

**CITIZEN PARTICIPATION IN MANAGEMENT OF DEVOLVED  
HEALTHCARE FUNDS IN EMBU COUNTY, KENYA**

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### DECLARATION

This thesis is my original work and has not been presented for award of degree in any other University.

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## **DEDICATION**

This work is dedicated to my children, Mwai Mwita and Njeri Mwita.

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## DEFINITION OF OPERATIONAL TERMS

A **Citizen:** is a an inhabitant of a city or town who is entitled to the rights and privileges of a freeman (Jones, 2018)

**Citizen participation:** is defined as a process in which ordinary people take part – whether on a voluntary or obligatory basis and whether acting alone or as part of a group – with the goal of influencing a decision involving significant choices that will affect their community (Wietse, 2020).

**Devolution** is the process of transferring decision-making and implementation powers, functions, responsibilities and resources to elected local governance structures (ICJ, 2017(5)).

**Management:** is the transformation of resources into utility (Fredmund Malik 1944)

**Healthcare funds:** are resources provided for funding healthcare delivery whereby

**Healthcare:** is the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people (WHO, 2018)

**Institutional framework:** is a set of rules used as the basis for producing statistics (statistical data and metadata exchange, 2014)

**Civic education:** variously known as democracy education is the provision of information and learning experiences to equip and empower citizens to participate in democratic processes (McCracken, 2018)

**ABBREVIATIONS AND ACRONYMS**

<b>CBO:</b>	Community-Based Organizations
<b>CDF:</b>	Community Development Fund
<b>CDFC:</b>	Community Development Fund Committee
<b>CORPS:</b>	Community Own Resource Persons
<b>HENNET:</b>	Health NGOs Network
<b>HERAF:</b>	Health Rights Advocacy Forum
<b>HSCC:</b>	Health Sector Coordinating Committee
<b>KEPSA:</b>	Kenya Private Sector Alliance
<b>LGUs:</b>	Local government units
<b>MCA:</b>	Member of County Assembly
<b>MoU:</b>	Memorandum of Understanding
<b>NGO:</b>	Non-Governmental Organization
<b>NHSSP:</b>	National Health Sector Strategic Plan
<b>PHP:</b>	Private Hospitals Consortium
<b>PMC:</b>	Project Management Committee
<b>WHO:</b>	World Health Organization

## ABSTRACT

Devolution of healthcare in Africa has been advocated as a response to most healthcare ills, and to facilitate greater citizen participation. Kenya, driven by the need to bring services closer to people has now joined countries like United Kingdom, Italy and Spain in having devolved health care system, hopefully to be like South Africa and Rwanda which have successful devolved healthcare in Africa. The main objective of this study was to investigate citizen participation in management of devolved healthcare funds in Embu County. This study used cross sectional descriptive design and mixed research design. The sample comprised of 20 Members of County Assemblies, 39 chiefs, 109 sub chiefs and 1,537 voters drawn from a population of 309,468 community members aged 18 years and above. Data analysis was done using descriptive statistics, correlation and regression analysis. The study drew a response rate of 91.3%. The average age of the respondents was 41.44 (SD  $\pm$  15.83) and having lived in Embu county an average of 40.22 years. On gender, males were 53.1% and females 46.9%. Manyatta constituency had 32.0% respondents, Runyenjes 28.1% Mbeere North 23.4% while Mbeere South had 16.5%. Majority were married (54.7%) with the least being divorced (5.8%). Respondents were almost evenly distributed among casual laborers, self-employed/business and farming (24.9%, 24.1%, 23.3%). The unemployed were 12.8%. Over 70% had attained secondary education and above while 5.1% lacked formal education. Level of citizen participation was low (27.2%) with voting being the activity that showed greatest extent of participation/involvement (44.7%). Groups and organizations which influenced participation were non-governmental organizations ( $p = 0.012$ ; OR=0.609) and political leaders ( $p=0.006$ ; OR=0.706). Individual characteristics that significantly influenced participation in management of devolved health care funds were constituency of residence ( $p = 0.004$ ; OR=1.186), occupation ( $p = 0.005$ ; OR=0.866) and highest level of education ( $p = 0.001$ ; OR=0.788). Budgeting and planning was the only positively significant area of citizen participation ( $p = 0.000$ ; OR = 0.28). Community's level of awareness on legal, policy and institutional frameworks was less than 30% across all 15 frameworks examined, where five were statistically significant. The strongest was Constitution of Kenya, 2010 Article 232(1)(d) with ( $p=0.000$ ; OR=3.832) others were Constitution of Kenya, 2010 Article 27 ( $p=0.000$ ; OR 0.203), Constitution of Kenya, 2010 Article 33( $p=0.033$ ; OR=3.315), County Governments Act section 91( $p=0.038$ ; OR=2.104) and Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179( $p=0.004$ ; OR=0.428). M&E was the only statistically significant institutional frameworks ( $p<0.01$ ; OR=0.384). On Community perception and experiences, process legitimacy and adequate access to information aspects were statistically significant with  $p<0.01$ ; OR of 0.354 and  $p<0.05$ ; OR of 1.298 respectively. The study concluded that Constituency of residence, awareness of the constitution of Kenya and adequate access to information were factors that greatly influence citizen participation with an OR of 1.186, 3.832 and 1.298 respectively. The study recommends that public participation needs to be facilitated and enhanced to improve service delivery in county governments in Kenya. Findings will be useful to County and National Governments policy designers as they formulate Legal and Institutional frameworks enabling Citizen Participation.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background to the Study

Devolution of health care, being itself a type of decentralization, is meant to change from central governance of the health system by allowing smaller administrative units design innovative models and interventions that suits their unique health care needs. This would in turn improve performance of the health systems (Okech, 2017). This is because smaller organizations, if properly structured and led, are more agile and accountable than are larger organizations (Bosire, Ghai J & Ghai Y, 2015). Devolution is defined as a process of transfer of political, administrative and fiscal management powers between central government and lower levels of government, whereby in Kenyan context the former are 47 elected county governments (ICJ, 2013; Murkomen, 2012).

Devolution has been advocated as a solution to non responsive health systems which resulted from highly centralized governments, and African countries are increasingly adapting it (WHO, 2018;). The WHO sees devolution of health care services as a method for promoting greater responsiveness to consumer preferences (WHO, 2018; 2017). Devolution of health care falls in Governance and leadership, which is a key pillar of health systems management (Okungu, 2019; WHO, 2010; 2017).

Across the globe, experiences in devolving the health function are both good and not so good. Some countries/regions have succeeded in rolling out devolution to improve health care; others have failed. In the Philippines, devolution of health care services in

1991 relatively increased resource allocation in addressing unique health needs and bolstered decision making power at the local levels though with limited evidence of citizen participation (Janet, 2018, Abrigo, Zhandra, & Danica 2017; Atienza, 2016). In the UK, devolution has allowed four divergent health systems (in Britain, Scotland, Wales and Northern Ireland) responsive to the uniqueness of their health demands to coexist (Greer, 2016).

Closer home devolution of health care has improved citizen participation and client voice, and promoted a better match between services, and recipient needs. A study carried out in Tanzania found that decentralized recruitment resulted in a more realistic distribution of human resources for health compared to centralized recruitment (Kigume *et al.*, 2018). Devolution of health care has improved accountability of elected local leaders and motivated public providers to improve service delivery. Rwandan devolution reform in the health sector has been a major success mainly because citizens are allowed to participate in planning, management and oversight albeit indirectly; that is through community-based organizations (CBOs) and health center community committees and cooperatives (Chemuoni, 2018). However, this is not the case in Mali where after over ten years of devolved health care, local governments' accountability is still wanting (Greer, 2018).

Kenya has now joined countries like United Kingdom, Italy and Spain in having devolved health care systems, whereby in Kenya, the aim has been to bring services closer to people, hopefully to be like South Africa and Rwanda which are success stories in Africa in health care devolution (Baker *et al.*, 2014, Barkan, 2016). This is

envisioned to improve public health by improving the efficiency of resource allocation and effectiveness of services provided by narrowing down social diversity to local preferences. These two can only be realized through accountability, reducing corruption and improving cost recovery, and reducing bureaucratic bottlenecks.

Chapter eleven of the constitution of Kenya (2010) on devolution stipulates the requirement for the transfer and distribution of some state functions to smaller, semi-autonomous units of government – the counties. Health is among the devolved functions. This now enables county governments under elected leadership the space to work out innovative models that suit their unique health needs, enough room to determine their health system priorities, and the power to make autonomous decisions on subsector resource allocation and expenditure. On the other hand, devolving the health function is not without challenges in matters equity, effective and sustainable health care. It requires harmony in health sector planning, budgeting, Monitoring and Evaluation at national and county levels. While devolution presents opportunities to improve health indicators in Kenya, it could also fuel inefficiencies, exacerbate existing inequities and precipitate policy and structural discord in the sector (Kim & Lee, 2019).

Among lessons learnt from other countries with devolved health care is that decentralization of authority and resources is not the main issue. The challenge is to develop or strengthen citizen participation avenues, so as to ensure accountability of those who decide and act on their behalf. If decentralization policies do not address public accountability, do not encourage participation of citizens, then it is not possible to know whether they have positive results. The World Bank warns that poorly and

hastily implemented devolution can adversely affect health service delivery (Liwanag & Wyss, 2018). It can also increase corruption conduits tremendously (D'Arcy & Cornell, 2016) Devolution must thus get the resource, policy and institutional imperatives of health service delivery right, as well as accountability in order to succeed. Kenya's emphasis on citizen participation in management of devolved Health care funds resonates with devolution success experiences, which shows that building bottom-up participatory mechanisms is a key ingredient to effective devolution.

## **1.2 Statement of the Problem**

The Larger portion of health service delivery has been devolved to the counties since 2013 (Constitution of Kenya, 2010) the exception being the National Referral Services. The constitution also characterizes a strong and enforceable bill of rights that has encouraged citizens to hold the government accountable, where one of the concepts addressed is the right to healthcare with a declaration that all Kenyans are entitled to the 'highest attainable standards of health', that includes the right to healthcare services. In addition, devolving of healthcare brings to the people powers to self-govern and enhances the participation of the people in the exercise of making decisions affecting them.

Financing of devolved health care is currently through budgetary allocation, through grants or donation from development partners/ charitable entities, through money raised by counties through taxes and licenses, and through loans. The counties have power to approach donors for funding. Due to the proximity of local governments to their communities, they are likely to be more transparent than national governments. One of

the aims of devolution is to create more intense citizen involvement in order to adjust service delivery models to the communities' specific needs. As such, the local government must have the authority to involve communities. The Kenya Health Policy 2012 – 2030 has outlined governance objectives under the new devolved outfit with emphasis on citizen participation and accountability in health service delivery, administration and management.

If not properly designed and implemented, devolution of health care might lead to translation of central government bureaucracy, inefficiency in utilization of finances and lack of accountability and citizen participation at the sub national levels. The process may be hijacked by political elites and with the governments limited ability to redistribute resources, the vulnerable may continue suffering. Since the quality of elected leadership may vary greatly, this may adversely affect the quality of personnel, decision-making and, consequently, the health service available in a county. Guidelines on citizen participation were released by the ministry of devolution in January 2016, three years into devolution (Ministry of Devolution and Planning, 2016). It is not yet clear whether Embu counties customized them to her own context, or whether they are in operation.

In Embu County, healthcare has been marred by inconsistencies in service provision, projects overlap and repeated industrial actions and threats by the providers. County's current budget to Health Care is Aprox. 2B, (31.3%); 80% goes to recurrent expenditure (Embu county fiscal strategy paper, 2016). Records of projects undertaken exist, but no information on citizen involvement. No accessible stakeholders register as required by law. In 2014, training by HERAF in Embu County found out that there was minimal

understanding among stakeholders on their role in devolved healthcare funds. It is against this backdrop that this study was conceived so as to fill the knowledge gap on citizen participation in management of devolved healthcare funds in Embu County.

### **1.3 Justification of the Study**

Devolution of Health care Services is relatively new, and citizens may not be adequately sensitized on their role in management. County leaders are elected mostly based on their political influence and hence may lack managerial skills; may favor projects that give them political mileage.

Earlier studies in Embu County have shown that Health Care stakeholders do not have adequate knowledge on their role in management of devolved healthcare funds. Most completed and ongoing projects are not necessarily responding to priority healthcare needs as listed on disease prevalence index, and there isn't much evidence of citizen participation either.

Devolution happened at the same time in all counties; hence findings from one county will give an indication of what could be happening in all 47 counties. Community members create the bulk of Health Care stakeholders, from which a sample of 10% was drawn as primary respondents, which was adequate for descriptive study. Community Health Committees, Chiefs, Members of County Assemblies and sub Chiefs are community representatives. Through them citizens participate indirectly. Their input as secondary respondents enriched the study with in-depth information.

## 1.4 Research Questions

The study sought to answer the following questions:

1. What are the individual characteristics that determine citizen participation in management of devolved healthcare funds in Embu County?
2. What are the areas of citizen's participation in the management of devolved healthcare funds in Embu County?
3. What is the community's level of awareness of laws, regulations and policy guidelines regarding the management of devolved healthcare funds in Embu County?
4. What is the effectiveness of the current legal and institutional frameworks in enabling community participation in the management of devolved Health Care funds in Kenya?
5. What are the community's perceptions and experience in the management of devolved healthcare funds in Embu County?

## 1.5 Hypothesis

The following are the hypothesized relationship between the independent variables and the dependent variable;

$H_{01}$  There is no significant relationship between individual characteristics that determine citizen participation and management of devolved healthcare funds in Embu County

- H<sub>02</sub> There is no significant relationship between areas of citizen's participation and the management of devolved healthcare funds in Embu County
- H<sub>03</sub> There is no significant relationship between community's level of awareness on legal, policy and institutional frameworks and the management of devolved healthcare funds in Embu County in Kenya
- H<sub>04</sub> There is no significant relationship between effectiveness of current legal and institutional frameworks and the management of devolved healthcare funds in Embu County in Kenya
- H<sub>05</sub> There is no significant relationship between community perception and experiences and the management of devolved healthcare funds in Embu County in Kenya

### **1.6 Objectives of the Study**

The main objective of this study was to investigate citizen participation in management of devolved healthcare funds in Embu County. This study was guided by the following specific objectives;

1. To establish individual characteristics that determine citizen participation in management of devolved healthcare funds in Embu County.
2. To find out areas of citizen's participation in the management of devolved healthcare funds in Embu County
3. To establish the citizens' awareness of laws, regulations and policy guidelines regarding the management of devolved healthcare funds in Embu County

4. To ascertain the effectiveness of current legal and institutional frameworks enabling citizen participation in the management of devolved Health Care funds in Kenya
5. To determine the citizens' perceptions and experience in the management of devolved healthcare funds in Embu County.

### **1.7 Delimitation and limitation**

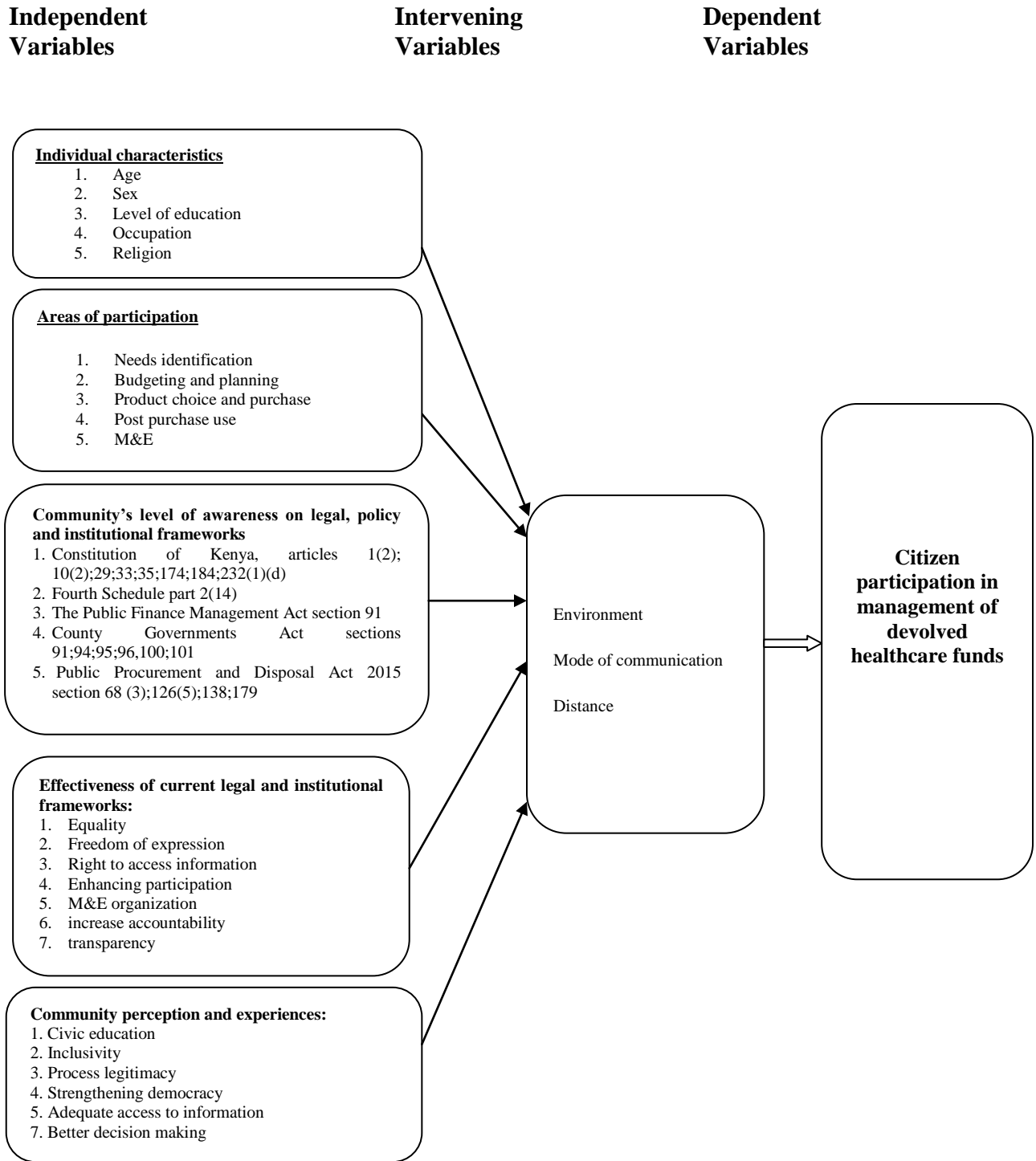
This study was restricted to five variables: individual characteristics, areas of citizen's participation, citizens' awareness of laws, regulations and policy guidelines, effectiveness of current legal and institutional frameworks and citizens' perceptions and experience. It was also restricted to Embu county citizens.

Embu County comprises of former Embu and Mbeere districts. The later is largely semi arid, has a lower population and consequently have less representation in the county leadership unlike the former. This may have affected their perception of inclusivity and responses. To cater for the low population in these areas, stratified sampling was carried out.

