking public participation in health projects, studies have indicated that their involvement is linked to positive project outcomes. For instance, Maina (2016) found that accountability of projects and authenticity of approaches were key ingredients that determined whether or not donors would be prepared to release funding for new projects or new project phases (Maina, 2016). In addition, non- existent

governance structures from grassroots level to the county level have weakened public participation in Kenya (Hao, Nyaranga, & Hongo, 2022).

2.4 Chapter Summary and Research Gaps

In this section, we have delved into secondary sources of information to establish what other authors have found out regarding this subject matter. There is scant documentary evidence as to what constitutes a credible public participation process in practice within the Kenyan context. Most of the information that exists on public participation majorly discusses the place of public participation in sustainable development, however, most studies do not link public participation with the governance structure as envisaged by devolution. It is also clear from the literature review that counties across the country only conduct some form of public participation as a way to meet the minimum constitutional requirements. In some cases, this is accompanied by policy and legislative provisions which are hardly implemented. Without sufficient evidence as to how public participation processes are carried out and whether they follow the laid down standards and guidelines for effective governance, it would be difficult to ascertain that public participation took place or to extract its value within successful projects. In addition, from the literature review, research evidence is required to establish how inclusion or the lack thereof of public participation affects successful implementation of health projects in Kajiado County and hence the governance structures.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter delves into the research design and methodology used in collecting, analyzing and presenting the findings of this study. The sections below describe in detail the process, the techniques deployed and the tools used throughout the exercise.

3.1 Research Philosophy

Research philosophy is a framework, model or a set of beliefs that influences the way in which data about a phenomenon should be collected, interpreted, analysed and used. This research study was centred on the social constructivism and interpretivism research paradigms.

Social constructivism was ideal for this study because social interactions and human experiences accrued over a long period of time tend to inform the body of knowledge that is adopted as the embodiment of reality as it manifests. This knowledge is often subjective but ultimately defines how society organizes itself including the consensus on the rules that govern normal human interactions. For this reason, the researcher relied on the subjective perspectives of the respondents who are drawn from among residents of Kajiado North Sub- County in relation to their experience of health services and how public participation shapes investments in the health sector to address their challenges.

Interpretivism on the other hand seeks to address social phenomenon in their respective contexts and with due reference to the perspectives of participants. For this reason, the researcher sought to understand what public participation meant to the participants, especially in forums that were convened to discuss development matters in health. Interpretivism was also used to establish the norms and attitudes that have informed approaches to public participation especially with respect to how individuals had experienced health services before and the changes they had seen since the inception of devolution.

3.2 Research Design

A research design is used to structure research work. It demonstrates how the various components of the project including the sampling of the respondent groups, the measures used, treatment of data during collection as well as collation and analysis; and how it all worked together to address the key research questions. It is what strings together all the components of the research work into a coherent and logical whole.

This was an evaluative study targeted at understanding what had transpired within the CIDP periods that elapsed since 2013 in terms of development in the health sector. The researcher adopted a mixed method approach that entailed both qualitative and quantitative techniques which is used to gain a more comprehensive understanding of a phenomenon (Tashakkori & Teddlie, 2008). In applying mixed method research, the researcher collected and analyzed both quantitative and qualitative data. After analysis, findings were integrated into one whole in the form of narrative explanations and visualizations. This integration took several forms, such as using one method to validate or complement the other, or combining the data to create a more complete picture of the research question (Schoonenboom & Johnson, 2017). This increased the accuracy of the data and information obtained because it allowed for triangulation of both secondary data as well as primary data which can be either quantitative or qualitative.

3.3 Site description, Study Population and Target population

Kajiado County is one of the 47 devolved units within the Republic of Kenya. It is one of the four counties that form part of the Nairobi Metropolitan area. It borders Nairobi County to the North East, Narok County to the West, Nakuru and Kiambu Counties to the North, Taita Taveta County to the South East, Machakos and Makueni Counties to the North East and East respectively, and the Republic of Tanzania to the South. According to the 2019 Population and Housing Census, the county has a population of 1, 117, 840 distributed across an area of 21, 900.9 KM^2 with a population density of 51 people per square kilometer. Administratively, the county has 5 constituencies (sub-counties) and 25 wards. Kajiado North Sub- County is the most populated with 304, 404 people as documented in the 2019 population and housing census. The county's urban areas are also characterized

by a huge cosmopolitan population as a result of the influx of people from Nairobi City County looking to either rent or own property and settle. According to the county's 2018 – 2022 CIDP, the main economic activities are pastoralism, livestock herding, tourism and agriculture.

There are 101 public health facilities in Kajiado county with 1 county referral hospital in Kajiado and 3 sub- county hospitals (Loitoktok, Ngong and Kitengela) (Somoire, 2018). Additionally, there are 17 level-3 health centres and 82 dispensaries. Most of the private and other non-state-owned health facilities (which include 6 hospitals, 13 nursing homes, 7 health centres, 27 dispensaries and 101 clinics) are in the urban areas of the county including Kitengela, Ongata Rongai, Kiserian and Ngong (GoK, 2018). The rural areas are considered to be marginalized.

The study population constituted households in Kajiado North Sub- County which number a total of 101, 378 as per the 2019 population and housing census. Those targeted in the households were household heads or adults (above 18 years old) who were permanent members of the household and residents of the sub- county. They were targeted since they were both users of the health services offered by the county government of Kajiado and they were the main decision- makers when it came to household members' source of health services.

3.4 Sample and Sampling Techniques

This study adopted probabilistic and non- probabilistic sampling technique. Simple random sampling method was used to arrive at the households to be studied within Kajiado North Sub- County. There are a total of 5 wards (as per the administrative units enumerated by KNBS and county government delineation) in the sub county and all of them were studied. Proportionate sampling was applied to determine the specific households sampled in each village. Purposive sampling was then used at the specific household level to arrive at the specific respondents.

Qualitative data gathering: The study purposively sampled the respondents for key informant interviews based on their knowledge and experience in the study areas. An interview guide (attached to the thesis – page 104) was used for the interviews with these specific respondents.

Quantitative data gathering: Arthur L. Kornhauser (1962) formula was used to come up with the estimated sample size. The formula has undergone various modifications in later years by other statisticians and researchers including Leslie Kish, W. Edwards Deming, and Stuart A. Selvin and is presented as follows:

$$n = \frac{(Z^2 * p * q * N)}{((Z^2 * p * q) + ((N-1) * e^2}$$

Where:
n= Required sample size
Z= Desired level of confidence (i.e. 1.96 for 95% confidence level)

p= Estimated proportion of the population that has the characteristic of interest

q= 1-p

N= Total number of households in the target population.

e= Desired margin of error

The target population served by health services in Kajiado North sub- county is 304, 404, being the total sub- county population as per the 2019 Census by Kenya National Bureau of Statistics (KNBS). These individuals are further classified by the statistical data from KNBS into 101, 378 households.

The formula is preferred because of the use of simple random technique and a heterogenous target population. It also takes into account the level of confidence that is desired, the estimated proportion of the population with the characteristic of interest, the size of the target population, and the desired margin of error.

Substituting for the formula:

$$n = \frac{(1.96^2 * 0.5 * 0.5 * 101,378)}{((1.96^2 * 0.5 * 0.5) + ((101378-1) * 0.05^2}$$

nInitial= $382.7 \cong 383$

With 10% adjustment for non- responses:
nFinal- 421

Using proportional allocation of the sample to each of the ward administrative units, the sample size selected is as follows:

Table 1: Distribution of sample population in Kajiado North Sub- County

POPULATION (2019 CENSUS DATA)	WARD	NUMBER OF HOUSEHOLDS	% OF TOTAL NUMBER OF HOUSEHOLDS	SAMPLE POPULATION DISTRIBUTION	ENUMERATION AREAS	ACTUAL SAMPLE
	Olkeri	10,743	10.6	45	Lower Matasia Olkeri Oloosurutia	46
	Nkaimurunya	24, 618	24.3	102	Upper Nkoroi Kware Ole Kasasi Mosoi Range Scheme 6	136
	Ongata Rongai	35, 712	35.2	148	Ongata Rongai Laiser Hill Kandisi	82
	Oloolua	7, 449	7.4	31	Lower Nkoroi Olepolos Oloolua	52
	Ngong	22, 856	22.5	95	Embulbul Upper Matasia Enchorro-Emunyi Ngong Township	136
TOTAL		**101, 378**	**100**	**421**		**452**

3.5 Methods and instruments of data collection

Data was collected from the study area using both qualitative approaches involving key informant interviews with relevant health sector decision makers and influencers. Before data was collected, approvals were sought from various county officials, including the director of medical services, director of public health as well as the sub- county administrator. Various public health officials at sub- county level were also consulted with visits made to the main sub- county hospitals in Ngong and Ongata Rongai, as well as the other health facilities in the sub- county.

Structured interviews were also conducted at household level and administered to the heads of households. The data was collected with the support of Community Health Workers (CHWs) from the community health units within the sub- county's 5 wards. The CHWs were trained and inducted on the study objectives as well as the justification of the study. They were also trained on administering the structured interview questionnaire in a two-step process that involved first going through the entire paper- based questionnaire and then for the second time revisiting the digitized version.

Data collection was managed through a mobile- based data collection platform called Kobo® which enabled real time monitoring of the data being received from across the various wards. The researcher also physically supervised the data collection process and conducted feedback meetings on a daily basis to review progress over the two-day period of the household survey. A WhatsApp® group was also established to manage the coordination aspect.

The researcher used questionnaires for collecting qualitative and quantitative data for the study. Both primary and secondary data were collected through review of documentation as well as structured questionnaire and unstructured interview guide. Using different methods and tools for collecting data ensured that the information collected was accurate by checking the consistency of facts and triangulating data from different sources, including secondary literature.

Questions adopted were developed in line with the research questions as well as the thematic areas of the study. The questions were reviewed by the supervisors and examiners at proposal stage and approvals also obtained from the National Commission for Science Technology and Innovation (NACOSTI).

The choice of tools to be deployed in the study was influenced by the type of respondent and the suitability of the tools to be employed for each. For instance, individual office holders were interviewed separately due to the improbability of getting several high-ranking decision makers in one meeting at the same time within a synchronized schedule. Household interviews on the other hand were conducted with random members of the

public interviewed within their homes based on their availability and willingness to participate.

3.6 Reliability and Validity

Reliability test is normally conducted on instruments in order to establish the stability of findings (Altheide & Johnson, 1994). It is a measure that is achieved by testing the ability of the instruments to produce similar results under separate conditions.

A reliability analysis was carried out using Statistical Package for the Social Sciences (SPSS), to test the internal consistency of the 68 variables on the questionnaire. Cronbach's alpha test was conducted on SPSS and the results indicated a strong level of reliability with an $\alpha = 0.7$. All the questions therefore were deemed to have met the requisite quality for retention criteria. None resulted in a substantial increase in alpha if deleted.

Cronbach's alpha	No. of items
.675	68

Data collection for this assignment was conducted using a digital tool, Kobo Collect. The tool enables one to track the GPS location of each enumerator while in the field and ensure that they are visiting households assigned. Data being captured by the enumerators was also being tracked in real-time by a data manager who was also briefed to ensure that any anomalies are immediately corrected. Airtime was also provided to the enumerators, data manager and the supervisor to ensure smooth communication and coordination of the entire exercise. Supervision of the team was also undertaken by the researcher in each of the wards within the sub- county to ensure a smooth data collection process. In addition, the use of smartphones to collect data using a digital structured interview questionnaire eliminated the need for data entry which is often fraught by clerical errors.

3.7 Data Analysis Procedures

The quantitative data, mainly obtained through households was analyzed using simple descriptive statistics. Data was coded, entered and analyzed using Statistical Package for the Social Sciences (SPSS) software. Measures of central tendency were used to summarize

the information obtained into frequency distribution tables, proportions (pie charts and bar graphs) and percentages. The qualitative data on the other hand was analyzed through thematic content analysis based on the objectives and variables of the study. Data on the roles of stakeholders involved in various public participation forums was analyzed using the conceptual framework adopted from the World Bank's typology of participation in development initiatives to measure the degree of participation.

3.8 Ethical Considerations of the Study

The researcher committed to uphold the highest standards of ethical conduct during the study. This involved ensuring that respondents' information was obtained in a non-intrusive manner and in a way that ensured no harm comes to those who participate. Initially, consent was sought first before the interview began. This was done by explaining what the research was about and asking whether the respondent understood the information they were required to provide and state their willingness to do so.

All views and opinions were duly acknowledged in the thesis and in the presentation of the findings, any names and other individual identifiers were not be used to associate them with any specific piece of information as to make them personally liable. Nonetheless, all the information provided in the thesis that is not the author's own construction has been dully attributed to the original owners. In keeping with good research ethics, no gifts or incentives were offered in exchange for information. Prior to the meetings and during each of the forums, the researcher made it clear to participants that their involvement in the interviews would not be compensated. However, the purpose for the study, its relevance to the right to health as well as methodology employed for the study was clearly explained in order to ensure all expectations were well managed from the start. Research permit as well as other relevant clearances and permissions were obtained before commencement of data collection to ensure compliance with the set laws, policies and regulation for research at national, county and sub- county level.

CHAPTER FOUR

DATA PRESENTATION AND INTERPRETATION OF FINDINGS

This section provides the findings after analysis of both the qualitative and quantitative data that was collected during the field study. The first section on results provides both the findings from the household survey and the findings from the qualitative interviews. The graphics provided contain data organized as per the wards with keys indicating the metric being measured. Each of the graphs, charts and tables are labeled to give context.

1) RESULTS

4.1 Demographic Characteristics of the respondents

From the information obtained through the study, it emerged that majority of the respondents were drawn from Nkaimurunya and Ngong wards. A total of 452 respondents participated in the study against an estimated sample size of 421 representing a response rate of 107%. Figure 2 indicates the distribution of the population for each of the enumeration areas.

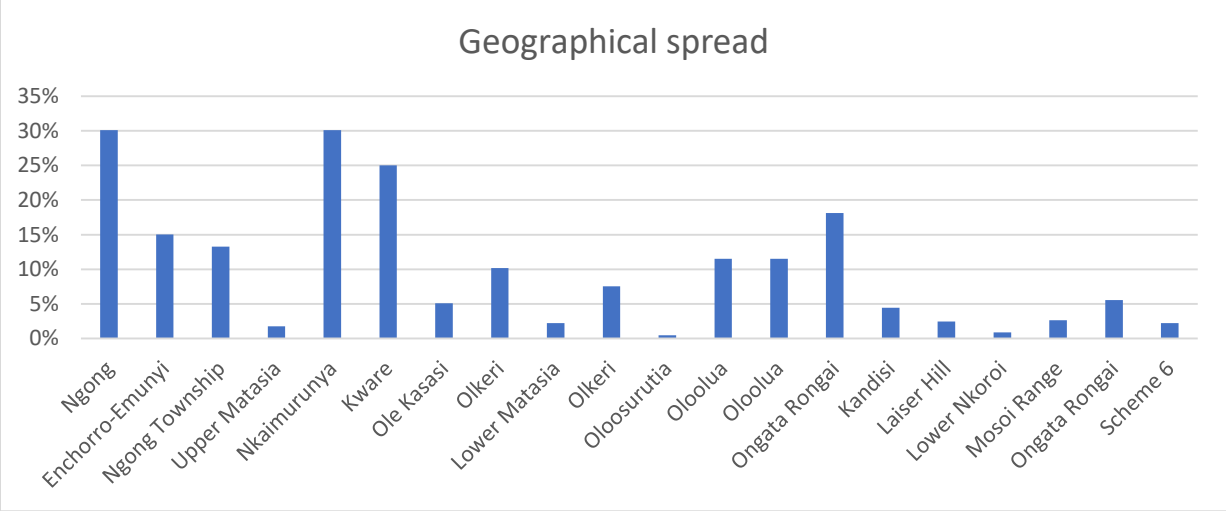


Figure 2: Sample population distribution

4.1.1 Population Distribution by Gender

The study targeted the household heads in each of the sub- counties. The bar graphs below indicate the gender distribution which shows that there were more female respondents than male respondents in most of the wards except Ongata Rongai. In Ngong, female respondents represented 59% of those interviewed while male respondents accounted for 31% of respondents. In Nkaimurunya, Olkeri and Oloolua wards, the proportion of female respondents was 51%, 61% and 56% respectively. In Ongata Rongai ward, male respondents represented 65% of the study population while female respondents were 35%.

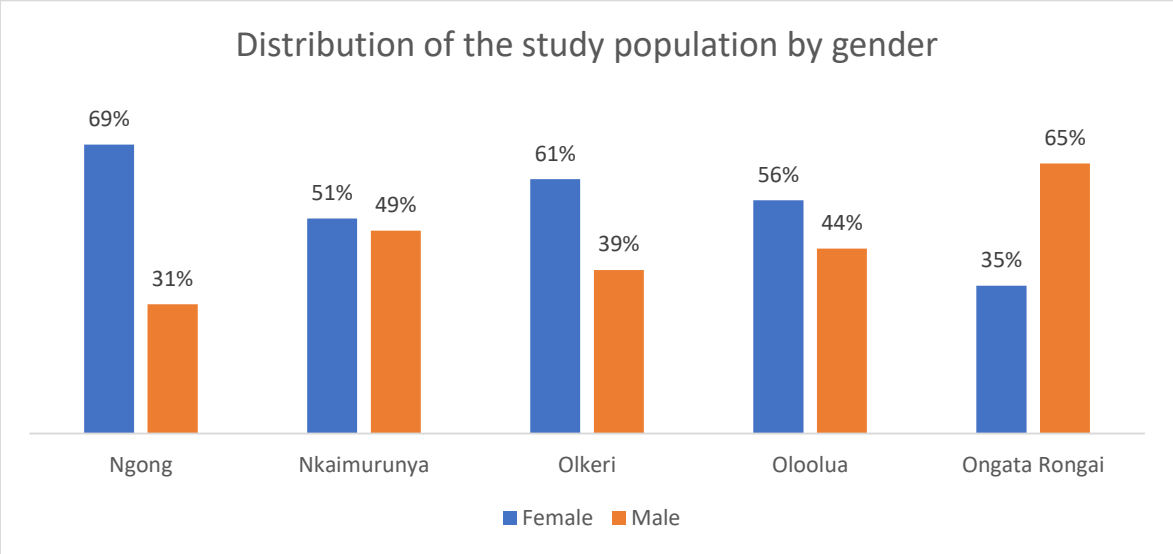


Figure 3: Distribution of the study population by ward

4.1.2 Population Distribution by Level of Education

Majority of those interviewed (44%) reported secondary education as their highest level of education. Tertiary education and primary education level constituted 21% of the population each.

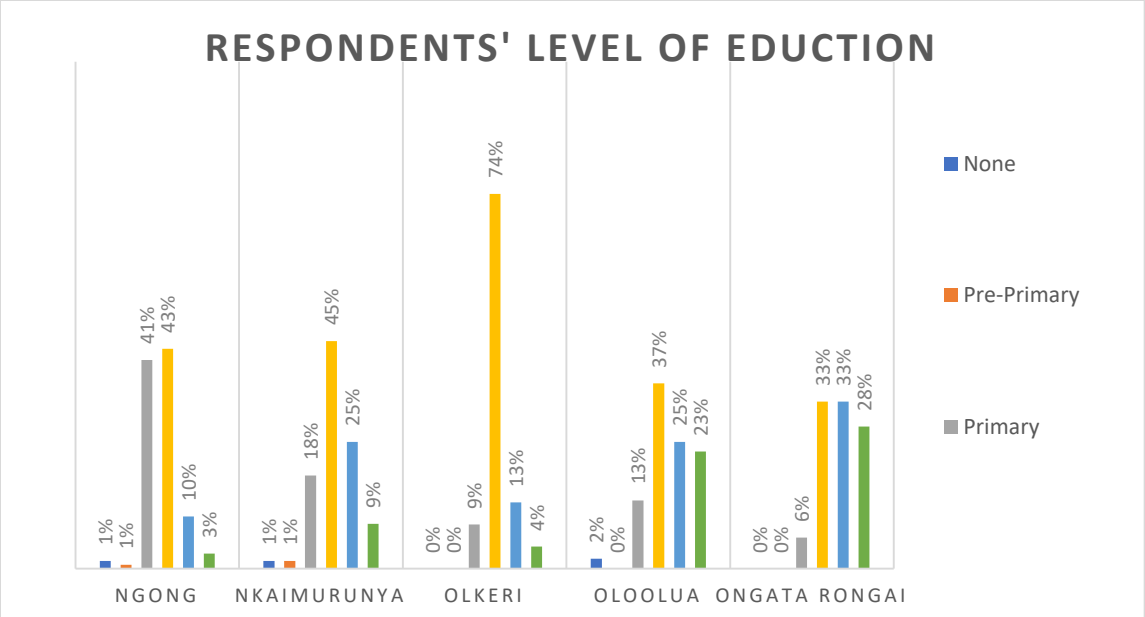


Figure 4: Level of education of the respondents

4.1.3 Population Literacy Level

The majority of respondents indicated they could read and write in English (91%), Kiswahili (98%) and mother tongue. (87%).

