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SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION

**EFFECT OF CITIZEN PARTICIPATION ON SERVICE DELIVERY IN
KENYA: A CASE OF HEALTHCARE SECTOR IN GARISSA COUNTY**

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DECLARATION

This research project is my own work and has not been presented for examination in any other university.

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Supervisor: This project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

This research project is dedicated to my family for their continued support.

ACKNOWLEDGEMENT

In all ways this work could not have been accomplished had it not been for Allah's Grace. I thank Allah for enabling me accomplish this work. I wish to acknowledge and thank my supervisor Prof. David Minja for his unfaltering support, able supervision, qualified comments and professional guidance throughout the research work. I express my special thanks to my family for being at my side all along, and for according all kinds of support that I needed. A special word of gratitude goes to you. My sincere appreciation goes to my colleagues at Kenyatta University for their concern, support and encouragement to forge ahead. May Allah bless you all!

ABBREVIATIONS AND ACRONYMS

CDF	Constituency Development Fund
DPSA	Department of Public Service in South Africa
ERS	Economic Recovery Strategy
ERSWE	Economic Recovery Strategy for Wealth and Employment Creation
GOK	Government of Kenya
ICTs	Information and Communication Technologies ICTs
KACC	Kenya Anti-Corruption Commission
KNBS	Kenya National Bureau of Statistics
LGDP	Local Government Development Plan
M&E	Monitoring and Evaluation
RBM	Results-Based Management
SPSS	Statistical Package for Social Sciences
TV	Tele Vision
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Citizen Participation	is defined as a decision making process that involves the citizens in deliberation, dialogues, mutual learning as well as collaborative planning and public management with the county government
Public Participation	is defined as a decision-making process through which citizens deliberate and negotiate over the distribution of public resources' and improvement of service delivery.
Public Sector	is defined as the county governments, civil service and other statutory agencies created by the county government
Service Delivery	is defined as the provision of improved public healthcare services which is characterized by reduced waiting times and sufficient provision of sufficient medical supplies
Service Quality	is the collective effectiveness of health care service performance

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ABSTRACT

Public service delivery in the public Kenya has over the decades faced challenges. The introduction of various policies for instance performance contracting as well as measurement and evaluation has not yielded expected results. There was hence a need to focus approach on other strategies to improve service delivery in the public sector for instance the adoption of public participation. Public participation helps to promote transparency and in so doing, there is reduction of corruption and bureaucratic inefficiencies which leads to an improvement in service delivery. Even though public participation is deemed to lead to an improvement in service delivery in the public sector, few studies have linked it to service delivery in Kenya. Studies that have focused on public participation have given little focus on the health sector. A need exists for a study linking public participation and service delivery in the health sector. This study hence sought to interrogate citizen participation on service delivery of the Health sector in Garissa County. Specifically, the study sought to establish the effect of consultation on service delivery in the health care sector in Kenya, establish the effect of collaborative planning on service delivery in the health care sector in Kenya, determine the effect of public-private partnerships on service delivery in the health care sector in Kenya and to ascertain the effect of public education on service delivery in the health care sector in Kenya. The County was considered for the study as it has demonstrated poor service delivery in the health sector. A survey done in 2016 revealed that there was less funding for operations and maintenance in hospitals which lead to meager quality of care, de-motivated staff and reduced service use and obtain-ability. For this reason, the county is considered for this study. The study was anchored on the rights based Perspective theory of Public participation, Participatory democratic theory and the cognitive engagement theory. The study adopted a descriptive survey design. The target population comprised of the staff from the health department as well as the citizens who participate in public decision making process. A total of 1508 respondents were targeted. A sample size of 306 was obtained from this population. A structured questionnaire was used to collect data which was analyzed using inferential and descriptive methods and presented in figures and tables. A multivariate regression analysis was adopted for this study. Correlation results indicated that consultation, collaborative planning, public-private partnerships and public education have a positive and significant association with the service delivery in the healthcare sector in Garissa County. The study concluded that citizen participation in form of consultation, collaborative planning, public-private partnerships and public education with the County of Garissa is moderate. The study recommends Garissa County citizens to consult more with the County through attitude surveys and participating in open forum meetings and participate public hearings so as improve the service delivery in the health care sector in Garissa County. There is need for the citizens of Garissa County to have more deliberations with the county by participating in advisory boards, project implementation and in project feasibility analysis since this can improve the service delivery in the health care sector in Garissa County. Finally, the study recommends the citizens of Garissa County to improve their information exchange with the County by accessing County website materials and participating more in mutual benchmarking and workshops so as to boost their service delivery in the health care sector in Garissa County.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

1.1 Background to the Study

Throughout a democratic world, public trust in government is decreasing (Edelman Trust Barometer, 2012). Some of the reasons given for the distrust are governmental scandals, fraud; decline in government's spending on public goods, selfishness, and irrational anticipations. This has led to increased public indifference as well as small voter turnouts. Furthermore, there are violent public rallies, organized by disappointed and disgruntled nationals. Kenya is among some of the countries that have exhibited this trend (Ndubai, 2016; Kamara, 2016).

According to the World Bank (2013), one of the solutions to these problems is improving the associations between government officials and nationals through public participation and involvement in major government projects. They further assert that participatory decision making has been one of the most current means through which public decisions can be made without having to cope with the threat of dissatisfaction among citizens. The origin of participatory decision making is in Brazil where it was successfully adopted before spreading out to the rest of the world that has equally warmed up to this concept.

According to Wampler (2007) public participation can be construed as a means by which decisions are arrived at by involving nationals who engage and consider various elements involved during sharing of a country's natural endowments as well as enhancement of executing important public services. According to Cabannes

(2004), the process of public participation presents citizens with the chance to make decisions and also take part in the decisions arrived at regarding the use and choice of target of the country's endowments. According to Löffler (2005) the factors fostering nationals to be part of the leadership process of a country comprise of predicament of demonstrative fairness, deteriorating confidence in its instruments and the general lack of operationalizing any aspirations that were promised not excluding propagation of the notion of thought through democracy.

Kenya is currently embarking on a vastly motivated journey of devolution which aims at changing the whole perception of government-citizens association as enshrined in the 2010 Constitution. Unlike the previous constitution, this new 2010 constitution has shifted government towards decentralization, from "top-down" to "bottom-up" kind of governance. The new constitution opened the door for devolution, which is arguably considered the most significant. Kenya is not the first to consider devolution, many countries regardless of status, especially economic status, have reassigned control as well as wealth to junior echelons of supervision.

Based on the new constitution and legal framework, public participation has been strengthened accordingly and this is a core element in Kenya's strategy of accelerating growth and addressing inequalities which have long stood in investment, economic opportunities and service delivery across the country. Studies have indicated that there is a link between weak governance and persistent poverty as well as inequality. Weak governance is known to reduce efficiency as well as equity in public investments because it impedes the investment climate and also undermines creation of jobs.

1.1.1 The Concept Public Participation

According to a provision by UDHR (1948), every citizen is entitled to participation in their country's leadership process. That can be enhanced either through direct participation or via leaders that they have democratically elected and who are assumed to rationally represent them at various capacities of governance. The meaning of this is that for there to be effective representation, the leaders chosen should engage those they represent in open discussions regarding leadership as this will enhance an understanding of the needs of the voters thereby airing their concerns and grievances during decision making process (Conyers, 2007).

The southern city of Porto Alegre in Brazil provides one of the most standout examples of involving citizens in budgeting as well as auditing (United Nations (UN), 2005). Established during the 1989 municipal elections victory by the Brazilian Workers Party, native congresses were created to make proposition, discuss as well as elect on distributions as well as budgetary outlays by the municipal government. Consequently, there was an anticipated improvement in the number of natives who had access to water by 18% as well as an expansion of the disposal system by 39%. Most significantly, there was an improvement in child school enrolment that more than doubled.

Developing countries in Africa have enacted various legislations that seek to improve citizen participation in various policy setting stages. The efforts of Ward Committees formed to steer public participation has been unsuccessful due to a number of factors that include resource limitations, a constant presence of power tussles among leaders and an absence of vividly outlined roles within the ward committee arrangement.

There is also a constant lack of operative means of resident involvement at a local administration level that can be explained by absence of requisite trust among participants and/or absence of exemplification of numerous participants in the community organizations (Devas & Grant, 2003).

Kenya's post-independence government disregarded its key role as custodian of the welfare of its citizens whereby its constitution was mainly made of the wealthy and consequently proved unsuccessful in providing local answers for the challenges that citizens encountered through this exclusive leadership that concentrated on the hands of just a few well-to-do residents (Wanyoike, 2014). According to Conyers (2007), the key factor that influenced the tussle for constitutional reforms in Kenya stemmed from inevitability of enhancing wholesome changes to the system of governance that was in place to entrench locals' involvement in the running of their affairs as a matter of necessity rather than choice. The result of this was provision of preference to the needs of the citizens as entrenched in the new constitutional dispensation that yielded decentralized governance as opposed to the previous governance framework during the 2010 constitutional promulgation. Article 10 of this Constitution provides for the right of involvement in governance as a crucial national value as well as requisite principle of leadership.

According to the Kenya School of Government (2015), the importance of public participation comes in many forms as helping the citizens in understanding the roles and jurisdiction of county governments, the services which the Counties are responsible for and also the challenges they face; it improves mutual understanding by breaking down barriers between citizens and their country, it also improves trust and

communication in the county government projects; it also creates opportunities and platforms where the people engage, thus empowering and educating them to meaningfully participate in resource accumulation and utilization; it is seen as a cost-effective way of unlocking resource potential. Public participation helps to promote transparency and in so doing, there is reduction of corruption and bureaucratic inefficiencies which further increase efficiency and confidence of the investor (Kenya School of Government, 2015).

1.1.2 Service Delivery in the Public Sector

Globally, the public has increased demand for transparency and greater accountability for resources spent and better services (Raymond, 2008). Successful improvements in community service provision in way of various strategies can be seen in many countries such as the United States, New Zealand, Canada as well as Singapore (Thomas, 2008). Based on the useful information availed by studies done on public institutions in the US, Robichau and Lynn (2009) acknowledged that administrative structures, managerial tools as well as management values and strategies played a part in delivery of these types of organizations.

Hill *et al* (2014) particularly observed that leadership values as well as strategies were made up of governance, worker enablement as well as administrative preferences on the objectives, assignments and primacies as significant factors of performance and provision of services in the public sector. Purcell *et al.* (2009) established that respondents' view of the human resource handling and actions of their front-line managers in surveyed UK administrations were meaningfully related with

numerous vital worker attitudinal consequences for instance worker obligation, job fulfilment , incentive as well as job decision.