### **1.8 Conceptual Framework**

This study sought to assess the level of citizen participation in management of devolved healthcare funds in Embu County in Kenya. The independent variables were; individual characteristics, areas of citizen's participation, citizens' awareness of laws, regulations and policy guidelines, effectiveness of current legal and institutional frameworks and citizens' perceptions and experience. On the other hand the dependent variable was citizen participation in the management of devolved healthcare funds whereby

parameters were needs identification, budgeting and planning, product choice and purchase, implementation, monitoring and evaluation and post purchase use.



Source: Adapted from Mohammed *et al.*, (2015)

Figure 1.1: Conceptual Framework

### **1.9 Significance of the Study**

Findings will be useful to county and national governments to come up with strategic interventions as well as to policy designers as they formulate legal and institutional frameworks enabling citizen participation. Findings will also show existing gaps in citizens' awareness of laws and policy guidelines regarding the management of devolved Health Care funds and contribute to attaining national health objectives as articulated in vision 2030 and sustainable Development Goals; goal number three.

Finally, this study will provide valuable literature review to other researchers and give a base upon which further studies can be conducted especially in other counties.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter presents a review of literature on the level of community participation in management of devolved healthcare funds, the theoretical review and the conceptual framework of the study.

### **2.2 Citizen Participation**

Citizen participation can be direct or indirect, and can be defined as the manner in which citizens exercise influence and control over the decisions that affect them (Odhiambo, 2015), thus enabling their voice over public decisions (Chemuoni, 2018). A study carried out in Kenya on public participation in management of projects in 2014, just one year after rolling of devolution, showed low citizen participation. This was followed by a finding that less than forty (40) per cent of citizens were satisfied with the projects undertaken by devolved governments, their effectiveness and efficiency, and completion rate (Muriu, 2014).

Citizen participation in management of health programs is a concept that has been supported by various studies (Conklin, Morris & Nolte, 2010). It has been recognized as a core element in needs identification, health promotion and community development, thus a major health reform (Kigume 2018; Lodenstein & Dao, 2011). A study in British Columbia showed that that low or lack of citizen participation in health resource allocation resulted in uncoordinated health care at the local level, which are both poorly planned and managed. Royal Commission on Health Care and Costs (1991) then

suggested creation of Regional Health Boards and Community Health Councils in 1993, characterized by greater public participation. It is reported that this improved conceptualization of the health system and its governance.

In their conclusion, Conklin, Morris, & Nolte (2010) stated that participation of local citizens could assist in the formulation of sound medical policies. Recent research findings also agree that citizen participation can improve management of healthcare funds. This participation however, requires different types and levels of expertise (Williamson, 2014). The level of participation is dependent on enhanced level of information (Barnes *et al.*, 2010). In Canada, for example, members of local health authorities work with the assistance of a variety of professional staff with a health systems background through continuous education, to make informed decisions especially on planning and evaluation of health projects (Small, 2019). In the United States, Ebdon (2012) carried out a study on citizen Participation in the Local Government Budget Process. Interviews were conducted with budget directors in twenty eight (28) mid-western cities. It was reported that participation was found to affect budget decisions. Public hearing was the primary formal opportunity for input in most cities. However, budget complexity and citizen disinterest were cited as the hindrances to participation.

In Ghana, Aloryito (2020) conducted a study on improving citizens' participation in local government planning and financial management. The author argue that participation of stakeholders in decision making on planning, budgeting and financial

management of local government agencies was minimal, despite agreeing that it was an important. This marginal involvement is one of the most structural challenges confronting Ghana's decentralization process and local government financial management. The results of the study indicated that space for local participation was insufficient and that most of the stakeholders lacked proper enlightenment of the planning, budgeting and the financial management systems. No clear and documented procedures for community engagement in the monitoring and evaluation of development interventions existed (Aloryito 2020).

### **2.2.1 Areas of Citizen Participation**

Direct citizen participation occurs when citizens are, in person, actively engaged in decision making processes, while indirect participation includes activities such as voting or supporting advocacy groups, or when citizens select or work through representatives who make decisions on their behalf (Bonnemann, 2012). Different processes of citizen participation have been identified, including self-help groups, coalitions, committees, forums, focus groups, and so forth (Roffe, 2017).

Within any community, various groups have different health interests which are closely pegged to economic, social, and political factors. (Roffe, 2017; Richardson, 2015). Consequently, segments of a population may have divergent values and priorities other than those forwarded by the decision making segment (Stewart E. 2012). Lay participants therefore, play a key role in representing and acting for the broader community or protecting the interests of vulnerable or marginalized groups in society

and ensuring effectiveness and efficiency in allocation of the scarce resources appropriately address health needs (Bonnemann, 2012; Chapman *et al.*, 2017).

A call for citizen participation in resource allocation is not a new concept. In the past century, Frederick Cleveland, being one of the founders of the New York Municipal Research Bureau, noted it was the responsibility of both elected leaders and citizens to ensure that that government was both responsive and efficient (Kasymova, 2014). Recently, a study was carried out by Muriu, (2014) to investigate how direct citizen participation impact service delivery in the period 2002-2010. The findings were that citizens' influence on delivery of services was marginal, as a result of minimal direct participation of citizens. The study made a conclusion that in as much as citizen participation was marginal, initial steps had been taken on which the devolved governments could build on. Another study done by Gikonyo, (2015) on devolution and citizen participation found that there were low citizen participation levels, greatly influenced by the demographic characteristics of sex, age, marital status as well as education levels. Citizen participation also differed based on the different stages of the project cycle. Most of the people participated in the feedback after the project while the least contributed at the inception stages. Local institutions of the CDF, namely the Community Development Fund Committee (CDFC) and the Project Management Committee (PMC) are very instrumental in people participation. However, they have not done enough to encourage citizen participation despite the fact that people feel they have the potential to encourage them to participate (Vertesy, 2017).

### **2.2.2 Perceptions and experience in the management of devolved healthcare funds**

Research findings in Kenya show that communities are positive that introduction of citizen participation in vital decisions regarding health care has improved accessibility to health care services (Chapman *et al.*, 2017). Similarly, another study reported that the general perception of communities was positive, with community ownership and running of health facilities ran through community health committees (CHC) (Barkan, 2016). However, citizens were not aware of the need for individual or direct participation therefore maintained that there is no responsibility described for the community members to play in management of the health care facilities. In line with these findings, Magadi *et al.*, (2010) reported that the communities agree there is effort to support their participation in health through numerous policies, strategies and agendas which with time can only reverse and raise their participation.

### **2.2.3 Legal and institutional frameworks**

Kenya's way of governance has been changing, although at a slow pace from centralized structures at independence to the current devolved governments which are democratic and autonomous. Though huge milestones have been achieved, challenges still exist in the quality citizen participation. Direct and indirect citizen participation in health services has been acknowledged by Government in different policy documents to help the country achieve a desired, all inclusive health system. Among these are: the Kenya Health Policy Framework of 1994, the National Health Sector Strategic Plan (2005-10) and other sector strategic measures for 2008 to 2012 that shows the need for strong partnerships, such as the private institutions, civil society institutions and communities. The national Kenya Vision 2030 encourages strong public private

partnerships in health services and as a result, there has been a call at both national and county levels to aggressively engaging citizens, civil society institutions and other partners in health policy discussions and planning. Nevertheless, there are aspects that still restrict communities' participation in health provision, such as ignorance of their rights; restricted decentralization in the administration of health centers; weak referral structures and the weak policy, legal and organizational frameworks thus leading to increased costs and ineffectiveness in the structure.

The Ministry of Health has partnered with the private sector and Non-Governmental Organizations towards supporting the partnership in the framework of the public private partnerships (PPPs). Previously, numerous workshops have been organized to find out areas of partnership, come up with guidelines for the partnership and the suitable systems (Magadi *et al.*, 2010). Another study indicates that Faith Based and Civil Society institutions also play a great role in reaching the communities at the grassroots level. Thus, creating a good atmosphere for their operation is vital towards realizing the health objectives and communities participation (Vertesy 2017). Towards this end, a Memorandum of Understanding (MoU) was assented to in 2009 between the state Government and the Faith Based Organizations in health. The MoU offers a framework for partnership in utilization of resources, policy discourse and enhancing access to high quality healthcare.

#### **2.2.4 Awareness of laws, regulations and policy**

The communities' level of awareness on health care, legal and institutional frameworks greatly varies. Information is power. Legal awareness promotes citizens awareness and

empowerment to participate in matters that concern them, and advocate for their rights. The District Focus for Rural Development strategy offers systems for participatory growth up to the village level. The Village Health Committee is the lowest level of participation for citizens at the grassroots. Where they have been efficient, citizens' awareness of regulation and policy that affect them is higher, especially when community own resource persons (CORPS) are part. The issue of academic level, sex and age determines community's participation in civic education, hence awareness of laws and regulations influencing health services provision (Vertesy, 2017).

The most active system that promotes civic education has been the District Health Stakeholders Forum (Chapman *et al.*, 2019). Other nongovernmental organizations like HERAF have been educating civil society and public about the Constitution, their rights and responsibilities as envisioned in the New Constitution, with an emphasis on health related provisions and opportunities. At the national level, the systems for the Sector Wide Approach in health take to consideration the need to partner with all the players in policy discussions, planning and sector evaluation. In this case, the NGOs, through the Health NGOs Network (Hennet) as well as the private sector through the Kenya Private Sector Alliance (KEPSA) and Private Hospitals Consortium (PHP) are part of the Health Sector Coordinating Committee (HSCC). The committee brings together membership from all vital development partners and government agencies, such as Ministry of Finance (Nizam *et al.*, 2015). Researchers say that improved enhanced engagement of civil society and citizens in policy and legislative process under the New Constitution will contribute to the formulation effective implementation and passing of

new health policies and legislations conforming to the right to health provisions in the new Constitution (Kim, & Lee, 2019).

### **2.2.5 Effectiveness of current legal and institutional frameworks**

The current legal and institutional frameworks in health care are partly effective and partly ineffective. A previous study argues that the participation of communities in health provision will be dependent on the state of government and effectiveness of sectoral strategic plans (Kim & Lee, 2019). The Kenya Health Policy Framework of 1994 is hailed for having created a good environment to support NGO, Local Authority, Private and Mission sector partners in health. The National Health Sector Strategic Plan I (NHSSP I) too appreciated the call to encourage partnerships. This was followed by succeeding of staff to non state actors and eventually, offering health commodities to these health facilities. This was later strengthened by the NHSSP II (2005-10). Consequently, the supporting of the public private associations in health is noted as one of the priority ventures to be carried out during the period (Nizam *et al.*, 2015). The Kenya Vision 2030 appreciates the fact that the participation of the private sector and other partners as significant to meeting state development goals. A health policy is said to be effective if it achieves what it purported to achieve.

## **2.3 Theoretical Framework**

### **2.3.1 Decentralization Theory**

Devolution is one type of decentralization. Decentralization theory indicates that the national government transfers without conditions may encourage laxity with the County governments in their revenue collection. As indicated by the fiscal federalism theory,

public goods and services decentralization with localized effects may improve efficiency. Nevertheless, this prescription is general, as what is considered as "local" is expected to be different in various settings. In relation to the health care sector, specifically, there is little guidance on the most efficient level of provision of health services. However, a trend towards the decentralization of health care is becoming common in many nations (Oates, 2008).

Decentralization Theory relies on Musgrave's and Oates' notion on "*Fiscal federalism*" which contends that the Central Government should retain responsibility for the macroeconomic stabilization function and income redistribution aimed at enhancing equity poor (Musgrave 1959, Oates, 1999). According to Musgrave, there are three economic functions that should be assigned to the Government: stabilization, distribution and allocation. In public finance theory, the stabilization function is assigned to the Central Government, distribution task should be the responsibility of the central or sub-central levels of Government while allocation function, the provision of public goods and services is best placed with local Government organs. Oates formulated the decentralization theorem which confirms the inefficiency of uniform service provision by central Government. He argues that if there are no economies of scale from centralized provision, welfare can be maximized by diversifying services in accordance with local needs.

Decentralization is therefore, regarded as a process that enables transfer of powers; functions, responsibilities and resources from central government to decentralized entities, with an aim of improving public administration by empowering local

authorities to be the planning and decision-making bodies and thereby enhancing the capacity of Government to achieve citizen participation as indicated by stakeholders theory.

### **2.3.2 Stakeholders' theory**

According to Werhane (1998), managers are expected create value for stakeholders not just shareholders thus create a shared sense of the value they create. It also pushes managers to identify who the stakeholders are and their interests. There must be a deliberate effort to minimize cost and wastage, improve on the product and contribute to the development of the community from which the organization draws its resources and sustenance. Stakeholder theory is Managerial because it reflects and directs how managers operate rather than primarily addressing management theorists and economists. If devolved funding is to impact positively on the social economic welfare of the citizens, the managers of the funds must first map out how to serve them and focus on delivering the purpose of these funds (Werhane, 1998).

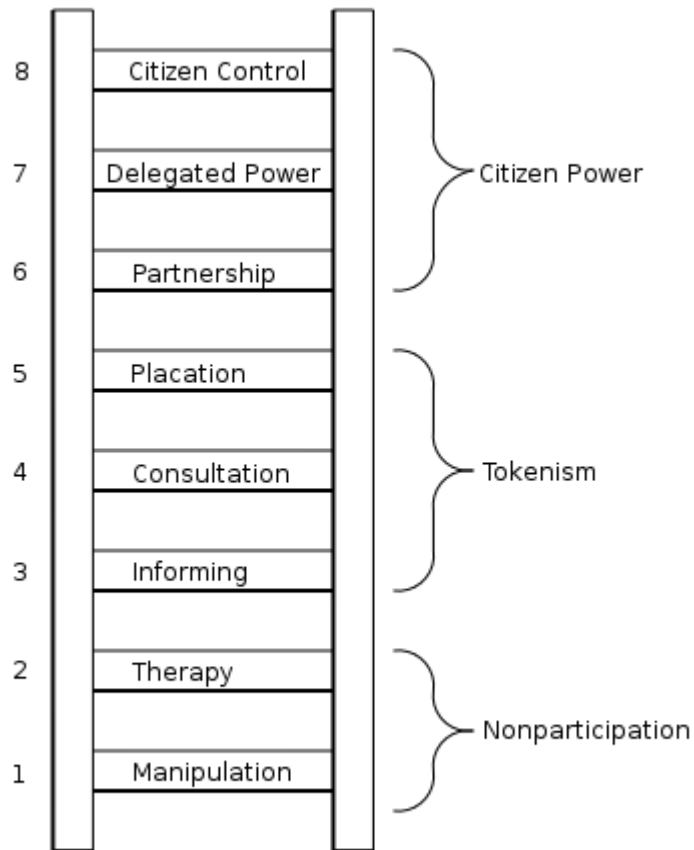
### **2.3.3 Agency theory**

The theory focuses on the relationship between principals who organizes work and agents who executes the work. Therefore, principals must select the best agents and create inducements for them to behave as intended. Principals must also monitor their agents to ensure that they are performing as agreed. Agents' goals should be subordinate to the principals goals. Problems emerge when the agents' goals conflict or when it is difficult or expensive for the principal to verify what the agent is actually doing (Rees, 1985).

In devolution of health care funds the same principal-agency relationship exists: the national government being the principal and the democratically elected devolved governments being the agents. If the relationship between the two parties is not well checked, then the problems associated with the agency theory, like the information asymmetries are bound to occur thus limiting the impact of the devolved healthcare fund. Conflict of interest can be another bottleneck, as in where the government may want to create projects that will improve the lives of the target groups, and County governments' wants may initiate populist projects that give them political mileage.

#### **2.3.4 Arnstein's ladder of Citizen Participation**

Arnstein's ladder of citizen participation describes different levels of citizen involvement in decision making, using a ladder as a metaphor (Arnstein, 2019). The ladders shows a graded movement upwards through 8 steps, from manipulation of citizens at the base (1) through consultation (4) to citizen control at the top (8).



Source: Arnstein (2019)

**Figure 2.1: Arnstein's ladder of Citizen Participation**

### **Non-Participation**

The first two steps on the ladder of participation are considered “Non-Participation”. Manipulation usually has an appearance of participation, with the creation of community representation (Wietse, 2020). However, these groups are only used by those in power to disguise the use of citizen participation. They have no control, neither are their suggestions taken.

In therapy, the experts set the tone and agenda of the community participatory forums (Stewart, 2013).

### **Tokenism**

The informing level of participation is where citizen forums actually happen, but citizen involvement stops at being told by the leaders what is happening, or will happen in the future (Choguill, 1996). Minimal or no engagements take place. To silence dissenting voices, at times information is given at a very late stage of the process when little or no changes can no longer be made. In-depth details are withheld and questions discouraged (Stewart, 2013).

In consultation, citizen views are actually collected mostly surveys (Collins & Ison, 2009). However, that's all the citizens participate in; they never get to see the results. This in turn it creates a distrust between community members and those in power, undermining future attempts at citizen participation (Wietse, 2020).

Placation an improvement of consultation, where the organizing committees and boards picks citizen representatives to sit on the decision making boards. The community feels like they have more access to power and that their interests are safeguarded. Unfortunately, it is just one voice among many others, and can easily be ignored or overruled when final decisions are made. (Janet 2018).

## **Citizen Power**

At this level citizens have actual control over the process, at least partly. If citizens are well organized and articulate their issues well, then their voice carries the day (Wietse, 2020). Partnership involves some level of control and power has been given to citizens. Power is shared equally between citizen groups and local policy makers. In Delegated Power, citizens have been given more power in the decision-making process than the power holders. This gives citizens a sense of ownership over the state of their community (Stewart, 2013). Citizen Control is the final level and allows citizens to be in complete control over the management decisions, and to allocate resources as they per their needs

## **2.4 Summary of Literature Review**

The reviewed literature indicates that citizen participation in health care devolution and implementation is rare in Kenya. The literature reviewed fails to fully explain the areas of citizen participation as well as showing how each of the variables relate to participation in management of devolved healthcare funds. However, literature reviewed presents a hint of the existence of some relationship.

## **CHAPTER THREE: MATERIALS AND METHODS**

### **3.1 Introduction**

This chapter presents the methodology that was used in this study. The chapter begins with a research design, followed by the target population, sample size and sampling technique, data collection instruments, pilot test, data analysis and ethical considerations.

### **3.2 Research Design**

This study employed cross sectional descriptive research design approach. The method was chosen as it would show community participation in management of devolved healthcare funds, effectiveness of current legal and institutional frameworks governing these funds; and bottlenecks surrounding accountability in use of devolved healthcare funds at the county at single point in time (Aggarwal, 2019).

In addition, the study adopted a mixed research design. Mixed methods research is a methodology for conducting research that involves collecting, analyzing and integrating quantitative (surveys) and qualitative (focus groups, interviews) research (Schoonenboom & Johnson, 2017). This approach of research was adopted as the integration provides a better understanding of the research problem than either of each alone.

### **3.3 Variables**

#### **3.3.1 Independent variables**

The independent variables in this study included: Individual characteristics, areas of citizen's participation, citizens' awareness of laws, regulations and policy guidelines, effectiveness of current legal and institutional frameworks and citizens' perceptions and experiences.

#### **3.3.2 Dependent variable**

The dependent variable in this study was citizen's participation in management of devolved healthcare funds.