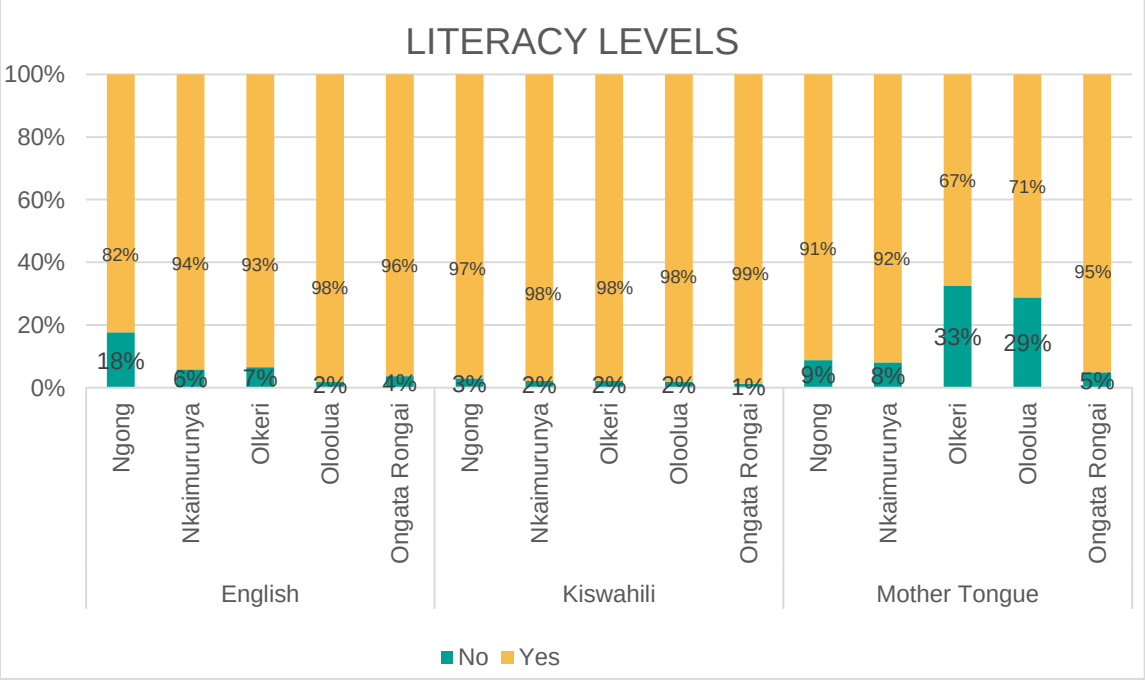


Figure 5: Respondents literacy levels in Kajiado North Sub- county

In addition, majority of respondents (97%) indicated that they did not know how to read and write in braille with only 13% indicating this ability.

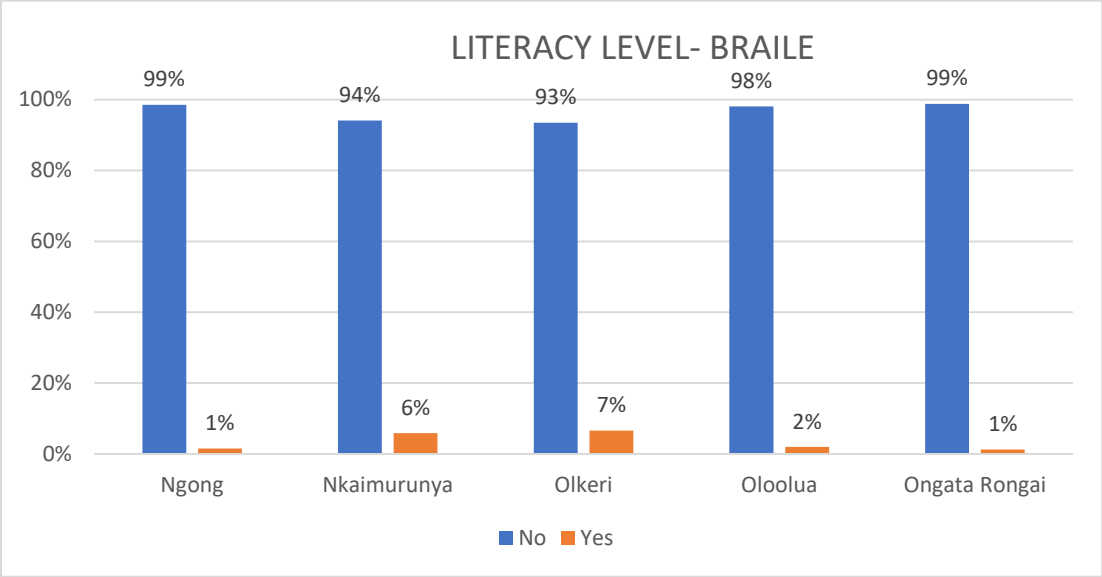


Figure 6: Respondents literacy levels on braille system

4.1.4 Population Disability Status

In total, about 1% of respondents indicated that they had a disability. 7% of them were from Olkeri, 3% from Nkaimurunya and 1% in Ngong and Ongata Rongai.

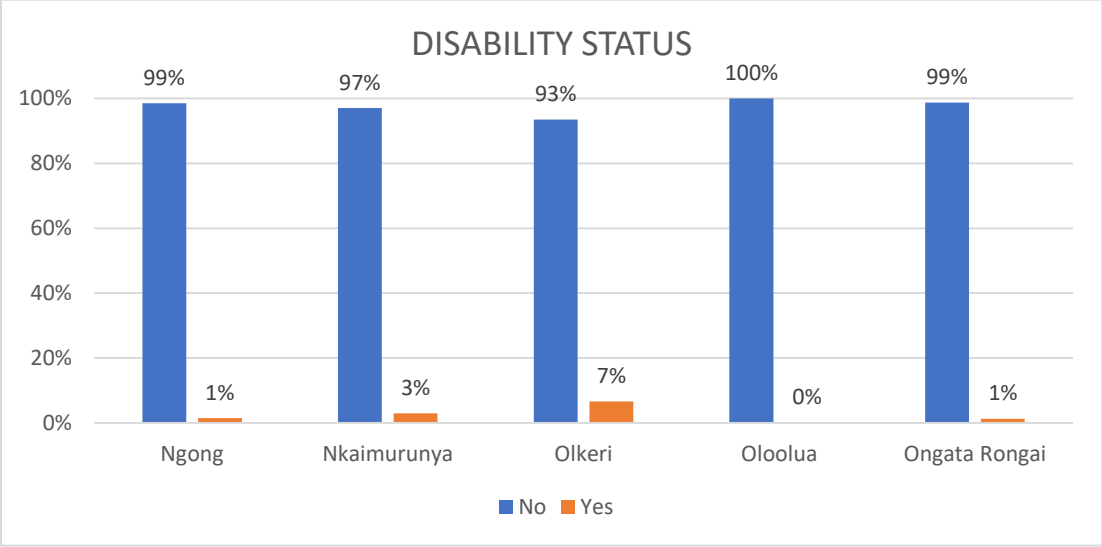


Figure 7: Disability status among the study population

4.1.5 Population Age Distribution (In Years)

The age distribution of the population indicated that majority (52%) were between the age of 30 – 45 years while those aged between 18 – 30 years at 30.1%.

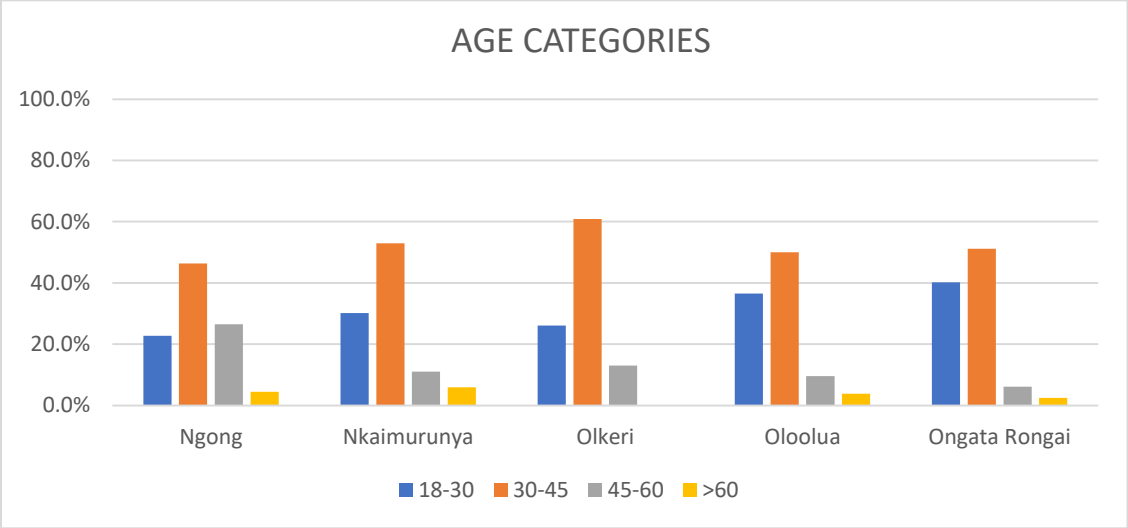


Figure 8: Age distribution in study population by ward

4.1.6 Population Employment Type

22% of those who responded to the questionnaire were unemployed while 29% identified as business owners. 19% were employed in the informal sector while 10% were employed in the formal sector.

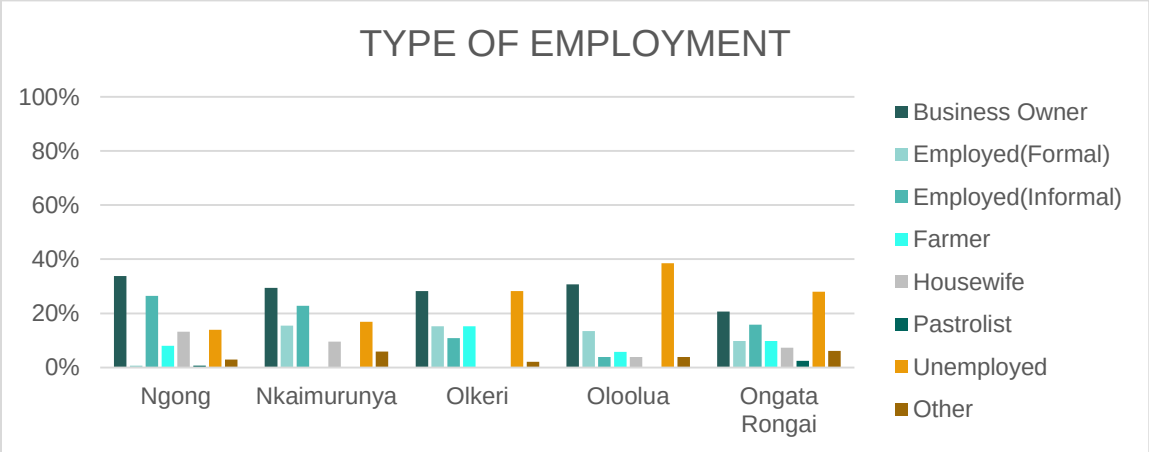


Figure 9: Employment status of study population

4.2 Health status of the respondents under new constitutional dispensation after devolution

Respondents were also asked about the status of their health in relation to how they are able to access healthcare services after two (5- year cycles) elections under devolution in Kenya. This section describes the situation based on the perspective of the key informants and residents of Kajiado North. It should be noted that under the Constitution of Kenya 2010, fiscal power was devolved from the central government to county government which were expected to further devolve to sub- counties, wards and village level. Also, under the CoK, counties were expected to govern using the constitutional principles established in article 10 which includes the use of public participation in governance.

Kajiado County implements health projects based on approved budgets passed by the county assembly for implementation by the county executive. According to participant 1, community members are expected to present their needs which are scrutinized by both the executive and the legislative arms of the county for incorporation into county development policies and budgets.

From the perspective of the county government (participants 2, 4 and 6) and its interpretation of the devolved health functions, the main agenda of the health department was to ensure accessible, affordable, quality, equitable and citizen- centred services for all. The development projects planned over the CIDP period since 2018 were therefore driven by the following objectives:

i Equipping new and existing health facilities with health products and technologies (HPTs);
ii Upgrading and expanding existing health facilities to cater to the needs of residents
iii Implementation of universal healthcare programme dubbed mbuzi moja afya bora initiative
iv Completion of ongoing projects and kickstarting those that had stalled
v Taking a preventive healthcare approach to building resilience through public health initiatives
vi Strengthening governance structures

vii Strengthening nutrition coordination in the county at various levels within the devolved health system

viii Ensuring immunization reach especially for toddlers

In pursuing the above agenda in the health sector, the following were the milestones that were alluded to by the county government towards increasing access to healthcare:

Table 2: Projects implemented in the health sector in Kajiado County between 2017 - 2022 and status

PROJECT CATEGORIZATION	OBJECTIVE	OUTCOME TAGET	STATUS
Construction of new dispensaries and health centres	To improve access to healthcare services	More residents are able to access to healthcare services by bringing services closer to them	34 projects envisioned out of which 21 were completed while 13 were still underway
Upgrading and expanding existing health facilities			49 such projects were planned out of which 38 were reported as completed while 11 were ongoing.
New wards and maternity wings to provide for mother and child as well as reproductive health rights			9 such projects completed in various health facilities
UHC through Mbuzi Moja Afya Bora initiative			Over 24, 000 households reportedly benefited from the initiative

Within the CIDP period 2018 - 2022, one of the major accomplishments of the health system was the upgrade and expansion of the Kajiado County Hospital to a level 5 referral hospital. According to participant 3, within this period, the county strived to improve the referral system within the county by upgrading four health facilities to level 4 sub- county

hospitals. These included Ngong, Loitokitok, Kitengela & Ongata Rongai (Saitoti) health centres. The changes in classification as a result of the upgrades also came with equipment upgrades as follows.

Table 3: Equipment within Kajiado County in the last 5 years

#	EQUIPMENT	NO. In 2017	NO. In 2022
1.	Intensive Care Unit (ICU)	0	**10**
2.	High Dependency Unit (HDU)	0	**9**
3.	Renal Equipment & bed dialysis machines	0	**6**
4.	6 Slice Computerized Tomography (CT-Scan)	0	**1**
5.	Magnetic Resonance Imaging (MRI)	0	**1**
6.	Mechanical Ventilators	0	**10**
7.	Cardiac Monitors	0	**10**
8.	Image intensifier	0	
9.	Patient doppler machine	0	**11**
10.	Continuous Positive Airway Pressure (CPAP) machine	0	**24**
11.	Blood bank refrigerator	0	**2**
12.	Platelet Agitator	0	**2**
13.	Blood bank cooler boxes	0	**6**
14.	Portable ultra sound machine	0	**13**
15.	Baby incubators	15	**25**
16.	Caesarian section sets	9	**25**
17.	Phototherapy machine	10	**30**
18.	obstetric/delivery beds (modern)	4	**40**
19.	Operating tables	3	**5**
20.	Anesthetic machines	3	**5**
21.	Patient monitors	3	**20**
22.	Emergency trolleys	5	**20**
23.	**Bed capacity in health facilities**	**500**	**1660**

The number of health workers that make up the human resources for health (HRH) in the county was also increased to cater for the new facilities and the upgrade and expansion of the existing ones. The table below gives a summary of the changes in staffing for health within the county:

Table 4: Human resources for health changes within Kajiado County in the last 5 years

#	HUMAN RESOURCE CADRE	2017	2022
1.	Special Medical Consultants	3	**16**
2.	Medical Officers	21	**40**
3.	Dentists	0	**8**
4.	Clinical Officers	70	**130**
5.	Nurse's (BSN Specialists, KRCHN/KRN, KECNH)	437	**629**
6.	Nutritionists	29	**60**
7.	Laboratory officers	54	**78**
8.	Public Health officers	113	**125**
9.	Physiotherapists	8	**13**
10.	Health Administrative officers	0	**11**
11.	Health Records & Information Management officers	19	**28**
12.	Medical Engineers	3	**8**
13.	Morticians & Mortuary attendants	0	**4**
14.	Community Health Assistants	50	**103**
15.	Community Health Volunteers	800	**1932**

Mbuzi moja Afya bora initiative towards UHC

This is an initiative that was pursued by the county government towards getting residents to register for NHIF as a way of promoting UHC by making use of available community resources. The initiative was started as a result of community members having to organize fundraising drives (*Harambees*) to cover medical bills in case of illness. Within the same community, there was an untapped potential in the livestock that the pastoralist communities owned as a source of wealth for purchasing health insurance premiums.

For this reason, the county government encouraged residents to sell at least one goat per family and submit it for an auction which would raise funds that would cover a household under NHIF for one year at a cost of Ksh. 6, 000. Through this initiative, it was reported that the number of households which had NHIF cover increased from just 4, 000 at the start

of the project in 2017 to over 24, 000 households in 2022. At the time of the assessment, 3 phases had been completed with another phase of the project expected to begin in June. However, the project was meant for pastoralist communities who are largely from other rural sub- counties hence the number of beneficiaries from Kajiado North were negligible.

Within the county, projects were implemented either as flagship projects which were otherwise referred to as priority projects for the governor in relation to their manifesto or election pledges. There were also projects implemented by Members of County Assembly (MCA) within their wards through the ward development fund.

4.2.1 Health seeking behavior

Residents indicated their health seeking behaviour by explaining where they would seek help in case they required healthcare services. More than 70% of respondents indicated that they preferred to seek for health services or information from a health facility and this was consistent across all the wards.

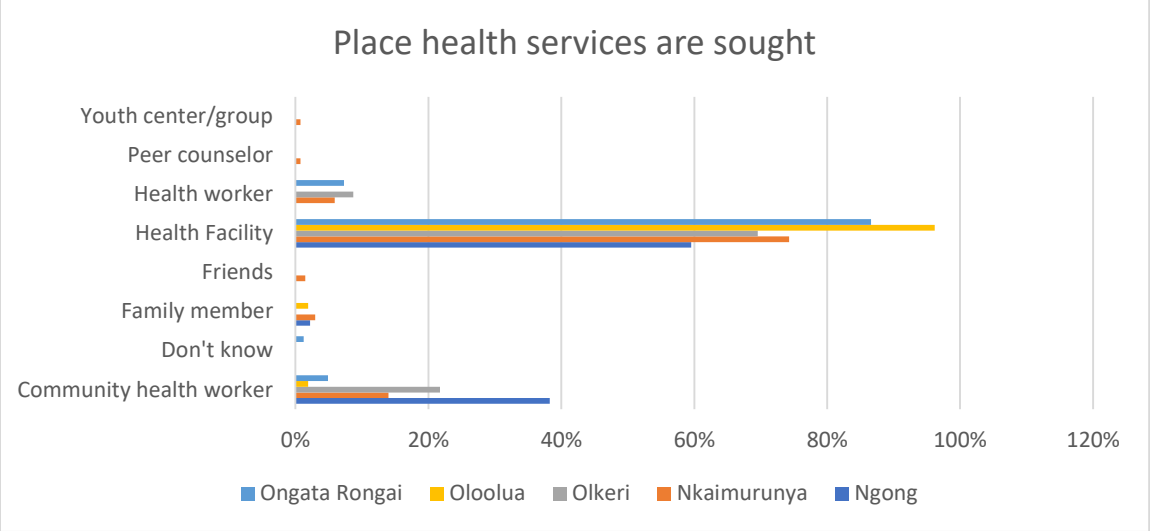


Figure 10: Respondents' health seeking behaviour

Most of the respondents (74%) stated that they would first seek help for health problems and information from health facilities. However, 19% indicated that they would seek help from community health workers while 4% said they would seek the same from a health worker.

When asked whether they had visited a health facility in the last 12 months, 79% indicated that they had while 20% said they had not sought services at a health facility within that period. Some residents, representing 1% of all the respondents said they wanted to seek services but they could not access a health facility.