In other countries such as India and the Philippines, donors have demanded frameworks of good governance and public service delivery against benchmarked results which serve as the basis for sustained development investment support (Singh, Pathak, Naz & Belwal, 2010). Sample surveys have been used to assess public satisfaction with service delivery. Some of the dimensions assessed in performance are: time and quality of service, helpfulness of staff and amount of time taken for problems resolution. The reports are intended to put public service organizations in check as far as accountability for better public service delivery is concerned (Wauters, 2011).

The last ten years have seen a number of African countries get assistance from global institutions that has given them the opportunity to take on inclusive public modification programs. Unfortunately, no significant progress has been reported on the success of this endeavor despite significantly remarkable determinations and resources allotted to this program (Willis, 2008). Throughout the continent, donor demands have influenced the implementation of results-based M&E which has led to stimulated development of M&E practice and improved service delivery (Picciotto, 2012).

In South Africa, the government summed up particular phases that can be adopted in order to improve provision of service in the public sector by those in management positions such as executives as well as overseers. The ability of the Nigerian public service to effectively and efficiently manage public affairs and ensure prompt and

quality service delivery had always been called into questioning over the years. Consequently, a number of far-reaching reforms on its structure and personnel management aimed at improving its performance have been put in place by the Nigerian government since its inception but currently, the service delivery in Nigerian public sector is still below the public expectations (Oyedele, 2014).

There have been notable adjustments in the Tanzania Public Sector for the last twenty years whose rationalization has been founded on the need to adopt to sensitivity to the requirements of the natives through augmentation of openness, enhancing greater efficiency as well as efficacy in service provision, presenting inclusive leadership as well as applying citizen specific practices in ministries, Local Authorities as well as Government departments. The outcomes that were projected are however not satisfying especially after a lot of efforts have been focused on all-encompassing modifications on the public sector for better-quality provision during the last twenty years (Lufunyo, 2013).

In Kenya, after the completion of ERSWE process in 2009, the vision 2030 with main agenda of elevating Kenya to a more competitively grittier economy internationally as well as prosperous through improved standards of living by the year 2030 was presented by the Government. The only way that this development agenda can be realized is through a ruthlessly effective public service delivery platform (Wahida, 2016). The very nature of the public sector service delivery in any country determines whether there is success or otherwise when it comes to provision of public services (Forrer *et al*, 2010).

Accountability can be enforced by removing bureaucracies, rigidity and red tapes in the public sector thereby encouraging effectiveness and efficiency in service delivery leading to satisfied citizens (Waring, Currie, & Bishop, 2013). Frequent public outcry because of the limitedness of the access to government services was felt in the 1980s (Ndubai, 2016). The inadequate service delivery was caused by some notable reasons like unreasonable delays in getting desired services, corruption practices by civil servants, deteriorating nature of keeping as well as obtaining records when required, chronic absenteeism as well as undesirable practices of handling customers.

The Government of Kenya tried a range of adjustments meant to arrest the situation in the 1990's. Through the efforts of revamping the system on service deliveries in Kenya, 100,000 civil servants were retrenched by the government giving rise to only an insignificant result on the efficacy or civil service efficiency. The government of Kenya after which came up with a system of management that is result-oriented but it seems like it bore no fruits since by 2005, nothing out of it had been accomplished (Oyugi, 2015).

The desire to improve public service delivery originated from the ERS (2003-2007). This strategy was adopted by then new Government of Kenya which assumed power on the platform of change as a result of persistent economic performance decline, quality of life and public service delivery before 2003. The RBM mechanism was put in place by the government back in the year 2004 with a redeployment towards improvement on conveyance of progress outcomes to residents (Government of Kenya, 2003).

With continued outcry in the public sector service delivery, the Government of Kenya started implementing its manifesto in October 2013 with the Huduma Center Kenya program as its flagship project that was aimed at addressing the needs of Kenyan Constitution based on the quality and an admission to public services (Oyugi, 2015). The Government of Kenya initiated the Huduma services in order to improve government services accessibility by all citizens. This is achieved by linking digital devices such as computers, mobile phones, tablets among government departments (Hasnain, 2010).

In Garissa, the health sector has challenges of inadequate health personnel with a doctor patient ratio of 1:11875 compared to WHO's recommendation of 1: 600. The ratio of doctors to patients in the County is still below the national rate of 10 doctors per 100,000 people which is an indication of poor service delivery in the health sector in the County (KNBS, 2016). A survey done in 2016 revealed that there was less funding for operations and maintenance in hospitals which lead to meager quality of care, de-motivated staff and reduced service use and obtain-ability (KNBS, 2016).

KACC (2016) report revealed that patients in public healthcare facilities paid bribes to access health services, receive improved quality services, to reduce waiting times and to obtain drugs and meals. The survey also found out that public health care facilities don't have sufficient medical supplies with 38.6% of patients being asked to buy their own drugs and equipment to access healthcare. This therefore justifies this study to focus on public service delivery in the health sector in Garissa County.

1.1.3 Global, Regional and Local Perspective of Citizen Participation and Service Delivery in the Public Sector

Martson, Renedo, McGowan and Portela (2013) acknowledge that in the United States of America, public health sector, there is citizen involvement in decision making to a high extent and that has improved service delivery. There is an improvement in the application of expert care for maternal and baby well-being. The study findings further indicated that involvement in public delivery contributed greatly to improved impacts on mother and infant health resulting from significant adjustments, which may not be limited to uptake of skilled care. Involvements refining mortality or adopting skilled care elevated cognizance, reinvigorated discussion as well as drew on the inputs of the residents in crafting answers—but so did those that had not presented any outcomes. A similar focus was done by George, Mehra, Scott and Sriram (2015) who aimed at establishing the degree, form as well as the value of citizen participation in health care systems in Canada. The form of involvements adopted as well as the elements of arrangement with citizens was established and the study findings indicated inconsistency in community involvement in health systems alterations although its effect on service delivery was positive.

Regionally, Lawino (2012) in a study conducted in Uganda argued that there is less citizen participation in public sector policy making processes. The study focused on participatory planning approaches, to identify roles and responsibilities of the citizens participating in the process and to analyze the key challenges experienced in citizen participation. It was indicated that the knowledge of the citizens on public participation is low, the attitude was poor and the participation was not adequate.

In Kenya, a study by Wandaka, Mungai and Odindo (2014) on citizen public participation acknowledges the fact that there are challenges in the public participation process. According to them, the new constitution entrenched the right of not only participation but also access to information. However, participation by the members of the public in the process has been a struggle and the whole process is seen as just symbolic. The reason attributed to this is inaccessibility of information.

Furthermore, Adan (2012) conducted a study on the effect of stakeholders' role on performance of constituencies' development fund projects and established that the role of government project representatives as well as natives in project execution greatly influenced performance. In another study, Kinyoda (2009) focused on the level of participation in project identification and selection by constituents taking a case of Makadara CDF and recommended that the government & civil society should facilitate public awareness campaigns to enhance better performance of projects.

Gitonga (2010) argued that the justification for resident involvement has included replying well to the basic requirements of the community, crafting adjustments underlying background effects on health, including the impact of resident knowledge or their orientation in terms of culture and moral values, aggregating public answerability for health. One way of enhancing health care as well as health equity in the country has been shown to be involvement of residents. Kimani (2009) argued that there has been a significant enhancement of health standards and health care uptake as a result of discussions that have been bilaterally held between service providers and residents through an upgrading of childbirth process in a health facility as well as

better-quality level of responsibility of service providers to the communities they served.

1.2 Statement of the Problem

The Kenya school of Government (2016) report indicated that the importance of public participation comes in many forms as helping the citizens in understanding the roles and jurisdiction of county governments, the services which the Counties are responsible for and also the challenges they face. Public participation helps to promote transparency and in so doing, there is reduction of corruption and bureaucratic inefficiencies which leads to an improvement in service delivery (Kenya School of Government, 2016). Even though public participation is deemed lead to an improvement in service delivery in the public sector, limited studies have focused on linking public participation to service delivery in the health sector of county governments.

Public service delivery has over the decades faced challenges (Ndubai, 2016). The introduction of various policies for instance performance contracting as well as measurement and evaluation has not yielded expected results (Kamara, 2016). The quality assessment and service delivery improvement strategy report by the Kenya School of Government (2015) revealed low employee performance and productivity which had led to decline in the customer satisfaction level in the Kenyan Public Sector from 73% in the year 2012/2013 to 65% in the year 2014/2015. There is hence a need to focus approach on other strategies to improve service delivery in the public sector for instance the adoption of public participation.

A study by Kaifeng (2013) for instance, found out that participatory governments are more effective and equitable without being less efficient, in Zimbabwean context; Chikerema (2013) explored literature related to the dynamics and avenues of stakeholder participation and local democracy in Zimbabwean local government system and indicated positive results of public participation on service delivery. In Kenya, Maina (2013) evaluated the influence of stakeholders' participation on the success of the Economic Stimulus Programme in Nakuru County and found out that there is a positive relationship between stakeholder participation and success of the Programmes, Muriu (2013) studied the influence of public participation on efficient allocation of resources and found that the resulting influence on the decentralized service delivery was negligible. These studies have focused on public participation but little focus has been given on the health sector. There was hence a need to conduct a study linking public participation and service delivery in the health sector.

1.3 Objectives of the Study

The specific objectives of the study are to:

- i. Determine the effect of consultation on service delivery in the health care sector in Kenya
- ii. Establish the effect of collaborative planning on service delivery in the health care sector in Kenya
- iii. Determine the effect of public-private partnerships on service delivery in the health care sector in Kenya

- iv. Ascertain the effect of public education on service delivery in the health care sector in Kenya

1.4 Research Hypothesis

H₀₁: Determine the effect of consultation on service delivery in the health care sector in Kenya

H₀₂: Establish the effect of collaborative planning on service delivery in the health care sector in Kenya

H₀₃: Determine the effect of public-private partnerships on service delivery in the health care sector in Kenya

H₀₄: Ascertain the effect of public education on service delivery in the health care sector in Kenya

1.5 Justification and Significance of the Study

Garissa county is the main focus of this study since a survey done in 2016 by KNBS (2016) revealed poor health care delivery in the county where funding for operations and maintenance in hospitals was inadequate leading to meager quality of care, demotivated staff, high waiting times and insufficient medical supplies with 38.6% of patients being asked to buy their own drugs and equipment to access healthcare.