### **3.4 Location of study**

The study was conducted in Embu County which was purposefully sampled. It is one of the 47 counties in Kenya, and one the nine counties in Eastern region created under the Kenya Constitution 2010. It occupies a total area of 2,818 square kilometers. It borders Kirinyaga County to the West, Kitui County to the East, Machakos County to the South, Murang'a County to the South West, Tharaka Nithi County to the North and Meru to the North West. Embu County is located approximately between latitude 0008' and 00050' South; and longitude 3703' and 3709' East

The population of Embu County is estimated to be 577,390 people comprising of 284,442 males and 292,947 females. This has been projected from the population census 2009 at a population growth rate of 1.4% per annum

### 3.5 Study Population

Population is defined as an entire group of individuals, events, or objects having a common observable characteristic (Schoonenboom & Johnson, 2017). The study population according to Mugenda and Mugenda (2003) is a part of the population drawn from the entire or universe. The study population of this study was the community members and leaders in Embu County. All constituencies (4) within the Embu County were sampled. The population of this study was 20 MCAs, 39 chiefs, 109 sub chiefs and 309,468 community members aged 18 years and above, and are registered voters in Embu County.

#### 3.5.1 Inclusion and exclusion criteria

The inclusion criteria was that all citizens 18 yrs and above, eligible to vote in Embu county would participate in the study while the exclusion criteria was that those deemed not to be of sound mind and citizens who had stayed in Embu for a period less than three years did not participate in the study as shown in table 3.1 below.

**Table 3.1: Study Population**

Constituency	MCAs	Chiefs	Sub chiefs	Registered voters
Manyatta	6	7	33	<b>99,339</b>
Runyenjes	6	13	34	<b>86,977</b>
Mbeere N	3	8	17	<b>51,009</b>
Mbeere S	5	11	42	<b>72,143</b>
<b>Total</b>	<b>20</b>	<b>39</b>	<b>109</b>	<b>309,468</b>

Source: Literature (2017)

### 3.6 Sampling Technique and Sample size determination

#### 3.6.1 Sampling Techniques

Embu County was purposefully sampled; all four constituencies within Embu County were sampled. For quantitative data, Systematic random sampling was used to select respondents, where in every Kth household (147,292 households) one respondent was interviewed. In cases where there are more than one eligible respondents in a household, only the head of the household was interviewed. The study used stratified random sampling technique to select community members from the study population. The study was voters based targeting all persons aged over 18 years and above and who must at the time of the study be registered voters who met the set inclusion criteria in all the four constituencies. Proportionate stratification was used to select the sample size per constituency. In proportionate stratification, a random sample from each stratum is taken in a number proportional to the stratum's size when compared to the population (Mohsin, 2016). These strata subsets are then pooled to form a random sample. Stratified random sampling was chosen because it gives a representative sample. The sample size in each of the strata was determined by use of the following formula;

$$n_h = ( N_h / N ) * n$$

Where;

$n_h$  is the sample size for stratum  $h$ ,

$N_h$  is the stratum  $h$  population size,

$N$  is total population size, and  $n$  is total sample size.

Purposive sampling was used to select staff working the Ministry of Health in the county, chiefs, MCAs and sub chiefs for qualitative data. The researcher believed that the staff working in the Ministry of Health had the required information on community participation, and how this affects healthcare delivery. Purposive sampling was also used to select County Health Committees as key informants.

### 3.6.2 Sample Size determination

The objective of the sample size determination was to produce a representative sample of participants involved in the study for purposes of reducing bias. According to Mugenda and Mugenda (2003) sample size must be large enough to be representative of the universe population. Kothari (2004) stresses that sample size chosen by the researcher should be capable of giving enough information about the population and one which can be analyzed with ease. Since the population of the MCAs (20), chiefs (39) and sub chiefs (109) is small a census approach was used.

For community members, the following formula by Fisher *et al.*, (1998) was used to calculate the sample size:

$$n = \frac{z^2 pqD}{d^2}$$

Where:

n = Desired sample size (when population is more than 10,000)

Z= The standard normal deviate, usually set at 1.96, which corresponds to the 95% confidence level (normal curve)

p= Sample proportion in the target population assumed to be participating in management of healthcare funds in Embu is 50% (0.5).

$$q = 1 - p$$

D = Design effect = 4 (four constituencies (within one clusters) participating in the study)

d = Degree of accuracy

The sample size is calculated as follows:

$$Z = 1.96; P = 0.5; q = 1 - P; D = 4; d = 0.05$$

$$n = \frac{1.96^2 \times 0.5 \times 0.5 \times 4}{0.05^2}$$

$$n = 1537 \text{ (voters)}$$

**Table 3.2: Registered voters Embu county year 2017**

<b>Constituency</b>	<b>No. of Wards</b>	<b>Registered Voters</b>
<b>Manyatta Constituency</b>		<b>99,339</b>
Ruguru - Ngandori	6	17,404
Kithimu		10,826
Nginda		17,519
Mbeti		16,617
Kirmari		27,605
Gaturi South		9,368
<b>Runyenjes Constituency</b>		<b>86,977</b>
Gaturi North	6	13,944
Kagaari South		12,097
Central		15,193
Kagaari North		15,940
Kyeni North		13,579
Kyeni South		16,224
<b>Mbeere North Constituency</b>		<b>51,009</b>
Nthawa	3	17,110
Muminji		9,077
Evurore		24,822
<b>Mbeere South Constituency</b>		<b>72,143</b>
Mwea	5	16,826
Makima		10,623
Mbeti South		17,775
Mavuria		19,025
Kiambere		7,894
<b>Total</b>	<b>20</b>	<b>309,468</b>

(Source: IEBC, 2017)

Simple Random Sampling (SRS) procedure proportionate to size was used as it had assigned an equal probability of selection for each of the 309,468 voters in determining a sample size of 1,537 voters. Random sampling procedure proportionate to size was adopted as follows in table 3.3:

**Table 3.3: Proportionate Sampling**

<b>Constituency</b>	<b>Registered Voters</b>	<b>Sample determination</b>	<b>Kth household</b>
<b>Manyatta</b>	<b>99,339</b>	$\frac{99,339}{309,468} \times 1,537 = 494$	38
<b>Runyenjes</b>	<b>86,977</b>	$\frac{86,977}{309,468} \times 1,537 = 432$	11
<b>Mbeere North</b>	<b>51,009</b>	$\frac{51,009}{309,468} \times 1,537 = 358$	18
<b>Mbeere South</b>	<b>72,143</b>	$\frac{72,143}{309,468} \times 1,537 = 253$	26
<b>Total</b>	<b>309,468</b>	<b>1537</b>	<b>36,075</b>

Source: primary data, 2018

### 3.7 Data Collection Instruments

This study used primary and secondary data. According to Mohsin (2017) primary data is the data collected directly from first-hand occurrence which has not been exposed to processing or any other handling. The secondary data included County government's annual reports and IEBC. Creswell (2006) contends that primary data can be collected by means of qualitative data collection instruments (Key informants interview guide) and quantitative data collection instruments (questionnaires). Primary data was

collected by use of semi structured questionnaires (Appendix ii), interview guide (Appendix iii).

The questionnaires were administered to the citizens and staff in the ministry of health. The questionnaires encompassed both closed ended or open ended questions. This enabled the respondents to express their view without being affected by the researcher. The structured questions were used for ease of analysis as they are in immediate usable form. On the other hand, the unstructured questions were used as they encourage the respondent to give an in-depth and felt response without feeling held back in revealing of any information. Kothari (2004) indicates that a questionnaire is a cost efficient method to collecting information particularly from a huge group of respondents. It also facilitates anonymity. Questionnaires were utilized in this research since the component of anonymity as some of the information needed was sensitive.

Key informant interview guides were used to collect data from the key informants. Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions.

### **3.8 Pre-Testing**

Before the main data collection a pretest was conducted in Meru County. This assisted in determining the suitability and ease of use of the research instruments and the operational aspects of administering the questionnaire. The purpose of a pretest was to

discover possible weaknesses, inadequacies, ambiguities and problems in any aspect of the research process. In this study pretesting involved 10% of the sample size.

### **3.8.1 Reliability Test**

Reliability is the consistency of measurement, or the degree to which an instrument measures the same way each time it is used under the same condition with the same subject (Bryman, 2003). Reliability of the instrument was done using Cronbach's Alpha to measure internal consistency to determine if certain items were within the scale measure and same contrast. It establishes if the measure will yield the same results on other occasions, similar observations are reached by other observers and transparency in the raw data. Reliability was used to check the internal consistency of the data measuring instrument. Cronbach's coefficient alpha determines the internal consistency or the average correlation of items within the test. It was used after collection of data to test the results. Alpha values range from zero - no internal consistency to one - complete internal consistency. The higher the coefficient, the more reliable the measurements scale. Kilin (2003) established that Alpha value threshold is at 0.6 while Nunnally (1978) proposed that if values were too low, either few items were used or the items had little in common and suggested that a value of 0.70 and above was sufficient. However, Sekaran (2003) argued that an alpha coefficient of between 0.50 and 0.80 is adequate to accept presence of internal consistency. For the purposes of this study, the alpha coefficient for the sample was put at 0.70.

In this study, a total of 54 items were examined which yielded a Cronbach Alpha value of 0.939 and distributed among studied phenomenon as shown in Table3. 4.

**Table 3.4: Cronbach Alpha Test**

<b>Aspect</b>	<b>Number of variables</b>	<b>Cronbach Alpha</b>
Citizen participation in management of devolved health care	17	0.839
Areas of citizen participation in management of devolved health care funds	10	0.852
Community's level of awareness on legal, policy and institutional frameworks	15	0.992
Effectiveness of current legal and institutional frameworks	7	0.966
Community perception and experiences	5	0.954
<b>Total</b>	<b>54</b>	<b>0.939</b>

Source: Primary data, 2018

### 3.8.2 Validity Test

Validity is the degree to which an instrument measures what it is supposed to measure or the degree to which results obtained from the analysis of the data give a representation of the phenomena under study (Mugenda and Mugenda, 2003; Kothari, 2004).

To test for validity, correlation was used determine if the instrument was valid by examining if all variables were significant at total level. The test was construct validity

Five aspects on Likert scale thus civil society, non-governmental organizations, community leaders, political leaders and private sector were examined and all aspects at total level were significant justifying the tool was valid as in table 3.5.

**Table 3.5: Validity measurement (Participation in management of devolved health care funds)**

	Civil society	Non-governmental organizations	Community leaders	Political leaders	Private sector	Total
Civil society	1.000					
Non-governmental organizations	0.884**	1.000				
Community leaders	0.771**	0.829**	1.000			
Political leaders	0.673**	0.648**	0.777**	1.000		
Private sector	0.795**	0.862**	0.810**	0.620**	1.000	
<b>Total</b>	<b>0.882**</b>	<b>0.905**</b>	<b>0.828**</b>	<b>0.723**</b>	<b>0.857**</b>	<b>1.000</b>

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

Source: Primary data (2018)

### 3.9 Data Analysis

After data collection, the completed questionnaires were checked for completeness and accuracy. This was followed by coding and editing and then data entry. All the quantitative data was analyzed by use of IBM SPSS Statistics (Statistical Package for Social Sciences) version 24. To understand the characteristic of all relevant variables, descriptive analysis was used to find out respondents' sampling structure and basic characteristics, including the demographic features of the respondents and their general responses to citizen participation in management of healthcare funds in Embu County, Kenya. The cross tabulation table and Chi-Square was used to cluster citizen

participation in management of healthcare funds in Embu County, Kenya by comparing awareness and perception against socio-economic aspects and examined significance of differences between these frequencies. Correlation analysis was used to test for the relationship between variables. This gave an indication of both the strength and direction of the relationship between variables. Binary logistic regression was used to ascertain the probable factors that influence citizen participation in management of healthcare funds in Embu County. Factor analysis was also used to determine the structure of relationships among items by examining the correlations between the items (Thompson, 2004). In this study and based on previous literatures factor analysis was used to reduce items which influence citizen participation in management of devolved health care funds in Embu County into a smaller and more manageable branch of factors. This study used a 95% confidence interval and hence a p-value of 0.05 was used as the standard for statistical significance.

### **3.10 Logistical and Ethical Consideration**

Ethical issues were put into consideration by the researcher in this study to avoid the loss of credibility of the study. Clearance from Kenyatta University Graduate School (appendix VI) was sought as well as Ethical clearance from Kenyatta University Ethical and Review committee (Appendix VII, VIII). Further, Permits from NACOSTI (Appendix IX), and from Embu County Director of Health were sought (Appendix X).

Citizens who were willing to take part in the study were given questionnaires to fill. Those who did not wish to take part in the study were not be compelled to participate in any way. The respondents who participated in the study voluntarily were required to

have an informed consent (Appendix I). Generally, this indicated that potential research respondents had to be fully aware of the procedures to be involved in the research. Thus, they gave their consent to take part in the study. To this effect, all the respondents were fully aware of the intentions of the study and were given the assurance that this study was entirely for academic purposes. Strict confidentiality was adhered to, where no information was given to any person who was not authorized.

## **CHAPTER FOUR: RESULTS**

### **4.1 Introduction**

This chapter focuses on data analysis, presentation and interpretation. It presents data analysis as per the study objectives, presentation of data by use of APA table format, pie charts and data interpretation. The findings are derived from the questionnaires, focus group discussions and interviews with key informants where a total of 1403 primary respondents took part in the study, this being a response rate of 91.3%. The chapter is organized as follows: Social demographic and economic characteristics of respondents; Citizen Participation; Individual characteristics influencing participation; Areas of Citizen participation; Citizen awareness of laws, policies and regulations supporting participation; Effectiveness of existing legal and institutional frameworks; Citizen perceptions and experiences in management of devolved healthcare fund and finally a chapter summary.

### **4.2 Socio- demographic economic characteristics of respondents**

Most of the respondents sampled were within the youth bracket. Males were also slightly more than females. All elected MCAs were male, so consequently 100% of the interviewed MCAs were male. At constituency level, Manyatta constituency had the most respondents while Mbeere South constituency had the least. Majority of the respondents were married (54.7%) with the least being divorced (5.8%). In terms of occupation the respondents were almost evenly distributed among casual laborers, self-employed/business and farming (24.9%, 24.1%, 23.3%). The unemployed were 12.8%. Over 70% had attained secondary education and above while only 5.1% lacked formal education as shown in table 4.1.

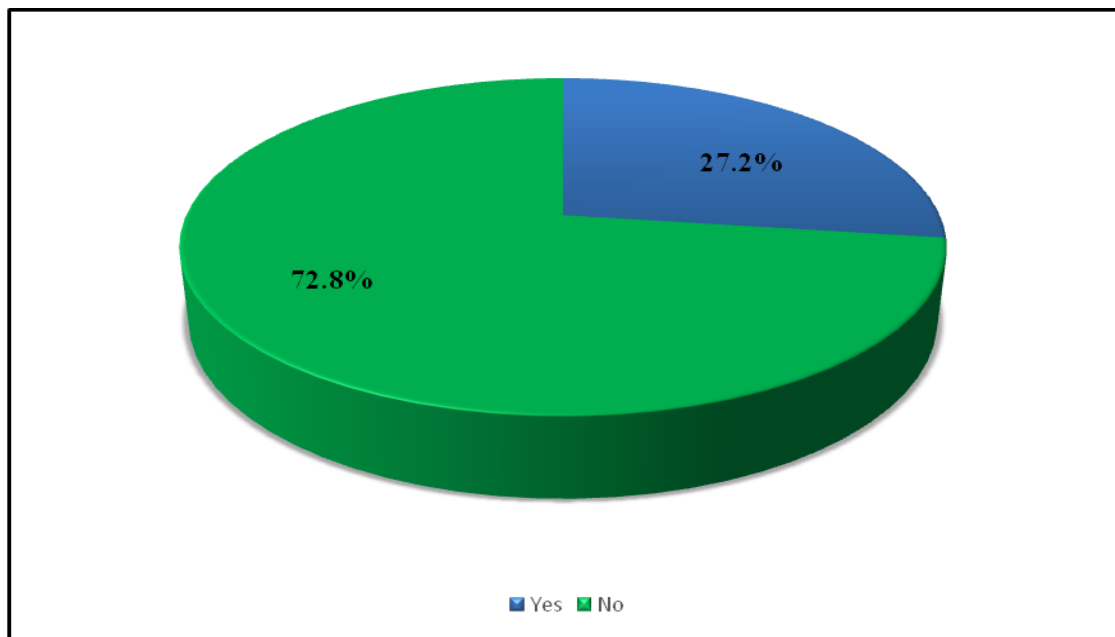
**Table 4.1: Socio- demographic and economic characteristics of respondents**

Variable	Category	n	%
Age	<= 24	151	10.8%
	25 - 35	459	32.7%
	36 - 45	281	20.0%
	46 - 55	242	17.2%
	55+	270	19.2%
	Total	1403	100.0%
Gender	Male	745	53.1%
	Female	658	46.9%
	Total	1403	100.0%
Constituency of residence	Mbeere South	231	16.5%
	Runyenjjes	394	28.1%
	Mbeere North	329	23.4%
	Manyatta	449	32.0%
	Total	1403	100.0%
Marital status	Married	713	54.7%
	Single	197	15.1%
	Widowed	219	16.8%
	Divorced	76	5.8%
	Separated	98	7.5%
	Total	1303	100.0%
Occupation	Unemployed	177	12.8%
	Employed - full time	205	14.9%
	Casual worker	344	24.9%
	Farming	321	23.3%
	Self-employed - Business	332	24.1%
	Total	1379	100.0%
Highest level of Education	No formal education	71	5.1%
	Primary	292	20.8%
	Secondary	704	50.2%
	College/University	267	19.0%
	Post Graduate	69	4.9%
	Total	1403	100.0%

Source: Primary data (2019)

### 4.3 Citizen Participation in Management of Devolved Health Care

The study sought to find out whether respondents participated in management of devolved healthcare funds. Of the sampled 1403 respondents, majority (1022) indicated they did not participate with only 381 (27.2%) having participated (Figure 4.1).