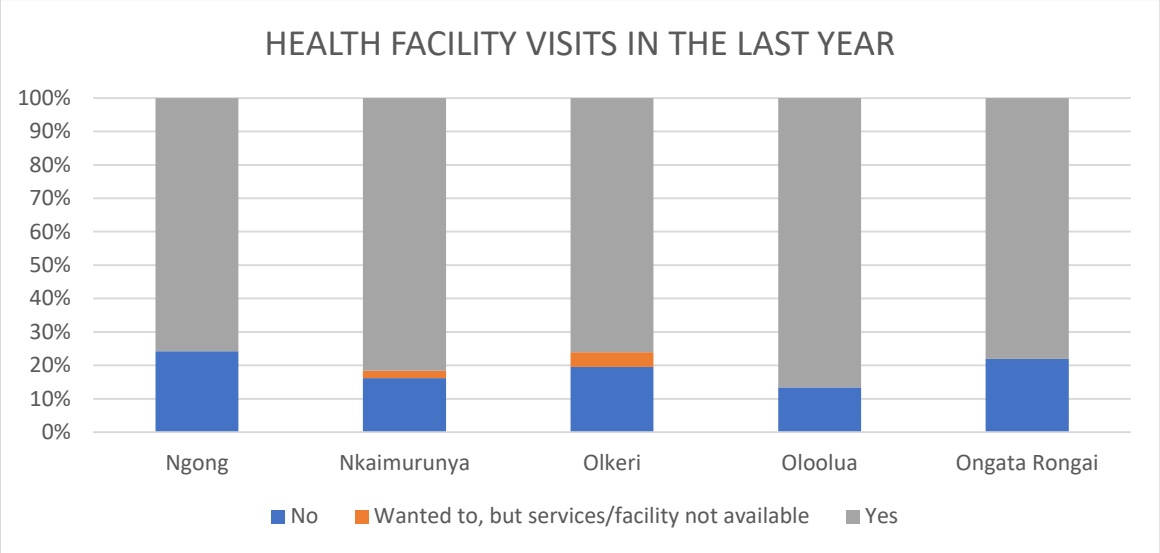


Figure 11: Respondents health facility visits

The residents also state that the reason for their most recent visit to the health centre was to receive treatment (34%). Others stated that they had gone to the health facility to visit a patient (16%), for general checkup (13%) and treatment for injury (11%).

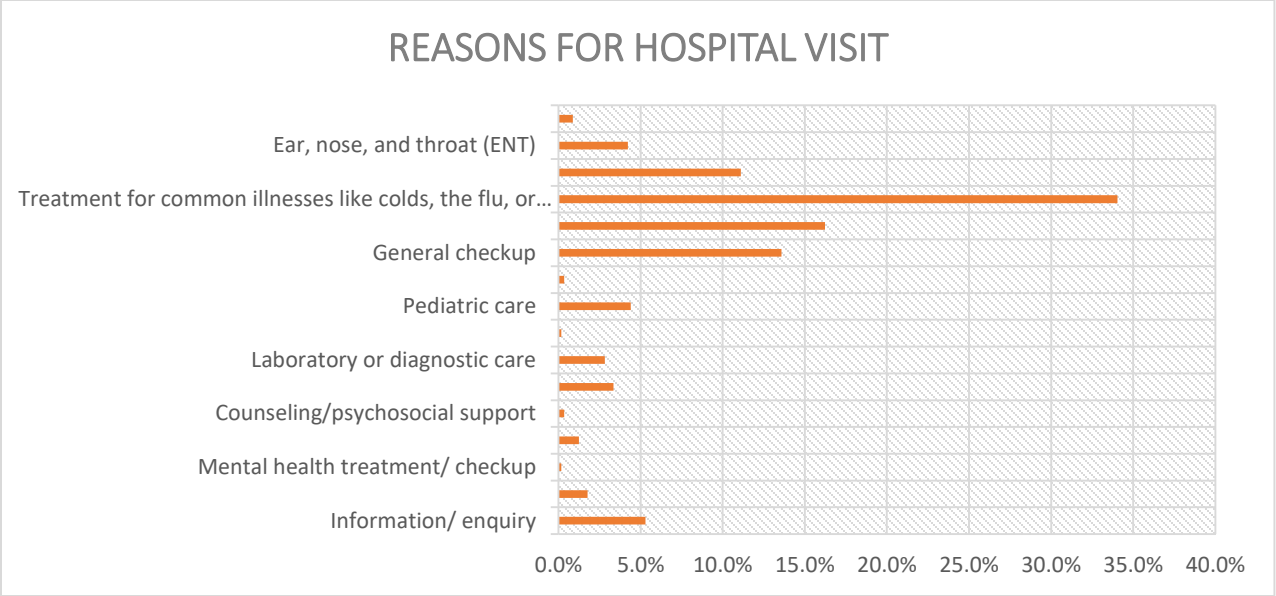


Figure 12: Reasons why the respondents visited the health facilities

When probed on the type of facility they went to, most of the residents interviewed (n=206) indicated that they visited a sub- county hospital to get help with their conditions. Some (n=86) indicated visiting a dispensary while others (n=36) visited a private service provider as indicated in the chart below.

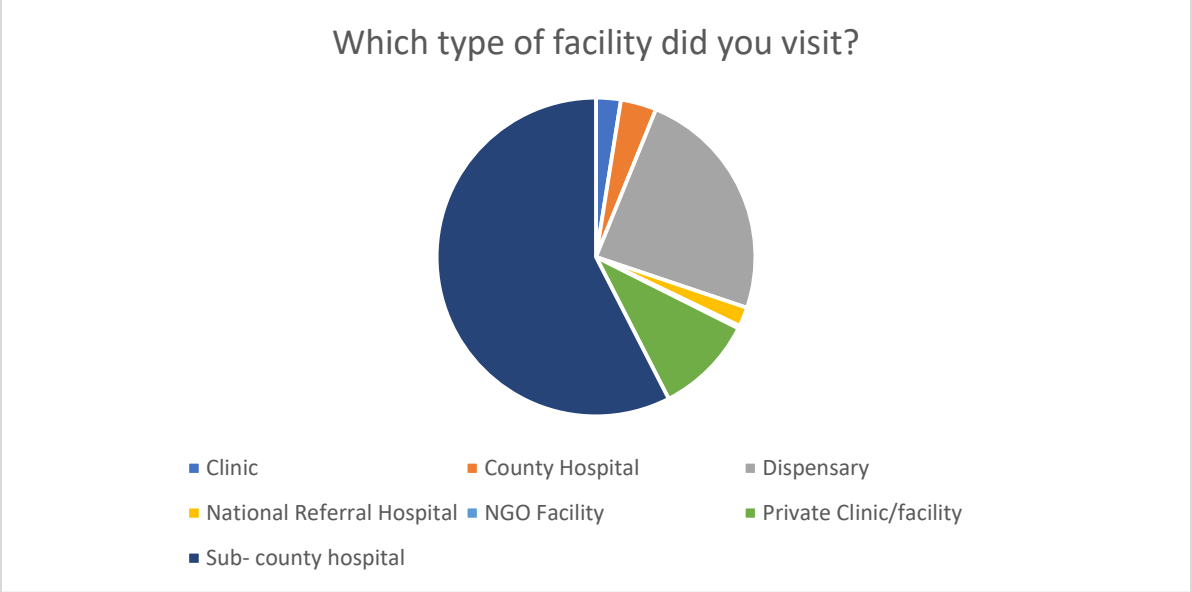


Figure 13: Type of facility visited by respondents in the preceding 1 year

As to the choice of facility visited, most of the respondents (n=175) stated that they visited the sub- county hospital because it was the nearest facility to them.

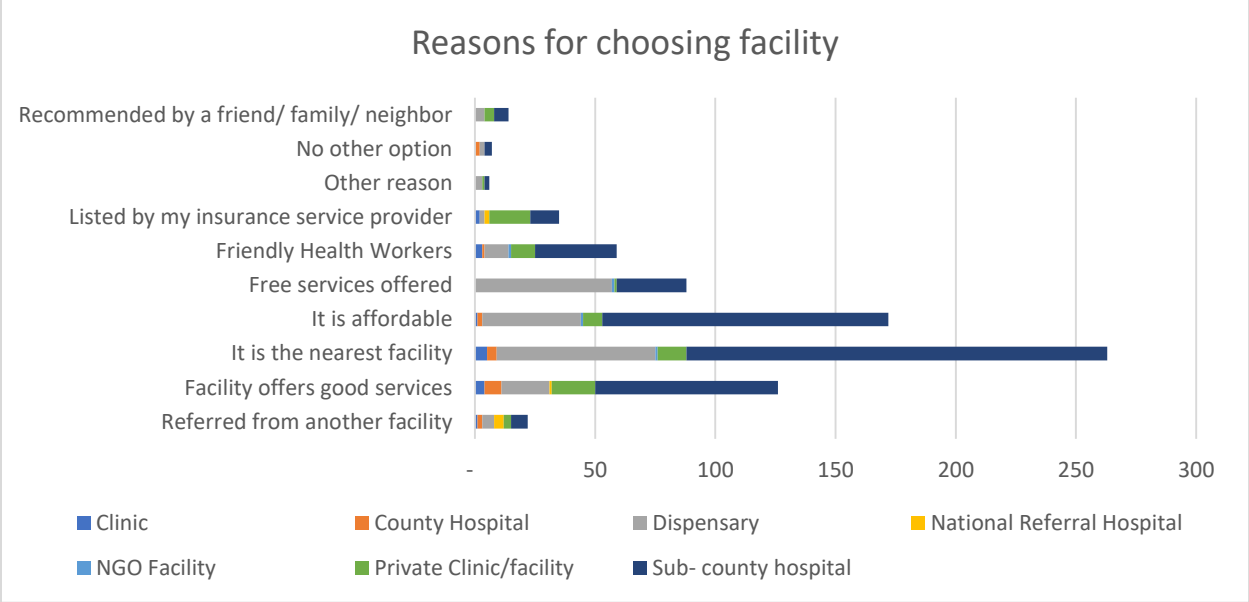


Figure 14: Why respondents chose the health facility type

A significant number (n=119) said they chose the facility because it is affordable. Only 76 respondents indicated that they chose the facility because services offered were good.

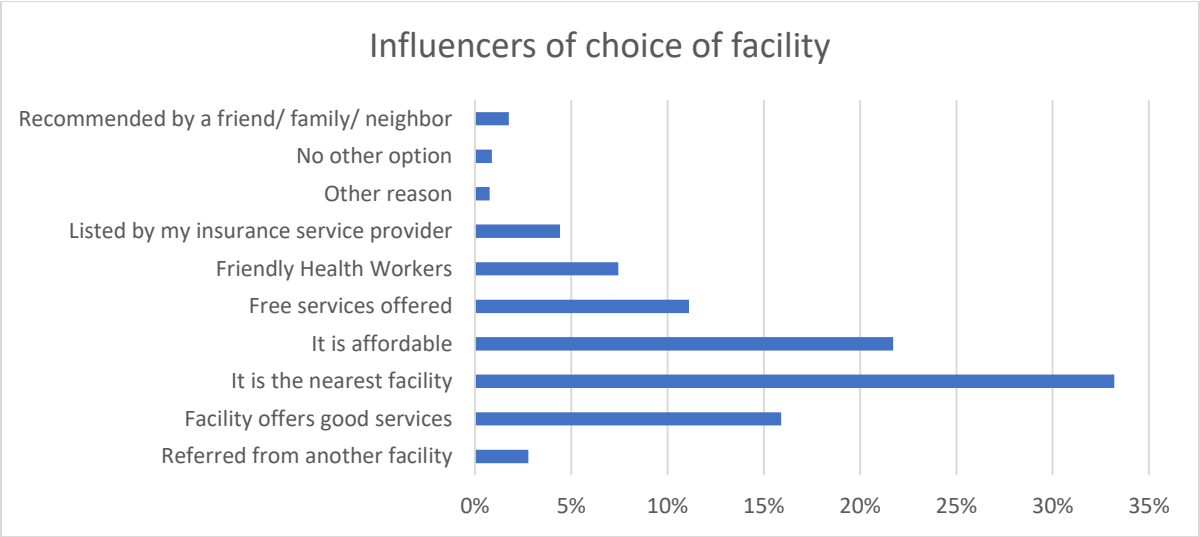


Figure 15: Reasons given for choosing the facility

4.2.2 Challenges faced in accessing health services

Among the most common challenges faced in accessing health services was long waiting time (32.6%). 22.4% of the respondents however pointed out that most services were unavailable at the facility.

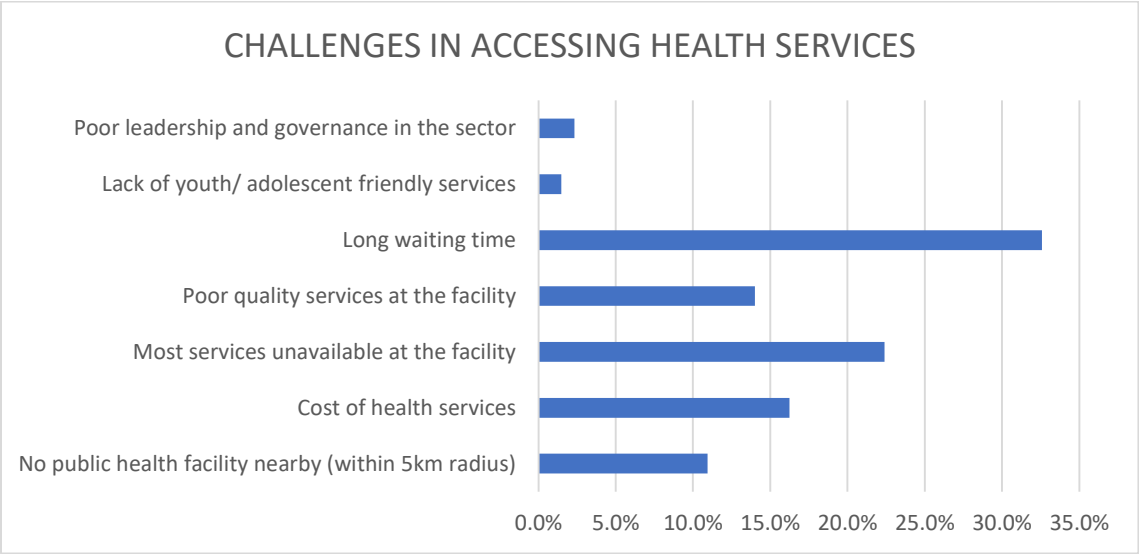


Figure 16: Respondents views on the challenges in accessing services

4.2.3 Awareness of development projects for health in the community

In view of the challenges witnessed in the community, respondents were asked to state the development projects they were aware of in their communities. Most of the residents indicated that the development projects they were familiar with were equipping of health facilities (26.6%). 21.7% indicated that they were aware of renovations of health facilities going on in their community while others said they knew of new construction projects being implemented.

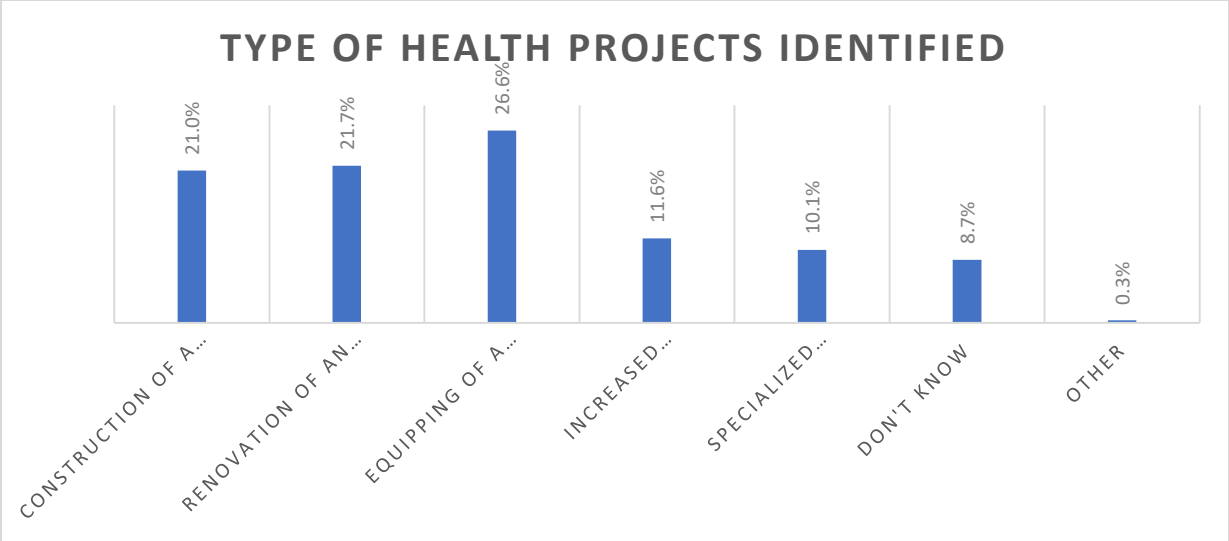


Figure 17: Development projects for health cited in the community

More respondents (50.54%) from Ngong sub- county indicated that they were aware of health projects going on in their locality followed by respondents from Nkaimurunya (31.7%). However, both Olkeri (2.7%) and Ongata Rongai (3.8%) residents who were questioned did not know of any development projects underway in their vicinity.

4.2.4 Knowledge of County Development Blueprint

Most of the residents interviewed (87.8%) said they did not know what a county spatial plan, County Integrated Development Plan (CIDP) or Annual County plans was. Only 90 respondents, representing 12.2% of respondents knew what a CIDP was. This implies that majority of the residents do not have any information on the long- term, medium- term and annual development plans developed by their county for development of all the sectors, including health.

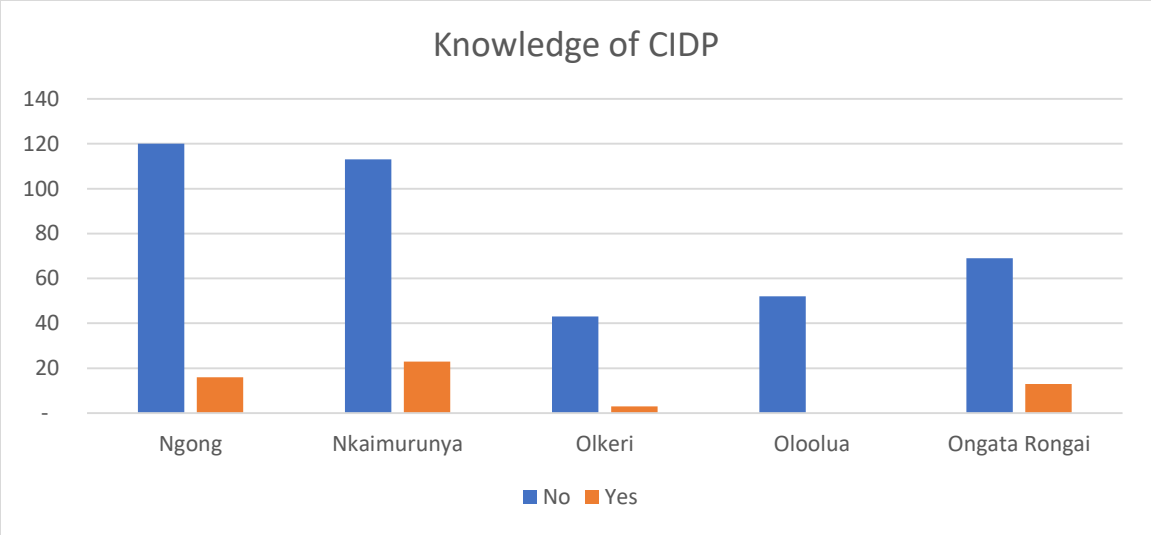


Figure 18: Respondents knowledge about the CIDP

Among the few who knew what the CIDP was, nearly 26% of them had attained at least a secondary school education while 23% had attained tertiary education training. Majority of those who did not know the CIDP had attained secondary school education (30%).