The findings of the study are expected to contribute to both the national and Garissa county policy makers since it is expected to form the key to recommendations geared towards improving public participation in service delivery process which led to the realization of the benefits of a quality public participation process. Strengthening

public participation and governance can be a vital step in Kenya's strategy of accelerating growth and addressing long-standing inequalities in service delivery, economic opportunities and investment.

The findings of the study can also be expected to be significant to future scholars and academicians in the field of public policy and administration since the study can be expected to come up with and test a conceptual framework for various public participation strategies and their influence on service delivery in the public sector and link the findings to existing theories thus broadening the available theoretical literature on the topic. The study has the potential of lending itself to further studies, through recommendations for further studies, with the ultimate goal of improving public service delivery in Kenya, Africa and the world at large.

1.6 Scope of the Study

The study conceptually focused on interrogating citizen participation on service delivery of the Health sector in Garissa County. Specifically, the study sought to establish the effect of consultation on service delivery in the health care sector in Kenya, establish the effect of collaborative planning on service delivery in the health care sector in Kenya, determine the effect of public-private partnerships on service delivery in the health care sector in Kenya and to ascertain the effect of public education on service delivery in the health care sector in Kenya. The choice of these variables was motivated by Arnstein (1969) ladder of citizen participation.

The County was considered for the study as it has demonstrated poor service delivery in the health sector (KNBS, 2016). The ratio of doctors to patients in the County is still below the national rate of 10 doctors per 100,000 people which is an indication of

poor service delivery in the health sector in the County (KNBS, 2016). A survey done in 2016 revealed that there was less funding for operations and maintenance in hospitals which lead to meager quality of care, de-motivated staff and reduced service use and obtain-ability (KNBS, 2016). For this reason, the county was considered for this study. The target population comprised of staff from the health department as well as the citizens who participate in public decision making process which makes up a total of 1508 people.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Empirical Review

2.1.1 Consultation

Kabashome (2008) conducted a study to determine how community participation influences sustainability of Water Supply Projects of Kanungu and Kihihi Town Councils in Kanungu District of Tanzania. The study objective was to analyze the extent of the community participation in problem identification, consultation, involvement, decision-making, project ownership and sustainability. The findings showed that there was only minimal community participation which inevitably leads to low levels of success, questionable ownership and sustainability of the projects.

Waheduzzaman (2010) conducted a study to determine the effect of the participation of people on Bangladesh good governance. The aim of the study was to examine the hindrances to the practice of participation of people in the local administration and to come up with the appropriate means for improving the participation of people in plans for development which can add to quality governance. To get more astute responses for the research questions, the study used a qualitative method. The study found that there are multiple setbacks leading to the people's participation incompetence. Some of the obstacles were lack of awareness and lack of a robust legal system for participation.

2.1.2 Collaborative Planning

Musoke (2011) conducted a study in Uganda to analyze the peoples' participation level and its effect in the implementation of the LGDP II which was development program designed as a successor program to LGDP I that was implemented from October 2000 to June 2003. The LGDP II aimed at contributing to the CAS goal of improving essential services delivery so as to stimulate the development of the economic growth and alleviation of poverty, improve the local administrations Institutional efficiency for sustainable, decentralized service delivery in accordance to the Government decentralization policy. The results showed that the participation of people in the governance and growth discussion was highlighted as a tool for enhancing the ability of the underprivileged in the countryside in pursuit for poverty alleviation and good leadership.

Mary (2009) conducted a study to determine the factors hindering the participation of people in coming up with the development plans for the local administration in Nsangi Sub-County Local administration in Wakiso region of Uganda. The results revealed that where the local residents at the community level are drawn in the classification of projects of main concern by incorporating their suggestions, they are normally dissatisfied as their much preferred projects are in most instances not applied and the society in general do not participate in the execution, supervision and assessment of such projects. It also showed that the major test related to community involvement in planning process is late project execution, lack of logistics, the moment for carrying out such meetings together with narrow awareness and polarization of such meetings.

2.1.3 Public-Private Partnerships

Ngondo (2014) conducted a study to investigate the effect of the participation of the society in project running activities, as a catalyst for the completion of CDF project within the stipulated time in Kanyekini ward in Kirinyaga central. The findings showed that project recipients had not been directly involved in either of the CDF projects operation teams throughout the CDF projects setting and execution, nonetheless, wherever involvement took place, their contribution was factored quite well and that completion limits were achieved to rally round set calendar, financial plan and integrity.

Mupenzi (2010) conducted a study to determine the function of Ubudehe in poverty alleviation in Gatsibo district in Rwanda. The main purpose for the programme was to revitalize and promote communal participation at the village level. The findings showed that even though the longing to significantly engage citizens in society improvement projects, Ubudehe encountered several hindrances due to insufficient funds and hence poverty alleviation is still a subject in consideration amongst citizens in Rwanda.

2.1.4 Public Education

Kugonza and Mukobi (2016) conducted a study to ascertain community involvement in the provision of project services in Buikwe district local administration in Uganda. The study identified three major issues that affect the involvement of the public in local leadership right to use information, capability to incorporate information successfully, and awareness of citizens' rights, roles and responsibilities. The study findings indicated that these issues has a positive effect on the general involvement of

the respondents' in community administration projects by 10.2%, 19% and 22% in that order with regard to the coefficients of Pearson Correlation. Moreover, the results indicated information is not easily available for efficient distribution to most of the people and hence it is not completely utilized for setting up, supervision and assessment of administration projects.

Papa (2016) study focused on the issues affecting the participation of community in the development of projects in Busia County Kenya. The main purpose for the study was to examine the effect of training, governance and economic issues on the participation community in the development of projects in Busia County. The results showed that Busia County leadership demonstrates weak decision process involving public participation; acknowledged persons, funds, organizations and service provider necessary for carrying out an assortment of aspects of public contribution. Moreover, respondents said there were inadequate democratic social networks and gender inclusion techniques in designing public participation program(s). Level of income had significant power influence in participation process.

2.2 Theoretical Framework

2. 2.1 Rights Based Perspective theory of Public Participation

This theory presents the participation of the public in policy making as their right. According to Hindess and Muetzelfeldt (2000), citizen rights have lately turned out to be an important perception in both rural and town development and political contests in across the world. An increase in the perception of the people emerges to be its link to the place and the space, as persons operate as populace of self-governing authority, this authority is at all times distinct in terms of place. Lepofsky and Fraser (2003)

argue that, through citizen participation, people are connected to unreal societies in terms of space, mainly when trying to fulfill the wishes for communal improvement. Besides, residency remains as a tool through which residents declare to be part of the space and place.

The understanding of the nationality differs according to varying environment across the world. Dagnino (2003), argues that in southern globe, nationality has been associated to the appearance of collective engagements throughout the late 1970-1980s and to the attempts to ensure that dictatorial governments are democratic. The northern globe mainly the US and some Western European nations, pro-civil liberties perceptions has been associated to the resistance of marginal ethnicities for acknowledgment of their civil rights and the affirmation of multi-culturalism.

Due to the increasing effect pro-civil liberty standpoint, resident's constitutional privileges have developed into an item of thorough arguments and debates over its implication. From 1990s, residency has been employed in a different means by diverse segments in the community and the nation, leading to a multiplicity of considerations. These understandings comprise views like civil liberties, open-minded view and far-reaching understanding.

Dagnino (2003) argued that addressing issues of society for instance urban poverty; rights based theory requires the addition of governance and political engagement, ownership and social capital. According to Kabeer (2005), an inclusivity entailing both the opinionated activities and purposes is necessary. The major objective is to come up with a community base setting that allows all the residents irrespective of their societal position, sex, maturity, ethnicity or belief, to contribute effectively and

completely in the occasions that towns have to present. In application to this study, the theory is relevant as it will form the basis upon which the explanations for importance of participation are concerned

2.2.2 Participatory Democratic Theory

The proponent of this theory was Carole Pateman. According to the theory, a theoretical argument is the involvement of people within a nation. It indicates the fascination of an opinionated sociology with steady political organization reminiscent of the functionalist theory. The theory presents the bounds of connection among the person and the nation within a social culture. It presents four essential doctrines of the Participatory Democratic Theory. Foremost, the theory points out that ability, expertise and uniqueness of persons are interconnected with forms of administrative arrangement such as involvement. In other language, persons realize to take part by playing a part inside the autonomous systems.

Moreover, the participatory democratic case is a case about autonomy on those modifications that will make our individual collective and political life being independent equally as persons in their own life or persons in the general public. In addition, a consequential participatory democratic theory happens where there is a demand for developing a contributive culture. Lastly, the necessary variations are generally structural. They require restructuring of autocratic sociopolitical arrangements which slow down participatory practices. The theory is relevant to the study in explaining the effect of public involvement on the outcome of service delivery. The theory goes a long way in indicating that there is a connection between

public support and service delivery when the public is involved in provision of services.

2.2.3 The Cognitive Engagement Theory

The proponent of this theory was Meece *et al.* (1988). The theory posits that contribution relies on the accessibility of information to the citizens and their aspiration to utilize it to connect in a logical way. A rise in the literacy level of the residents is important as it enables them to gain and interpret bigger pieces of information. It is well thought-out that schooling equips the citizens with the ability whilst improving their capability to process further a cost to obtain knowledge, participate to generate a method of marshalling the people. The displeasure of the people with the administration takes place in the form of unlawful contribution for instance remonstrations.

Some of the notable determinants that can be used to expound on this theory includes; interest in politics and political knowledge, education, use of media, approval / displeasure plan. Education is quantified in terms of how high or low; the use of the media if identified using these information is centered around political affairs; opinionated interest in form of incentive to further management activities and the development of strategies, political awareness is if the people realize how the political organization operates; and approval / disapproval policy implies civic stance about the effectiveness of a system to be of significance to the people, (O'Brien & Toms, 2008).

Critics to this theory argue that the theory does not clarify why once persons have achieved all the knowledge; they would be encouraged to utilize it to do something in

an educated way. People are able to obtain and interpret information, but a lack of motivation is not apparent why they would be encouraged to take part in it. Currently, it is easy to envision a town with greater literacy levels, high political interests, which go along with the media, and to recognize the operation of the political organization, but not willingly contribute in political actions. So, to get and interpret information is imperfect to make clear contribution without the theory of motivation system. The theory is relevant to the study in arguing that it is important for the public to participate in government functions. However, this arrangement can only be possible with availability of information to the public which otherwise, it cannot be possible.