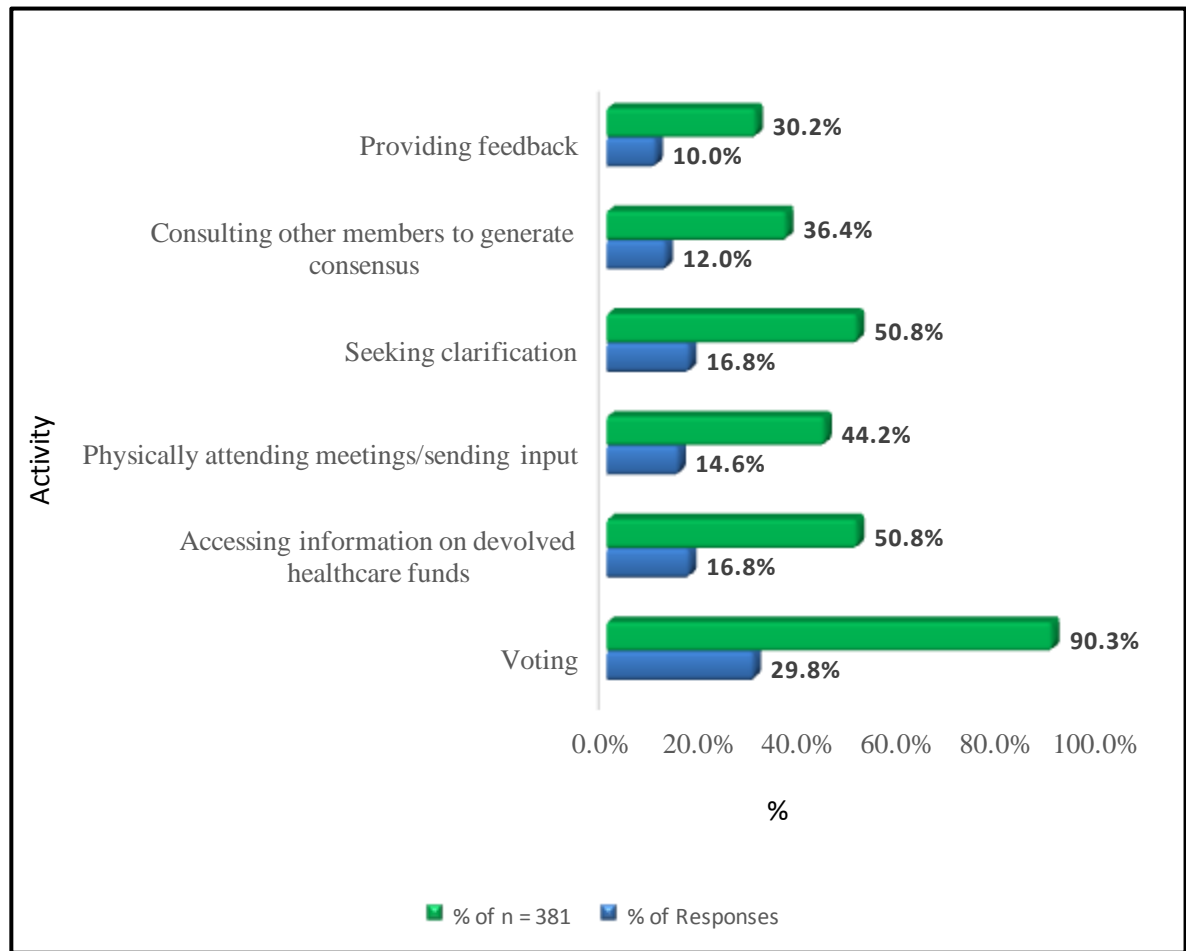


Source: Primary data (2019)

**Figure 4.1: Participation in management of devolved health care funds**

#### 4.3.1 Direct participation in management

Two hundred and thirty three respondents (90.3%) felt voting was the activity which they were mostly involved in while providing feedback had 78 positive responses as shown in figure 4.2.



Source: Primary data (2019)

**Figure 4.2: Direct participation in management of devolved health care funds activities**

Consequently, voting was the activity that showed greater extent of participation/involvement 167(44.7%). Table 4.3 shows the rest of the activities with little to moderate extent of participation

**Table 4.2: Activities for participation in management of devolved health care funds**

	Very little extent		Little extent		Moderate extent		Great extent		Very great extent		Total	
	N	%	N	%	n	%	N	%	n	%	n	%
Voting	75	20.1%	56	15.0%	75	20.1%	93	24.9%	74	19.8%	373	100.0%
Accessing information	67	20.9%	62	19.4%	171	53.4%	20	6.3%	0	0.0%	320	100.0%
Physically attending meetings/sending input	107	28.1%	87	22.8%	172	45.1%	12	3.1%	3	0.8%	381	100.0%
Seeking clarification	129	33.9%	65	17.1%	175	45.9%	12	3.1%	0	0.0%	381	100.0%
Consulting other members to generate consensus	98	25.7%	55	14.4%	163	42.8%	65	17.1%	0	0.0%	381	100.0%
Providing feedback	86	22.6%	132	34.6%	79	20.7%	65	17.1%	19	5.0%	381	100.0%
Average	94	25.2%	76	20.6%	139	38.0%	45	11.9%	16	4.3%	370	100.0%

Source: primary data (2018)

### **4.3.2 Indirect participation in management of devolved health care funds**

All issues related to representation of participation in management of devolved health care funds exhibited little to moderate extent as shown in table 4.3. According to key informants at Kiritiri, Needs identification is done facilitated by NGOS (USAID, MSF and APHIA PLUS) but not county government. Learning institutions, notably KMTC Embu also involve the community when doing community diagnosis. There are Barazas organized by health facilities, but citizens do not have a say on county funded projects. Table 4.3 summarizes indirect participation, or participation through representation.

**Table 4.3: Representation of participation in management of devolved health care funds**

	Very little extent		Little extent		Moderate extent		Great extent		Very great extent		Total	
	n	%	N	%	n	%	n	%	n	%	N	%
Civil society	251	21.4%	481	41.0%	318	27.1%	111	9.5%	12	1.0%	1173	100%
Non-governmental organizations	244	20.3%	510	42.5%	237	19.7%	137	11.4%	73	6.1%	1201	100%
Community leaders	474	34.5%	463	33.7%	239	17.4%	116	8.4%	83	6.0%	1375	100%
Political leaders	423	30.5%	561	40.4%	277	20.0%	103	7.4%	23	1.7%	1387	100%
Private sector	232	19.9%	486	41.7%	274	23.5%	100	8.6%	73	6.3%	1165	100%
Average	325	25.3%	500	39.9%	269	21.5%	113	9.1%	53	4.2%	1260	100%

Source: primary data (2018)

### Factor Analysis

To reduce the 17 items which influence citizen participation in management of devolved health care funds in Embu County into a smaller and more manageable branch of factors, a series of exploratory factor analyses (EFA) was carried out identify underlying constructs. In this study, a principal component factor analysis with varimax rotation was conducted. The study sought to find out factors that influence citizen participation in management of devolved health care funds in Embu County. Before factor analysis, calculating the Kaiser-Meyer-Olkin Measure of Sampling Adequacy

(KMO) and Bartlett's Test of Sphericity are necessary. The result showed the KMO value was 0.780. For Bartlett's Test of Sphericity, the test result was significant, which revealed that the strength of relationships among variables was strong. It was hence believed that, factor analysis was suitable for this set of data. For this study, 0.4 was considered to be a cut-off point factor loading.

After one iteration, out of the 17 items 15 were found to greatly influence citizen participation in management of devolved health care funds in Embu County as shown in Table 4.4

The factor that greatly influences citizen participation in management of devolved health care funds under participation/getting involved is physically attending meetings/sending input with loading factor of 0.877 and least being accessing information on devolved healthcare funds with a factor of 0.851, on rating participation, accessing information on devolved healthcare funds had loading factor of 0.932 with least being voting with a factor of 0.560 and on groups and organizations represent you participation in management of devolved health care funds the highest influencing factor is community leaders with a loading factor of 0.952 while the least factor being political leaders with a factor loading of 0.716. The factor which influence citizen participation in management of devolved health care funds but not to a great extent among those identified is voting under rating of participation with a factor loading of 0.560.

Factors under participate/get involved and rate of participation failed to meet threshold for Chi square and Logistic regression. Therefore, factors within groups and

organizations that represent citizens (indirect participation) in management of devolved health care funds were the only ones used for the two tests.

**Table 4.4: Factors influencing Citizen Participation in management of devolved health care funds**

<b>Factor</b>	<b>Loading</b>
<b>Participate/ get involved</b>	
Voting	0.875
Accessing information on devolved healthcare funds	0.851
Physically attending meetings/sending input	0.877
Seeking clarification	0.862
<b>Rate participation</b>	
Voting	0.560
Accessing information on devolved healthcare funds	0.932
Physically attending meetings/sending input	0.827
Seeking clarification	0.843
Consulting other members to generate consensus	0.864
Providing feedback	0.828
<b>Groups and organizations representing (indirect participation)</b>	
Civil society	0.940
Non-governmental organizations	0.929
Community leaders	0.952
Political leaders	0.716
Private sector	0.951

Source: primary data (2018)

### 4.3.3 Representative groups associated with participation

All factors among groups and organizations representation participation were significantly associated with participation in management of devolved health care funds civil society  $\chi^2 = 239.16$ ,  $df = 4$ ,  $p = 0.000$ , non-governmental organizations  $\chi^2 = 343.2$ ,  $df = 4$ ,  $p = 0.000$ , community leaders  $\chi^2 = 399.58$ ,  $df = 4$ ,  $p = 0.000$ , political leaders  $\chi^2 = 273.62$ ,  $df = 4$ ,  $p = 0.000$  and private sector  $\chi^2 = 323.94$ ,  $df = 4$ ,  $p = 0.000$  as illustrated in Table 4.5.

**Table 4.5: Indirect Participation Associated with Management of devolved Healthcare funds**

		Do you participate in management of devolved health care funds?				Statistics
		Yes		No		
		n	%	n	%	
Civil society	Very little extent	25	7.8%	226	26.5%	$\chi^2 = 239.16$ , df = 4, p = 0.000**
	Little extent	64	20.0%	417	48.9%	
	Moderate extent	151	47.2%	167	19.6%	
	Great extent	72	22.5%	39	4.6%	
	Very great extent	8	2.5%	4	0.5%	
	Total	320	100.0%	853	100.0%	
Non-governmental organizations	Very little extent	23	6.4%	221	26.2%	$\chi^2 = 343.2$ , df = 4, p = 0.000**
	Little extent	74	20.7%	436	51.7%	
	Moderate extent	102	28.6%	135	16.0%	
	Great extent	93	26.1%	44	5.2%	
	Very great extent	65	18.2%	8	0.9%	
	Total	357	100.0%	844	100.0%	
Community leaders	Very little extent	39	10.7%	435	43.0%	$\chi^2 = 399.58$ , df = 4, p = 0.000**
	Little extent	68	18.7%	395	39.0%	
	Moderate extent	126	34.7%	113	11.2%	
	Great extent	55	15.2%	61	6.0%	
	Very great extent	75	20.7%	8	0.8%	
	Total	363	100.0%	1012	100.0%	
Political leaders	Very little extent	68	17.8%	355	35.3%	$\chi^2 = 273.62$ , df = 4, p = 0.000**
	Little extent	83	21.8%	478	47.5%	
	Moderate extent	147	38.6%	130	12.9%	
	Great extent	60	15.7%	43	4.3%	
	Very great extent	23	6.0%	0	0.0%	
	Total	381	100.0%	1006	100.0%	
Private sector	Very little extent	21	5.9%	211	26.0%	$\chi^2 = 323.94$ , df = 4, p = 0.000**
	Little extent	68	19.3%	418	51.5%	
	Moderate extent	142	40.2%	132	16.3%	
	Great extent	57	16.1%	43	5.3%	
	Very great extent	65	18.4%	8	1.0%	
	Total	353	100.0%	812	100.0%	

**Note: \*\* p<0.01.**

Source: primary data (2019)

The following Table (4.6) shows test of influence of groups and organizations representing participation in management of devolved health care funds

Groups and organizations which influenced representation participation in management of devolved health care funds were non-governmental organizations  $p = 0.012$  with OR of 0.609 and political leaders  $p = 0.006$  with OR of 0.706.

**Table 4.6: Influence of groups and organizations representing participation in management of devolved health care funds**

Characteristic	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Civil society	-0.034	0.164	0.044	1	0.835	0.966	0.701	1.333
Non-governmental organizations	-0.496	0.197	6.315	1	0.012*	0.609	0.413	0.897
Community leaders	-0.278	0.189	2.169	1	0.141	0.757	0.523	1.096
Political leaders	-0.348	0.128	7.409	1	0.006**	0.706	0.550	0.907
Private sector	-0.055	0.185	0.088	1	0.766	0.946	0.658	1.361
Constant	3.892	0.275	200.289	1	0.000	49.007		

**Note:** \*  $p < 0.05$ , \*\*  $p < 0.01$ . N.B: OR is the Odds Ratio

Source: primary data (2018)

Most elected leaders who were interviewed disputed these responses, insisting that the electorates adequately participate. One MCA from Mbeere South Constituency said:

*“They participate. It’s their right. That’s where the county government derives its agenda from”.*

A key informant from Manyatta constituency said in an in-depth interview:

*“We cannot really talk their involvement as participation. The leaders only inform the electorate about what they intend to do, or what they have already done. The community responds by either voting them back or out”*

#### **4.4 Individual characteristics that determine citizen participation**

Data was collected from 1403 eligible voters (respondents) from four constituencies of Embu County. The average age of the respondents was 41.44 (SD  $\pm$  15.83) and having lived in Embu county an average of 40.22 years with the youngest voter being 20 years and the oldest 79 years. Most of the respondents who said that they participated in management of devolved health care funds were aged 45 years below. By gender, male respondents who participate were 196 (51.4%) while females were 185(48.6%).

Similarly, Most of the respondents who gave a positive response were from Manyatta 125 (32.8%) while Mbeere North had the least 53 (13.9%). Majority of respondents who participated were married 195(52.3%), with the least (4.3%) being separated. Most participants were Self-employed/Business 134(35.2%) closely followed by casual workers 101(26.5%). Few (6.6%) were unemployed. Table 4.7 shows the individual characteristics influencing participation in management of devolved healthcare funds in Embu county.

**Table 4.7: Individual characteristics influencing participation**

		Participation in management of devolved health care funds			
		Yes		No	
		N	%	n	%
Age	<= 24	34	8.9%	117	11.4%
	25 – 35	105	27.6%	354	34.6%
	36 – 45	93	24.4%	188	18.4%
	46 – 55	73	19.2%	169	16.5%
	56+	76	19.9%	194	19.0%
	<b>Total</b>	<b>381</b>	<b>100.0%</b>	<b>1022</b>	<b>100.0%</b>
Gender	Male	196	51.4%	549	53.7%
	Female	185	48.6%	473	46.3%
	<b>Total</b>	<b>381</b>	<b>100.0%</b>	<b>1022</b>	<b>100.0%</b>
Constituency of residence	Mbeere South	91	23.9%	140	13.7%
	Runyenjes	112	29.4%	282	27.6%
	Mbeere North	53	13.9%	276	27.0%
	Manyatta	125	32.8%	324	31.7%
	<b>Total</b>	<b>381</b>	<b>100.0%</b>	<b>1022</b>	<b>100.0%</b>
Marital status	Married	195	52.3%	518	55.7%
	Single	58	15.5%	139	14.9%
	Widowed	86	23.1%	133	14.3%
	Divorced	18	4.8%	58	6.2%
	Separated	16	4.3%	82	8.8%
	<b>Total</b>	<b>373</b>	<b>100.0%</b>	<b>930</b>	<b>100.0%</b>
Occupation	Unemployed	25	6.6%	152	15.2%
	Employed - full time	55	14.4%	150	15.0%
	Casual worker	101	26.5%	243	24.3%
	Farming	66	17.3%	255	25.6%
	Self-employed Business	134	35.2%	198	19.8%
	<b>Total</b>	<b>381</b>	<b>100.0%</b>	<b>998</b>	<b>100.0%</b>
Highest level of Education	No formal education	14	3.7%	57	5.6%
	Primary	45	11.8%	247	24.2%
	Secondary	220	57.7%	484	47.4%
	College/University	75	19.7%	192	18.8%
	Post Graduate	27	7.1%	42	4.1%
	<b>Total</b>	<b>381</b>	<b>100.0%</b>	<b>1022</b>	<b>100.0%</b>

Source: primary data (2019)

Respondents with secondary level of education were the more likely to participate in management of devolved health care funds 220(57.7%); and those with no formal education were least likely to participate (3.7%). A key informant explained this phenomenon that those with no to little education placed much trust in their leaders, and were available when meetings are called but that's the farthest it gets. A former ward leader agreed, saying that elites only attend Barazas when they are directly benefiting from County tenders or have political interests. They do not notice the announcements. A health worker at Rwika dispensary pointed that most upper and middle class rarely used public facilities, hence they were little concerned with what happens there. Most MCAs and sub chiefs interviewed said that in as much as less women compared to men responded, whenever a Baraza was called, women had patience to sit to the end of the meeting unlike men who were impatient. A key informant at Itabua indicated:

*“Women really turn up when Barazas are called, they are also patient and wait until the meeting is over in as much as they come to raise many other issues not in the agenda. Women have faith in the leadership as opposed to men”*

#### **4.4.1 Individual Characteristics Associated with Participation in Management**

Socio economic characteristics which were significantly associated with participation in management of devolved health care funds were age  $\chi^2 = 12.148$ ,  $df = 4$ ,  $p = 0.016$ , constituency of residence  $\chi^2 = 32.212$ ,  $df = 3$ ,  $p = 0.000$ , marital status  $\chi^2 = 20.94$ ,  $df = 4$ ,  $p = 0.000$ , occupation  $\chi^2 = 51.664$ ,  $df = 4$ ,  $p = 0.000$  and highest level of education  $\chi^2 = 33.342$ ,  $df = 4$ ,  $p = 0.000$  as illustrated in table 4.8.

**Table 4.8: Individual Characteristics Associated with Participation**

		Participation in management of devolved health care funds				Statistics
		Yes		No		
		n	%	n	%	
Age	<= 24	34	8.9%	117	11.4%	$\chi^2 = 12.148$ , df = 4, p = 0.016*
	25 – 35	105	27.6%	354	34.6%	
	36 – 45	93	24.4%	188	18.4%	
	46 – 55	73	19.2%	169	16.5%	
	56+	76	19.9%	194	19.0%	
	Total	381	100.0%	1022	100.0%	
Gender	Male	196	51.4%	549	53.7%	$\chi^2 = 0.577$ , df = 1, p = 0.448
	Female	185	48.6%	473	46.3%	
	Total	381	100.0%	1022	100.0%	
Constituency of residence	Mbeere South	91	23.9%	140	13.7%	$\chi^2 = 32.212$ , df = 3, p = 0.000**
	Runyenjes	112	29.4%	282	27.6%	
	Mbeere North	53	13.9%	276	27.0%	
	Manyatta	125	32.8%	324	31.7%	
	Total	381	100.0%	1022	100.0%	
Marital status	Married	195	52.3%	518	55.7%	$\chi^2 = 20.94$ , df = 4, p = 0.000**
	Single	58	15.5%	139	14.9%	
	Widowed	86	23.1%	133	14.3%	
	Divorced	18	4.8%	58	6.2%	
	Separated	16	4.3%	82	8.8%	
	Total	373	100.0%	930	100.0%	
Occupation	Unemployed	25	6.6%	152	15.2%	$\chi^2 = 51.664$ , df = 4, p = 0.000**
	Employed - full time	55	14.4%	150	15.0%	
	Casual worker	101	26.5%	243	24.3%	
	Farming	66	17.3%	255	25.6%	
	Self-employed – Business	134	35.2%	198	19.8%	
	Total	381	100.0%	998	100.0%	
Highest level of Education	No formal education	14	3.7%	57	5.6%	$\chi^2 = 33.432$ , df = 4, p = 0.000**
	Primary	45	11.8%	247	24.2%	
	Secondary	220	57.7%	484	47.4%	
	College/University	75	19.7%	192	18.8%	
	Post Graduate	27	7.1%	42	4.1%	
	Total	381	100.0%	1022	100.0%	

Source: Primary data (2019).

n = 1403

**Note: \* p<0.05, \*\* p<0.01**

#### 4.4.2 Influence of individual characteristics on participation

Individual characteristics influencing participation in management of devolved health care funds were: constituency of residence  $p = 0.004$  with OR of 1.186 an indication of 1.186 influence in participation in management of devolved health care funds, occupation  $p = 0.005$  with OR of 0.866 and highest level of education  $p = 0.001$  with OR of 0.788. Table 4.9 below shows how various factors influence participation in management of devolved healthcare funds.