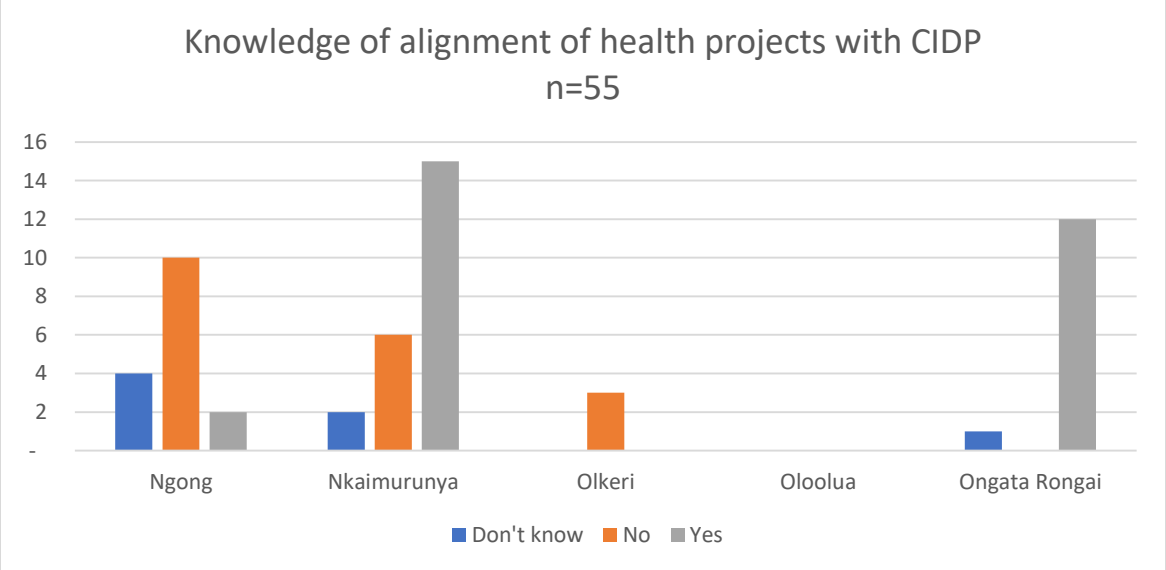


Figure 19: Alignment of the health projects in the community with CIDP

From the table above, there were only 55 respondents who believed that the development projects in their communities were aligned with the CIDP. This represents only 12% of all the residents who were interviewed.

4.2.1 Extent health projects have been successful

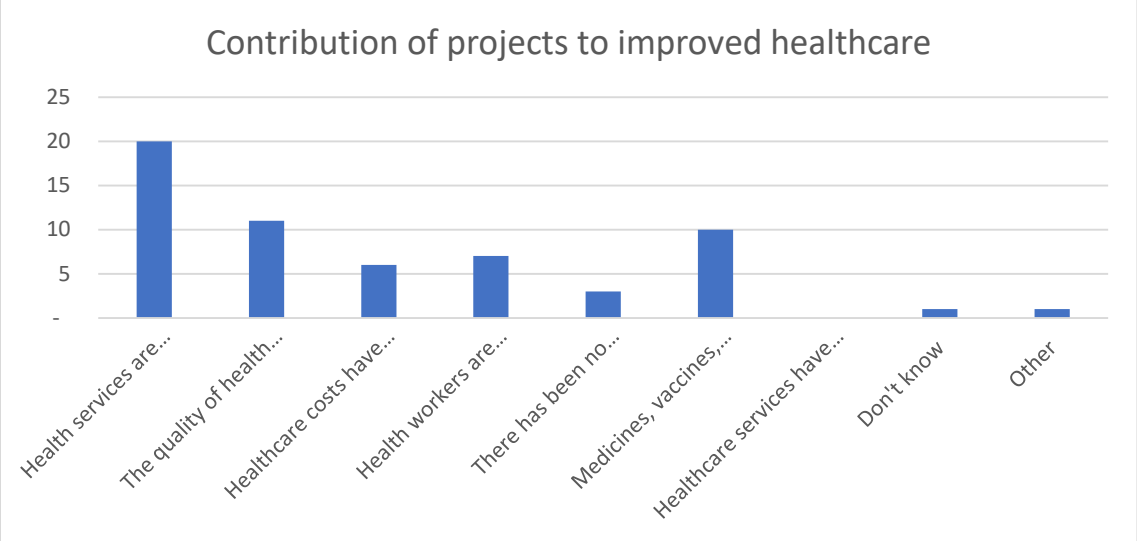


Figure 20: Views expressed by respondents on how the health projects had improved healthcare

Only 13% of the respondents felt that the development projects implemented in Kajiado county had contributed to improved healthcare. They gave various reasons for their assertions including the fact that health services had been brought closer to the people (n=20), quality of health services had increased (n=11) and medicine and other health supplies were available in the health facilities they visited (n=10).

4.2.5 Challenges experienced in development of health projects (n=452)

The respondents were asked to state some of the factors that thwarted the successful delivery of health projects in Kajiado County. The table below provides a summary of the findings.



Figure 21: Challenges experienced in the development of health projects

This was a multiple responses question and a total of 1, 235 responses were received from 452 respondents. In percentage terms, 24.3% of responses expressed a feeling that the main factor that threatens the success of health projects is the lack of public participation. This represented the most frequently cited reason provided by respondents. Another 16.9% of respondents cited misuse of public resources while 15.1% stated that the greatest risk health projects faced was the lack of prioritization of the needs of residents. 11.1% of residents on the other hand felt that the greatest threat to successful project implementation in the health sector was slow implementation process.

4.3 Public participation for health in Kajiado North Sub- County

This section seeks to establish how public participation for health is conducted in Kajiado county with a view to establish the extent of involvement of members of the public in decision making and execution of health projects. We began by enquiring into whether the respondents have ever been involved in public participation of any kind before delving into public participation for health.

It was reported by participant 3 and 4 that public participation was one of the key principles that governed the implementation of health projects in Kajiado North Sub- County. Public

participation forums were reported to have taken place and used to implement health, water and road projects in various parts of the sub- county. However, there were no records of specific minutes or reports of public participation for any health projects implemented within the sub- county.

According to participant 7, the CIDP is like a "mirror" that is used to address the feedback that is coming from public participation process in the sense that only projects that are within the CIDP are implemented. Within the health sector, some of the projects the respondent cited from Kajiado North Sub- County included: installation of cabro surface within the carpark and footpaths of Ongata Rongai level 4 hospital, building of theatre at Ongata Rongai sub- county hospital, construction of incinerator at Ongata Rongai sub-county hospital, X-ray machines installed at Ngong and Matasia hospitals, the construction of Gataka Health Centre and the construction of staff houses for health workers in Ongata Rongai.



Figure 22: Ongata Rongai Health Centre Maternity and New Born Unit. Photo taken on 21.4.2023 by Agnes, research assistant

Despite the many projects cited as having been implemented in the sub- county, it was also observed by participants 1, 4 and 9 that public participation does not attract the attention it deserves from the citizenry. As a result of non- involvement, some residents have missed the opportunity to contribute to the governance of their county's health system. Where services of public health providers have not be brought closer to the people, other health

sector stakeholders such as private service providers, FBOs and NGOs have stepped in to offer services.



Figure 23: Embulbul Catholic Dispensary which is one of the health service providers filling the gap of access to public health facilities in Ngong ward. Photo taken on 21.4.2023 by Mariam Salim, Research Assistant

They cited various reasons as to why residents do not take part in public participation forums. The reasons included the challenge of a section of the urban population who are day laborers and rely on their daily wages for upkeep hence could not afford to skip a day for public participation. Another reason cited was the fact that Kajiado North sub- county has a section of the population who rent or own residences in the sub- county but spend most of their time in Nairobi city. It was also reported that the county's investors did not feature in meetings with suggested reasons being the fact that they were only interested in obtaining clients to pay for their goods and services but were not involved in the day-to-day management of the county. Another reason provided was that those who lived in gated communities prefeed to utilize their own facilities or patronize known consultants within the community for health advice and services instead of the public health facilities. Another reason also identified was that some residents would not be able to articulate their issues owing to lack of civic education that empowers them to participate.

From the data obtained from respondents, majority of them (86% on average), in each of the wards indicated that they had never been part of any public participation forums in Kajiado North sub- county.

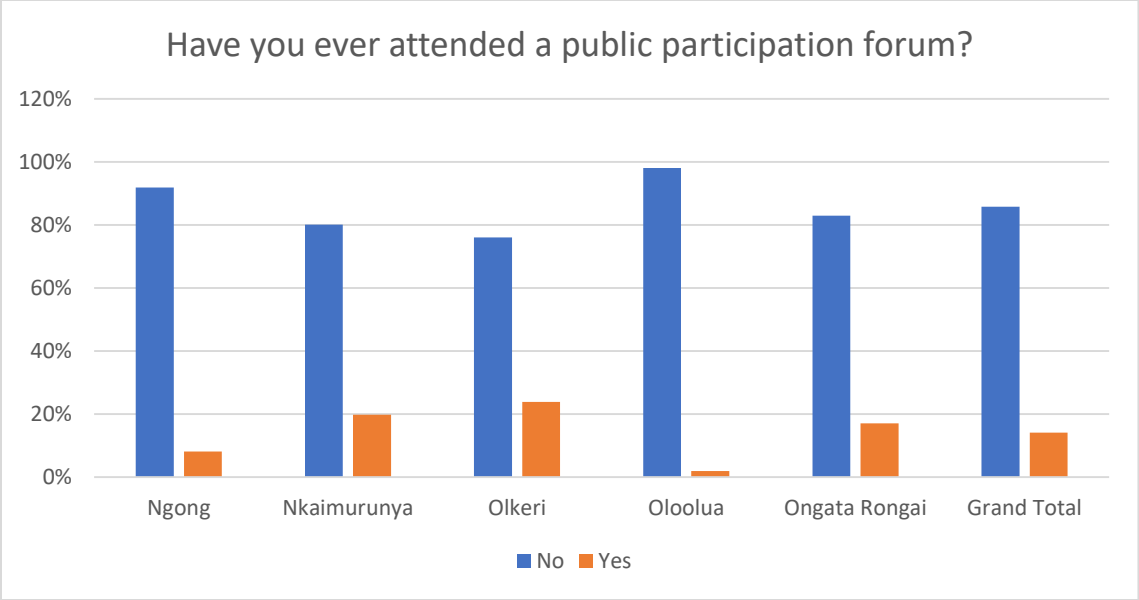


Figure 24: Incidences of attendance of public participation forums

Within the entire sub- county, only 14% of respondents stated that they had been involved in a public participation forum. Looking at the data on a ward-by-ward basis, it emerged that Olkeri Ward had the highest (24%) proportion of the study population indicating that they had been involved previously in a public participation forum. In Nkaimurunya, 20% of those sampled indicated that they had been involved while 17% answered in the affirmative in Ongata Rongai. The counties that had the lowest proportion of people who had been involved in public participation forums were Ngong (8%) and Oloolua (2%). When the data was disaggregated by age, it emerged that those who were between 45 and 60 years participated more than any other age group representing 24% affirmations. On the other hand, the age group that had the least affirmations was 18 -30 where a paltry 8% indicated they had previously participated. For those who had participated in the forums, the average number of times they were involved was 3.

4.3.1 Public Participation in the Health Sector

In Oloolua county, all the respondents stated that they had never been involved in any public participation forum for the health sector.

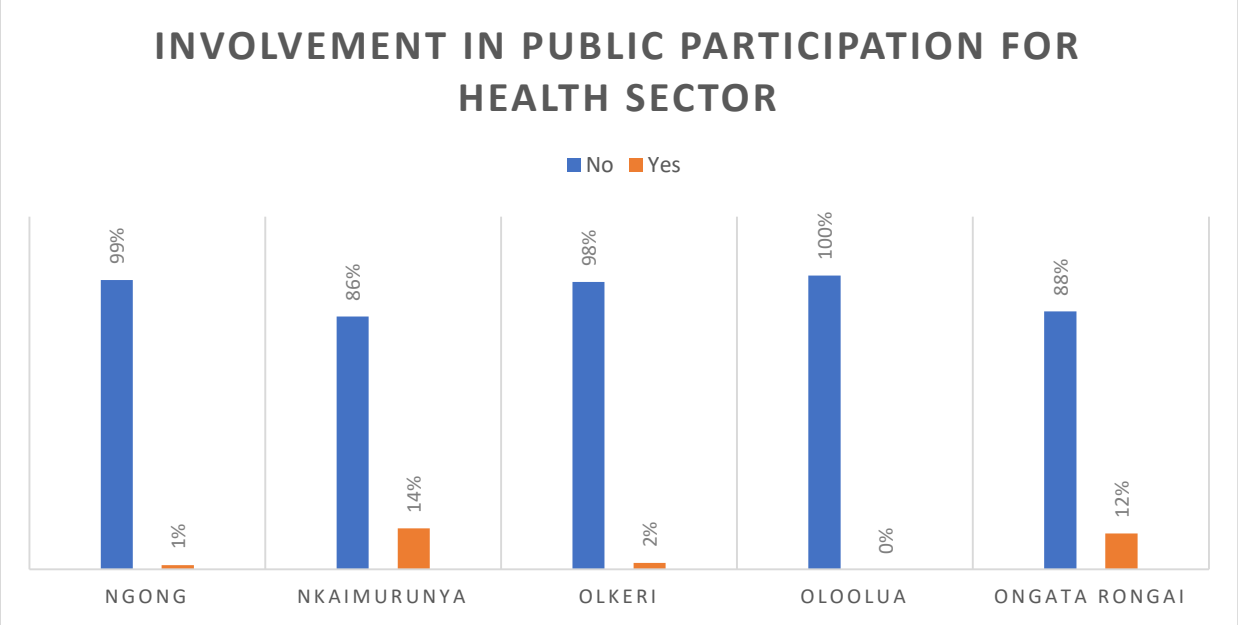


Figure 25: Whether members of the study population were involved in public participation for health

On the whole, 93% of respondents said they had never been involved in any public participation for health projects in Kajiado North sub- county since the onset of devolution, as indicated in the graph above.

When asked why they had not participated even once in the public participation forums, multiple responses given are as indicated in the table below:

Table 5: Reasons why members of the public do not go for public participation fora

REASONS FOR NOT PARTICIPATING	RESPONSES COUNT
I have never been called upon	327
I don't have sufficient information to engage (i.e. meeting notice, agenda, engagement framework etc)	181
The day picked is inconvenient for me	37
The time picked is inconvenient for me	35
Short notice of forums given	21
I prefer not to be involved	7
I do not think it matters	5
I am not a permanent resident of Kajiado North Sub-County	3
I sent a representative (i.e. family member, CBO or other association representative etc)	1
No reason	5
Total	**622**

51.7% of the responses indicated the respondents had not taken part in health projects public participation forums because they had never been given the chance to do so. Closely related to this were 28.6% of responses from residents sampled who stated they did not have sufficient information to effectively engage.

4.3.2 Location of Public Participation Forums (n=32)

Among those who had participated previously, the locations of the meetings ranged from county assembly premises (34%), county executive offices (16%), health facility (13%), rented space (9%), school (6%) and church (6%).

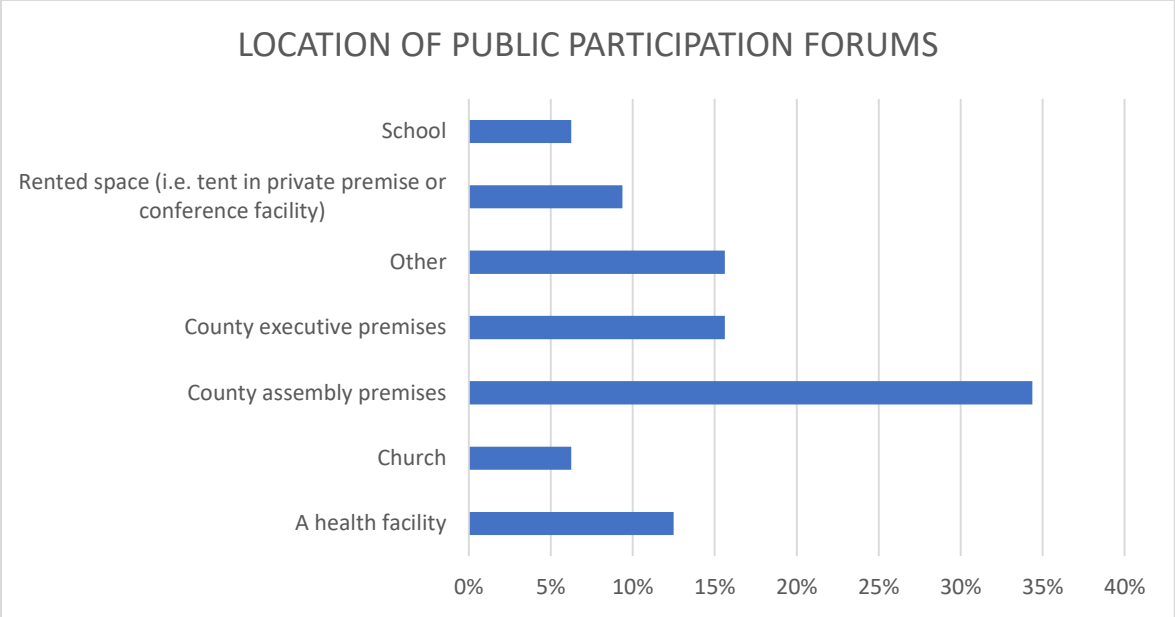
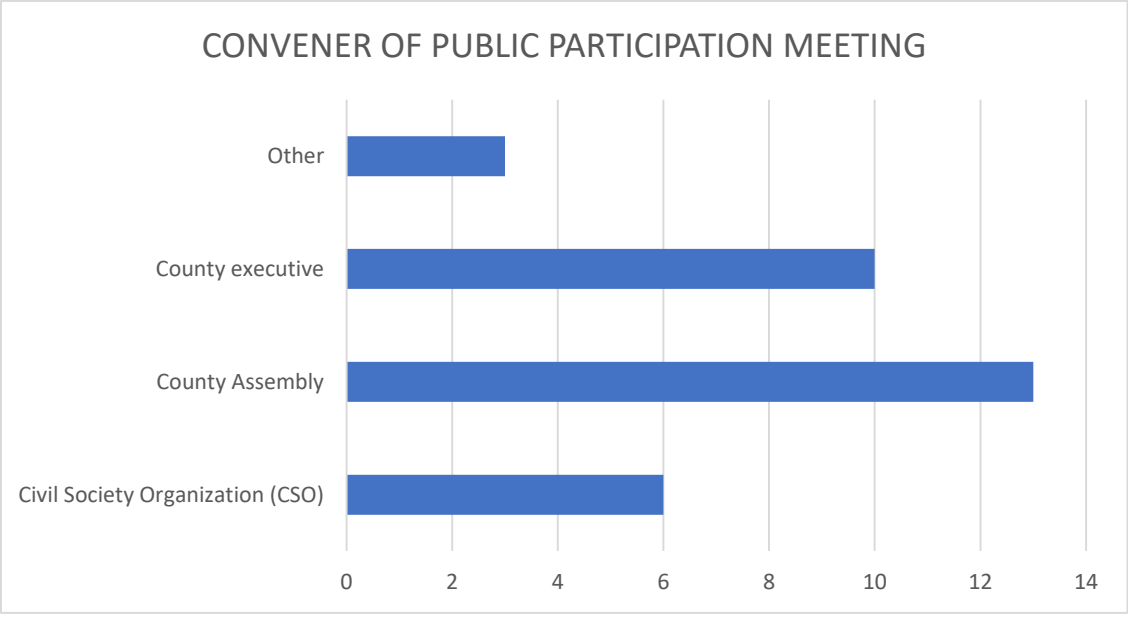


Figure 26: Location of public participation forums as provided by respondents

4.3.3 Convener of Public Participation Forums (n=32)

The meetings attended by the respondents for public participation were often called by the county assembly and the county executive as indicated in the chart below.



4.3.4 Agenda of Public Participation Forums (n=32)

The public participation meetings attended by the respondents were around four key areas within the health sector. These included budget, health legislation, health development planning and health awareness campaigns.