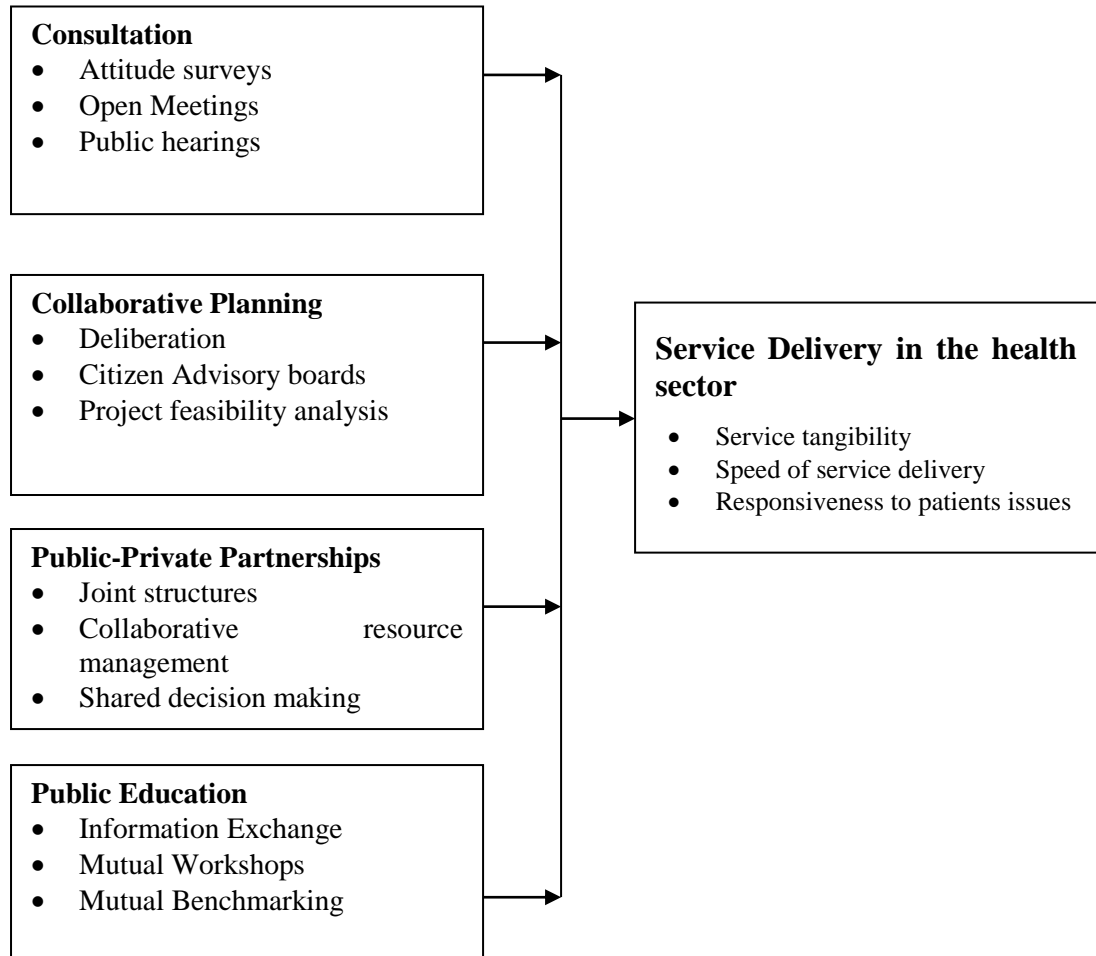
2.3 Conceptual Framework

A concept refers to a wide-ranging thought inferred or resulting from detailed cases, (Kombo and Tromp, 2009). According to Finchman (2008), a conceptual framework refers to a model of assumptions classifying the model in study and the association involving the dependent and independent variables. The diagrammatic representation of the variables to be explained by this study is as shown in figure 2.1 below. The predictor variable of the study is citizen public participation while the dependent variable is service delivery in the health sector in Garissa County. The figure below represents a representation of these relationships.

Figure 2.1 Conceptual Framework

Independent Variables

Dependent Variable



Source: Researcher (2018)

2.4 Review of Variables

This part contains a review of the variables under study and provides the measurement of the variables in the study which guides the development of the questionnaire as well as the conceptual framework. According to Roberts (2014), a number of public involvement types entail consideration, implying that the concerned individuals formulate ideologies during discussion, exchange and communal education, instead of simple collection of personal welfare during voting or additional tools for participation. Numerous techniques and concerns associated with stakeholder engagement in public participation are also found in the practice of collaborative public management and planning, in which multiple government, nonprofit, community or business entities coordinate their efforts to address public problems and pursue public value (Innes & Booher, 2010). The study measures public participation using consultation, collaborative planning, public private partnerships and public education.

In the context of this study, service delivery has been operationalized as the provision of improved public healthcare services which is characterized by reduced waiting times and sufficient provision of sufficient medical supplies as is defined by Alford (2009). The study adopted the SERVQUAL model to measure service delivery in terms of service tangibility, speed of service delivery, responsiveness, reliability and quality.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Research Methodology

The specific sections presented in this chapter include the methods of conducting this research, through a brief discussion of the study's research design, the study's target population, sampling frame, and sample as well as sampling techniques for calculating the sample size of the study. It also presents data collection method, data analysis and presentation. A detailed discussion of what constitutes the research and methods adopted to address the study objectives are done (Lavrakas *et al*, 2014). Methodology can also be interpreted as a step by step manner of finding solutions to a problem that has been identified basically implying all the necessary steps adopted by the researcher to examine, discuss and make forecasts on a phenomena (Lavrakas *et al*, 2014).

3.1 Research design

The particular research design adopted in the study was a descriptive study design, considered suitable to use in situations where it is necessary to explain an apparent problem. In this case, a thorough comprehension of the problem before solving it is required which makes the use of this research design suitable (Gill & Johnson, 2010). Descriptive study design is preferred for the reason that the study sought to investigate the effect of citizen participation on service delivery in the health care sector in Garissa County in Kenya.

3.2 Category / Variable of analysis

The study sought to establish the effect of citizen participation on service delivery in Kenya with the health sector of Garissa County as a case study. The independent variables of the study are different levels of citizen participation that is consultation, collaborative planning, public-private partnerships and public education while the dependent variable of the study is service delivery in in the health sector.

3.3 Site of study

The study aimed to establish the effect of citizen participation on service delivery of the health sectors in Garissa County in Kenya. Garissa County borders Somalia to the East, both of Wajir and Isiolo Counties to the North, Tana River County to the West and Lamu County to the South. The County's rainfall varies from 1,000 to 1,500mm in the highlands to 600mm per annum in the lowlands with temperatures ranging from a minimum of 10°C in the highlands to a maximum of 35°C in the low lying plains. The County's capital is Garissa town. The chief economic undertakings in this county are Livestock rearing mainly pastoralism, Bee-keeping, Sand Harvesting, irrigated farming as well as trading (Garissa County Integrated Development Plan, 2016).

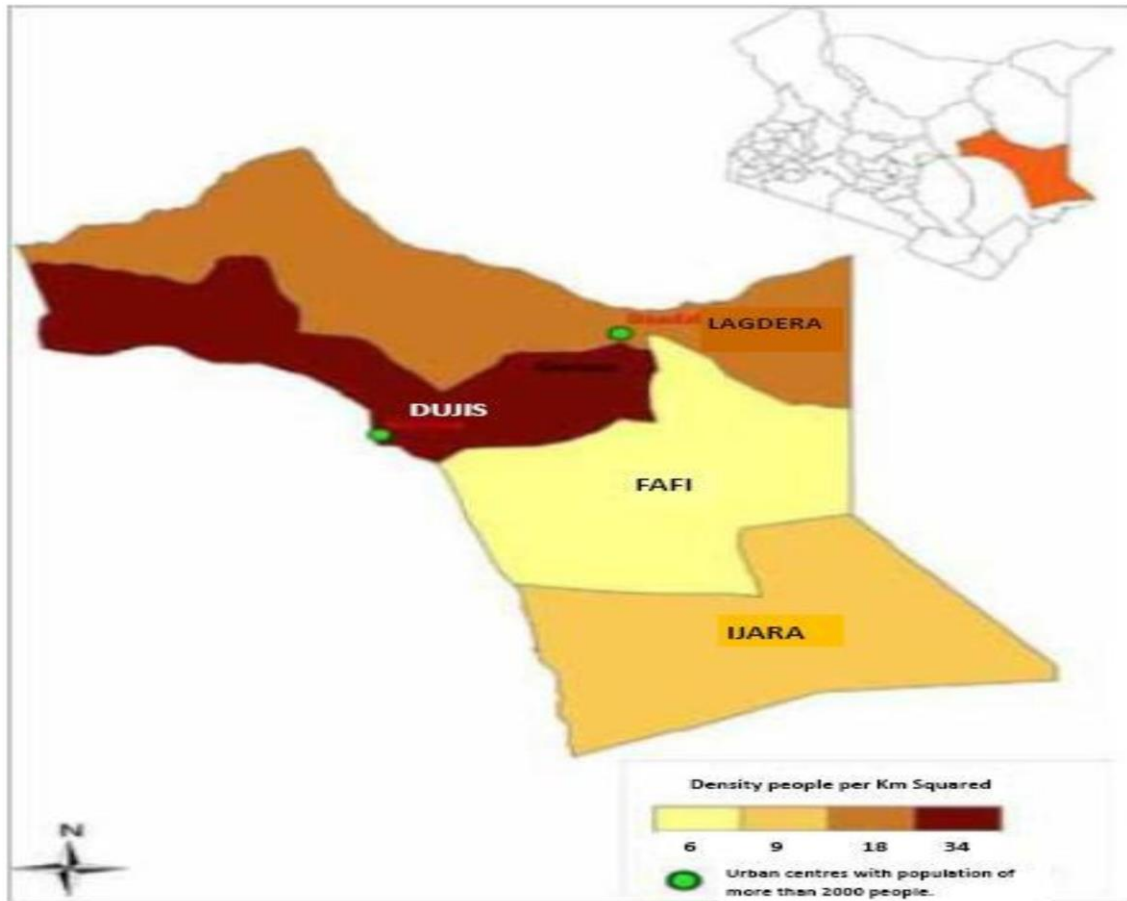


Figure 3.1 Site of study

3.4 Study population

The study target population can be defined as an entirety of items in a specified area of inquiry otherwise construed as the universe (Zikmund *et al*, 2010). Polit and Beck (2003) refers to population as the aggregate or totality of those conforming to a set of specifications. The target population of the study was categorized into two groups; from the county and the citizens who normally participates in public forums in the county. The first group was 1478 staffs from the Health and Sanitation Services Department of Garissa County (Human Resource Department, 2017). The focus on the Health and Sanitation Services Department is because the office is mandated to

formulate service delivery policies, rules and regulations in the public health institutions.