**Table 4.9: Individual characteristics influence on participation in management of devolved health care funds**

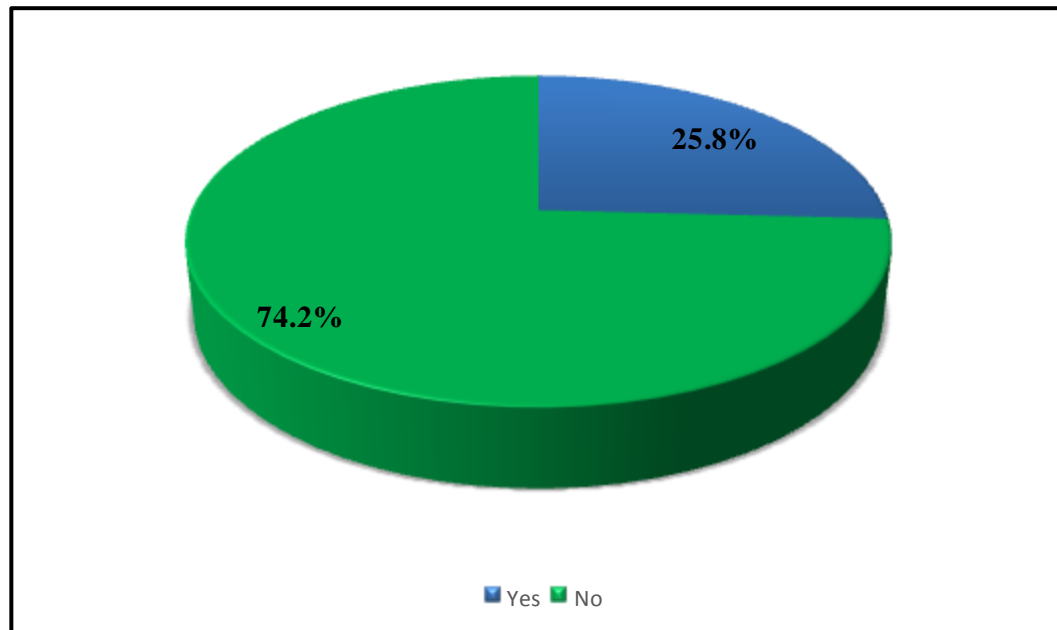
Characteristic	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Age	-0.071	0.051	1.916	1	0.166	0.932	0.843	1.030
Gender	-0.044	0.126	0.122	1	0.727	0.957	0.748	1.225
Constituency of residence	0.171	0.060	8.084	1	0.004**	1.186	1.054	1.334
Marital status	0.096	0.057	2.866	1	0.090	1.101	0.985	1.230
Occupation	-0.143	0.051	7.988	1	0.005**	0.866	0.784	0.957
Highest level of Education	-0.238	0.071	11.252	1	0.001**	0.788	0.686	0.906
Constant	1.740	0.416	17.529	1	0.000	5.697		

**Note: \*  $p < 0.05$ , \*\*  $p < 0.01$**

Source: primary data (2019)

#### 4.5 Areas of citizen participation in management of health care funds

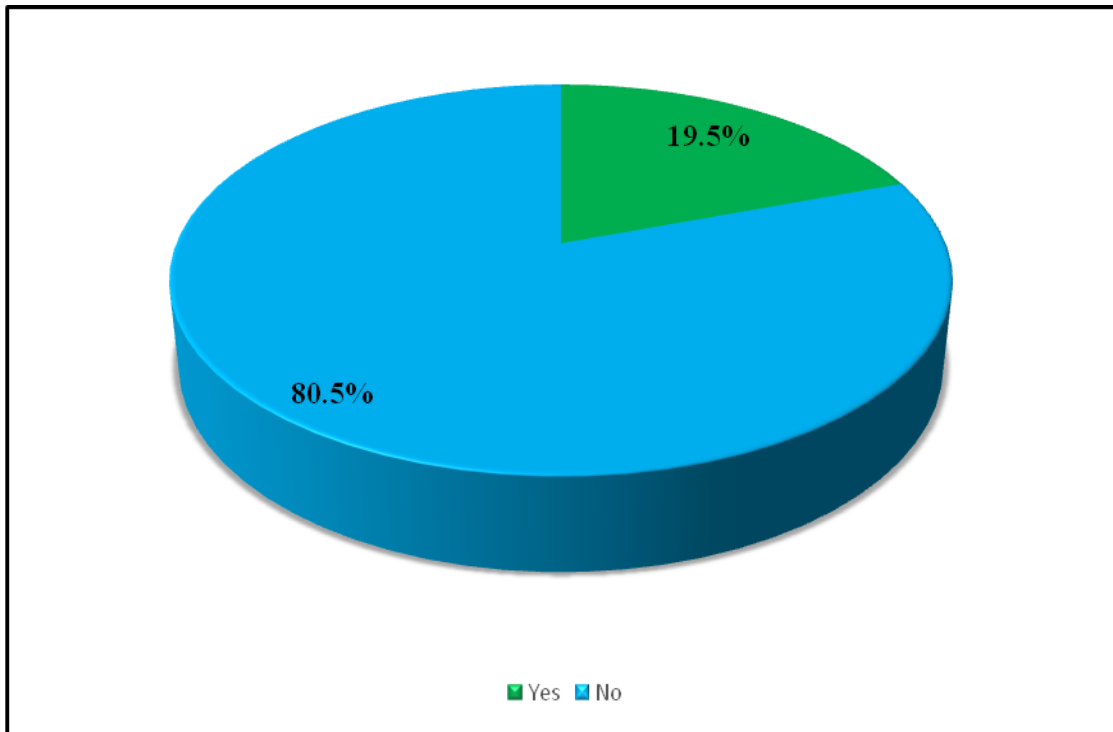
Majority of the respondents 962(74.2%) indicated were not aware of any of healthcare project county government undertook in the last 5 years. Only, 335(25.8) were aware of projects having been undertaken in the last 5 years



Source: primary data (2019)

#### Figure 4.3: Awareness of projects undertaken in the last 5 years

Most respondents (80.5%) indicated that they lacked capacity to evaluate or monitor health care projects, only 243(19.5%) had capacity.



Source: primary data (2019)

**Figure 4.4: Capacity to evaluate and monitor health care projects**

In some instances citizens raise questions on stalled projects, though mainly through the sub-chiefs. However, having not been made aware of the budgetary allocation, they are not able to adequately assess the effectiveness and efficiency of the projects. Most projects are initiated after a roadside declaration by the politician, making citizens feel like the project is a gift/token to them, in which case they do not question.

A key example is at Runyenjes sub county hospital where according to a key informant, a four storey maternity ward is complete and in use on paper, but on location only the framework for ground floor was done.

Having not been engaged from the start, citizens are not in a position to tell if most projects and facilities are utilized to capacity. In-depth interviews revealed that Runyenjes sub county hospital has an incomplete maternity ward being used as a general ward. Siakago sub county hospitals theatre was closed down after citizens complained over understaffing and incompetency. An ambulance '001' allocated to Kithimu dispensary is not available for use by mwananchi. Kiritiri sub county hospital utility car is used as an ambulance, while in Runyenjes sub county hospital the reverse is true.

#### **4.5.1 Individual characteristics and areas of citizen participation**

Individual characteristics had an influence on awareness of health projects. Table 4.10 below shows how individual characteristics influence awareness on health projects. Respondents who indicated they were aware of any project having been initiated in the last 5 years were 335. Of this, those aged 25 – 35 were the majority 95(28.5%), those who aged 46 – 55 were 78(23.3%) and 56+ were 69(20.6%). Among those not aware, ages 25 – 35 formed the majority 331(34.4%).

Of other socio economic factors, in terms of gender most females were 181(54%), constituency of residence majority were from Manyatta 99(29.6%), married respondents exhibited high level of awareness 163(52.6%), self-employed respondents 161(49.6%) and those with secondary level of education 202(60.3%).

**Table 4.10: Individual characteristics and Awareness on health projects**

Factor	Response	Awareness of any healthcare projects that the county government has undertaken in the last 5 years			
		Yes		No	
		n	%	n	%
Age	<= 24	34	10.1%	100	10.4%
	25 – 35	95	28.4%	331	34.4%
	36 – 45	59	17.6%	201	20.9%
	46 – 55	78	23.3%	151	15.7%
	56+	69	20.6%	179	18.6%
	Total	335	100.0%	962	100.0%
Gender	Male	154	46.0%	539	56.0%
	Female	181	54.0%	423	44.0%
	Total	335	100.0%	962	100.0%
Constituency of residence	Mbeere South	73	21.8%	131	13.6%
	Runyenjes	88	26.3%	269	28.0%
	Mbeere North	75	22.4%	249	25.9%
	Manyatta	99	29.6%	313	32.5%
	Total	335	100.0%	962	100.0%
Marital status	Married	163	52.6%	492	55.5%
	Single	49	15.8%	130	14.7%
	Widowed	68	21.9%	125	14.1%
	Divorced	10	3.2%	62	7.0%
	Separated	20	6.5%	78	8.8%
	Total	310	100.0%	887	100.0%
Occupation	Unemployed	41	12.7%	127	13.4%
	Employed - full time	51	15.8%	142	14.9%
	Casual worker	28	8.7%	284	29.9%
	Farming	42	13.0%	247	26.0%
	Self employed - Business	161	49.8%	150	15.8%
	Total	323	100.0%	950	100.0%
Highest level of Education	No formal education	6	1.8%	56	5.8%
	Primary	38	11.3%	245	25.5%
	Secondary	202	60.3%	448	46.6%
	College/University	78	23.3%	166	17.3%
	Post Graduate	11	3.3%	47	4.9%
	Total	335	100.0%	962	100.0%

Source: Primary data (2019)

Most of the respondents when asked rate participation in different aspects of importance towards management of devolved healthcare funds, they indicated having very little to moderate extent with over 80%. The aspect which had a higher indication of either great or very great extent was need identification 14.7%. Only one aspect budgeting and planning indicated very great extent 2.9%. This information is summarised in Table 4.11.

**Table 4.11: Rating citizenship participation in different aspects of importance**

Aspects	Very little extent		Little extent		Moderate extent		Great extent		Very great extent		Total	
	n	%	N	%	n	%	N	%	n	%	n	%
Needs identification	75	25.7%	98	33.6%	76	26.0%	43	14.7%	0	0.0%	292	100.0%
Post purchase use	85	28.1%	98	32.3%	83	27.4%	37	12.2%	0	0.0%	303	100.0%
Monitoring and evaluation	86	27.4%	104	33.1%	92	29.3%	32	10.2%	0	0.0%	314	100.0%
Product choice and purchase	108	35.2%	68	22.1%	95	30.9%	36	11.7%	0	0.0%	307	100.0%
Budgeting and planning	92	30.1%	94	30.7%	84	27.5%	27	8.8%	9	2.9%	306	100.0%

Source: Primary Data (2019)

The aspect which exhibited higher community's rating judgement of either good or very good was efficiency of the projects 13.2% and indication all the aspects had very poor to moderate judgment of below 85% as shown on Table 4.12).

**Table 4.12: Community's judgment on Healthcare projects**

Aspect	Very Poor		Poor		Moderate		Good		Very Good		Total	
	n	%	N	%	n	%	N	%	n	%	n	%
Whether health care projects are supported by Policy	389	28.0%	599	43.1%	255	18.3%	124	8.9%	23	1.7%	1390	100.0%
Effectiveness of healthcare projects	572	42.7%	366	27.3%	275	20.5%	102	7.6%	26	1.9%	1341	100.0%
Efficiency of the projects	547	40.3%	415	30.6%	215	15.9%	156	11.5%	23	1.7%	1356	100.0%
Relevance of the projects	437	31.9%	418	30.5%	364	26.6%	148	10.8%	3	0.2%	1370	100.0%
Giving feedback on projects	606	44.0%	370	26.9%	252	18.3%	145	10.5%	3	0.2%	1376	100.0%

Source: Primary Data (2019)

### **Factor Analysis**

Ten (10) items of areas of citizen participation in management of devolved health care funds in Embu County were examined. The result showed KMO value of 0.7841. For Bartlett's Test of Sphericity, the test result was significant  $p = 0.000$ , which revealed that the strength of relationships among variables was strong.

After one iteration, all the ten factors were found to greatly influence citizen participation in management of devolved health care funds in Embu County. Table 4.13 below indicates all the ten factors greatly influence areas for citizen participation in management of devolved health care funds in Embu County with a factor loading of over 0.8. The factor that greatly influences area of citizen participation in management of devolved health care funds was efficiency of the projects 0.969.

**Table 4.13: Influence of areas of citizen participation in management of devolved health care funds**

<b>Factor</b>	<b>Loading</b>
<b>Rating of citizen participation</b>	
Needs identification	0.869
Post purchase use	0.931
Monitoring and evaluation	0.899
Product choice and purchase	0.947
Budgeting and planning	0.924
<b>Rating of community's participation</b>	
Whether health care projects are supported by Policy	0.957
Effectiveness of healthcare projects	0.956
Efficiency of the projects	0.969
Relevance of the projects	0.912
Giving feedback on projects	0.936

Source: primary data (2019)

#### **4.5.2 Association of areas of Citizen participation and management of devolved health care funds**

The five aspects examined were all significantly associated with participation in management of devolved health care funds. Needs identification  $\chi^2 = 12.430$ ,  $df = 3$ ,  $p = 0.006$ , post purchase use  $\chi^2 = 12.228$ ,  $df = 3$ ,  $p = 0.006$ , , product choice and purchase  $\chi^2 = 10.244$ ,  $df = 3$ ,  $p = 0.016$  and budgeting and planning  $\chi^2 = 15.101$ ,  $df = 4$ ,  $p = 0.004$  as summarized in table 4.14.

**Table 4.14: Associating Areas of citizen participation rating with participation in management of devolved healthcare funds**

Aspect	Rating	Participation in management of devolved health care funds				Statistics Fisher's Exact Test
		Yes		No		
		n	%	n	%	
Needs identification	Very little extent	26	17.6%	49	34.0%	$\chi^2 = 12.43$ , df = 3, p = 0.006**
	Little extent	56	37.8%	42	29.2%	
	Moderate extent	45	30.4%	31	21.5%	
	Great extent	21	14.2%	22	15.3%	
	Very great extent	0	0.0%	0	0.0%	
	Total	148	100.0%	144	100.0%	
Post purchase use	Very little extent	41	25.5%	44	31.0%	$\chi^2 = 12.228$ , df = 3, p = 0.006**
	Little extent	44	27.3%	54	38.0%	
	Moderate extent	59	36.6%	24	16.9%	
	Great extent	17	10.6%	20	14.1%	
	Very great extent	0	0.0%	0	0.0%	
	Total	161	100.0%	142	100.0%	
Monitoring and evaluation	Very little extent	37	21.5%	49	34.5%	$\chi^2 = 5.218$ , df = 3, p = 0.157
	Little extent	58	33.7%	46	32.4%	
	Moderate extent	60	34.9%	32	22.5%	
	Great extent	17	9.9%	15	10.6%	
	Very great extent	0	0.0%	0	0.0%	
	Total	172	100.0%	142	100.0%	
Product choice and purchase	Very little extent	48	29.4%	60	41.7%	$\chi^2 = 10.244$ , df = 3, p = 0.016*
	Little extent	31	19.0%	37	25.7%	
	Moderate extent	62	38.0%	33	22.9%	
	Great extent	22	13.5%	14	9.7%	
	Very great extent	0	0.0%	0	0.0%	
	Total	163	100.0%	144	100.0%	
Budgeting and planning	Very little extent	35	21.2%	57	40.4%	$\chi^2 = 15.101$ , df = 4, p = 0.004**
	Little extent	54	32.7%	40	28.4%	
	Moderate extent	51	30.9%	33	23.4%	
	Great extent	18	10.9%	9	6.4%	
	Very great extent	7	4.2%	2	1.4%	
	Total	165	100.0%	141	100.0%	

**Note:** \*  $p \leq 0.05$ , \*\*  $p \leq 0.01$  Source: Primary Data (2019)

### 4.5.3 Influence of areas of citizen participation on management of devolved health care funds

Citizen participation aspect which significantly influenced participation in management of devolved health care funds was budgeting and planning  $p = 0.000$  with a low OR = 0.28 as shown in table 4.15 below

**Table 4.15: Influence of areas of Citizen Participation on participation in management of devolved health care funds**

Aspect	B	S.E.	Wald	df	Sig.	Exp(B)
Needs identification	-0.052	0.223	0.054	1	0.817	0.950
Post purchase use	0.332	0.290	1.317	1	0.251	1.394
Monitoring and evaluation	-0.203	0.288	0.494	1	0.482	0.817
Product choice and purchase	0.654	0.336	3.802	1	0.051	1.924
Budgeting and planning	-1.256	0.307	16.733	1	0.000**	0.285
Constant	1.380	0.362	14.565	1	0.000	3.974

Source: Primary Data (2019)

The five aspects examined were all significantly associated with participation in management of devolved health care funds. Whether health care projects are supported by Policy  $\chi^2 = 140.874$ ,  $df = 4$ ,  $p = 0.000$ , effectiveness of healthcare projects  $\chi^2 = 166.969$ ,  $df = 4$ ,  $p = 0.000$ , efficiency of the projects  $\chi^2 = 137.521$ ,  $df = 4$ ,  $p = 0.000$ , relevance of the projects  $\chi^2 = 112.440$ ,  $df = 4$ ,  $p = 0.000$  and giving feedback on projects  $\chi^2 = 158.397$ ,  $df = 4$ ,  $p = 0.000$  as shown in table 4.16.