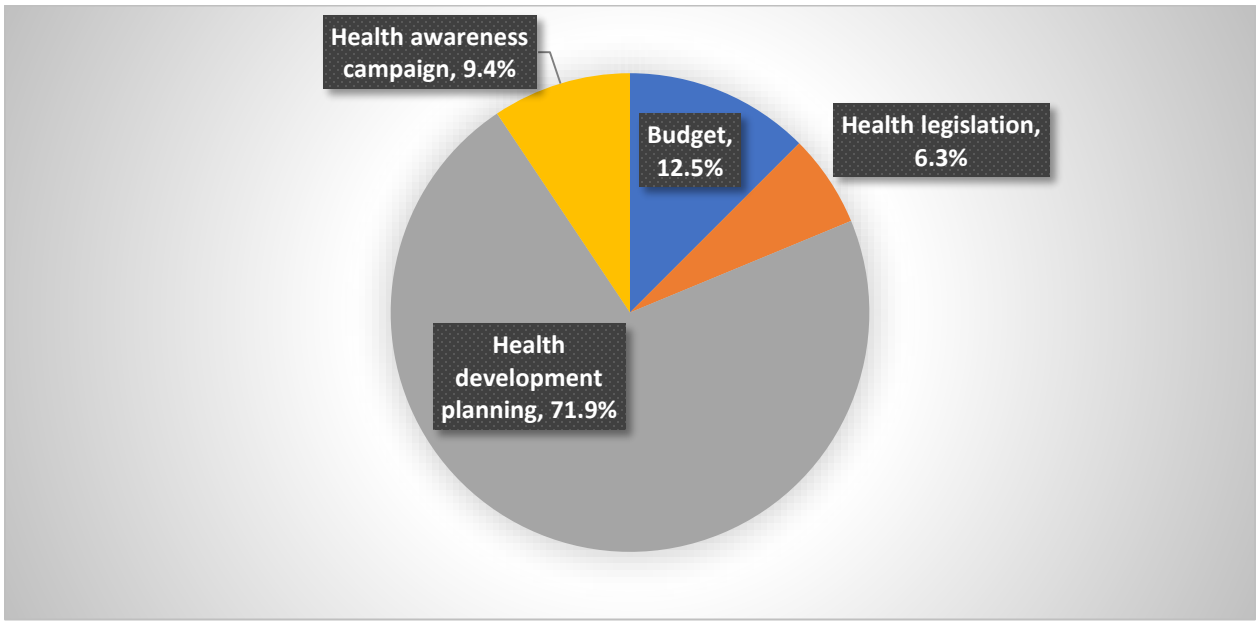
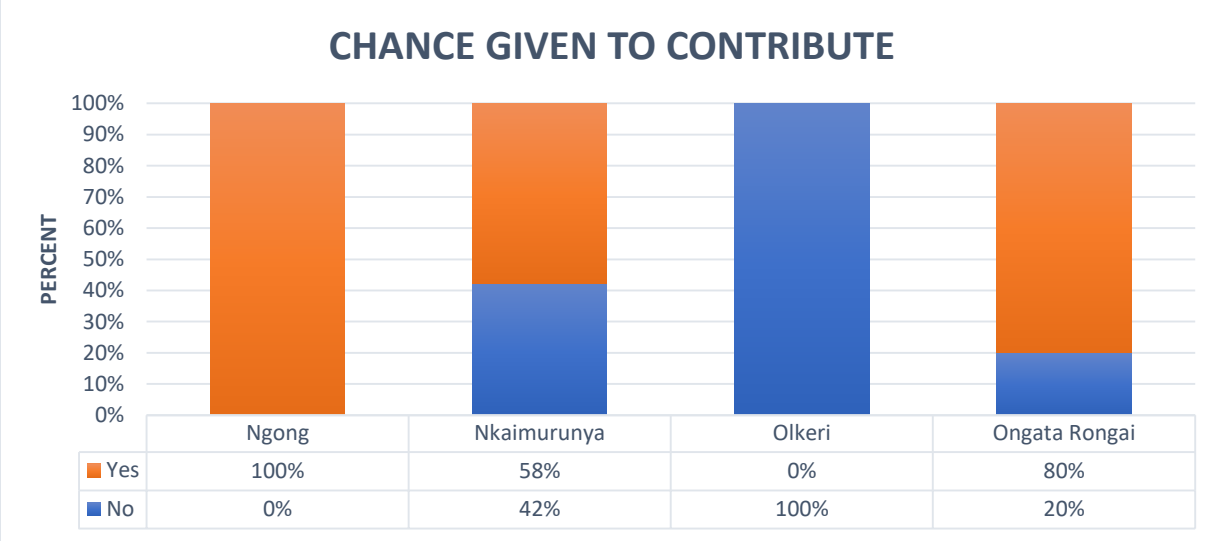


Figure 27: Respondents answers on the agenda of the public participation forums they attended

4.3.5 Participation of Residents in the Forums (n=32)

As to whether those who attended the public participation forums were given a chance to make their contributions, 34% indicated not having gotten the opportunity while 66% said they had been given a chance to make their contributions.

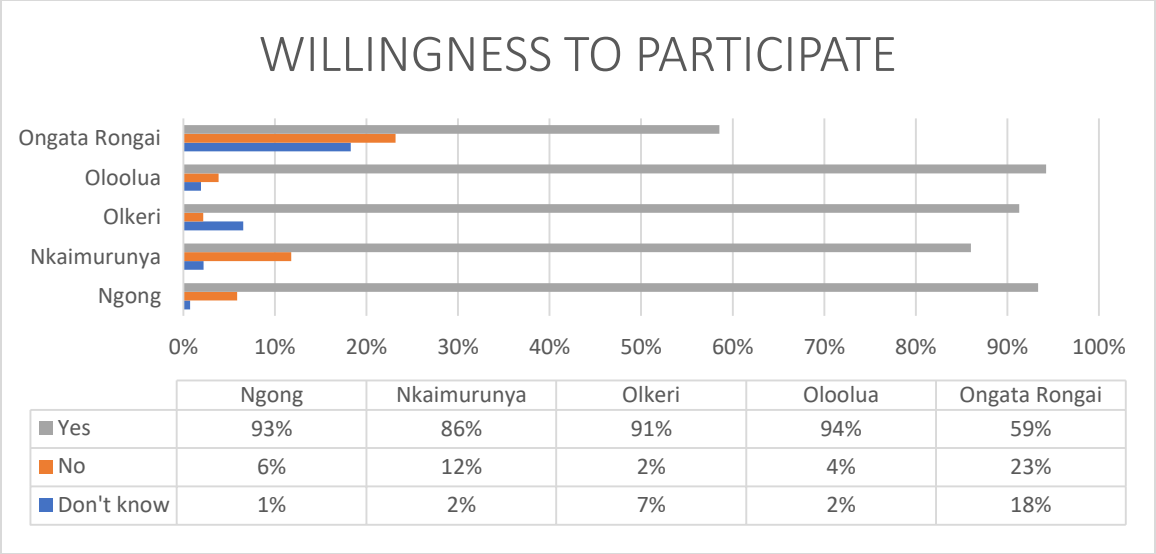


In a contrast of the experiences of respondents, in Olkeri ward, none was given the opportunity to contribute but in Ngong, all who were interviewed were given a chance to contribute. When probed on the resons why they felt they did not get the chance to contribute, the responses given included inadequate time allocation, the facilitator's inability to provide the opportunity, the speakers being predetermined ahead of the forums and a feeling that their views would not be incorporated.

In addition, four of the respondents in the study indicated that they had been compensated for attending the public participation forum.

4.3.6 Willingness to participate in public participation forums for health

An overwhelming majority of respondents stated that they were willing to attend and contribute in future public participation forums.



	Ngong	Nkaimurunya	Olkeri	Oloolua	Ongata Rongai
Yes	93%	86%	91%	94%	59%
No	6%	12%	2%	4%	23%
Don't know	1%	2%	7%	2%	18%

In Ongata Rongai ward, 59% of residents stated they were willing to participate contrasted with 23% who declined such an opportunity and 18% who indicated they did not know. However, in all other wards in the sub- county, at least 86% of the residents involved in the survey noted that they would be willing to participate if called upon.

4.4 Mechanisms of Public participation for health in Kajiado North Sub- County

This section analyses the mechanisms of public participation within the health sector in Kajiado North Sub County with a view of establishing the extent to which it is enabling to ensure accountability through meaningful involvement of the rights holders – who are the tax payers, voters and end users of health services.

Public participation in Kajiado County has an established structural formation that begins from the office of the county secretary all the way to the level of citizen participation officers within sub- counties.

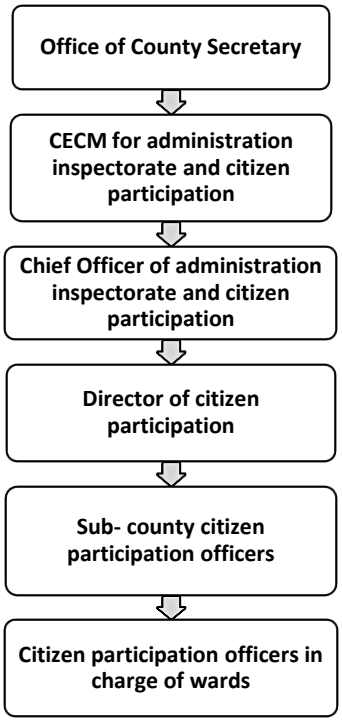


Figure 28: Structure of public participation in Kajiado North sub- county

At the executive level, the office of the county secretary is the apex office that undertakes liaison with the office of the governor on matters of public participation. This apex office is also designated as the directorate of public participation. The County Executive Committee Member (CECM) in charge of administration inspectorate and citizen participation together with their chief officer and director form the rest of the cascading structure that manages the directorate at lower levels within the county administrative structures. The county assembly also has public participation structures that are followed when engaging the public on bills and policies. Through the speaker and the clerk's office, public participation forums by the county assembly are announced through mass media and members of the public mobilized to attend.

The legal and policy framework used for the public participation activities in the county are guided by the constitution, county government Act of 2012, urban areas and cities act of 2012 and Intergovernmental relations act. At the time of the study, the directorate had established 3 pillars for public engagement towards participatory development. These pillars included modulated pastoralists, livable towns (urban planning, sewer management

and designated social facilities) and climate change (establishing financing for locally led climate action).

The structure for public participation has not been in existence for a long time. The positions of citizen participation officers were reported to have been established in 2019 when the officers were first recruited. The CPOs work hand in hand with sub county, ward and village administrators. Within the wards and villages, barazas are organized by CPOs to engage members of the public on all the 14 devolved functions.

Special consideration is accorded to persons with living disability (PWDs), the elderly and women who are regarded as special interest groups. However, due to budget limitations, even the special interest groups have not been adequately catered for since the services of sign language interpreters or production of braille materials have financial implications which are not being catered for at the time of the assessment.

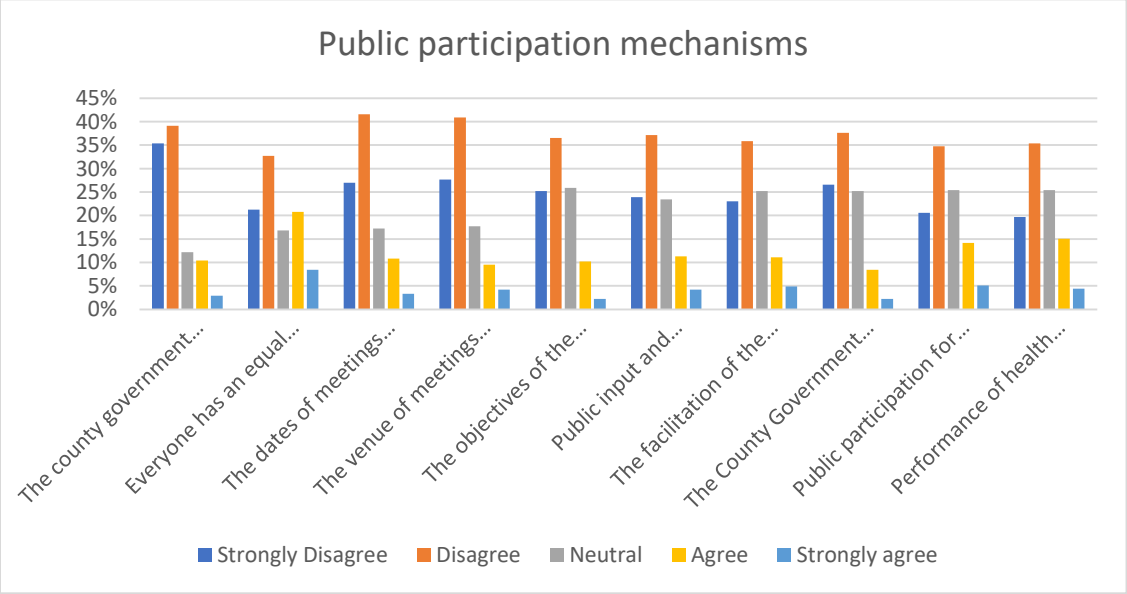


Figure 29: Public participation mechanisms for health

Respondents who were interviewed tended either to disagree or strongly disagree with the existence of mechanisms in the sector that are supportive of public participation. 13% of those interviewed stated that the government regularly involves them in public participation projects for health whereas 74% disagreed while 12% were neutral. In

addition, 56% of residents disagreed with the assertion that everyone has an equal chance to participate in the public participation forums regardless of their gender, ethnicity, race, religion, economic, social, cultural status in a non-discriminatory way as contrasted with 29% who agreed.

On the area of the dates of meetings being communicated early in advance, only 14% of residents interviewed believed this to be the case. The county assembly was the most common location for those interviewed on where the forums were held, yet despite this, 69% of residents stated that they were not aware of any venues of public participation meetings. To add to this, a total of 16% of residents felt that public input and feedback collected from members of the public is used in decision making in project development. In the final analysis, it emerged that only 19% of those interviewed felt that performance of health projects had improved as a result of the public's involvement through the mechanisms of participation forums.

Table 6: Pearson Chi- square test

The county government regularly involves us in public participation project planning for health.	Chi-square	167.168
	df	16
	Sig.	<.001*,b
Everyone has an equal chance to participate in the public participation forums regardless of their gender, ethnicity, race, religion, economic, social, cultural status in a non-discriminatory way	Chi-square	126.935
	df	16
	Sig.	<.001*
The dates of meetings are communicated early in advance	Chi-square	131.185
	df	16
	Sig.	<.001*,b
The venue of meetings are communicated early in advance	Chi-square	143.675
	df	16
	Sig.	<.001*,b
The objectives of the public participation forums are clearly explained before the meetings start	Chi-square	180.436
	df	16
	Sig.	<.001*,b
Public input and feedback collected from members of the public is used in decision making in project development	Chi-square	158.373
	df	16
	Sig.	<.001*
The facilitation of the public participation forums is done in a participatory way	Chi-square	138.050
	df	16
	Sig.	<.001*
The County Government engages full range of stakeholders from the community & focus on building relationships between and among stakeholders	Chi-square	175.848
	df	16
	Sig.	<.001*,b
Public participation for health has improved the community's understanding of health matters and health projects	Chi-square	209.064
	df	16
	Sig.	<.001*
Performance of health projects has improved as a result of the public's involvement through the participation forums	Chi-square	193.845
	df	16
	Sig.	<.001*

The results of the chi-square tests indicate a statistically significant relationship between each of the factors and public participation in health projects ($p < .001$). This suggests that the observed differences in the distribution of responses across the categories of each factor are unlikely to have occurred by chance alone.

For instance, regular involvement of the community in project planning showed a significant association with public participation. Similarly, the assurance of equal opportunities for participation, early communication of meeting dates and venues, clear explanation of meeting objectives, and utilization of public input in decision making were all significantly related to public participation. Additionally, the participatory facilitation of forums, engagement of a full range of stakeholders, improvement in community understanding of health matters, and enhancement of health project performance through public involvement were also found to have a significant impact on public participation.

These findings indicate that factors such as inclusive planning processes, early and clear communication, meaningful stakeholder engagement, and the utilization of public input contribute to the promotion of public participation in health projects. Moreover, the results suggest that public participation not only improves community understanding of health matters but also leads to better-performing health projects.

4.5 Knowledge dissemination on public participation for the health sector

Information on public participation is often transmitted through various media to mobilize residents to attend public participation meetings. It was established from respondents within county and sub- county health leadership that mobilization is conducted through WhatsApp, community groups, estate committees, radio and newspapers. Information is also communicated in various public forums through the offices of sub- county, ward and village administrators.

After every public participation meeting, it was established from key informants that there are reports and minutes which are prepared by the CPOs and submitted along the reporting structures to the level of the governor. In addition to the public participation forums, there is a citizens complaints register at the ward level where members of the public can formally register any complaints about services received or the conduct of public officers in the county. However, at the time of the study, the register had not yet been started. It was envisioned that the register would be opened once a grievance redress mechanism was established through a partnership with the ombudsman.

There however remains a challenge of lack of civic education for the public to take part in health system governance. This was reportedly arising from challenges in funding activities such as hiring venues, buying refreshments for participants, publicity and procurement of Information, Education and Communication (IEC) materials.

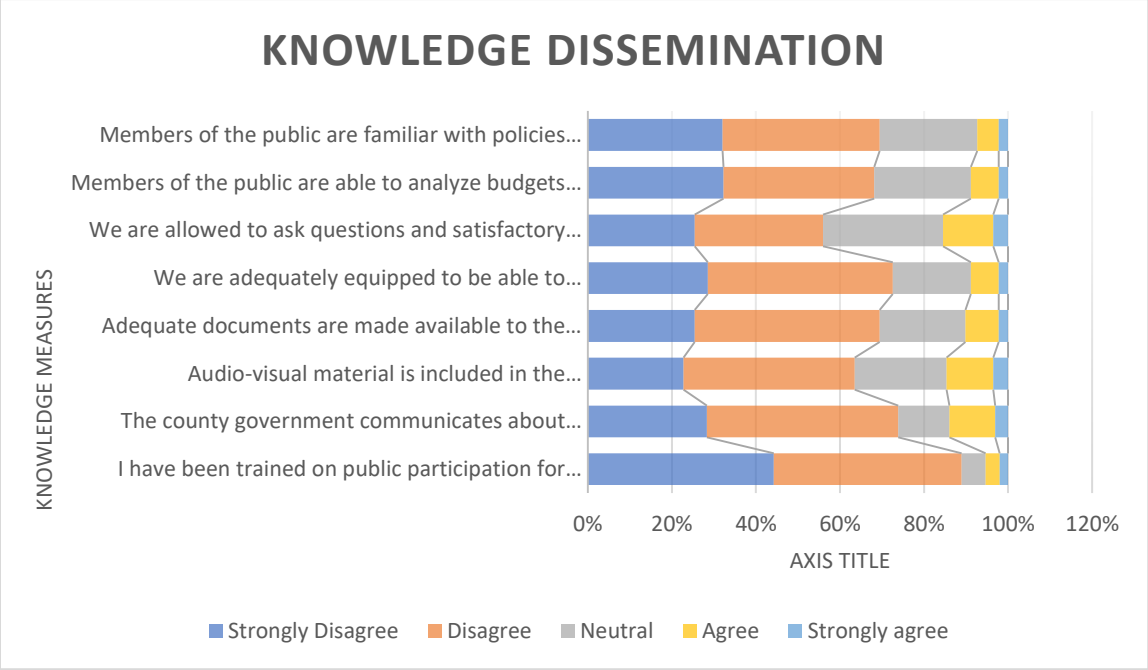


Figure 30: Knowledge dissemination for public participation

Given the foregoing, the study also sought to measure the knowledge transfer initiatives among stakeholders to enable public participation to be effectively attained. It emerged from the data that 89% of respondents had never received any civic education on public participation. In addition, only 14% stated that the county government communicates about upcoming public participation meetings using the channels that can easily be accessed by members of the public. At the same time, only 10 percent of respondents agreed with the assertion that adequate documents are made available to the community for easy reference to enable them to participate in development projects. These documents including policy documents, budgets, legislations, reports and other information and communication materials were therefore deemed to be inaccessible to majority of the sampled population. It also emerged that 9% of the entire study population felt adequately equipped to be able

to influence the decision making within the health sector while 73% outrightly rejected this assertion.

Only 9% of residents felt confident that they could analyze budgets for health projects if they were to access them pointing to capacity issues that need to be addressed possibly through civic education. In addition, just 7% of the respondents admitted to being familiar with any policies within the health sector while an overwhelming 69% stated that they could not name a single policy for health in the county.