The second group was the citizens who have previously participated in public engagements on healthcare issues in the county. A total of 30 citizens (representatives from all the wards) are normally allowed to participate in public forums in Garissa County before allocation of resources to programs in the county. The 30 citizens are as is in the records of Garissa County government (2018). The list was obtained from the public records of community-based planning workshops in the county. Therefore the total target population included 1508 people. The target population distribution is hence as indicated in Table 3.1.

Table 3.1 Population

Category	Population	Percentage
Health and Sanitation Services Department	1478	98%
Citizens	30	2%
Totals	1508	100.0%

Human Resource Department (Garissa County, 2017)

3.5 Sampling Technique and sample size

Researchers have developed a rule of thumb in determining sample size. For example, Koul (2009) ; Lavrakas, (2008).; Garg and Kothari (2014) argue that a minimum number of 15 in experimental research, 30 in correlational research and a minimum of 100 in survey research were adequate. However, Lavrakas (2008) indicated that if the target population is finite, a formula such as Krejcie and Morgan (1970) may be used

to determine the sample size. The study used Krejcie and Morgan (1970) formula below to determine the sample size out of the total target of 1508.

$$S = \frac{X^2NP(1-P)}{d^2(N-1) + X^2P(1-P)}$$

Where:

S = Required Sample size

X = Z value (1.96 for 95% confidence level)

N = Population Size

P = Population proportion (expressed as decimal) (assumed to be 0.5 (50%))

d = Degree of accuracy (5%), expressed as a proportion (0.1); It is margin of error

Substituting the values in the formula gives,

$$\begin{aligned} &= \frac{(1.96)^2(1508)(0.5)(0.5)}{(0.05)^2(1507) + (1.96)^2(0.5)(0.5)} \\ &= 306 \end{aligned}$$

The sample size for this study hence was 306 respondents. This represents 20% of the target population of 1508. Mugenda (2008) indicates that a sample of between 10-30% is appropriate for a study. A sample size of 20% of the total population in this study was hence good for the current study. The study then used stratified random sampling technique to select 306 respondents from the total of 1508. The Table below indicates the sample size distribution.

Table 3.2 Sample Size

Category	Population	Sample Size	Percentage
Health and Sanitation Services Department	1478	300	98%
Citizens	30	6	2%
Totals	1508	306	100.0%

3.6 Research Instruments

This study used primary data since the major aim of the researcher was to obtain raw data from the target population. It is upon this requirement that the researcher opted to use primary data representing views as well as the perceptions of the specific respondents. A questionnaire was used to obtain data. Questionnaires evoke spontaneous responses when arranged in a logical systematic manner. Ngumi (2013) defines questionnaire as a measuring tool that asks individuals to answer a set of questions or respond to a set of statements. The current study applied both the closed ended and open ended questions to collect quantitative and qualitative primary data respectively.

3.7 Pilot study

The main aim of conducting a pilot study is to ensure the errors that are brought about by poorly drafted research instruments are reduced in an attempt to enhance reliability of the data that will be used for statistical analysis (Kombo & Tromp, 2009 ; Mathiyazhagan & Nandan, 2010).

In this study, a pilot study on ten percent of the study sample was conducted, this threshold is justified by Mugenda and Mugenda (2003) who argued that 1% to 10% of the sample size is enough to carry out a trial study. The pilot study was conducted before the main study to identify any instrumentation flaws that were then corrected before the main study. The items drafted into the pilot study did not feature in the actual research to ensure consistency of findings. The pilot study was conducted at Garissa County.

3.8 Validity and Reliability

According to Mugenda and Mugenda (2003), instrument validity can be defined as the extent they measure constructs under examination. On the same note, it can also be construed as the extent a construct denotes what it is intended to measure (Hair *et al.*, 2007). During the pilot study, questionnaires will be handed out to the respondents after which their contributions were drafted into the final questionnaire. On the other hand, instrument reliability can be construed as the regularity of a particular score when used repeatedly. Put differently, it denotes the degree which a research instrument is consistent. In this particular study, reliability was enhanced checking the internal consistency of the research instrument.

According to Cooper and Schindler (2011), handing out the questionnaire twice to the same respondents after a given duration is called test-retest procedure which was adopted by the current study. The duration for re-administering the research instruments in this study was two weeks. The Cronbach's α Reliability Coefficients is normally used to check the instrument's reliability and in this case, a reliability

Coefficient of 0.7 was used as the cut-off for reliability. This threshold is considered adequate for a reliable research instrument (Mugenda & Mugenda (2003).

3.9 Data collection Procedure

The data from the field was stored using field notebooks, computer software, tape recorder, photography and video recording. Data cleaning involved replacement of missing data, potential non-response bias, and tests for outliers and data normality (Tabachnick & Fidell, 2013).

3.10 Data Analysis and Presentation

Data analysis was conducted by the use of descriptive as well as inferential statistics. The former involved measures of mean, standard deviation, frequencies and percentages used to obtain the first three objectives. The objectives of the study were achieved using inferential analysis (in this case Pearson correlation coefficients as well as regression coefficients). SPSS V.21 was used in conducting the above statistical operations. The study findings were presented using tables and pie charts to vividly depict the findings of the study when glimpsed at. The multivariate regression model takes the following format:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Where Y – dependent variable (Service delivery in the health sector)

X₁ – Consultation

X₂ – Collaborative Planning

X₃ – Public-Private Partnerships

X_4 – Public Education

ε – Is the error term which is assumed to be normally distributed with mean zero and constant variance.

β – Parameters to be estimated

3.11 Data Management and Ethical Considerations

There were earnest attempts by the researcher to sustain requisite ethical practices during the study by guaranteeing respondents of their discretion besides also assuring them that any information they provided was not applied beyond academic scope. On the same note, an informed approval of the respondents was openly sought besides consulting pertinent authorities. First and foremost, before collecting data, the researcher obtained the consent of the respondents regarding the data that were sought. A letter from the National Council for Science Technology and Innovation was obtained before commencing the data collection process.

CHAPTER FOUR : DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Introduction

This chapter presents analysis of data collected for the study. Presentation of the findings has been presented according to each study objective. The findings have been discussed and corroborated to other studies. From the findings, a conclusion and recommendation is drawn.

4.1 Response rate

Figure 4.1 below indicates the response rate of the study.

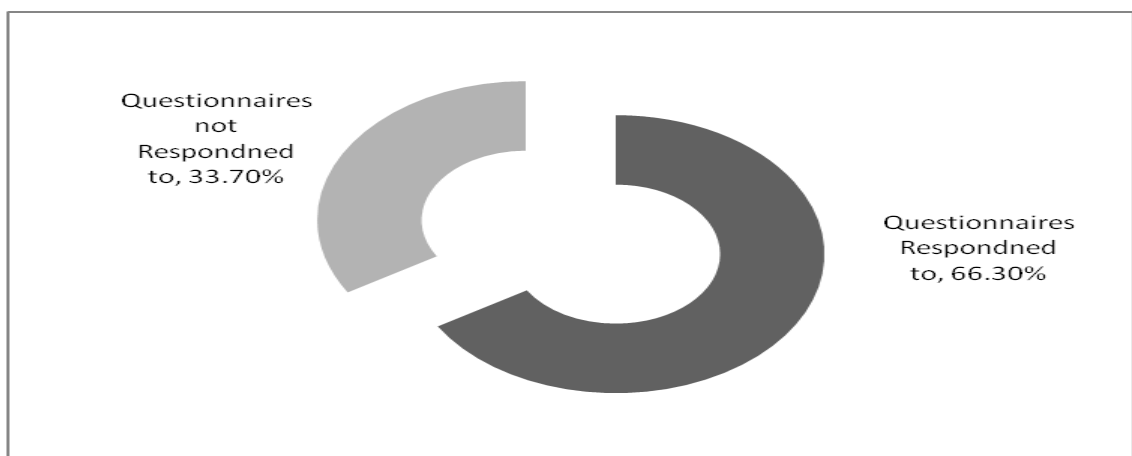


Figure 4.1 Response Rate

Source: Research Data, 2018

The number of questionnaires that were administered was 306. A total of 203 questionnaires were properly filled and returned. This represented an overall successful response rate of 66.3% as indicated on Figure 4.1. According to Mugenda and Mugenda (2003), a return rate of 50% is acceptable. A response rate of 66.3% is therefore good for the current study. .

The high response rate was achieved because the method of drop and pick was effective. The respondents who were busy were allowed more time to fill in the questionnaire before they were picked. Persistence by the researcher also played a role in achieving the high response rate.

4.2 Pilot Study

The reliability of an instrument refers to the degree to which an instrument yields consistent results or data after repeated trials. Reliability of this instrument was determined using Cronbach's Alpha which measures the internal consistency. Cronbach's Alpha value is widely used to verify the reliability of the construct. The results are presented in Table 4.1.

Table 4.1 Reliability Coefficient

Variable	Cronbach's Alpha	Number of questions	Conclusion
Consultation	0.791	4	Reliable
Collaborative planning	0.833	4	Reliable
Public Private Partnership	0.767	4	Reliable
Public Education	0.802	4	Reliable
Service Delivery	0.759	5	Reliable

Source: Research Data, 2018

The pilot test was carried out on 10% of the respondents. The respondents who participated in the pilot test were not included in the final study. The findings showed all the study variables had Cronbach's alpha's values of higher than 0.7. Cronbach (1951) suggestion is that a value of 0.7 and above is acceptable. Therefore, the variables used in the study were concluded to be reliable.

4.3 Demographics Analysis

This section contains results on demographic analysis which include; age of the respondents, Level of formal Education and Work Experience. The findings of the study are presented below.

4.3.1 Age of Respondents

The study sought to establish the age of the respondents. The results are as shown in Figure 4.2 below.