**Table 4.16: Association of Community's Judgment rating with Participation in Management of devolved Healthcare Funds**

Aspect	Rating	Participation in management of devolved health care funds				Statistics
		Yes		No		
		n	%	n	%	
Whether health care projects are supported by Policy	Very Poor	80	21.6%	309	30.3%	$\chi^2 = 140.874$ , df = 4, p = 0.000**
	Poor	119	32.1%	480	47.1%	
	Moderate	80	21.6%	175	17.2%	
	Good	69	18.6%	55	5.4%	
	Very Good	23	6.2%	0	0.0%	
	Total	371	100.0%	1019	100.0%	
Effectiveness of healthcare projects	Very Poor	94	25.3%	478	49.3%	$\chi^2 = 166.969$ , df = 4, p = 0.000**
	Poor	98	26.4%	268	27.6%	
	Moderate	90	24.3%	185	19.1%	
	Good	63	17.0%	39	4.0%	
	Very Good	26	7.0%	0	0.0%	
	Total	371	100.0%	970	100.0%	
Efficiency of the projects	Very Poor	83	22.4%	464	47.1%	$\chi^2 = 137.521$ , df = 4, p = 0.000**
	Poor	114	30.7%	301	30.6%	
	Moderate	81	21.8%	134	13.6%	
	Good	70	18.9%	86	8.7%	
	Very Good	23	6.2%	0	0.0%	
	Total	371	100.0%	985	100.0%	
Relevance of the projects	Very Poor	79	21.5%	358	35.7%	$\chi^2 = 112.440$ , df = 4, p = 0.000**
	Poor	114	31.1%	304	30.3%	
	Moderate	82	22.3%	282	28.1%	
	Good	89	24.3%	59	5.9%	
	Very Good	3	0.8%	0	0.0%	
	Total	367	100.0%	1003	100.0%	
Giving feedback on projects	Very Poor	78	21.0%	528	52.5%	$\chi^2 = 158.397$ , df = 4, p = 0.000**
	Poor	115	31.0%	255	25.4%	
	Moderate	89	24.0%	163	16.2%	
	Good	86	23.2%	59	5.9%	
	Very Good	3	0.8%	0	0.0%	
	Total	371	100.0%	1005	100.0%	

Source: Primary Data (2019)

Note: \*\* p<0.01

All the five community's judgment aspects examined significantly influenced participation in management of devolved health care funds. Whether health care projects were supported by policy had  $p = 0.000$  with an Odds Ratio of 2.617 an indication this aspect influenced participation in management of devolved healthcare funds 2.617 times. The aspect which greatly influenced participation in management of healthcare funds was relevance of the projects with  $p = 0.000$  and an OR of 4.678. Other aspects were effectiveness of healthcare projects  $p = 0.000$  with OR of 0.165, efficiency of the projects  $p = 0.018$  with OR of 1.643 and giving feedback on projects  $p = 0.000$  with OR of 0.159. This is illustrated in table 4.17

**Table 4.17: Influence of community's judgment rating on participation in management of devolved health care funds**

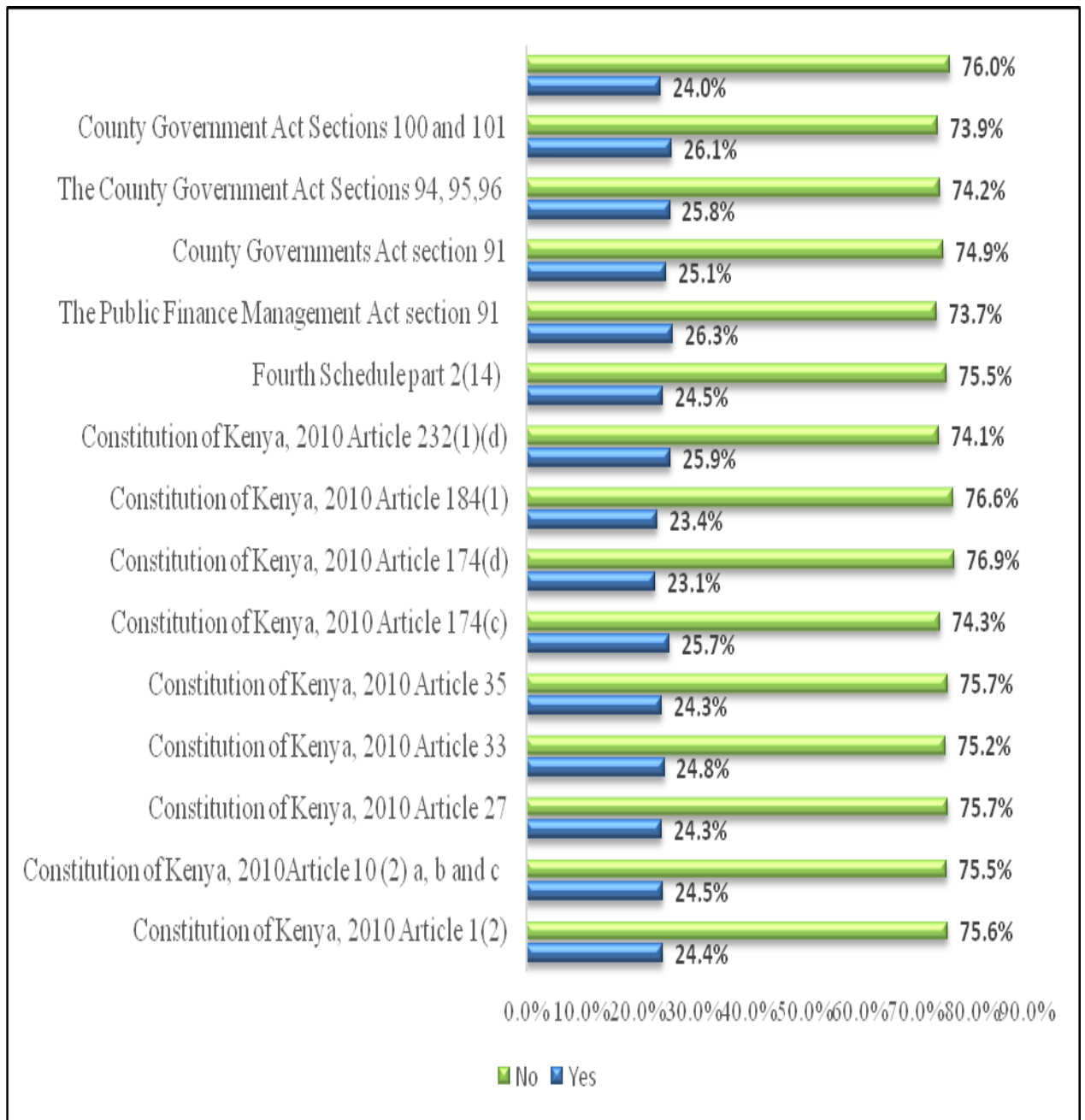
Aspect	B	S.E.	Wald	df	Sig.	Exp(B)
Whether health care projects are supported by Policy	0.962	0.240	16.013	1	0.000**	2.617
Effectiveness of healthcare projects	-1.800	0.249	52.437	1	0.000**	0.165
Efficiency of the projects	0.497	0.209	5.630	1	0.018*	1.643
Relevance of the projects	1.543	0.262	34.561	1	0.000**	4.678
Giving feedback on projects	-1.839	0.255	52.083	1	0.000**	0.159
Constant	2.100	0.169	154.628	1	0.000	8.170

Source: Primary Data

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$

#### **4.6 Community's level of awareness on legal, policy and institutional frameworks**

Level of awareness on legal, policy and institutional frameworks among respondents was wanting as all the frameworks investigated had over 70% of the respondents not being aware. County Government Act Sections 100 and 101 had a slight higher level of awareness 26.1% and the least Constitution of Kenya 2010 Article 174(d).



Source: Primary Data (2019)

**Figure 4.5: Community’s level of awareness on legal, policy and institutional frameworks**

Those interviewed at county offices had some awareness. A FDG discussant said

*“civic education has not been sufficient. At times we don’t think it concerns us”.*

Another discussant said

*"hii katiba hata ukisoma hauwezi elewa, na hawataki tuelewe sana* (the constitution (jargon) is hard to understand; they (government) doesn't want us to understand it).

### **Factor Analysis**

Fifteen (15) items which influence legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County were examined.

The result showed KMO value of 0.928. For Bartlett's Test of Sphericity, the test result was significant  $p = 0.000$ , which revealed that the strength of relationships among variables was strong.

After the first iteration, all the 15 items loaded on one component and hence were found to greatly influence legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County.

Table 4.18 indicates the 15 factors which greatly influenced legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County with a factor loading of over 0.9 with an exception of 'Constitution of Kenya, 2010 Article 174(d); Communities have the right to manage their own affairs and to further their development' which loaded 0.840 and 'Constitution of Kenya, 2010 Article 184(1); National legislation shall provide for the governance and management of urban areas and cities and shall provide for the participation of residents in the governance of urban areas and cities' which loaded 0.864.

The factor that greatly influences legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County was 'Constitution of Kenya, 2010 Article 1(2) With a loading factor of 0978; All sovereign power belongs to the people of Kenya. The people may exercise their sovereignty directly or through their elected representatives

**Table 4.18: Loading of Legal, policy and institutional frameworks**

<b>Legal framework</b>	<b>Loading</b>
'Constitution of Kenya, 2010 Article 1(2);All sovereign power belongs to the people of Kenya. The people may exercise their sovereignty directly or through their elected representatives.'	0.978
'Constitution of Kenya, 2010Article 10 (2) a, b and c The national values and principles of governance include; democracy and participation of the people; inclusiveness; good governance, integrity, transparency and accountability'	0.971
'Constitution of Kenya, 2010 Article 27The Constitution guarantees equality and non-discrimination. Hence, public participation should ensure equality and non-discrimination'	0.962
'Constitution of Kenya, 2010 Article 33;Public participation should respect the freedom of expression of all participants'	0.970
'Constitution of Kenya, 2010 Article 35The Constitution guarantees the right to access information by citizens'	0.960
'Constitution of Kenya, 2010 Article 174(c);Objects of devolution are; to give powers of self-governance to the people and enhance their participation in the exercise of such powers in decision making'	0.947
'Constitution of Kenya, 2010 Article 174(d);Communities have the right to manage their own affairs and to further their development'	0.840
'Constitution of Kenya, 2010 Article 184(1);National legislation shall provide for the governance and management of urban areas and cities and shall provide for the participation of residents in the governance of urban areas and cities'	0.864
'Constitution of Kenya, 2010 Article 232(1)(d);The values and principles of public service include the involvement of the people in the process of policy making and transparency and provision to the public of timely and accurate information'	0.953
Fourth Schedule part 2(14) The functions and powers of the county are to coordinate and ensure the participation of communities in governance. Counties are also to assist communities to develop the administrative capacity to enhance their exercise of power	0.963
'The Public Finance Management Act section 91 County Governments are to establish structures, mechanisms and guidelines for citizen participation'	0.963
'County Governments Act section 91; The county government shall facilitate the establishment of modalities, and platforms for citizen participation'	0.967
'The County Government Act Sections 94, 95,96 Counties are to establish mechanisms to facilitate public communication and access to information using media with the widest public outreach. Every county shall designate an office for ensuring access to information	0.970
County Government Act Sections 100 and 101 County governments should create an institutional framework for civic education	0.970
'Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179 Emphasis on transparency of the procurement process including requirements for procuring entities to publicly avail procurement records after closure of proceedings, publicize no	0.944

Source: Primary Data (2019)

All the 15 legal, policy and institutional frameworks examined were statistically significant an indication they are all important aspects regarding participation in management of devolved health care funds (Table 4.19).

**Table 4.19: Legal, policy and institutional frameworks associated with participation in management of devolved health care funds**

Legal, policy and institutional frameworks	Participation in management of devolved health care funds				Statistics
	Yes		No		
	n	%	n	%	
Constitution of Kenya, 2010 Article 1(2)	338	24.4%	1046	75.6%	$\chi^2 = 41.541$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 10 (2) a, b and c	339	24.5%	1044	75.5%	$\chi^2 = 64.393$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 27	337	24.3%	1048	75.7%	$\chi^2 = 127.668$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 33	338	24.8%	1026	75.2%	$\chi^2 = 115.252$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 35	338	24.3%	1055	75.7%	$\chi^2 = 85.71$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 174(c)	356	25.7%	1029	74.3%	$\chi^2 = 35.00$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 174(d)	321	23.1%	1071	76.9%	$\chi^2 = 85.879$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 184(1)	325	23.4%	1063	76.6%	$\chi^2 = 135.356$ , df = 4, p = 0.000**
Constitution of Kenya, 2010 Article 232(1)(d)	360	25.9%	1029	74.1%	$\chi^2 = 22.073$ , df = 4, p = 0.000**
Fourth Schedule part 2(14)	341	24.5%	1049	75.5%	$\chi^2 = 62.274$ , df = 4, p = 0.000**
The Public Finance Management Act section 91	364	26.3%	1022	73.7%	$\chi^2 = 20.564$ , df = 4, p = 0.000**
County Governments Act section 91	336	25.1%	1000	74.9%	$\chi^2 = 73.435$ , df = 4, p = 0.000**
The County Government Act Sections 94, 95, 96	358	25.8%	1032	74.2%	$\chi^2 = 29.093$ , df = 4, p = 0.000**
County Government Act Sections 100 and 101	362	26.1%	1025	73.9%	$\chi^2 = 10.372$ , df = 4, p = 0.035*
Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179	328	24.0%	1038	76.0%	$\chi^2 = 35.135$ , df = 4, p = 0.000**

Source: Primary Data (2019)

Note: \*\* p<0.01

Of the 15 legal, policy and institutional frameworks that were examined, five were statistically significant with participation in management of devolved health care funds as shown on table 4.20. The strongest legal, policy and institutional framework was Constitution of Kenya, 2010 Article 232(1)(d) with a p value of 0.000 and an Odds Ratio of 3.832 and indication this legal framework was 3.832 stronger in influencing participation in management of devolved health care funds. Other legal, policy and institutional frameworks that influenced participation in management of devolved health care funds were Constitution of Kenya, 2010 Article 27, Constitution of Kenya, 2010 Article 33, County Governments Act section 91 and Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179.

**Table 4.20: Influence of legal, policy and institutional frameworks on participation in management of devolved health care funds**

Legal, policy and institutional frameworks	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Constitution of Kenya, 2010 Article 1(2)	-0.637	0.460	1.918	1	0.166	0.529	0.215	1.303
Constitution of Kenya, 2010 Article 10 (2) a, b and c	0.414	0.429	0.931	1	0.335	1.512	0.653	3.503
Constitution of Kenya, 2010 Article 27	-1.595	0.453	12.393	1	0.000**	0.203	0.084	0.493
Constitution of Kenya, 2010 Article 33	1.198	0.562	4.542	1	0.033*	3.315	1.101	9.979
Constitution of Kenya, 2010 Article 35	-0.700	0.410	2.911	1	0.088	0.497	0.222	1.110
Constitution of Kenya, 2010 Article 174(c)	0.181	0.352	0.264	1	0.607	1.198	0.601	2.389
Constitution of Kenya, 2010 Article 174(d)	-0.138	0.398	0.120	1	0.729	0.871	0.400	1.899
Constitution of Kenya, 2010 Article 184(1)	-0.227	0.411	0.306	1	0.580	0.797	0.356	1.784
Constitution of Kenya, 2010 Article 232(1)(d)	1.343	0.347	14.999	1	0.000**	3.832	1.941	7.562
Fourth Schedule part 2(14)	0.046	0.341	0.018	1	0.892	1.047	0.537	2.042
The Public Finance Management Act section 91	0.466	0.362	1.656	1	0.198	1.593	0.784	3.238
County Governments Act section 91	0.744	0.358	4.310	1	0.038*	2.104	1.042	4.248
The County Government Act Sections 94, 95,96	0.737	0.558	1.746	1	0.186	2.089	0.700	6.231
County Government Act Sections 100 and 101	-0.756	0.637	1.406	1	0.236	0.470	0.135	1.638
Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179	-0.848	0.298	8.097	1	0.004**	0.428	0.239	0.768
Constant	0.448	0.194	5.309	1	0.021	1.565		

Source: Primary Data (2019)

Note: \* p<0.05, \*\* p<0.01

#### **4.7 Effectiveness of current legal and institutional frameworks**

The level of effectiveness of current legal and institutional frameworks in as far as management of devolved funds in Embu county was wanting as all the aspects looked at were rated below 20% the highest rating in terms of effectiveness was on right to access information 192(14%). The least rated was increase accountability 125(9.5%). Rating effectiveness of current legal and institutional frameworks is summarized in table 4.21.

**Table 4.21: Rating effectiveness of current legal and institutional frameworks**

	Not effective		Rarely effective		Somewhat effective		Effective		Highly effective		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Equality	485	36.0%	516	38.3%	170	12.6%	163	12.1%	13	1.0%	1347	100.0%
Freedom of expression	485	36.1%	515	38.3%	193	14.4%	138	10.3%	13	1.0%	1344	100.0%
Right to access information	527	38.5%	498	36.4%	151	11.0%	159	11.6%	33	2.4%	1368	100.0%
Enhancing participation	393	29.7%	604	45.6%	258	19.5%	51	3.8%	19	1.4%	1325	100.0%
M&E organization	742	56.1%	261	19.7%	180	13.6%	118	8.9%	22	1.7%	1323	100.0%
Increased accountability	721	54.7%	289	21.9%	183	13.9%	112	8.5%	13	1.0%	1318	100.0%
Transparency	730	54.7%	304	22.8%	152	11.4%	142	10.6%	6	0.4%	1334	100.0%

Source: Primary Data (2019)

**Factor Analysis**

Seven (7) items which influence effectiveness of legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County were examined. The result showed KMO value of 0.926. For Bartlett's

Test of Sphericity, the test result was significant  $p > 0.01$ , which revealed that the strength of relationships among variables was strong.

Table 4.22 below indicates the seven factors that greatly influenced effectiveness of legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County with a factor loading of over 0.8. The factor that greatly influenced effectiveness of legal, policy and institutional frameworks regarding participation in management of devolved health care funds in Embu County was transparency with a factor loading of 0.943.

**Table 4.22: Loading of Effectiveness of legal, policy and institutional frameworks**

<b>Aspect</b>	<b>Loading</b>
Equality	0.912
Freedom of expression	0.908
Right to access information	0.899
Enhancing participation	0.878
M&E organization	0.941
Increase accountability	0.942
Transparency	0.943

Source: Primary Data (2019)

Test of association on effectiveness of legal, policy and institutional frameworks' seven aspects were examined and all were statistically significant with  $p < 0.01$  an indication they are all important as far as participation in management of devolved health care funds is concerned as shown in table 4.23.