Table 7: Pearson Chi- Square Test

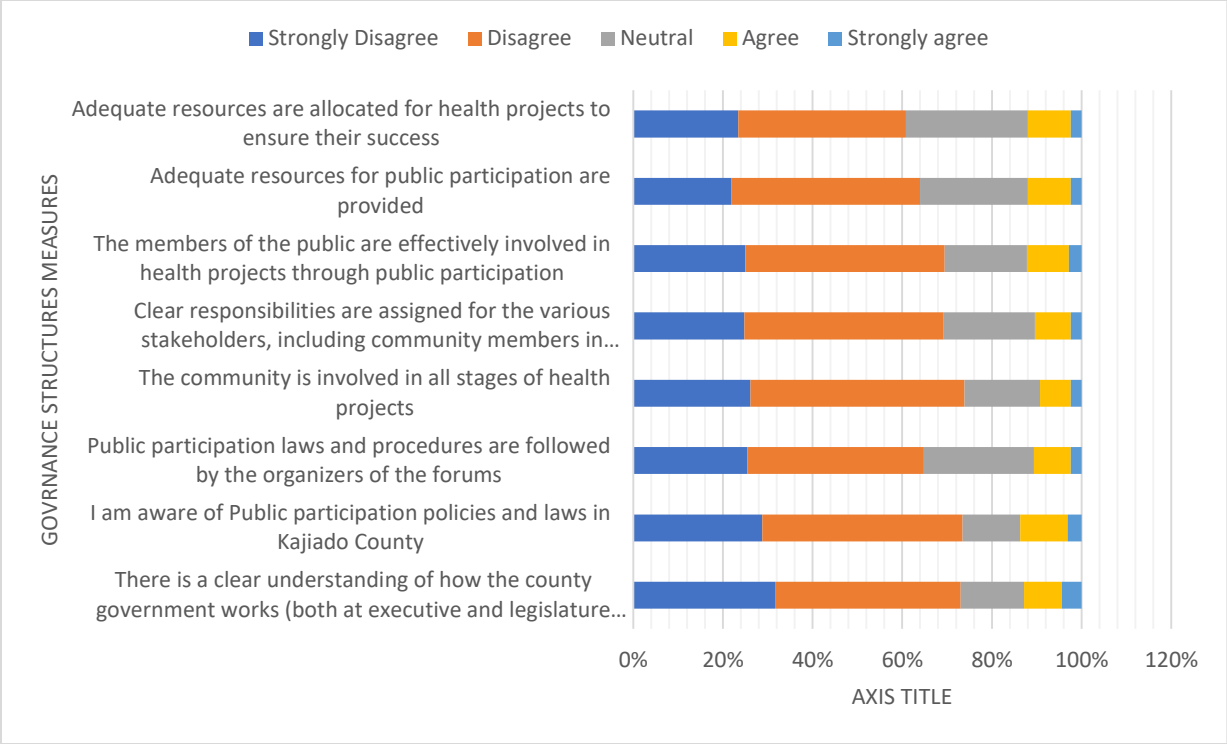
I have been trained on public participation for health projects	Chi-square	58.211
	df	16
	Sig.	<.001[*,b,c]
The county government communicates about upcoming public participation meetings using the channels that we can easily access	Chi-square	89.432
	df	16
	Sig.	<.001[*,b]
Audio-visual material is included in the presentations	Chi-square	123.172
	df	16
	Sig.	<.001[*,b]
Adequate documents are made available to the community for easy reference	Chi-square	125.039
	df	16
	Sig.	<.001[*,b]
We are adequately equipped to be able to influence the decision making within the health sector	Chi-square	129.170
	df	16
	Sig.	<.001[*,b]
We are allowed to ask questions and satisfactory answers are provided	Chi-square	192.471
	df	16
	Sig.	<.001[*,b]
Members of the public are able to analyze budgets for health projects	Chi-square	130.727
	df	16
	Sig.	<.001[*,b]
Members of the public are familiar with policies for health sector	Chi-square	130.923
	df	16
	Sig.	<.001[*,b]

The results of the chi-square tests above indicate a statistically significant relationship between each of the factors and public participation in health projects ($p < .001$). This means that the observed differences in the distribution of responses across the categories of each factor are unlikely to have occurred by chance alone.

For instance, the county government's communication about upcoming public participation meetings using accessible channels showed a significant association with public participation. Similarly, the inclusion of audio-visual material in presentations, the availability of adequate documents for community reference, and the ability to influence decision making within the health sector were all significantly related to public participation. Furthermore, the provision of satisfactory answers to questions, the ability to analyze health project budgets, and the familiarity with health sector policies were also found to have a significant impact on public participation.

4.6 Governance structures as enabler of public participation

This study appreciated the fact that the governance structures in a county could influence the extent of involvement of members of the public in decision- making. For this reason, we sought to establish whether members of the public understood devolution, their role in it and how the county government structures were either enabling or inhibitive to participatory governance.



From the data obtained from respondents, it emerged that most of the respondents did not understanding how the county government works (both at executive and legislature levels). Only 12% of the residents stated that they knew how the county government operated while 73% did not understand the county government structure. 74% of residents also noted that they were not aware of public participation policies or legislations passed by the county assembly or what they contained. In addition, 74% of residents still felt that they were not involved in all stages of health projects implementation in the county. This is closely tied with 69% of residents who said they were not aware of the delineation of responsibilities among the stakeholders of the health sector, including community members in planning and implementing projects. More than 60% of the respondents also felt that there were no adequate resources allocated for health projects nor for public participation process for health to ensure project success.

Table 8: Pearson Chi-Square Test

MEASURES	df	16
	Sig.	<.001*,b
I am aware of Public participation policies and laws in Kajiado County	Chi-square	105.734
	df	16
	Sig.	<.001*,b
Public participation laws and procedures are followed by the organizers of the forums	Chi-square	135.608
	df	16
	Sig.	<.001*,b
The community is involved in all stages of health projects	Chi-square	136.741
	df	16
	Sig.	<.001*,b
Clear responsibilities are assigned for the various stakeholders, including community members in planning health projects.	Chi-square	132.761
	df	16
	Sig.	<.001*,b
The members of the public are effectively involved in health projects through public participation	Chi-square	167.650
	df	16
	Sig.	<.001*,b
Adequate resources for public participation are provided	Chi-square	173.464
	df	16
	Sig.	<.001*,b
Adequate resources are allocated for health projects to ensure their success	Chi-square	172.560
	df	16
	Sig.	<.001*,b

2) DISCUSSION

The study findings provide invaluable insights into the state of public participation for health projects and how the nature of its implementation shaped Kajiado County health department's development record. It also provides some useful pointers on the strides made by the county towards a people- centered healthcare service delivery system over the last decade since devolution began in Kenya. This stems from the constitutional requirement of public participation as a critical principle of governance which was introduced after the new constitution came into being in 2010 and the onset of devolved governments after the 2013 general elections. Unlike the pre- 2010 independence constitution, the current constitutional dispensation requires development projects to be executed with the full involvement of an empowered public. In many ways, this study was an evaluation of this new approach to governance and its application in the health sector, the most devolved social function under the fourth schedule of the CoK 2010.

Curiously, the findings contained herein come at a time when reports are emerging that Kajiado County is among counties in Kenya that lacked transparency in the preparation of budgets therefore resulting in a major challenge of accountability in managing development funds (Mkawale, 2023).

This discussion section is organized based on key themes emerging, including population characteristics, the health status of residents after the inception of devolution, public participation for health, mechanism of public participation for health, knowledge dissemination on public participation for health and governance structures as enablers of public participation.

Population Characteristics

The study sample consisted of 452 respondents, with the larger proportion of the sampled population drawn from Nkaimurunya and Ngong wards. The majority of respondents were female, with the exception of Ongata Rongai ward. This gender distribution is convenient because previous research indicates that women tend to seek healthcare services more often than men. This was particularly relevant to analyze in relation to Mohamud and Minja

(2020) who observed in their study that women, people living with disability and youth were often sidelined in county health development projects.

Regarding disability status, only a small percentage of respondents reported having a disability, with Olkeri having the highest proportion. The age distribution of the population revealed that the majority fell between the ages of 30-45 years, indicating a relatively young population.

In terms of education, the majority of respondents had completed secondary education, followed by tertiary and primary education. The high literacy levels reported in English, Kiswahili, and the mother tongue were also encouraging, as it suggested that most residents were able to access health information in multiple languages.

Health status of residents - post devolution

Despite the county government's health department making commitments to ensure accessible, affordable, quality, equitable and citizen- centred services for all in its plans, the perspective of the residents on how they experienced the health service delivery told a different story. For instance, many residents (24.3%) cited lack of public participation as one of the greatest threats to the development of health projects in their sub- county. This finding was backed up by the literature where Nalianya (2021) pointed out that lack of public participation hampered sound development policies in the health sector. Other frequently sighted challenges faced included, misuse of public resources (16.9%) and a sense of lack of prioritization of the needs of residents (15.1%). Again, this finding validates what was found in the work of Brinkerhoff & Bossert (2008) corruption, poor accountability mechanisms and lack of responsiveness to the needs of citizens and not involving them in projects as causes of poor management of the health sector.

On a positive note though, the findings indicated that the majority of respondents preferred seeking healthcare services or information from health facilities (74%). This aligns with the literature, which emphasizes the importance of health facilities as primary sources of healthcare services (Manyazewal, Using the World Health Organization health system building blocks through survey of healthcare professionals to determine the performance

of public healthcare facilities, 2017). Additionally, the high percentage of respondents who had visited a health facility in the last 12 months suggests a relatively high utilization of healthcare services. The reasons for seeking healthcare services varied, with treatment being the most common reason. It is worth noting that the sub-county hospital (58%) was the most frequently visited type of facility. Though the main reason given by majority of the population was proximity, this could also be an indication of an inefficient referral system at primary healthcare service level. Affordability was also mentioned as a reason for choosing a particular facility. These findings highlight the importance of accessibility and affordability in determining healthcare utilization patterns. It would also be of interest to health planers in Kajiado County to realize that the challenge identified in Kajiado County CIDP (2018-2022), of limited access and utilization of essential healthcare services due to poorly coordinated integrated outreach services, had not been properly addressed.

The study also identified several challenges faced by residents in accessing healthcare services. The most common challenge reported was long waiting time, which can negatively impact the quality and timely delivery of healthcare services. From literature, it brings to mind one of the utilities of public participation where health service providers can identify some of the challenges like waiting time which hampered service delivery and put in place measures to address them (Warren, et al., 2020). Another significant challenge was the unavailability of services at the facility, indicating potential gaps in service delivery. These challenges are consistent with previous studies that have identified infrastructure and resource limitations as barriers to accessing healthcare in resource-constrained settings. It is crucial for policymakers and healthcare providers to address these challenges to ensure timely and efficient healthcare service delivery.

Public participation practices and processes for health

The study explored the extent of public participation in decision-making and execution of health projects in Kajiado North Sub-County. The findings revealed that the majority of respondents had never been involved in any public participation forums, both in general and specifically related to health projects. Up to 86% of residents, from the sampled

population, indicated that they had never been previously involved in public participation forums for health projects implemented since devolution began.

The younger generation also seems to have been left behind since they hardly appear in such forums as demonstrated by the fact that only about 6% of them stated that they had participated in public participation forums. Those with tertiary level training also tended to participate more (20%) as opposed to those with none or just pre-primary education attained. This points to a situation where literacy level and youth could potentially be avenues of neglect that could lead to discrimination when it comes to involvement in health sector development projects. These population segments were already flagged out as being the ones who feature prominently for non- involvement in health projects yet they are also the majority users of health services.

The study also sought to establish if there were any systemic or structural issues in the management of the health department and implementation of projects that affected the ability of residents to participate in forums for planning and implementing projects. It emerged that many of the residents did not participate simply because an opportunity had not been presented to them to participate (51.7%). Others indicated that they had not participated since they did not have sufficient information to meaningfully engage (28.5%). Similarity can also be drawn from Mionki's study in Elgeyo Marakwet where the findings indicated that poorly structured public participation hampered the involvement of members of the public in decision making in development projects.

Those who had obtained an opportunity to attend public participation in Kajiado North were not always given an opportunity to give contributions. Out of the 7% of respondents who attended the forums at least once, only a fraction (21 persons) got the opportunity to express their views. In a situation that could easily point to apathy among the population, some residents stated that they would not be willing to participate in any public participation forums for health. In Ongata Rongai ward for instance, 23% of the residents stated that they would not be willing to participate in any public participation forums while a further 18% stated that they did not know.

Lack of opportunity and insufficient information were the main reasons cited for not participating. These findings raise concerns about the level of citizen engagement and the effectiveness of public participation mechanisms in the sub-county. The limited involvement of residents in decision-making processes could hinder the accountability and responsiveness of health service delivery.

From the perspective of health system managers in the sub- county, it was observed that public participation invitations did not attract the deserved attention from the citizenry. Additionally, economic factors reportedly prevented many members of the public from participating in forums since they could hardly afford to skip a day's work to attend a public participation meeting. Other unique characteristics of the sub- county such as residents who worked in other counties like Nairobi and who did not have a vested interest in the health sector of Kajiado preferred not to be involved. This was an interesting aspect since 59% of respondents in the household survey stated that they were willing to participate in future forums were they to be invited.

In addition, data obtained from the study shows that despite 10 years of devolution, many residents were still not familiar with the county development plans such as the 10-year county spatial plans, 5- year CIDPs, yearly ADPs and annual budgets. An astounding 87.8% of residents reported not knowing anything about these fundamental development blueprints yet as citizens they were supposed to hold the successive regimes accountable. This situation magnifies the negative impacts of lack of civic education and points to a prolonged period of government policies that do not promote participatory governance. 12% of the study population, who were familiar with their CIDPs, expressed concern that the health projects in their community were not aligned with the CIDP. At the same time, only 13% of those interviewed were of the opinion that the health projects being implemented in their community contribute to improved healthcare.

Mechanism of public participation for health

74% of residents who took part in the household survey revealed that the government does not regularly involve members of the public in development projects in the health sector. 56% of the respondents also felt that that not all members of the public are involved in

public participation forums. Only 16% of residents felt that public input and feedback collected from public participation forums are used in decision making in project development within the health sector. Perhaps due to this low level of confidence in the public participation mechanisms, a paltry 19% of those interviewed believed that health projects already implemented had improved the health status of their communities.

Efforts were however being made by the county to incorporate public participation in development decision making across sectors. A directorate of citizen participation had been established since 2019 under the leadership of the county secretary. However, limited budgetary allocation and incomplete structures where some administrative units at ward level had not yet been staffed, were reported to be the main bottlenecks in the directorate to effectively execute its mandate.

For more meaningful public participation to take place, future projects will need to be intentional and proactive in getting members of the public to be interested and to be recognized as important health development stakeholders. According to Rono (2020), that would necessarily have to venture beyond tokenism to actual involvement of the public in governance through collaboration and empowerment.

Knowledge dissemination on public participation for health

It was established through the findings that the communication activities around public participation forums are not optimized for adequate mobilization of members of the public. It was reported that mobilization is conducted through WhatsApp, community groups, estate committees, radio and newspapers. In addition, information is also communicated in various public forums through the offices of sub- county, ward and village administrators.

However, according to residents interviewed, only 14% attested to the fact that the county government communicates about upcoming public participation meetings using appropriate channels that can easily be accessed by members of the public. This therefore will require a review of the strategies and mechanisms for reaching out to the public. As an indication of an inefficient communication plan for public participation, only 10 percent

of respondents were of the opinion that adequate documents are made available to the community for easy reference to enable them to participate in development projects.

Within the reviewed literature, the findings in this section were similar with other jurisdictions in Africa such as Ghana where lack of capacity to produce and disseminate useful health and development knowledge hampered ability of government to effectively gather and act on the views and opinions of members of the public for decision making (Abekah-Nkrumah, Issiaka, Virgil, & Ermel , 2018).

Efforts should therefore be made to enhance public participation, including improving information dissemination, ensuring inclusivity, and providing sufficient opportunities for residents to contribute their perspectives.

Governance structures as enablers of public participation

Effective governance structures under the devolved system of government incorporate citizens as active participants in the development outcomes that are realized. It would therefore seem that in Kajiado North sub- county, this approach has not yet obtained. 73% of residents could not explain the county government structure and how it functioned. In addition, 74% of residents reported not ever being involved in any stages of health projects implementation in the county. At the same time, 69% of respondents in the household survey said they were not aware of any assigned responsibilities to them or among any of the other health sector stakeholders.

Despite being in a different jurisdiction, public participation as practiced in Malawi provided insights as to appreciate stakeholder engagement and accountability structures as a platform through which governance could be improved (Masefield, Msosa, & Grugel , 2020). Wacera (2016) in her writing draws this correlation in the promotion of constructive and appreciative dialogue among stakeholder who include citizens, government and elected officials.

Ultimately, the findings of this study shed light on various aspects of healthcare access and utilization in Kajiado North Sub-County. The results indicate the importance of addressing challenges related to service delivery within a robust health system, the status of care being experienced by members of the public and how public participation can enhance both service delivery and health system development. Efforts to improve healthcare access should therefore not only prioritize infrastructure development and merely allocating financial resource, but mechanisms to enhance citizen engagement. Furthermore, it is essential to strengthen communication channels and information dissemination to increase awareness of county development plans and ensure alignment with the needs and priorities of the residents. These findings provide a basis for further research and policy interventions to improve healthcare services in Kajiado county as a whole and in other counties across the country.

It is telling that 89% of respondents had never received any civic education on public participation. This means that the civil society and the constitutional commissions such as the Independent Electoral and Boundaries Commission (IEBC), and the Kenya National Commission on Human Rights (KNCHR) need to amplify efforts to ensure citizen participation in civic matters.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

5.1.1 Public participation in the development of health projects in Kajiado North sub- county

The study sought to establish whether public participation had any influence in the development of health projects in Kajiado North Sub- County. Public participation is a constitutional requirement that requires counties to ensure that members of the public are involved in governance to the extent that they are consulted on issues before decisions are made. However, the following were established from the study:

i. Most of the respondents stated that they had never been involved in any public participation forum for health. The main reasons given included the fact that they had never been called upon, they didn't have sufficient information to engage (i.e. meeting notice, agenda, engagement framework etc), the day picked was inconvenient for them, the time picked was inconvenient for them and the notice period for meetings was often short.
ii. Where public participation forums were held, the most common venue selected was the county assembly as reported by the respondents. This would signify the fact that the legislative arm of the county government was more involved in public participation than the executive arm of the county government.
iii. Only 13% of the respondents felt that the development projects implemented by the county government had contributed to improved healthcare. This signified a disconnect between the county government's development agenda in the healthcare sector and the expectations of residents of the county.
iv. Among the reasons given for the dissatisfaction with the services offered by the health sector in the county, the most prominent one was the long queues at health facilities. Most residents visited the sub- county hospital which could point to the fact that the referral pathway for healthcare service delivery was broken hence

leading to crowding at the level 4 health facilities. Other reasons cited included that most services were unavailable at the health facilities they visited, the cost of health services was prohibitive, perceived poor quality of health services received and the fact that there was no public health facility within walking distance (5km) of their residence.

5.1.2 Mechanisms for Public participation for health in Kajiado North sub- county

The second objective of the study was to establish in what ways public participation mechanisms had influenced how health projects in Kajiado North sub- county were expected to be implemented.

It was established that despite there being structures and plans by the county government to involve members of the public in health projects, the reality was that this was not being implemented. The results indicated the following:

i. The county government did not regularly involve residents in public participation projects for health;
ii. Residents said everyone did not have an equal chance to participate in the public participation forums regardless of their gender, ethnicity, race, religion, economic, social, cultural status in a non-discriminatory way as contrasted with;
iii. The dates of public participation forums in health are not communicated early in advance, if at all the forums are held;
iv. Most residents were not aware of any venues where public participation forums are often held, nor any ways of ensuring their views reach the county government; and
v. Since mechanisms of public participation forums are not well established in the county, public input and feedback on health projects is not factored in when designing and implementing health projects.

5.1.3 Knowledge dissemination on public participation for health in Kajiado North sub- county

The third objective of the study sought to establish the relationship between transmission of information on public participation and participatory development of health projects in Kajado North sub- county.

Communication modalities to support public participation in the sub- county were not optimized to support adequate mobilization of members of the public. Mobilization for public participation forums across the various sectors takes place through such channels as social media e.g. WhatsApp; community forums, estate committees; as well as mainstream media such as radio and newspaper. The offices of sub- county, ward and village administrators are also used to mobilize members of the public to participate.

However, the findings pointed to the following conclusions:

i. The communication channels used by the county government were not deemed to be adequate largely from the fact that there was little involvement of members of the public in sectoral public participation forums since the approach was to have cross cutting forums which few members of the public were aware of anyway;
ii. Members of the public were not familiar with any policies that were being pursued by the county government in the health sector;
iii. Majority of the members of the public, despite having some level of education that could enable them to interact with knowledge products by the county government, could not be able to analyze health budgets;
iv. Any questions that residents had did not receive answers since the forums for this engagement were not provided;
v. Residents felt that they were not adequately equipped to influence decision making within the sector; and
vi. No training on public participation for health projects had ever been availed for members of the public.