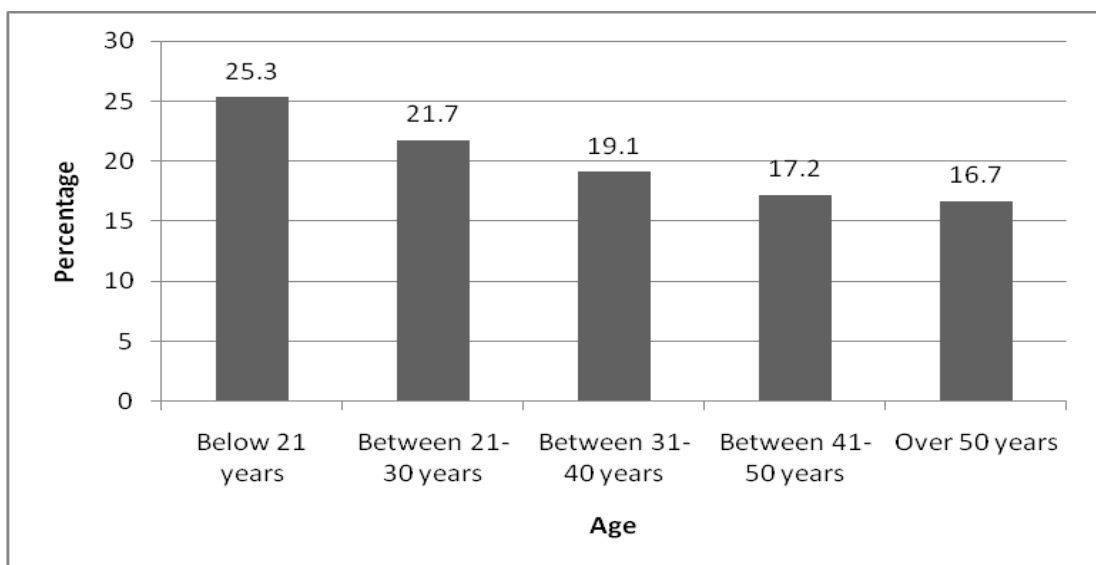


Figure 4.2 Age of respondents

Source: Research Data, 2018

Results on Figure 4.2 shows that 25.3% of the respondents were aged below 21, those who were aged between 21 and 30 years were 21.7% while those who were aged between 31 and 40 years were 19.1%. Moreover, the results of the study showed that 17.2% of the respondents indicated that they were aged between 41 and 50 years and

those who were aged above 50 years were 16.7%. The findings imply that majority of the citizens and staffs working in Garissa County are aged above 21 years.

4.3.2 Level of formal Education

The study sought to establish the level of education of the respondents. The results are as indicated in the figure 4.3 below.

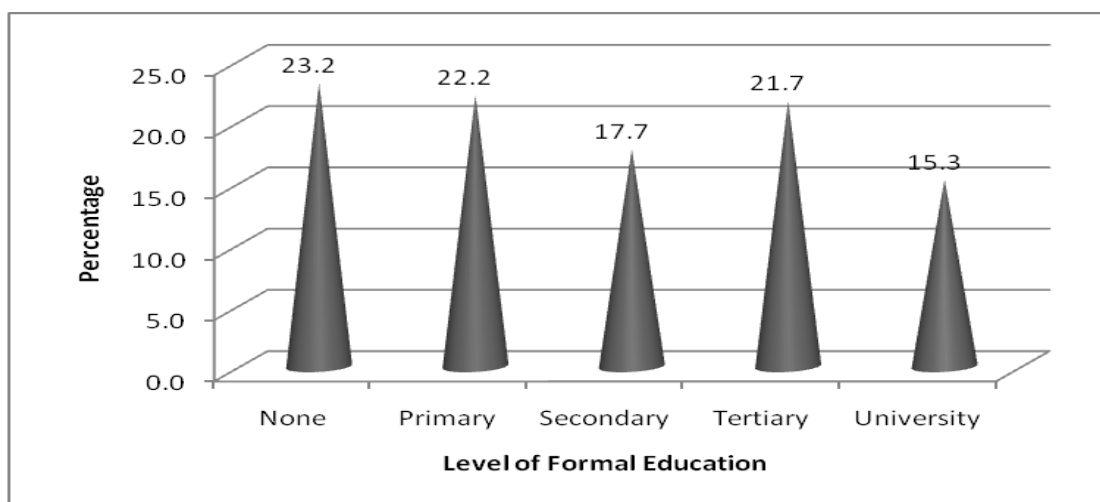


Figure 4.3 Level of formal Education

Source: Research Data, 2018

The findings showed that 23.2% of the respondents had no formal education, those who had primary education were 22.2%, those who had secondary education were 17.7% while those who had tertiary education were 21.7% while those who had university education were 15.3%. The findings imply that the respondents were literate. The results imply that most of the citizens of Garissa County have formal education. The results also show that majority of the staff working in health care sector at the county have tertiary and university education.

4.3.3 Work Experience

The study sought to establish the level of education of the respondents. The results are as indicated in the figure 4.4 below.

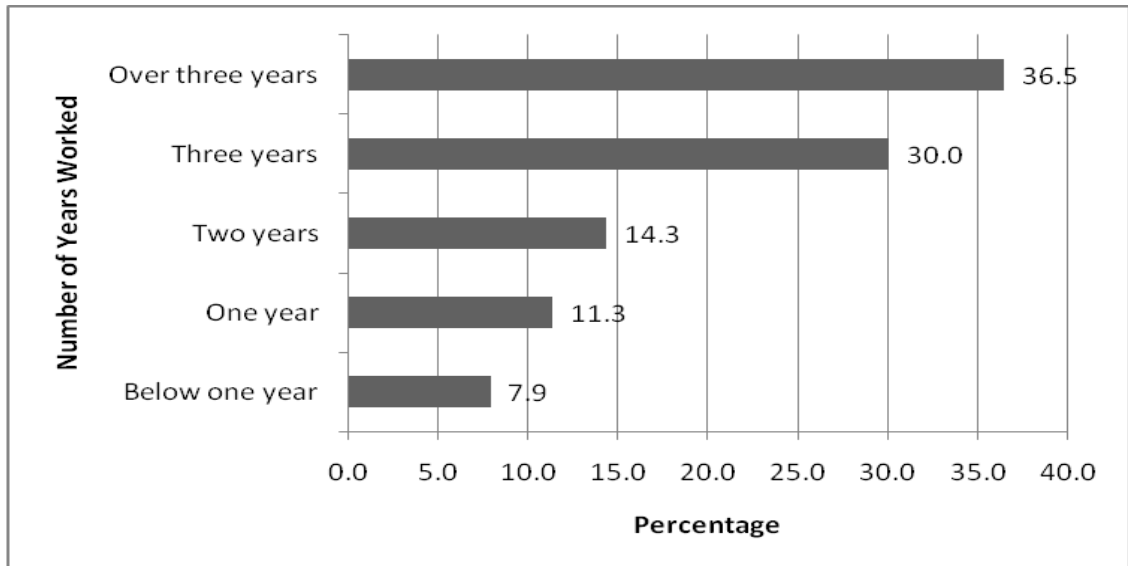


Figure 4.4 Work Experience

Source: Research Data, 2018

The findings revealed that majority of the staff working in Garissa health care sector have experience of over 3 years (36.5%), those who have experience of 3 years were 30%, those who possess experience of 2 years were 14.3% while those with one year experience were 11.3% and those with experience below a year were only 7.9%. This shows that majority of the staff working in health care sector have experience of above 3 years. Therefore, the staff working in health sector are well informed on the impact of citizen participation in service delivery.

4.4 Descriptive Analysis

Descriptive findings were used to determine the mean and standard deviation of the responses given by the respondents based on a Likert scale. A scale of 1 to five was used in the study. Quantification of Likert scale categories was carried out by allocating numerical values to the different categories so as to enable statistical representation of data. The data was analyzed using SPSS version 21 using the means and the standard deviation tables and it is from those the recommendations were drawn. The following mean range was used to arrive at the mean of individual indicators and interpretation.

Table 4.2 Mean Range

Mean Range	Response mode
1.00-1.49	Very Low extent
1.50-2.49	Low extent
2.50-3.49	Moderate extent
3.50-4.49	High extent
4.50-5.00	Very High extent

Source: Research Data, 2017

4.4.1 Service Delivery

The study sought to find out the extent to which the indicators of service delivery have changed. Respondents were asked to indicate the extent to which the indicators of service delivery have changed based on a Likert scale where 1= very small extent, 2= small extent, 3= moderate extent, 4= large extent and 5= very large extent. The summary of responses is as presented in Table 4.3 below.

Table 4.3 Service Delivery

Statement	Mean	Std Dev	Response Mode
Consistency of service delivery	4.38	0.93	Large extent
The responsiveness to patient's problem	3.25	1.37	Moderate extent
Empathy towards customers	3.79	1.14	Large extent
The speed of service delivery	1.95	0.81	Small extent
Level of accuracy in operation	1.95	0.81	Small extent
Average	3.07	1.01	Moderate extent

Source: Research Data, 2018

Results on Table 4.13 revealed that majority of the respondents indicated that the consistency of service delivery has changed to a large extent (Mean = 4.38), the responsiveness to patient's problem has changed to a moderate extent (Mean = 3.25). Moreover, results showed that most respondents indicated that empathy towards customers has changed to a large extent (Mean = 3.79). Regarding the speed of service delivery, the respondents indicated that it has changed to a small extent (Mean= 1.95). Lastly, the findings of the study revealed that majority of the respondents indicate that the level of accuracy in operation has changed to a small extent (Mean= 1.95). On average, the respondents indicated that the service delivery in healthcare sector in Garissa County has changed to a moderate extent (Average Mean = 3.07) and the responses indicated less variations from this mean as shown by a standard deviation of 1.01. The findings are consistent with the results of a survey conducted by the Kenya school of Government (2016) which indicated that the importance of public participation comes in many forms as helping the citizens in understanding the roles and jurisdiction of county governments, the services which the Counties are responsible for and also the challenges they face.

The respondents were also asked to indicate the changes in indicators of service delivery according to customer's comments in the customers' complaints and compliments box for the last five years and the results were used to draw a trend analysis as shown in Figure 4.5. The findings revealed that over the last five years, the number of compliments on service delivered at the organization has been increasing steadily while both the number of complaints and time taken to serve clients has been decreasing steadily for the last five years. These findings can be attributed to the increase in responsiveness of the employees in the public sector as well as the adoption of government e-strategy which has speeded service delivery. These results are consistent with the findings of a study by Aburoub et al, (2011) who indicated that customer satisfaction cannot be achieved without the fundamental contribution of the customer contact-employees who provide the service. Thus, front-line employees should stay focused on customers' needs by taking care of their complaints.