**Table 4.23: Effectiveness of legal, policy and institutional frameworks associated with participation in management of devolved health care funds**

Aspect	Response	Participation in management of devolved health care funds				Statistics
		Yes		No		
		n	%	n	%	
Equality	Not effective	61	12.6%	424	87.4%	$\chi^2 = 83.186$ , df = 4, p < 0.001**
	Rarely effective	133	25.8%	383	74.2%	
	Somewhat effective	66	38.8%	104	61.2%	
	Effective	58	35.6%	105	64.4%	
	Highly effective	13	100.0%	0	0.0%	
	Total	331	24.6%	1016	75.4%	
Freedom of expression	Not effective	76	15.7%	409	84.3%	$\chi^2 = 98.9564$ , df = 4, p < 0.001**
	Rarely effective	110	21.4%	405	78.6%	
	Somewhat effective	90	46.6%	103	53.4%	
	Effective	42	30.4%	96	69.6%	
	Highly effective	13	100.0%	0	0.0%	
	Total	331	24.6%	1013	75.4%	
Right to access information	Not effective	86	16.3%	441	83.7%	$\chi^2 = 82.769$ , df = 4, p < 0.001**
	Rarely effective	114	22.9%	384	77.1%	
	Somewhat effective	76	50.3%	75	49.7%	
	Effective	61	38.4%	98	61.6%	
	Highly effective	11	33.3%	22	66.7%	
	Total	348	25.4%	1020	74.6%	
Enhancing participation	Not effective	74	18.8%	319	81.2%	$\chi^2 = 80.887$ , df = 4, p < 0.001**
	Rarely effective	113	18.7%	491	81.3%	
	Somewhat effective	109	42.2%	149	57.8%	
	Effective	22	43.1%	29	56.9%	
	Highly effective	15	78.9%	4	21.1%	
	Total	333	25.1%	992	74.9%	
M&E organization	Not effective	79	10.6%	663	89.4%	$\chi^2 = 244.267$ , df = 4, p < 0.001**
	Rarely effective	106	40.6%	155	59.4%	
	Somewhat effective	104	57.8%	76	42.2%	
	Effective	31	26.3%	87	73.7%	
	Highly effective	18	81.8%	4	18.2%	
	Total	338	25.5%	985	74.5%	
Increase accountability	Not effective	74	10.3%	647	89.7%	$\chi^2 = 214.338$ , df = 4, p < 0.001**
	Rarely effective	118	40.8%	171	59.2%	
	Somewhat effective	90	49.2%	93	50.8%	
	Effective	27	24.1%	85	75.9%	
	Highly effective	13	100.0%	0	0.0%	
	Total	322	24.4%	996	75.6%	
Transparency	Not effective	70	9.6%	660	90.4%	$\chi^2 = 243.539$ , df = 4, p < 0.001**
	Rarely effective	138	45.4%	166	54.6%	
	Somewhat effective	73	48.0%	79	52.0%	
	Effective	43	30.3%	99	69.7%	
	Highly effective	6	100.0%	0	0.0%	
	Total	330	24.7%	1004	75.3%	

Source: Primary Data (2019)

Note: \*\* p<0.01

Legal, policy and institutional frameworks effectiveness was examined M&E was on the only aspect which was statistically significant with participation in management of devolved health care funds with  $p < 0.01$  and an Odds Ratio of 0.384 the lowest amongst the aspects examined as further shown in Table 4.24 below

**Table 4.24: Influence of legal, policy and institutional frameworks on participation in management of devolved health care funds**

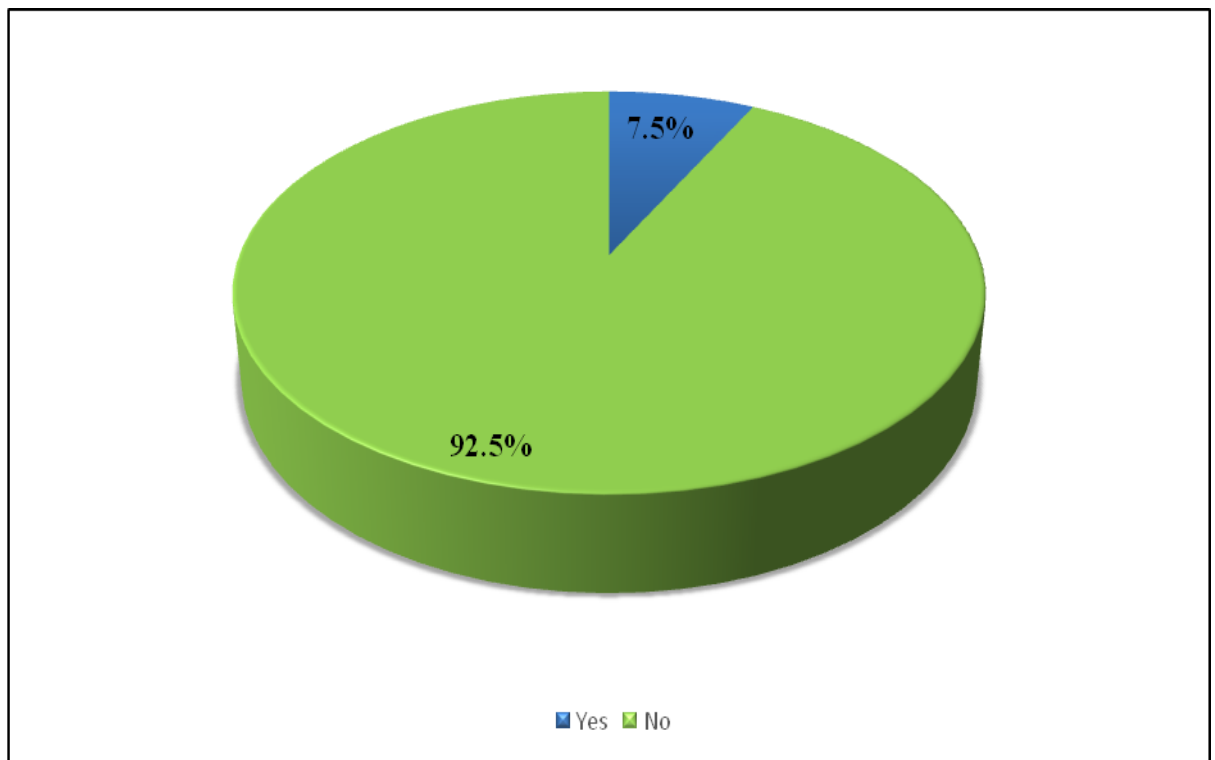
	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Equality	0.221	0.166	1.765	1	0.184	1.247	0.900	1.728
Freedom of expression	0.246	0.164	2.243	1	0.134	1.279	0.927	1.764
Right to access information	0.018	0.144	0.016	1	0.898	1.019	0.768	1.352
Enhancing participation	0.093	0.156	0.352	1	0.553	1.097	0.808	1.489
M&E organization	-0.957	0.178	29.047	1	0.000**	0.384	0.271	0.544
Increase accountability	-0.061	0.226	0.073	1	0.787	0.941	0.604	1.466
Transparency	-0.139	0.222	0.389	1	0.533	0.871	0.563	1.345
Constant	2.237	0.187	143.448	1	0.000	9.365		

Source: Primary Data (2019)

**Note: \*\*  $p < 0.01$**

#### 4.8 Community perception and experiences

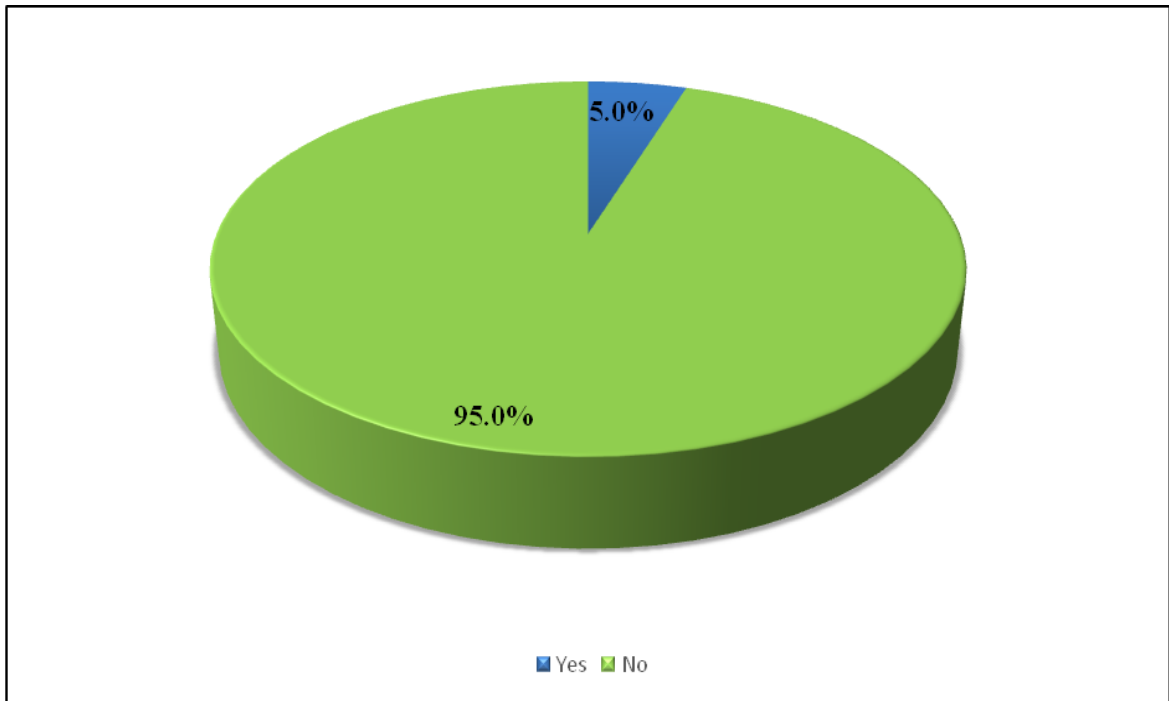
Most of the respondents 1182(92.5%) did not make any personal contribution towards management of devolved healthcare funds. Only 96(7.5%) did contribute. Majority did not know at what point their contribution would be needed or where to take their ideas and opinions. The researcher witnessed opening of a suggestion box at Kiritiri sub county hospital, where community members using the facility had participated in giving feedback on services offered. For those who had left their contacts the facility management takes its time to respond.



Source: primary data (2019)

**Figure 4.6: Making personal contribution towards management of devolved healthcare funds**

Most of the respondents 1187(95%) indicated they have never attended a "Baraza" at which health matters or devolved healthcare funds management were discussed.



**Figure 4.7: Attending "Baraza" at which health matters or devolved healthcare funds management were discussed**

In Mbeere North and Mbeere south, majority of respondent felt sidelined in county government agenda since its termed as “opposition area”. A Key informant in Mbeere south said

*“We don’t have the numbers to elect our own, no amount of noise making will make us heard”*

These words were echoed by one member of county assembly in an in-depth interview.

A respondent wrote:

*‘The process of selecting hospital board members is not inclusive. They are political appointees. They don’t speak for us’*

At Kiritiri Health Centre budgeting and procurement is bottom up. Community views are collected from suggestion boxes and Barazas and considered. However, this is not the case in other facilities.

Health management boards at times do not represent the interest of the people, and most are political appointees. Another key informant from one Health facility management board wrote:

*“I forced my way into the management committee as a community rep, after NEMA stopped construction at the hospital and my professional advice was sought. However, I never get to benefit from allowances yet I see others signing for them. Copies of minutes are also top secret’*

A key informant at Makutano market said:

*“Hata vitu ndogo kana casual work kwa hizi projects hatupati. Watu huwa wanabebwa kutoka huko Runyenjes wanaletwa. Huwa hatuelewi nini inajengwa, ama nini inafanywa mpaka siku ya mwisho ndio ngavana na masonko anakuja ku-launch(even casual work we are not given. Workers are imported from Runyenjes. We do not understand the project being carried out until the last day when the governor and other leaders comes to launch it)”*

#### 4.8.1 Satisfaction with citizen participation

All aspects looked at showed high level of being unsatisfied where civic education had 1135(82.4%), inclusivity 1113(81.8%), process legitimacy 1081(81.1%), adequate access to information 1120(82.1%) and strengthening democracy 1148(83.8%) as further shown on the table 4.25 below

**Table 4.25: Satisfaction with citizen participation**

	Very unsatisfied		Unsatisfied		Not sure		Satisfied		Very satisfied	
	n	%	N	%	n	%	n	%	n	%
Civic education	606	44.0%	529	38.4%	137	10.0%	70	5.1%	34	2.5%
Inclusivity	513	37.6%	603	44.2%	158	11.6%	65	4.8%	24	1.8%
Process legitimacy	480	36.0%	601	45.1%	132	9.9%	96	7.2%	23	1.7%
Adequate access to information	543	39.8%	577	42.3%	134	9.8%	82	6.0%	29	2.1%
Strengthening democracy	551	40.2%	597	43.6%	107	7.8%	61	4.5%	53	3.9%

Source: Primary Data (2019)

It emerged from the interviews of key informants that civic education is not a priority in Embu county government. It's sometimes done by NGOs. On process inclusivity, it was established that there are very few meetings organized and when they happen they are skewed towards election period. The key informants also informed the researcher that advertisement for Barazas is not adequately publicized. The Process is legitimate, but appears illegitimate because of non participation by local citizenry. In the few Barazas

organized, citizens are afraid to critique the county government for fear of victimization in distribution of projects.

Leaders feel that citizens are generally unwilling to participate in Barazas which are organized on monthly basis. They (leaders) fail to attend because they feel the meeting may not attract quorum. MCAs who are closest to the people sometimes dodge such forums because they feel that citizens suggestions may not be considered at higher offices. On their part citizens are confused because there is no link between Barazas organized by chiefs and sub chiefs; and those organized by civic leaders.

A focus group discussant at Uvarire lamented:

*'We are not allowed to ask questions. If they know you to be problematic they say you are drunk'.*

One Sub chief indicated:

*"They don't know what issues are administrative and those that touch on county management. They mix them up., yet when we call the ward administrator to come and help answer them in our Barazas he doesn't come. We are also in the dark sometimes".*

However, some opinion leaders indicated that they at times seek clarifications when the elected leaders happened to be in their area of jurisdiction like churches and schools. An opinion leader at an interview in Kimangaru Market complained:

*"tukiuliza maswali mingi hawaitikiii kuja tena tukiwaita. Inabidi tulegeze kamba (when we ask them too many questions they don't return when we invite them again)'*

Organized youth and women groups send their representatives when meetings are held.

At makutano, the chairperson bodaboda association claimed:

*”we only know theres is a baraza when we see big cars arrive here. If we were involved, we would have said that hata choo tunaendaga (we use toilets in) kirinyaga county”*

At an in depth interview held at Mbeere north a elderly woman voiced:

*“ thue sauti yetu ni ireveri, twavotwa tugakira” (our voice is at the ballot; when we lose we shut up).*

### **Factor Analysis**

Six (6) items which influence satisfaction with one’s or citizen participation regarding participation in management of devolved health care funds in Embu County were examined.

The result showed KMO value of 0.890. For Bartlett’s Test of Sphericity, the test result was significant  $p > 0.01$ , which revealed that the strength of relationships among variables was strong.

After one iteration all the factors were found to greatly influence satisfaction with one’s or citizen participation regarding participation in management of devolved health care funds in Embu County.

Table 4.26 below indicates which six factors greatly influenced effectiveness of satisfaction with one’s or citizen participation regarding participation in management of devolved health care funds in Embu County with a factor loading of over 0.89. The

factor that greatly influenced satisfaction with one's or citizen participation regarding participation in management of devolved health care funds in Embu County was adequate access to information with a factor loading of 0.943.

**Table 4.26: Loading of Satisfaction with one's or citizen participation**

Factor	Loading
Civic education	0.919
Inclusivity	0.890
Process legitimacy	0.921
Adequate access to information	0.934
Strengthening democracy	0.931

Source: Primary Data (2019)

Test of association for satisfaction with one's or citizen participation was examined across five aspects which were all significantly associated with participation in management of devolved health care funds with  $p < 0.01$ .

**Table 4.27: Satisfaction with one's or citizen participation associated with participation in management of devolved health care funds**

Aspect		Participation in management of devolved health care funds				Statistics
		Yes		No		
		n	%	n	%	
Civic education	Very unsatisfied	132	37.3%	474	46.4%	$\chi^2 = 252.636$ , df = 4, p = 0.000**
	Unsatisfied	119	33.6%	410	40.1%	
	Not sure	45	12.7%	92	9.0%	
	Satisfied	40	11.3%	30	2.9%	
	Very satisfied	18	5.1%	16	1.6%	
	Total	354	100.0%	1022	100.0%	
Inclusivity	Very unsatisfied	107	31.0%	406	39.9%	$\chi^2 = 199.363$ , df = 4, p = 0.000**
	Unsatisfied	134	38.8%	469	46.1%	
	Not sure	55	15.9%	103	10.1%	
	Satisfied	41	11.9%	24	2.4%	
	Very satisfied	8	2.3%	16	1.6%	
	Total	345	100.0%	1018	100.0%	
Process legitimacy	Very unsatisfied	83	24.0%	397	40.3%	$\chi^2 = 177.439$ , df = 4, p = 0.000**
	Unsatisfied	148	42.8%	453	45.9%	
	Not sure	44	12.7%	88	8.9%	
	Satisfied	60	17.3%	36	3.7%	
	Very satisfied	11	3.2%	12	1.2%	
	Total	346	100.0%	986	100.0%	
Adequate access to information	Very unsatisfied	127	35.8%	416	41.2%	$\chi^2 = 222.341$ , df = 4, p = 0.000**
	Unsatisfied	127	35.8%	450	44.6%	
	Not sure	34	9.6%	100	9.9%	
	Satisfied	52	14.6%	30	3.0%	
	Very satisfied	15	4.2%	14	1.4%	
	Total	355	100.0%	1010	100.0%	
Strengthening democracy	Very unsatisfied	134	37.7%	417	41.1%	$\chi^2 = 426.213$ , df = 4, p = 0.000**
	Unsatisfied	132	37.2%	465	45.9%	
	Not sure	21	5.9%	86	8.5%	
	Satisfied	34	9.6%	27	2.7%	
	Very satisfied	34	9.6%	19	1.9%	
	Total	355	100.0%	1014	100.0%	

Source: Primary Data (2019)

**Note: \*\* p<0.01**

Satisfaction with one's or citizen participation was examined only process legitimacy and adequate access to information aspects were statistically significant with participation in management of devolved health care funds. Table 4.28 shows process legitimacy with  $p < 0.01$  and an Odds Ratio of 0.354 which was the lowest whereas adequate access to information had  $p < 0.05$  and an Odds Ratio of 1.298.

**Table 4.28: Influence for satisfaction with one's or citizen participation against participation in management of devolved health care funds**

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Civic education	-0.058	0.137	0.181	1	0.671	0.944	0.722	1.233
Inclusivity	0.206	0.136	2.302	1	0.129	1.228	0.942	1.602
Process legitimacy	-1.038	0.157	43.895	1	0.000**	0.354	0.26	0.481
Adequate access to information	0.261	0.171	2.345	1	0.013*	1.298	0.93	1.814
Strengthening democracy	0.116	0.156	0.556	1	0.456	1.123	0.828	1.523
Constant	2.158	0.162	177.337	1	0.000	8.655		

Source: Primary Data (2019)

Note: \* $p < 0.05$ , \*\*  $p < 0.01$

#### 4.9 Chapter summary

From the study findings, 72.8% of the respondents did not participate in the management of devolved healthcare. Respondents on representation of participation in management of devolved healthcare funds, only 13.3% indicated great extent to very

great extent level of participation. 25.8% of the respondents were aware of projects undertaken using devolved healthcare funds.

On capacity to evaluate and monitor health care projects, 19.5% of the respondents indicated having capacity. Respondents saw the issue of funding healthcare projects as a government initiative and hence only 7.5% of the respondents indicated they had made a contribution towards this cause. Respondents hardly attended “barazas” to deliberate issues touching on management of devolved healthcare funds as only 5.0% did so.

## **CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

The previous chapter presented and analyzed the findings of the study. This chapter focuses on the discussion of these results based on the objectives of the study as well as other relevant literature on citizen participation in management of devolved healthcare funds in Embu County. Discussion is divided into different sections including; socio economic characteristics of voters in Embu County, association of socio economic factors with participation in management of devolved health care funds, factors influencing participation in management of devolved health care funds and factors influencing participation in management of devolved health care funds. Conclusions are drawn and recommendations made on possible ways of addressing citizen's participation in management of devolved healthcare funds.