5.1.4 Governance structures as enablers for public participation for health in Kajiado North sub- county

The fourth research question explored in the study sought to find out whether the county government structure encouraged shared decision- making in the development of health projects in Kajiado North sub county.

From the study findings, the structure of leadership and the decision- making processes did not endeavor to deliberately provide for public participation as an integrated approach for development. As many as 73% of the residents in the sub- county could not even explain the structure of the county government and how it functioned (including sectoral functionality). Some of the reasons behind the systemic lack of an integrated approach of inclusion in decision- making included:

i. Insufficient resources for health projects to ensure their success;
ii. Insufficient resources allocated for public participation;
iii. Inadequate measures put in place to involve members of the public in coming up with health projects in the sub- county, monitoring or even evaluating their performance; and
iv. There are no clear responsibilities assigned to various stakeholders in the county, including community members in management of the health sector.

5.2 Conclusion

In conclusion, the findings of this study have validated what was established through literature on the need for public participation for health in order to enable residents to effectively participate in sector governance and development. Public involvement in health governance is a constitutional principle and at the same time a citizen right and a key aspect of democratic and accountable exercise of power. Despite the devolution of health services to counties in Kenya, the study reveals a lack of meaningful public participation in the development of the health sector. Only a small percentage of residents have participated in public forums, indicating a significant gap between the public's desire for involvement and the opportunities provided to them. Lack of information and limited awareness of county

development plans contribute to this situation. Additionally, the study underscores the need for civic education to empower citizens and promote participatory governance. Efforts from civil society and constitutional commissions are necessary to foster citizen participation in civic matters and ensure accountability in healthcare projects.

At the end of the CIDP period 2018 – 2022, it was clear from this evaluative study that the health projects that were implemented in Kajiado County did not have a strong public participation component. Right from the preparation of the CIDP to the sectoral plans, budgets and finally implementation of projects, many members of the public were not involved as is the legal requirement today in Kenya. However, despite the lack of inclusion in many of the planning forms, there were efforts being made in the county to establish, staff and fully operationalize the directorate of citizen participation. Some of the challenges that impeded the attainment of the legal requirement of public participation in implementation of health projects was lack of civic education among residents to enable them understand their role in devolved governance. It was also clear that insufficient funding to fully set up and operationalize the directorate of citizen participation in each ward and village and lack of commitment towards building accountability structures right from village level to the highest levels of engagement at both the executive and legislative levels hampered effective participatory governance.

5.3 Areas for Further Research

From the study the following were identified as potential areas for further research:

1. Assessment of the implementation of governor's manifestos in relation to the prioritization of Kajiado county resources to flagship projects in the health sector and their impacts on socio- economic well-being;
2. Drivers of county decision- making in determining the development agenda and financing of the heath sector in Kenya;
3. Development approaches for resilience in health towards universal health coverage in the devolved system in Kenya;
4. Health system assessment of service delivery pathways and the contribution of devolution to sustainable development.

5.4 Recommendations

Below are some of the recommendations arising from the study:

i. Legal and policy measures to enhance public participation on the development of health projects in Kajiado North Sub- County;
    - The county government of Kajiado should expedite the process of establishing the legal and policy framework to clearly stipulate the guidelines and procedures for citizen participation at all levels within the devolved system. Sectoral public participation should be adequately addressed, with clear budgets for facilitating meaningful public participation for health projects.
    - Innovative ways of carrying out public participation in a youth friendly manner and with due consideration to special interest groups such as PLWDs, marginalized communities and women should be instituted within a robust public participation strategy. Reports on public participation should be generated after every forum and the record should necessarily explain the inclusion mechanisms adopted. Continuous monitoring and evaluation of inclusion criteria used and their effectiveness should enable the development of procedural and normative frameworks for guarding against exclusion.
    - Policy-wise, recommendations of the County Public Participation Guidelines[1] should be followed, and approaches such as e- participation and communication channels for public participation including websites, call centres, text messaging, social media and e-petitions implemented to enhance effectiveness of public participaton.

ii. Public participation mechanisms used in Kajiado North Sub- County towards development of health projects;
    - Sectoral reports on citizen engagement should be developed as a means of verifying if, when and how public participation influenced the selection, design, implementation and monitoring and evaluation of health projects. These should

[1] County Public Participation Guidelines (January 2016) developed by the Ministry of Devolution and Planning & Council of Governors.

be made available to members of the public with explanation on how the feedback was incorporated into decision-making.

- A clear and robust mechanism should be established for receiving written and recorded audiovisual memoranda from members of the public. Measures should also be put in place for analyzing and incorporating the views of members of the public who may not physically represent their views in person. The means of submission should include physical submission including through the use of courier services to specific addresses where they are formally received, soft copy submissions through the county government's websites, designated email addresses and other digital platforms as may be guided by established guidelines.
- Civil society, NGOs and other non- state actors should explore the possibility of supporting county government to set up and undertake public participation for accountability for effective implementation of health projects in the county.
- The civil society and the constitutional commissions such as the Independent Electoral and Boundaries Commission (IEBC), and the Kenya National Commission on Human Rights (KNCHR) and office of the ombudsman need to amplify efforts to ensure citizen participation in civic matters.

iii. Knowledge dissemination about public participation for health projects among stakeholders of Kajiado North-Sub- County

- Agenda for forums should be shared in advance together with early notices inviting members of the public to participate in public participation meetings. Necessary documents, including citizen- friendly versions of bills, policies and proposals should also be submitted. Rules of engagement should be established and shared with members of the public who attend public participation meetings to ensure maximum involvement of all in airing views and providing feedback on development projects under discussion. Such rules should provide remedial measures for effectively dealing with groups sent by political rivals to disrupt public participation forums and individuals who use the forums to push for agendas that are not aligned with the topic of discussion.

- Standards should be set to determine the quorum and scope of public participation meetings.
- A knowledge dissemination strategy for public participation forums should be developed. This should be designed with consideration of the most viable communication channels and with due consideration for ample time provision for preparedness of participants.
- Agenda for forums should be shared in advance together with early notices inviting members of the public to participate in public participation meetings. Necessary documents, including citizen- friendly versions of bills, policies and proposals should also be submitted. Rules of engagement should be established and shared with members of the public who attend public participation meetings to ensure maximum involvement of all in airing views and providing feedback on development projects under discussion. Such rules should provide remedial measures for effectively dealing with groups sent by political rivals to disrupt public participation forums and individuals who use the forums to push for agendas that are not aligned with the topic of discussion.
- Behavior change communication should be undertaken to address the issue of disillusionment among members of the public on exercising their civic duties. The initiative should also target to educate members of the public on the responsibilities that they possess alongside their right to exercise oversight on the county government Tokenism should be highly discouraged as it corrupts the purpose of undertaking public participation in the first place.

iv. Governance structures as enablers of public participation for health in Kajiado North Sub- County

- Both the county executive and legislature need to set aside budgets for public participation for health.
- The structure of public participation in the county should be fully established with staffing up to village level; with clearly delineated responsibilities and accountabilities. Clear linkages with health sector stakeholders such as project management committees and managers should also be established.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear Respondent,

My name is ……. And I am a student at Catholic University of Eastern Africa (CUEA). I am undertaking a study on ***public participation and development of health projects in Kajiado North Sub- County, Kajiado County. Kindly take some time to fill this questionnaire.*** This questionnaire contains questions that will enable the researcher to obtain data required for this study. The findings could potentially be used by county policy makers, academics and other stakeholders to influence the advancement of public participation systems for project planning in order to improve the performance of the healthcare sector in the county.

Please respond by ticking in the brackets provided and fill in the blank spaces where necessary

SECTION A: Bio Data of the Respondent

1. Are you a resident of Kajiado County? SPECIFY LOCATION

   Ongata Rongai [ ] Nkaimurunya [ ] Ngong [ ] Olkeri [ ] Oloolua [ ]

2. GENDER Male [ ] Female [ ]

3. AGE ……

4. Level of education Pre-primary [ ] Primary [ ] Secondary [ ] Village polytechnic/ vocational training [ ] Technical training (college/university) [ ] None [ ]

5. Can you read and write in English? Yes [ ] No [ ] Kiswahili Yes [ ] No [ ] Mother Tongue Yes [ ] No [ ] Braille Yes [ ] No [ ]

6. Do you have any disability? Yes [ ] No [ ] . If yes, specify ……

7. Employment status? Unemployed [ ] Pastoralist [ ] Housewife [ ] Farmer [ ] unemployed [ ] Employed (formal) [ ] Employed (informal) [ ] Business Owner [ ]

ACCESS TO HEALTH SERVICES AS A RESULT OF IMPLEMENTATION OF CIDP PROJECTS

1. **If you had a health problem or question, where would you first seek help?**
   - ☐ Health Facility
   - ☐ Health worker
   - ☐ Community health worker
   - ☐ Youth center/group
   - ☐ Women group
   - ☐ Peer counselor
   - ☐ Family member
   - ☐ Friends
   - ☐ County staff
   - ☐ Church/Pastor
   - ☐ Mosque/Imam
   - ☐ Traditional practitioner/healer
   - ☐ Other *(specify)*: _____
   - ☐ Don't know
2. **Have you ever visited a health facility or to get health services in the last 12 months**
   - ☐ Yes
   - ☐ No
   - ☐ Wanted to, but services/facility not available
3. **How many times have you or a family member sought services or information from a doctor, nurse or other health professional at a health facility in the last 12 months? _____**
4. **What was the reason for your most recent visit to a health facility?**
   - ☐ Information/ enquiry
   - ☐ Patient visit
   - ☐ Treatment for common illnesses like colds, the flu, or urinary tract infections (UTIs)
   - ☐ Treatment for injury
   - ☐ Ear, nose, and throat (ENT)
   - ☐ Dermatology
   - ☐ Pediatric care
   - ☐ General checkup
   - ☐ SRHR Services
   - ☐ Eye care services
   - ☐ Counseling/psychosocial support
   - ☐ Laboratory or diagnostic care
   - ☐ Substance abuse treatment
   - ☐ Nutritional care
   - ☐ Mental health treatment/ checkup
   - ☐ Other: _____

5. **Which type of facility did you visit?**

- ☐ National Referral Hospital
- ☐ County Hospital
- ☐ Sub- county hospital
- ☐ Dispensary
- ☐ Clinic
- ☐ Community Health Care Worker
- ☐ Private Clinic/facility
- ☐ NGO Facility
- ☐ FBO Facility
- ☐ Chemist
- ☐ Others (Specify)_____
- ☐ Don't Know

6. **What is the name and location of the facility?**
……
……

7. **Why did you or your family member choose to seek services from that facility?**
- ☐ Referred from another facility
- ☐ Facility offers good services
- ☐ It is the nearest facility
- ☐ It is affordable
- ☐ Free services offered
- ☐ Friendly Health Workers
- ☐ Listed by my insurance service provider
- ☐ Recommended by a friend/ family/ neighbor
- ☐ No other option
- ☐ Other reason
  (Specify)_____

8. **What are the major challenges you experience in accessing healthcare services from a county health facility in your location?**
- ☐ No public health facility nearby (within 5km radius)
- ☐ Cost of health services
- ☐ Lack of qualified or friendly health workers
- ☐ Most services unavailable at the facility
- ☐ Poor quality services at the facility
- ☐ Long waiting time
- ☐ Lack of youth/ adolescent friendly services
- ☐ Poor leadership and governance in the sector
- ☐ Other (Specify
  ……
  ……..

9. **What are the main development projects for health implemented in your area of Kajiado North Sub-County between 2018 and 2022?**
   - ☐ Construction of a new health facility
   - ☐ Renovation of an existing health facility
   - ☐ Equipping of a health facility
   - ☐ Increased staffing of a health facility
   - ☐ Specialized services introduced e.g. mental health, counselling, dental, eye health, dermatology etc.
   - ☐ I don't know
   - ☐ Other (Specify
     ……
     ……..
10. **Are you familiar with Kajiado County CIDP or county annual plans?**
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
11. **If yes to (10) above, were the development projects implemented in health sector aligned with the CIDP or annual plans of Kajiado County in the last review years (2018 - 2022?**
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
12. **To what extent have the planned health projects in Kajiado County contributed to improved healthcare in Kajiado North sub- county?**
    - ☐ Health services are closer to the people
    - ☐ The quality of health services has increased
    - ☐ Healthcare costs have come down
    - ☐ Health workers are adequate
    - ☐ Medicines, vaccines, equipment and other medical commodities are available
    - ☐ There has been no change/ improvement in healthcare
    - ☐ Healthcare services have deteriorated
    - ☐ I don't know
    - ☐ Other (Specify
      ……
      ……..)
13. **What factors do you think contribute to the failure or threatened the success of development projects in Kajiado County during the review period (2018 – 2022)? (Select all that apply)**
    - ☐ Misuse of public resources
    - ☐ Priorities/ Needs of residents are not considered
    - ☐ Lack of public participation
    - ☐ Slow implementation of projects
    - ☐ Poor budget allocation to health
    - ☐ Delays in disbursement of funds
    - ☐ Lack of proper planning

- ☐ Duplication of tasks by project implementers
- ☐ Poor coordination of health projects
- ☐ Weak monitoring systems
- ☐ Other (Specify
  ……
  …….)

SECTION B: Public participation forums

1. Have you ever participated in any public participation forums in Kajiado North sub-county? Yes [ ] No [ ]
2. If Yes (to above question), how many forums have you participated in? [.....]
3. Have you attended any public participation forums on health in Kajiado North sub-county between 2018 -2022? (Yes [ ] No [ ] Other (Specify) …….
4. If No to (3) above, what was the main reason?
    - I am new in the area
    - I have never been called upon
    - I don't have sufficient information to engage (i.e. meeting notice, agenda, engagement framework etc)
    - The day picked is inconvenient for me
    - The time picked is inconvenient for me
    - Short notice of forums given
    - It is expensive for me
    - I prefer not to be involved
    - I do not think it matters
    - I am not a permanent resident of Kajiado North Sub- County
    - I sent a representative (i.e. family member, CBO or other association representative etc)
    - Other (Specify ……..)
5. If yes to (3) above, when was the last public participation forum you attended? (year …… Month ……..)
    - Weekday
    - Weekend
    - Public holiday
6. If yes to (3) above, where was the public participation forum held?
    - Social hall
    - Church
    - Mosque
    - School
    - A health facility
    - Chief's camp
    - Rented space (i.e. tent in private premise or conference facility)
    - County executive premises
    - County assembly premises
    - Other (Specify ……..)

7. If yes to 3 above, who called for the meeting? (County executive [ ] County Assembly [ ] Civil Society Organization (CSO) [ ] Other (Specify ……..))

8. If yes to 6 above, what was the agenda of the meeting?

……
……
……..

9. If yes to 3 above, were you given an opportunity to contribute? Yes [ ] No [ ]

10. If no to (10) above, give reasons?

- I did not understand the issues being discussed
- The facilitator(s) did not give me the opportunity
- Time allocated was inadequate
- Too much literature provided to read at short notice
- Language barrier
- Those who spoke were predetermined before the focum began
- I felt my contributions would not be considered
- Other
  (Specify)……
  ……
  …….

11. If yes to (10) above, do you know if your views were incorporated in the CIDP (2018 – 2022) or any planning documents by the county health department? Yes [ ] No [ ] I don't know [ ]

12. Were you compensated for attending the meeting? Yes [ ] No [ ]

13. If yes to (15) above, what form of compensation did you receive?

- Transport reimbursement (Specify ……..)
- Lunch reimbursement (Specify ……..)
- Cash token (Specify ……..)
- Lunch/ drinks were served (Specify ……..)
- Other (Specify …….)

14. Are you willing to take part in public participation forums for health in Kajiado North Sub- County?

Yes [ ] No [ ] I don't know [ ]

SECTION C: PARTICIPATION MECHANISMS AND DEVELOPMENT OF HEALTH PROJECTS

This section seeks to find out the collaborative planning mechanisms and how this affects performance of health projects in Kajiado County. Kindly respond to the following statements. Each statement is rated on a 5-point scale as

1=SD: Strongly Disagree, **2**=**D**: Disagree, **3=N:** Neutral, **4=A**: Agree and **5=SA**: Strongly Agree

NO	Public Participation for projects	1=SD	2=D	3=N	4=A	5=SA
1.	The county government regularly involves us in public participation project planning for health.					
2.	Everyone has an equal chance to participate in the public participation forums regardless of their gender, ethnicity, race, religion, economic, social, cultural status in a non-discriminatory way					
3.	The dates of meetings are communicated early in advance					
4.	The venue of meetings are communicated early in advance					
5.	The objectives of the public participation forums are clearly explained before the meetings start					
6.	Public input and feedback collected from members of the public is used in decision making in project development					
7	The facilitation of the public participation forums is done in a participatory way					
8.	The County Government engages full range of stakeholders from the community & focus on building relationships between and among stakeholders					
9.	Public participation for health has improved the community's understanding of health matters and health projects					
10.	Performance of health projects has improved as a result of the public's involvement through the participation forums					

SECTION D: Knowledge transfer initiatives among stakeholders

NO	Knowledge transfer for public Participation in health projects	1=SD	2=D	3=N	4=A	5=SA
1.	I have been trained on public participation for health projects					
2.	The county government communicates about upcoming public participation meetings using the channels that we can easily access					
3.	Audio-visual material is included in the presentations					
4.	Adequate documents are made available to the community for easy reference					
5.	We are adequately equipped to be able to influence the decision making within the health sector					
6.	We are allowed to ask questions and satisfactory answers are provided					
7.	Members of the public are able to analyze budgets for health projects					
8.	Members of the public are familiar with policies for health sector					

SECTION E: Governance structures

NO	Governance structures	1=SD	2=D	3=N	4=A	5=SA
1.	There is a clear understanding of how the county government works (both at executive and legislature levels)					
2.	I am aware of Public participation policies and laws in Kajiado County					
3.	Public participation laws and procedures are followed by the organizers of the forums					

4	The community is involved in all stages of health projects					
5.	Clear responsibilities are assigned for the various stakeholders, including community members in planning health projects.					
6.	The members of the public are effectively involved in health projects through public participation					
8.	Adequate resources for public participation are provided					
9.	Adequate resources are allocated for health projects to ensure their success					

SECTION F: Additional questions

1. What can be done to improve public participation in health projects in Kajiado County?

……
……

……..

APPENDIX II: INTERVIEW GUIDE

To establish the influence of public participation on the development of health projects in Kajiado North Sub- County;

i. What were the key health projects implemented during the CIDP period 2013-2022?
ii. Did Kajiado County hold public participation forums in the health sector to plan those projects? Explain.
iii. How was information from these forums collected and analyzed?
iv. How did public participation influence the selection and implementation of these projects?
v. How did public participation influence health sector policies/ plans/ development agenda?
vi. What was the level of prioritization of health in sector budget allocations in the county?
vii. What is the implementation rate of CIDP projects for health between 2018-2022? Explain

To assess the public participation mechanisms in development of health projects in Kajiado North Sub- County;

i Is there a county ministry/ department/ agency that is responsible for public participation?
ii What are the various forms of public participation practiced in the county? In the health sector?
iii When is public participation carried out within the health sector?
iv Do all health projects have public participation components? Please specify.
v What determines the selection of location of public participation forums for the health sector (county/ sub-county/ ward)?
vi How is agenda determined when organizing public participation forums?
vii How are these public participation forums scheduled? Why?
viii Who facilitates the public participation forums during engagements in public forums?
ix What language is used during these public participation forums? Are there interpretation services?
x How is the information recorded during these public participation forums?
xi Is feedback about these public participation forums ever collected and analyzed? If so, how?

To establish how information about public participation for health projects is transmitted among stakeholders of Kajiado North-Sub- County; and

i Who were the main stakeholders involved in the development projects for health in Kajiado County, and to what extent were they engaged in the planning and implementation process?
ii What modes of communication are used to inform the public about public participation forums in health?
iii How are the communication channels selected?
iv How often are these messages sent out to members of the public?
v What is the content of these messages?
vi How do you monitor the effectiveness of the messaging?
vii What measures are in place to ensure proper civic education is conducted to encourage participation in development planning, implementation and review?