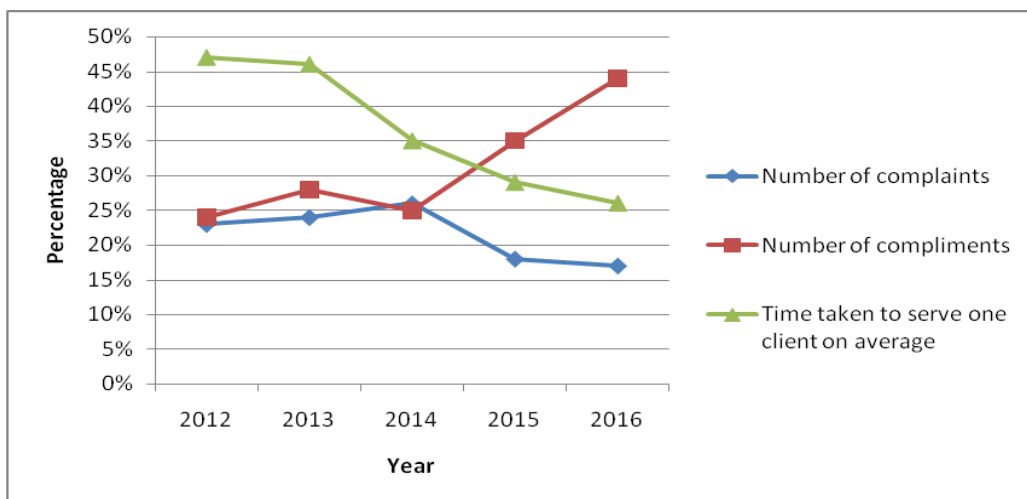


Figure 4.5 Trends in the Changes in Service Delivery Indicators

4.4.2 Consultation

The first objective of the study was to determine the effect of consultation on service delivery in the health care sector in Garissa County. The study asked the respondents to indicate the extent to which the citizens are consulted. Likert scale questions were asked on consultation and the summary of responses is as shown in Table 4.4 below.

Table 4.4 Consultation

Statements	Mean	Standard Deviation	Response Mode
Attitude surveys	1.97	0.83	Low extent
Open forum meetings	1.96	0.82	Low extent
Public hearings	3.32	0.88	Moderate extent
Visit of civic groups	4.76	0.63	Very high extent
Average	3.00	0.79	Moderate extent

Source: Research Data, 2018

The results indicated that the extent to which the citizens of Garissa county participate in attitude surveys is low (Mean= 1.97), the extent to which the citizens of Garissa county take part in open forum meetings is low (Mean = 1.96) and the extent to which the citizens of Garissa county participate in public hearings is moderate (Mean = 3.32). The findings also showed that the extent to which the citizens of Garissa county visit civic groups is very high (Mean= 4.76). On average, the findings of the study showed that the citizens practice consultation with Garissa county to a moderate extent (Average mean = 3.00). A standard deviation of 0.79 indicated less variation in the responses from the mean. The findings are consistent with the results of the study by Kabashome (2008) which showed that there was only minimal community

participation which inevitably leads to low levels of success, questionable ownership and sustainability of the projects.

4.4.3 Collaborative Planning

The second objective of the study was to establish the effect of collaborative planning on service delivery in the health care sector in Kenya. Likert scale questions were asked on collaborative planning and the summary of responses is as shown in Table 4.5 below.

Statements	Mean	Std Dev	Response Mode
Deliberations	2.21	0.79	Low extent
Participation in citizen advisory boards	2.36	0.88	Low extent
Participation in project feasibility analysis	3.47	0.75	Moderate extent
Participation in project implementation	4.03	0.56	High extent
Average	3.01	0.74	Moderate extent

Source: Research Data, 2018

The findings indicated that the extent to which the citizens carry out deliberations with the county is low (Mean = 2.11), the majority of the respondents indicated that the extent to which the citizens participate in citizens advisory boards is low (Mean = 2.36). Moreover, the results of the study showed that the citizens participate in county project feasibility analysis to a moderate extent (Mean = 3.47). Furthermore, the findings showed that majority of the citizens participate in project implementation in the county to a high extent (Mean = 4.03). On average, the citizens of Garissa county participate in collaborative planning to a moderate extent (Average mean= 3.01). A standard deviation of 0.74 indicated less variation in the responses from the mean. The findings are consistent with the results of a study by Musoke (2011) which

showed that the participation of people in the governance and growth discussion was highlighted as a tool for enhancing the ability of the underprivileged in the countryside in pursuit for poverty alleviation and good leadership.

4.4.4 Public-Private Partnership

The third objective of the study was to determine the effect of public-private partnerships on service delivery in the health care sector in Kenya. Likert scale questions were asked on public private partnership and the the summary of responses is as shown in Table 4.6 below.

Table 4.6 Public-Private Partnership

Statements	Standard		Response
	Mean	Deviation	Mode
Joint maintenance of structures	2.52	0.73	Moderate extent
Collaborative resource management	3.25	1.37	Moderate extent
Shared leadership roles	3.07	1.02	Moderate extent
Shared decision making	1.87	0.97	Low extent
Average	2.68	1.02	Moderate extent

Source: Research Data, 2018

The findings showed that the citizens participate in joint maintenance structures to a moderate extent (Mean = 2.52). The results also showed that the citizens participate in collaborative resource management to a moderate extent (Mean = 3.25). Moreover, the findings of the study indicated that most citizens share the leadership roles to a moderate extent (Mean = 3.07). The results of the study also showed that the citizens participate in shared decision making to a low extent (Mean = 3.91). On average, the

findings of the study indicate that majority of the citizens in Garissa county participate in public private partnerships to a moderate extent, (Mean= 2.68). The standard deviation indicate with a small variation of the responses from the mean (Standard deviation = 1.02). The findings are consistent with the results of a study by Ngondo (2014) which showed that project recipients had not been directly involved in either of the CDF projects operation teams throughout the CDF projects setting and execution, nonetheless, wherever involvement took place, their contribution was factored quite well and that completion limits were achieved to rally round set calendar, financial plan and integrity.

4.4.5 Public Education

The fourth objective of the study was to ascertain the effect of public education on service delivery in the health care sector in Kenya. Likert scale questions were asked on public education and the summary of responses is as shown in Table 4.7 below.

Table 4.7 Public Education

Statement	Mean	Std Dev	Response Mode
County information exchange	3.00	0.89	Moderate extent
Access to county websites materials	2.95	0.86	Moderate extent
Holding mutual workshops	3.16	0.99	Moderate extent
Mutual benchmarking	1.95	0.81	Low extent
Average	2.76	0.89	Moderate extent

Source: Research Data, 2018

Results on Table 4.7 indicates that majority of the citizens participate in the county information exchange to a moderate extent (Mean = 3.00). The results also indicated

that the citizens accesses the county website materials to a moderate extent (Mean=2.95). Moreover, the results of the study revealed that most citizens hold mutual workshops to a moderate extent (Mean= 3.16). Additionally, the findings indicated that the citizens of Garissa County conduct mutual benchmarking to a low extent (Mean= 1.95. On average, the results of the study showed that the citizens participate in public education in Garissa County to a moderate extent. There was also a small variation in the responses from the mean as shown by a standard deviation of 0.89. The results are also consistent with the findings of a study by Papa (2016) which showed that Busia County leadership demonstrates weak decision process involving public participation; acknowledged persons, funds, organizations and service provider necessary for carrying out an assortment of aspects of public contribution.

4.5 Correlation Analysis

The relationship between the variables used in the study was established using Pearson correlation analysis. Pearson Correlation coefficient indicates a linear association between two variables. A Pearson correlation coefficient always ranges between -1 and +1. A correlation coefficient of +1 show that the two variables are rightly connected in a positive linear sense; a correlation Coefficient of -1 show that two variables are related in a negative linear sense, and a correlation coefficient of 0 indicates that there is no linear association between the two variables. Correlations analysis results are as presented in table 4.8 below.

Table 4.8 Correlation analysis

Correlations		Consultation	collaborative planning	Public Private Partnership	Public education	Service delivery
Consultation	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	203				
Collaborative Planning	Pearson Correlation	.655**	1			
	Sig. (2-tailed)	0.000				
	N	203	203			
Public Private Partnership	Pearson Correlation	.496**	.485**	1		
	Sig. (2-tailed)	0.000	0.000			
	N	203	203	203		
Public Education	Pearson Correlation	.571**	.715**	.513**	1	
	Sig. (2-tailed)	0	0.000	0.000		
	N	203	203	203	203	
Service delivery	Pearson Correlation	.474**	.495**	.624**	.451**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	
	N	203	203	203	203	203

** Correlation is significant at the 0.01 level (2-tailed).

Source: Research Data, 2018

The findings indicated that consultation had a positive and significant association on service delivery in the healthcare sector in Garissa County ($r = 0.474$, $Sig = 0.000$). The findings are consistent with the results of a study by Waheduzzaman (2010) which found that there are multiple setbacks leading to the people’s participation incompetence. Some of the obstacles were lack of awareness and lack of a robust legal system for participation.

Moreover, the findings indicated that Collaborative Planning had a positive and significant association on service delivery in the healthcare sector in Garissa County ($r = 0.495$, $\text{Sig} = 0.000$). The findings are consistent with the results of a study by Musoke (2011) which showed that the participation of people in the governance and growth discussion was highlighted as a tool for enhancing the ability of the underprivileged in the countryside in pursuit for poverty alleviation and good leadership.

The findings also showed that public education had positive and significant association with service delivery in the healthcare sector in Garissa County ($r = 0.451$, $\text{Sig} = 0.000$). The findings agree with the results of a study by Kugonza and Mukobi (2016) which indicated that these issues has a positive effect on the general involvement of the respondents' in community administration projects by 10.2%, 19% and 22% in that order with regard to the coefficients of Pearson Correlation. The results are also consistent with the findings of a study by Papa (2016) which showed that Busia County leadership demonstrates weak decision process involving public participation; acknowledged persons, funds, organizations and service provider necessary for carrying out an assortment of aspects of public contribution.

