

Public Participation and Development of Health Projects in Kajiado North Sub-County, Kenya

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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 from the ward, sub- county as well as county level.

Key Words: Public participation; Citizen engagement; Development of health projects; Community participation in health projects; Health projects; Communication for development.

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Background of the Study

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).

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 Vision 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).

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. 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.

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.

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.

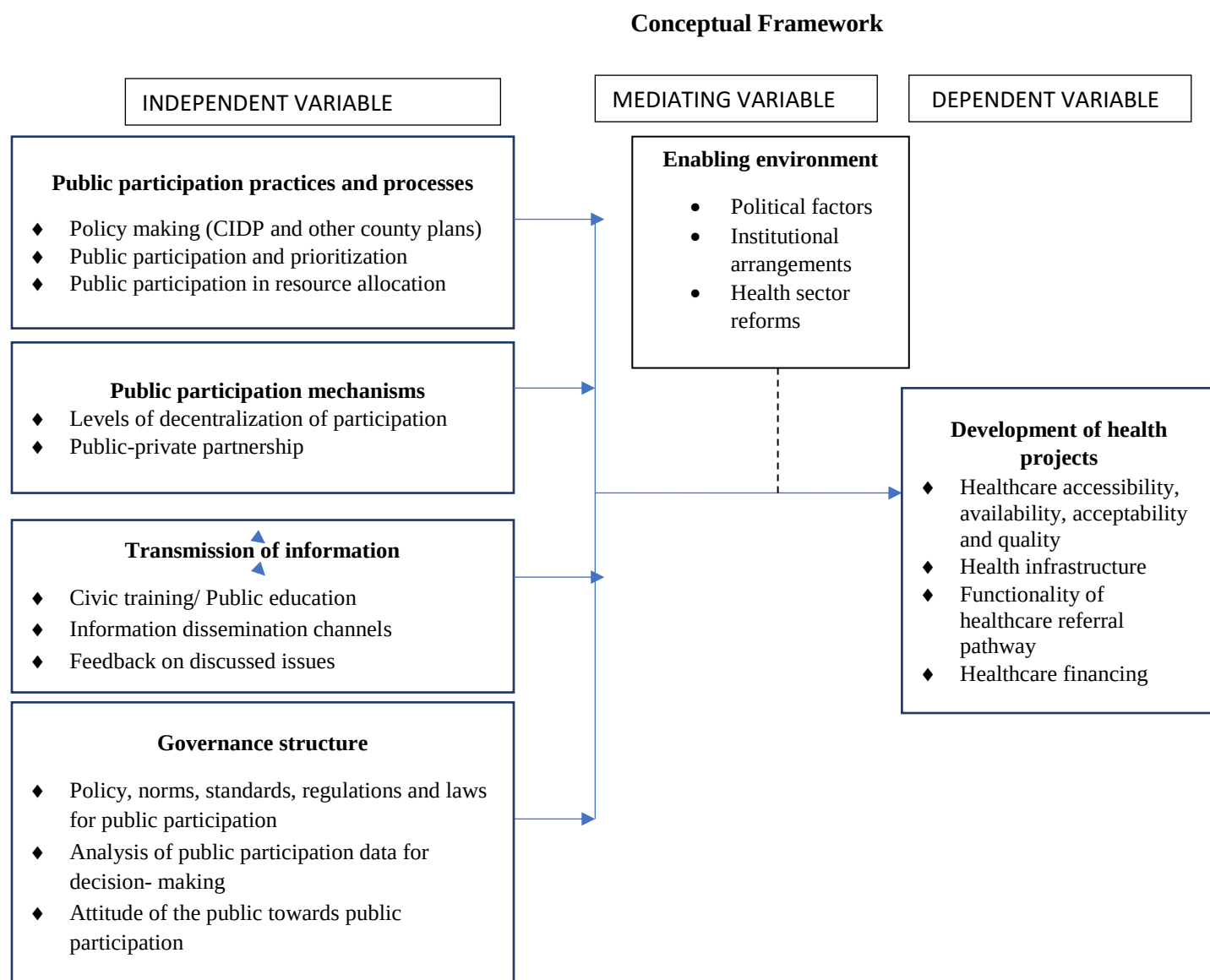


Figure 1: Conceptual framework. Author's own conception

LITERATURE REVIEW

Public Participation in the Development of Health Projects

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).

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 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).

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 (Roniotis, 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 considered 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).

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).

RESEARCH METHODOLOGY

The study 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.

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 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.

Substituting for the formula:

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

$n_{Initial} = 382.7 \cong 383$

With 10% adjustment for non- responses:

$n_{Final} = 421$

FINDINGS AND DISCUSSIONS

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 planners 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

Seventy four percent of the respondents 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 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.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

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.

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.

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 Kajiado 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.

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.

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.

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 Guidelines¹ 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 participation.
- 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 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.

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

- 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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