To determine how the governance structures can contribute towards meaningful public participation in the development of health projects in Kajiado North Sub-County.

i How many county- led public participation forums were held within the health sector between 2017-2022?
ii How are these forums financed?
iii What were the expenditure items for public participation forums?
iv What is the role of public participation in the county's development agenda in health? Is it clearly defined?
v How did those forums influence the health projects planned and budgeted for within the 2017-2022 CIDP?
vi What are the policies/ standards and regulations for public participation within the health sector?
vii What are the success stories from public participation between 2017-2022?
viii What are the challenges experienced in attaining empowered public participation in the county?
ix What are the recommendations for attaining meaningful public participation in the county?

APPENDIX III: INDICATIVE BUDGET

Below is the actual budget that was used for undertaking the research activities as contemplated in this study. Amounts contained in the estimates are as was at the time after the execution of planned field work activities.

ITEM	RATE (Ksh)	AMOUNT (Ksh)
PROFESSIONAL SERVICES		
Research assistants (RAs)	15 @ 1, 500 * 2 days	45, 000
Data manager/ Analyst	1 * 5, 000 * 7 days	35, 000
SUB- TOTAL		**80, 000**
TRANSPORT AND LOGISTICS		
RAs	15 *500 * 2 days	15, 000
Lead researcher	1 * 2, 000 * 12 days	24, 000
Nacosti Permit	1* 1000	1,000
SUB- TOTAL		**40, 000**
GRAND TOTAL		**120, 000**

APPENDIX IV: NACOSTI PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **646234**

Date of Issue: **25/March/2023**

RESEARCH LICENSE



This is to Certify that Mr.. Bryan Wekesa of Catholic University of Eastern Africa, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kajiado on the topic: PUBLIC PARTICIPATION AND THE DEVELOPMENT OF HEALTH PROJECTS IN KAJIADO NORTH SUB-COUNTY for the period ending : 25/March/2024.

License No: **NACOSTI/P/23/24583**

646234

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions

APPENDIX V: LETTER OF AUTHORIZATION FROM CUEA

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Social Sciences and Development Studies

8th March 2023

The Director
National Commission for Science, Technology and Innovation
Box 30623 - 00100
NAIROBI - KENYA

RE: BRYAN WEKESA TUMWA **REG. NO. 1033148**

I am writing to introduce to you **Bryan Wekesa Tumwa** who is a finalist student pursuing Masters of Arts in Development Studies Degree at The Catholic University of Eastern Africa, Nairobi – Kenya, and to request you to assist him to accomplish his academic research requirements.

Bryan has completed all course work requirements for this programme. However, every student in the programme is required to conduct research and write a report/thesis submitted during the final years of studies.

Accordingly, Bryan's research topic has been approved. He will conduct research on the following topic:

"Public Participation and the Development of Health Projects in Kajiado North Sub-County"

Thanking you in advance for any assistance given to Bryan.

Sincerely yours,

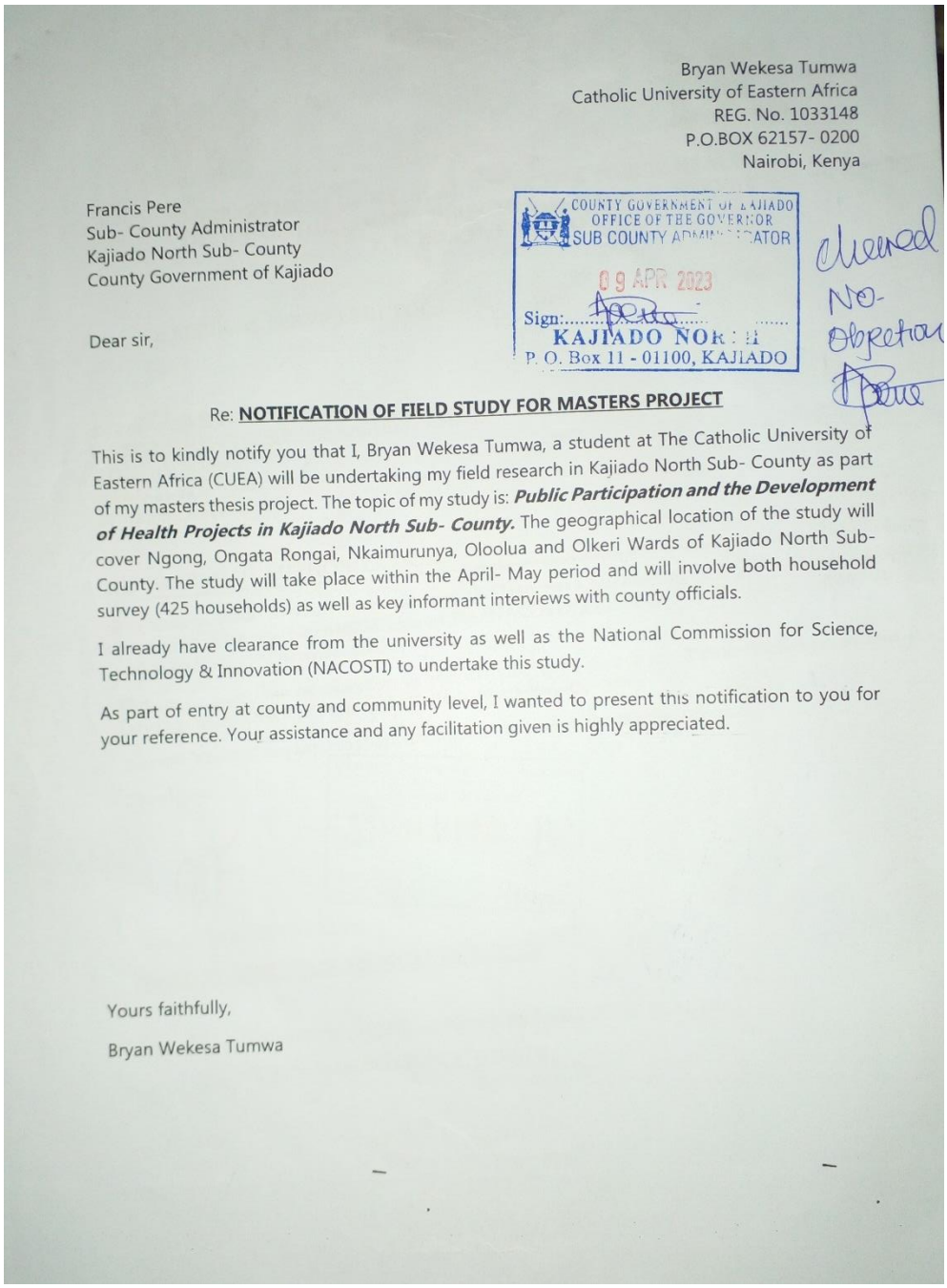
Catholic University of Eastern Africa
Head of Department
Social Sciences
P.O. Box 62157 - NAIROBI

03/03/23

Dr. Mary Mutisya
Head, Department of Social Sciences and Development Studies

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi – KENYA
Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

APPENDIX VI: LETTER OF AUTHORIZATION FROM SUB- COUNTY



Bryan Wekesa Tumwa
Catholic University of Eastern Africa
REG. No. 1033148
P.O.BOX 62157- 0200
Nairobi, Kenya

Francis Pere
Sub- County Administrator
Kajiado North Sub- County
County Government of Kajiado

COUNTY GOVERNMENT OF KAJIADO
OFFICE OF THE GOVERNOR
SUB COUNTY ADMINISTRATOR
09 APR 2023
Sign:.....
KAJIADO NORTH
P. O. Box 11 - 01100, KAJIADO

Cleared
No-
Objection

Dear sir,

Re: **NOTIFICATION OF FIELD STUDY FOR MASTERS PROJECT**

This is to kindly notify you that I, Bryan Wekesa Tumwa, a student at The Catholic University of Eastern Africa (CUEA) will be undertaking my field research in Kajiado North Sub- County as part of my masters thesis project. The topic of my study is: ***Public Participation and the Development of Health Projects in Kajiado North Sub- County.*** The geographical location of the study will cover Ngong, Ongata Rongai, Nkaimurunya, Oloolua and Olkeri Wards of Kajiado North Sub-County. The study will take place within the April- May period and will involve both household survey (425 households) as well as key informant interviews with county officials.

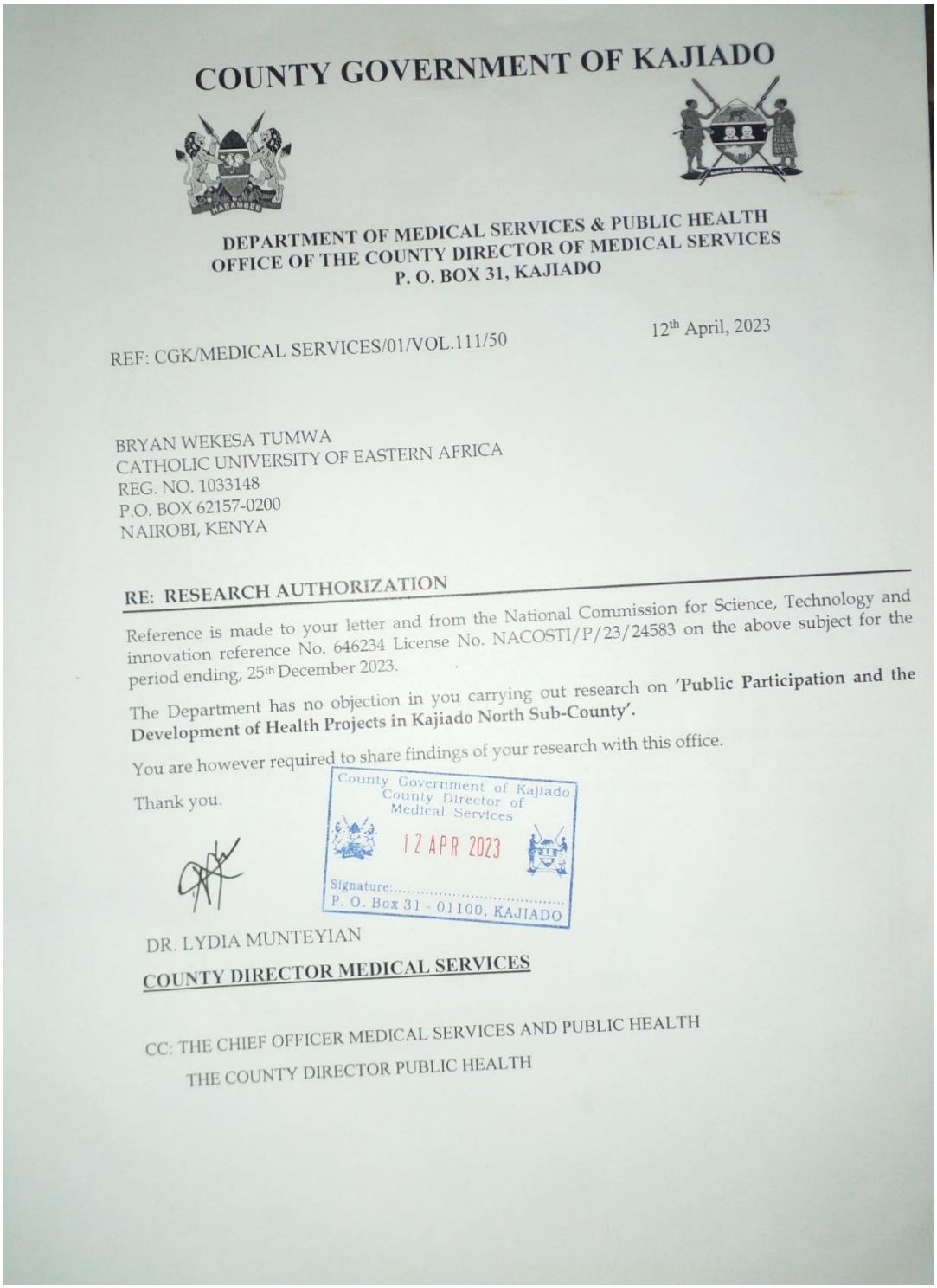
I already have clearance from the university as well as the National Commission for Science, Technology & Innovation (NACOSTI) to undertake this study.

As part of entry at county and community level, I wanted to present this notification to you for your reference. Your assistance and any facilitation given is highly appreciated.

Yours faithfully,

Bryan Wekesa Tumwa

APPENDIX VII: LETTER OF AUTHORIZATION FROM COUNTY



COUNTY GOVERNMENT OF KAJIADO

DEPARTMENT OF MEDICAL SERVICES & PUBLIC HEALTH
OFFICE OF THE COUNTY DIRECTOR OF MEDICAL SERVICES
P. O. BOX 31, KAJIADO

REF: CGK/MEDICAL SERVICES/01/VOL.111/50

12th April, 2023

BRYAN WEKESA TUMWA
CATHOLIC UNIVERSITY OF EASTERN AFRICA
REG. NO. 1033148
P.O. BOX 62157-0200
NAIROBI, KENYA

RE: RESEARCH AUTHORIZATION

Reference is made to your letter and from the National Commission for Science, Technology and innovation reference No. 646234 License No. NACOSTI/P/23/24583 on the above subject for the period ending, 25th December 2023.

The Department has no objection in you carrying out research on **'Public Participation and the Development of Health Projects in Kajiado North Sub-County'.**

You are however required to share findings of your research with this office.

Thank you.

County Government of Kajiado
County Director of
Medical Services
12 APR 2023
Signature:.....
P. O. Box 31 - 01100, KAJIADO

DR. LYDIA MUNTEYIAN
COUNTY DIRECTOR MEDICAL SERVICES

CC: THE CHIEF OFFICER MEDICAL SERVICES AND PUBLIC HEALTH
THE COUNTY DIRECTOR PUBLIC HEALTH

APPENDIX VIII: MAPS OF THE STUDY AREA

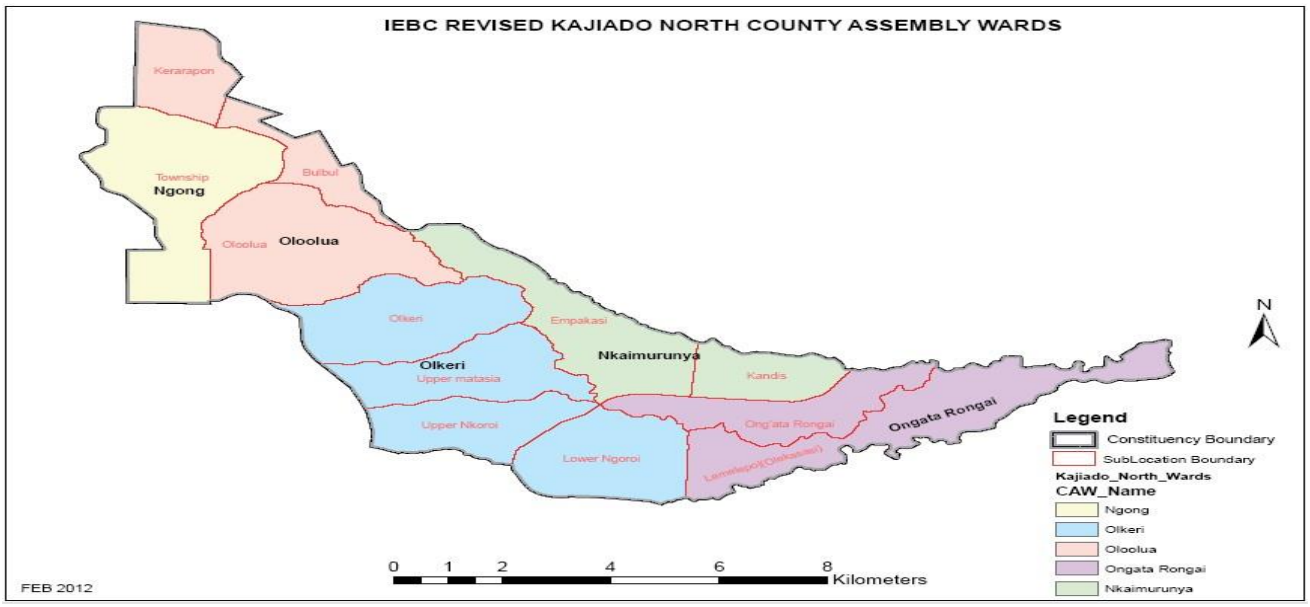


Figure 31: Map of Kajiado North Sub- County. Courtesy of IEBC and Kajiado North NGCDF

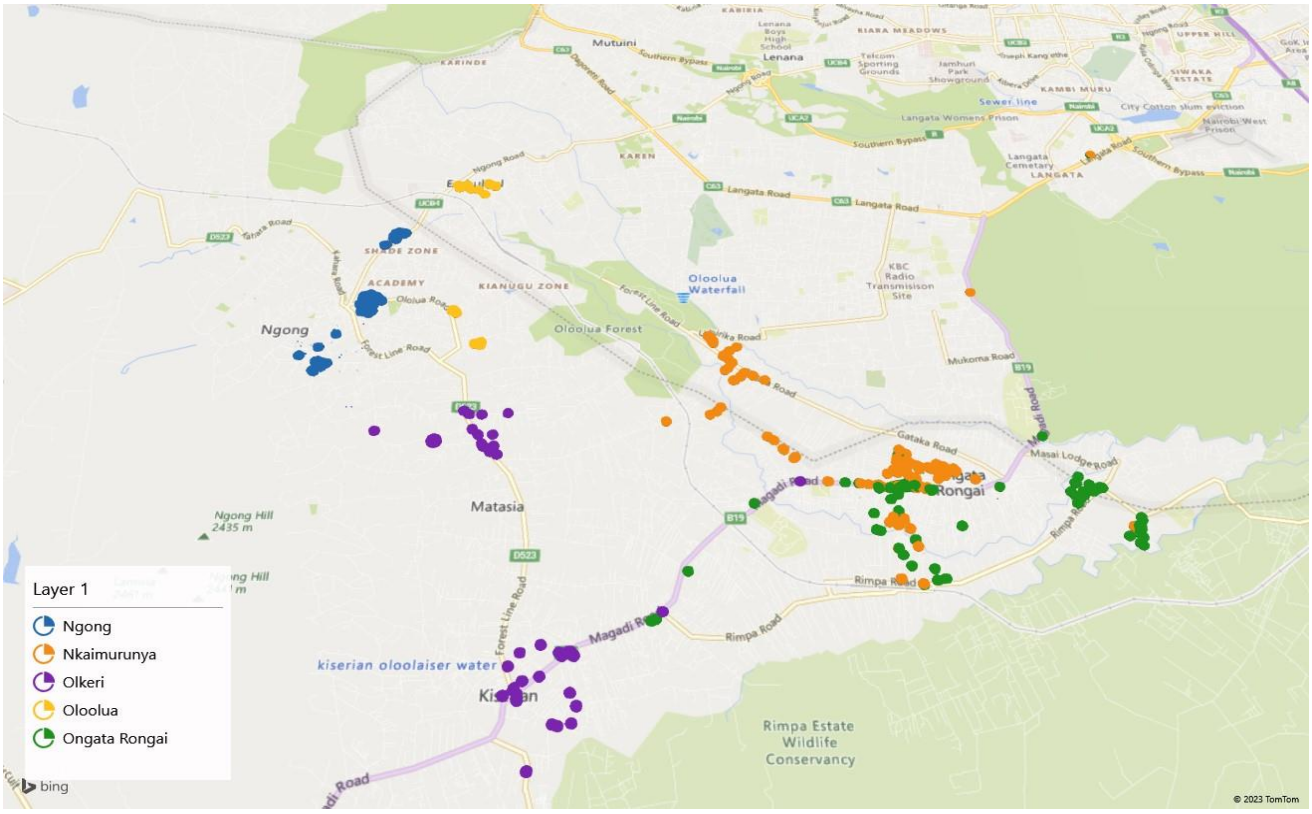


Figure 32: Map of Kajiado North Sub- County indicating the GPS locations of the households visited by research assistants. Image generated from Kobo data collection platform.

APPENDIX IX: PLAGIARISM CHECK REPORT

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I HEREBY CONFIRM THAT **BRYAN WEKESA TUMWA** REG NO: **1033148**, SUBMITTED A CHECK OF ANTIPLAGIARISM ON CRITICAL EVALUATION OF **PUBLIC PARTICIPATION AND DEVELOPMENT OF HEALTH PROJECTS IN KAJIADO NORTH SUB-COUNTY, KENYA. A THESIS PRESENTED TO THE FACULTY OF ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTER OF ARTS DEGREE IN DEVELOPMENT STUDIES AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA, KENYA.**

Verification by Systems Librarian:

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