Moreover, the results of the study revealed that public-private partnerships had a strong positive and significant association with service delivery in the health care sector in Garissa County ($r = 0.624$, $\text{Sig} = 0.000$). The findings are consistent with the results of a study by Ngondo (2014) which showed that project recipients had not been directly involved in either of the CDF projects operation teams throughout the CDF projects setting and execution, nonetheless, wherever involvement took place,

their contribution was factored quite well and that completion limits were achieved to rally round set calendar, financial plan and integrity.

4.6 Regression analysis

The study sought to determine the relationship between the citizen participation and service delivery at Garissa county health care sector. A regression analysis was used to test the study objectives with the equation being $Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$. The results for model summary, ANOVA and regression coefficients are presented in the tables below.

Table 4.9 Model Summary

R	0.667
R Square	0.445
Adjusted R Square	0.434

Source: Research Data, 2018

The regression results show that R was 0.667 which shows that the correlation between Citizen Participation and service delivery in the health care sector in Garissa County is positive. R squared is the fraction of the deviation in the dependent variable (service delivery in the health care sector in Garissa County) that can be accounted for by independent variables (consultation, collaborative planning, public-private partnerships and public education). The findings indicated that the Citizen Participation in this study account for up to 44.5% of the variations in service delivery in the health care sector in Garissa County. This therefore implies that other factors not studied in this study account for the remaining 55.5% of the service delivery in the health care sector in Garissa County and therefore further research need to be carried

out to establish those factors. Model significance was established and results presented on Table 4.10.

Table 4.10 Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.777	4	5.694	39.749	.000
Residual	28.365	198	0.143		
Total	51.142	202			

Source: Research Data, 2018

To test the fitness of the model in evaluating the effect of the independent variables on service delivery in the health care sector in Garissa County, two way ANOVA was conducted where the statistics ($F(4,198) = 39.749$, $p\text{-value} = 0.000$) was realized as shown in table 4.10 indicating that the model was significantly fit to be used in predicting the influence of the independent variables on service delivery in the health care sector in Garissa County. The model coefficients were finally determined as shown in Table 4.11 below.

Table 4.11 Regression Coefficients

	B	Std. Error	Beta	t	Sig.
(Constant)	1.194	0.17		7.042	0.000**
Consultation	0.098	0.064	0.112	1.528	0.128
Collaborative Planning	0.167	0.076	0.184	2.182	0.030**
Public Private Partnership	0.382	0.052	0.473	7.323	0.000**
Public Education	0.009	0.057	0.013	0.161	0.873

** Significant at 0.05 level

Source: Research Data, 2018

Optimal Model therefore is as shown below

$$\text{Service Delivery} = 1.194 + 0.098 (\text{Consultation}) + 0.167 (\text{Collaborative Planning}) + 0.382 (\text{Public Private Partnership}) + 0.009 (\text{Public Education})$$

The results of the study showed that there is a positive relationship between consultation and service delivery in the health care sector in Garissa County ($\beta = 0.098$). The relationship is insignificant implying that practicing more consultation with Garissa County does not lead to a significant effect on service delivery in the health care sector in Garissa County. The findings are consistent with the results of a study by Waheduzzaman (2010) which found that there are multiple setbacks leading to the people's participation incompetence. Some of the obstacles were lack of awareness and lack of a robust legal system for participation.

The results showed that there is a positive relationship between collaborative planning and service delivery in the health care sector in Garissa County ($\beta = 0.167$). The relationship is also significant implying that more participation in collaborative planning leads to a significant effect on service delivery in the health care sector in Garissa County. The findings are also consistent with the findings of a study by Mary (2009) which revealed that where the local residents at the community level are drawn in the classification of projects of main concern by incorporating their suggestions, they are normally dissatisfied as their much preferred projects are in most instances not applied and the society in general do not participate in the execution, supervision and assessment of such projects.

The findings also revealed that there is a positive relationship public private partnerships and service delivery in the health care sector in Garissa County ($\beta =$

0.382). The relationship is also significant indicating that more participation in public-private partnerships in the county leads to a significant effect on service delivery in the health care sector in Garissa County. The findings are consistent with the findings of a study by Mupenzi (2010) which showed that even though the longing to significantly engage citizens in society improvement projects, Ubudehe encountered several hindrances due to insufficient funds and hence poverty alleviation is still a subject in consideration amongst citizens in Rwanda.

The results also indicated that Public education positively affect service delivery in health care in Garissa County ($\beta= 0.009$). The relationship is insignificant implying that participating more in County public education does not lead to a significant effect on service delivery in the health care sector in Garissa County. The results are consistent with the findings of a study by Papa (2016) which showed that Busia County leadership demonstrates weak decision process involving public participation; acknowledged persons, funds, organizations and service provider necessary for carrying out an assortment of aspects of public contribution.

CHAPTER FIVE : SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, the conclusion and recommendations. This was done in line with the objectives of the study. Areas of further research were also suggested. This section presents a summary of the findings on inferential findings of correlation and regression. This aided the study in drawing the conclusions from which the recommendations were made.

5.2 Summary of Findings

This part of the study presents the summary of the study findings. The findings established low public participation among the citizens of Garissa in terms of surveys and open forums. There is low participation in public hearings. There is also a low participation in development plan preparation meetings. It was also established that there is low participation in collaborative planning practices through joint maintenance structures, collaborative resource management and shared leadership roles.

Correlation results indicated that consultation, collaborative planning and public education have a positive and significant association with the service delivery in the healthcare sector in Garissa County while public-private partnerships have a strong positive and significant association with service delivery in the health care sector in Garissa County. The regression findings indicated that the citizen participation account for up to 44.5% of the variations in service delivery in the health care sector

in Garissa County therefore further research need to be carried out to establish those factors.

The results for regression also showed that there is a positive and significant relationship between collaborative planning and public private partnerships with service delivery in the health care sector in Garissa County. In addition the regression results indicated that consultation and public education has a positive and insignificant effect on service delivery in the health care sector in Garissa County.

5.3 Conclusions

Based on the findings, the study concluded that consultation has a positive and insignificant effect on service delivery in the health care sector in Garissa County.

The study concluded that there is a positive and significant relationship between public private partnerships and service delivery in the health care sector in Garissa County. Another conclusion made by the study is that there is a positive and significant relationship between public private partnerships and service delivery in the health care sector in Garissa County. Lastly, it was concluded that public education has a positive and insignificant effect on service delivery in the health care sector in Garissa County.

5.4 Recommendations of the Study

Based on the findings, the study recommends Garissa County citizens to improve their attitude towards surveys and open forum meetings, participate more in public hearings and visitations of civic groups. This will improve the service delivery in the health care sector in Garissa County.

The study recommends the citizens of Garissa County to have more deliberations with the county since this can improve the service delivery in the health care sector in Garissa County. The study further recommends the citizens to participate more in County advisory boards, project implementation and in project feasibility analysis since this improves the service delivery in the health care sector in Garissa County.

Moreover, the study recommends the citizens of Garissa County to participate more in joint maintenance structures, collaborative resource management, in shared leadership roles and in shared decision making as this can improve service delivery in the health care sector in Garissa County.

Lastly, the study recommends the citizens of Garissa County to improve their information exchange in the County so as to boost their service delivery in the health care sector in Garissa County. The study also recommends the citizens of Garissa County to increase their access to the County website materials and participate more in mutual benchmarking and workshops so as to improve the service delivery in the health care sector in Garissa County.

5.5 Limitations of the Study

The had some challenges brought about by harsh climatic conditions which is common in the county. The study also had difficulty in commuting and accessing the citizens in the county due to poor infrastructural facilities and the rugged landscape. Language barrier and unwillingness to respond by some of the respondents also posed a challenge in undertaking the study. The study however delimited the problem of language barrier by the use of local residents as research assistants. This was an advantage since they understood the local language. Additionally, the researcher is an

inhabitant of Garissa County and is conversant with the local dialect spoken by the residents. The study also assured the citizens of their confidentiality by asking them not to indicate their names and that the study was going to be used for academic purposes only.

5.6 Suggested Areas for Further Study

The study recommends future scholars to carry more research to determine other factors that influence the service delivery in the healthcare sector in Garissa County since consultation, collaborative planning, public-private partnerships and public education only account for up to 44.5% of the variations in service delivery in the health care sector in Garissa County. Such factors can include the expertise and the facilities that are available in the healthcare sector in the county.

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APPENDICES

Appendix I: Introduction Letter

Dear Sir/Madam,

RE: ACADEMIC RESEARCH PROJECT

I am currently pursuing a master programme at Kenyatta University. One of the requirements for the award of the degree is to write a thesis in my area of study. The title of my research is *to establish the effect of citizen participation on service delivery in Kenya taking the case of healthcare sector in Garissa Count*. I am in the process of gathering data and I have identified you as one of the respondents in this study. I kindly ask you to take some time to respond to the attached questionnaire. The information you give will be treated with utmost confidentiality and at no time will your name be referred to directly. The information given will only be used for academic research purpose.

Thank you in advance for your time and cooperation.

Yours Sincerely,

Noor Dahir Yusuf

Research Student

Appendix II: Questionnaire

Kindly fill your responses in the space provided or tick (√) appropriately.

Section I: Background Information

1. Age

- Below 21 years
- 21-30 years
- 31-40 years
- 41-50 years
- Over 50 years

2. Level of formal Education

- None
- Primary
- Secondary
- Tertiary
- University

3. Work Experience

- Below one year
- One year
- Two years
- Three years
- Over three years

Section II: Citizen Participation

1. To what extent do the citizens practice the following forms of public participation in the county

Statement	Very low extent	Low extent	Moderate extent	High extent	Very high extent
Consultation					
Attitude surveys					
Open forum meetings					
Public hearings					
Visit of civic groups					
Collaborative Planning					
Deliberations					
Participation in citizen advisory boards					
Participation in project feasibility analysis					
Participation in project implementation					
Public-Private Partnership					
Joint maintenance of structures					

Collaborative resource management					
Shared leadership roles					
Shared decision making					
Public Education					
County information exchange					
Access to county websites materials					
Holding mutual workshops					
Mutual benchmarking					

Section IV: Service Delivery

1. Please indicate the extent to which the following indicators of service delivery have changed

Statement	Very Small extent	Small extent	Moderate extent	Large extent	Very large extent
Consistency of service delivery					
The responsiveness to patient's problem					
Empathy towards customers					
The speed of service delivery					

Level of accuracy in operation					
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2. Please indicate the changes in the following indicators of service delivery according to customers comments in the customers complaints and compliments box for the last five years

Statement	2016	2015	2014	2013	2012
Number of complaints					
Number of compliments					
Time taken to serve one customer on average					