### **5.2 Discussions**

#### **5.2.1 Socio economic characteristics of respondents (voters).**

Most of the respondents sampled were within the youth bracket. Males were also slightly more than females same as by KNBS 2009 census and projection thereof, which puts the sex ratio in the county at 1:1 which shows an equal female and male population. At constituency level, Manyatta had the most respondents while Mbeere South had the least. Embu county 2013-2017 integrated development plan reports that Embu County depicts two distinct areas with different agro-climatic and natural characteristics, hence the clear difference in population. The upper area around Mount Kenya with higher

rainfall consists of Runyenjes and Manyatta constituencies, while the lower part, mainly arid and semi arid (ASAL) consists of Mbeere North and Mbeere South constituencies. Majority of the respondents were married. In terms of occupation most of the respondents were almost evenly distributed among casual laborers, self-employed/business and farming. This was consistent with findings by CARE (2017) that main livelihood activities amongst select Embu and Mbeere communities include crop and livestock farming, charcoal burning, sand harvesting, small businesses and casual labor. Most of the respondents had attained secondary education and above.

The average age of the respondents was 41.44 ( $SD \pm 15.83$ ) and having lived in Embu county an average of 40.22 years with the youngest voter being 20 years and the oldest 79 years. This is not representative of the Embu population, since the study only focused on registered voters who were found at home during the period of study, with priority given to the head of the home.

### **5.2.2 Citizen participation**

Majority of Embu county citizens do not participate in the management of devolved health care funds. Only 27.2% indicated that they participated. This is the case in most African countries. Low participation was also reported in Mali (Greer, 2018). Even in cases where participation was positive, it emerged to be what Einstein (2019) called tokenism. This is where involvement stops at being told by the leaders what is happening, or will happen in the future (Barkan, 2016) majorly during political campaigns or self popularization forums by politicians. Engagements lack or they are minimal. Minimal information is given to silence dissenting voices, at a point when no

or minimal changes can be effected ((Wietse, 2020). There is a big disconnect between how electorates and elected leaders see this. The findings are in agreement previous ones that citizen participation is low in Embu county, and Kenya at large (Muriu, 2014; HERAF 2014). The findings also agree with Kim & Lee (2019) that lack of participation leads to poor needs identification, health promotion and community development, hence poorly planned and managed health projects.

### **5.2.3 Individual characteristics influencing participation**

Most of the respondents who participated in management of devolved health care funds were aged 45 years and below. Majority also were from Manyatta followed by Runyenjes, Mbeere south and Mbeere North respectively. An earlier study in Kenya (Gikonyo, 2015) agreed that citizen participation is greatly influenced by the demographic characteristics of sex, age, residence, marital status as well as education levels. More men than women participate in management of devolved healthcare funds. When setting up women enterprise fund in Kenya, the government (Republic of Kenya, 2007) admitted that even though the population of women is slightly higher than men, women are still marginalized from accessing institutional and structural factors. A report by World Bank (2018) reported that there still exist gender biases that confine women to domestic chores. Athane (2011) and Mokuia (2013) also agrees that there is no equal footing as regards opportunities for both genders, with women likely being disadvantaged.

Respondents with secondary level of education were the more likely to participate in management of devolved health care funds followed by college/university, primary

post graduate and no formal education respectively. This finding is also in agreement with Chemuoni (2018), that participation is dependent on some level of knowledge and expertise. A study in Philippines by Abrigo *et al.*, (2017) agreed that low levels of enlightenment hinder participation.

Socio economic factors which had greater association and influence with management of devolved fund were constituency of residence, occupation and highest level of education. Several authors (Ansali *et al.*, 2011; leslie *et al.*, 2010) agree that aspects like politics, residence and economic activities influence participation. A bigger chunk of Embu County leadership hails from Manyatta and Runyenjes. The governor HE martin Wambora comes from Runyenjes, his deputy david kariuki from manyatta, women rep Hon. Jane Wanjuki from manayata, senator Njeru Ndwiga from Manyatta. The two constituencies feel adequately represented in the County government, whereas Mbeere North and Mbeere South consider themselves as being in the “opposition”. There has been calls from a section of MCAs for rotational representation, since the populous Embu community seems to always overshadow Mbeere (the standard, 28 may, 2019)

#### **5.2.4 Areas of citizen’s participation in the management**

Two hundred and thirty three respondents (90.3%) participate directly through voting. This is so because elections are highly publicised. Seeking clarification and accessing information on devolved healthcare funds had 131 positive responses each, physically attending meetings/sending input 114, consulting other members to generate consensus 94 and providing feedback 78. Most of the respondents when asked to rate participation

in different aspects of importance towards management of devolved healthcare funds; they indicated having very little to moderate extent.

Community members also participate indirectly with needs identification done facilitated by NGOS (USAID, MSF and APHIA PLUS). This is consistent with Muriu (2014) and Ochieng (2013) findings that participation in Kenya is largely indirect.

The aspect which had greater association and influence on management of devolved healthcare funds was budgeting and planning. This is because the budget making process is highly participatory, as required by law. It is also highly publicized by the local media. Most projects are initiated after a roadside declaration by the politician, making citizens feel like the project is a gift/token to them, in which case they do not question.

The level of awareness on projects undertaken in last five years was quite low with only 25.3% of the respondents indicating awareness. Most of these were below 35 years of age. Women were more likely to be aware of ongoing projects than men. Respondents from Manyatta elicited higher awareness than the rest. Other characteristics that positively influenced awareness in a big way were education and employment, where those who had attained secondary education and above, and the self employed were more likely to be aware. This resonates with the findings by Barnes *et al.*, (2010), that level of awareness influences participation.

The study sought to rate community's judgement on various aspects. The aspect which exhibited higher community's rating of either good or very good was efficiency of the projects an indication that all the aspects had very poor to moderate judgment.

The other aspects studied were whether health care projects are supported by policy, effectiveness of healthcare projects, efficiency of the projects, relevance of the projects and giving feedback on projects. All had great association and influence on management of devolved healthcare funds.

Individual characteristics had an influence on awareness of health projects. Table 4.9 shows how individual characteristics influence awareness on health projects. Respondents who indicated they were aware of any project having been initiated in the last 5 years were 335. Of this, those aged 25 – 35 were the majority 95(28.5%), those who aged 46 – 55 were 78(23.3%) and 56+ were 69(20.6%). Among those not aware, ages 25 – 35 formed the majority 331(34.4%).

Majority of the respondents (80.5%) indicated they had no capacity to evaluate and monitor health care projects, only 243(19.5%) had capacity. This is consistent with findings by Roffe (2017), that some level of expertise is required which may be lacking in this case. Similar findings in Ghana were as a result of low levels of enlightenment (Ahenkan, Bawole and Domfeh, 2013).

### **5.2.5 Community's level of awareness on legal, policy and institutional frameworks**

This study sought to evaluate community's level of awareness on legal, policy and institutional frameworks in regards to management of devolved healthcare funds. Level of awareness on legal, policy and institutional frameworks among respondents was wanting.

Legal, policy and institutional frameworks that were greatly associated and influenced management of devolved healthcare funds were: Constitution of Kenya, (2010) Article

27, on equality and freedom; that every person is equal before the law and has the right to equal protection and benefit of the law; Article 33 on freedom of expression, specifically to seek, receive or impart information or ideas. Another was on values and principles of public service, where Article 232(1) (d) states that people should be involved in policy making process.

The communities' level of awareness on county governments Act of 2012 was low. Section 68(3) (3) allows citizens to seek information on any tender allocate or even counseled and the details thereof. Sec 126(5) requires the governor to make an annual report on citizen participation in the affairs of county government while sec 138 requires publicization of awarded county projects on notice boards and bill board where they do not attract a cost. This way the citizens are able to tell the nature of the project, who was allocate d the tender and when the project in likely to be completed (Public Procurement and Disposal Act 2015).

Information is power. Denying citizens this information is denying them the power they require to engage in management of devolved healthcare funds. Previous studies show that academic level, sex and age determines community's participation in civic education, hence awareness of laws and regulations influencing health services provision (Roffe, 2017). In Embu, HERAF and other NGOS have been educating civil society and public about the Constitution, their rights and responsibilities as envisioned in the New Constitution, with an emphasis on health related provisions and opportunities. Their findings are that awareness is low (HERAF 2014).

### **5.2.6 Effectiveness of current legal and institutional frameworks**

Resulting from low awareness or lack of it all together, current legal and institutional frameworks were barely effective in as far as management of devolved funds in Embu County was concerned. The highest rating in terms of effectiveness was on right to access information. The least rated was “increase in accountability”.

The framework which was greatly associated with and influenced management of devolved healthcare funds was M&E organization. A previous study (Kim & Lee, 2019) reported that participation is dependent of effectiveness of state legal and institutional frameworks. If properly enforced, these frameworks can be highly effective, similar to Kenya Health Policy Framework of 1994 and The National Health Sector Strategic Plan I (NHSSP I) which are praised for having created an environment that that enhanced partnerships between NGO, Local Authority, Private and Mission sector partners in health, and further strengthened by NHSSP II (2005-10).

### **5.2.7 Community perception and experiences**

This study sought to understand community perception and experiences in management of devolved healthcare funds in Embu County. Most respondents did not make any personal contribution towards management of devolved healthcare funds. Majority did not know at what point their contribution would be needed. Similar findings were documented by Muriu, (2014) for a period 2002 to 2010 showing that devolution has not achieved much to encourage participation.

Most respondents indicated they have never attended a "baraza" at which health matters or devolved healthcare funds management was discussed. Respondents' perceptions and

experiences showed high level of being unsatisfied. Another study in Kenya (Gikonyo, 2015) showed that citizens do not participate in the initial stages until a project has been completed. They only give feedback on satisfaction or dissatisfaction. This resonates with findings by Muriu (2014) that less than 40% of citizens are satisfied with ongoing and completed projects.

On community perception and experiences, Aspects which were greatly associated and influenced management of devolved healthcare funds were process legitimacy and adequate access to information. An earlier study by Chapman *et al.*, (2017) stated that participation of local citizens could assist in the formulation of sound medical policies hence legitimacy, and acceptance.

### **5.3 Conclusions**

#### **5.3.2 Individual characteristics that determine citizen participation**

Level of education ( $p < 0.01$ ), Constituency ( $p < 0.0$ ) and occupation ( $p < 0.01$ ) were the factors that influenced management of devolved of healthcare funds in Embu County. Null hypothesis that there was no association between individual characteristics that determine citizen participation and management of devolved healthcare funds in Embu County is therefore rejected.

#### **5.3.3 Areas of Citizens' participation in the management of devolved healthcare**

Budgeting and planning ( $p < 0.01$ ), whether health care projects are supported by Policy ( $p < 0.01$ ), effectiveness of healthcare projects ( $p < 0.01$ ), efficiency of the projects ( $p < 0.05$ ), relevance of the projects ( $p < 0.01$ ) and giving feedback on projects ( $p < 0.01$ )

were the factors that influenced management of devolved of healthcare funds in Embu County. Null hypothesis that there was no association between Areas of citizen's participation and the management of devolved healthcare funds in Embu County is rejected.

#### **5.3.4 Citizens' awareness of laws, regulations and policy guidelines regarding the management of devolved healthcare funds**

Constitution of Kenya, 2010 Article 27 ( $p < 0.01$ ), Constitution of Kenya, 2010 Article 33 ( $p < 0.05$ ), Constitution of Kenya, 2010 Article 232(1)(d) ( $p < 0.01$ ), County Governments Act section 91 ( $p < 0.05$ ), and Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179 ( $p < 0.01$ ) were the factors that influenced community's level of awareness on legal, policy and institutional frameworks and the management of devolved healthcare funds in Embu County. Null hypothesis that there was no association between community's level of awareness on legal, policy and institutional frameworks and the management of devolved healthcare funds in Embu County is rejected.

#### **5.3.5 Effectiveness of current legal and institutional frameworks enabling citizen participation**

M&E organization ( $p < 0.01$ ) was the factor that influenced effectiveness of current legal and institutional frameworks and the management of devolved healthcare funds in Embu County. Null hypothesis that there was no association between effectiveness of current legal and institutional frameworks and the management of devolved healthcare funds in Embu County is rejected.

### **5.3.6 Community perceptions and experience in the management of devolved healthcare funds in Embu County**

Process legitimacy ( $p < 0.01$ ) and adequate access to information ( $p < 0.05$ ) were the factors that influenced community perception and experiences and the management of devolved healthcare funds in Embu County. Null hypothesis that there is no association between community perception and experiences and the management of devolved healthcare funds in Embu County is rejected.

### **5.3.7 Implications of study findings**

The study has established that citizen participation in management of devolved healthcare funds is wanting. It has also established that men are more likely to participate compared to women, and that the higher the level of education attained the higher the chances on participation. These findings also imply that, despite existence of good legal and institutional frameworks encouraging citizen participation, lack of awareness thereof dim their effectiveness. Finally, the study implies that, the level of citizen participation in management of devolved healthcare funds that currently exists in Embu county can be termed as tokenism, where citizens are only informed of ongoing, finished or about to be undertaken projects.

## **5.4 Recommendations**

### **5.4.1 Recommendations from the study**

1. The national government and county government should emphasize on improving literacy levels, seeing that education levels significantly influence participation. County leadership should be balanced and inclusive of all regions to promote participation.
2. County leadership should encourage community members to participate in needs identification, budgeting and planning, product choice and purchase, post purchase use, M&E. Forums where they can ask questions and seek clarifications without fear of reprisals should be enhanced.
3. The County government should organize civic education thorough relevant media to create awareness on existing legal and institutional frameworks that govern management of county healthcare funds.
4. Both national and county government should enforce the existing legal and institutional frameworks to make them effective.
5. County government should create a sense of ownership of all county healthcare projects among community members. The community members should be encouraged to attend Barazas and other forums where management of healthcare funds is discussed. They should be made to feel that their participation is important and valued.

### **5.4.2 Recommendations for further research**

The study recommends further studies in the following areas:

1. A comparative study on management of devolved healthcare funds should be carried out in other counties
2. An intervention study based on role of civic education in management of devolved healthcare funds

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## APPENDICES

### **Appendix I: Informed Consent Document (Icd) for participation in the study**

**Study Title:** Citizen Participation in management of devolved healthcare funds in Embu County, Kenya

**Investigator:** Emma Watetu Kabeu. P.O Box 130-60100 Embu. Phone: 0723553839

**Introduction:** I am a PhD Student of Kenyatta University and as part of the course requirement, I am conducting a research to determine Citizen participation in management of devolved healthcare funds in Embu County.

**Purpose:** To investigate citizen participation in management of devolved healthcare funds in Embu County in Kenya. The study will seek to establish individual characteristics that determine citizen participation, areas of citizen's participation, community's level of awareness of laws, effectiveness of regulations and policy guidelines, effectiveness of current legal and institutional frameworks and community's perceptions and experiences in the management of devolved healthcare funds in Embu County

**Procedures:** Participation is entirely voluntary. You will be requested to fill a questionnaire and further clarification may be sought orally.

**Benefits:** There are no direct benefits to you but to the society. The outcome of this study will help achieve a better understanding health care services and assist in attaining national health objectives as articulated in different strategies and vision 2030 hence contributing to the achievement of sustainable development goals.

**Risks:** Your participation in the study involves no physical risk. However, there is the possibility of psychological risk if your answers are made public at any point. However, I wish to assure you that I will maintain strict control over all data.

**Confidentiality:** The research questionnaires bear no names. All information will be kept confidential

**Compensation:** There is no compensation of any kind for your participation in the study

**Study Approval:** This study is approved by **Kenyatta University and NACOSTI**

**Consent & Signature:** Before you sign this consent form, do you have any question? (Provide answer to questions asked)

Respondent's Signature: \_\_\_\_\_ or Respondent's Thumb  
print: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Witness Signature:

\_\_\_\_\_

### Appendix II: Questionnaire

<b>BASIC DATA</b>						
1.	Questionnaire No. :					
2.	Date:					
3.	Name of Enumerator:					
4.	No. of years respondent has stayed in Embu					
<b>SECTION A: SOCIAL DEMOGRAPHIC CHARACTERISTICS</b>						
5.	Age	.....				
6.	Gender			[0]Male /___/	[1]Female /___/	
7.	Which constituency do you come from?	[1]Mbeere South /___/	[2]Runyenjes /___/	[3]Mbeere North /___/	[4]Manyatta /___/	
8.	Sub county; location; sub location	..... ... .....	..... ... .....	..... ... .....	..... ... .....	
9.	What is your marital status?	[1] Married /___/	[2]Single /___/	[3]Widowed /___/	[4]Divorced /___/	[5]Separated /___/
10.	What is your current occupation?	[1]Unemployed /___/	[2]Employed- full time /___/	[3]Casual worker /___/	[4]Farmer /___/	[5]Self employed – business /___/
11.	What is your highest level of Education?	[1] No formal education /___/	[2] Primary /___/	[3] Secondary /___/	[4]college /university /___/	[5]Post graduate /___/
<b>SECTION B: CITIZEN PARTICIPATION IN MANAGEMENT OF DEVOLVED HEALTH CARE</b>						
12.	Do you participate in management of devolved health care funds? Yes /___/ No /___/ (if yes, go to Q 13, if no, go to Q 14.)					

13.	<b>Do you participate/get involved in these activities?</b>	Voting  <i>No</i> /___/  <i>Yes</i> /___/	Accessing information on devolved healthcare funds  <i>No</i> /___/  <i>Yes</i> /___/	Physically attending meetings/sending input  <i>No</i> /___/  <i>Yes</i> /___/	Seeking clarification  <i>No</i> /___/  <i>Yes</i> /___/	Consulting other members to generate consensus  <i>No</i> /___/  <i>Yes</i> /___/	Providing feedback  <i>No</i> /___/  <i>Yes</i> /___/
a.	<b>How would you rate your participation in the following:</b>	[1]Very great extent	[2]Great extent	[3]Moderate extent	[4]Little extent	[5]Very little extent	
	<b>i. Voting</b>	/___/	/___/	/___/	/___/	/___/	
	<b>ii. Accessing information on devolved healthcare funds</b>	/___/	/___/	/___/	/___/	/___/	
	<b>iii. Physically attending meetings/sending input</b>	/___/	/___/	/___/	/___/	/___/	
	<b>iv. Seeking clarification</b>	/___/	/___/	/___/	/___/	/___/	
	<b>v. Consulting other members to generate consensus</b>	/___/	/___/	/___/	/___/	/___/	
	<b>vi. Providing feedback</b>	/___/	/___/	/___/	/___/	/___/	
14.	<b>How Do the following groups and organizations represent you participation in management of devolved health care funds? (answer only for the organization that represents you)</b>	[1]Very great extent	[2]Great extent	[3]Moderate extent	[4]Little extent	[5]Very little extent	
	<b>i. Civil society comments.....</b>	/___/	/___/	/___/	/___/	/___/	

	<b>ii. Non governmental organizations comments.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>iii. Community leaders comments.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>iv. Political leaders comments.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>v. Private sector comments.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>vi. Any other, specify.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/

**SECTION C. AREAS OF CITIZEN PARTICIPATION IN MANAGEMENT OF DEVOLVED HEALTH CARE FUNDS**

15.	<b>Are you aware of any healthcare projects that the county government has undertaken in the last 5 years? Give examples.....</b> .....	[0] no  /__/_/  <i>(go to question 17)</i>	[1] yes  /__/_/  <i>(go to question 16)</i>			
16.	<b>How would you rate citizen participation in the following:</b>	[1]Very great extent	[2]Great extent	[3]Moderate extent	[4]Little extent	[5]Very little extent
	<b>A) Needs identification</b>	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>B) Post purchase use</b>	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>C) Monitoring and evaluation</b>	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>D) Product choice and purchase</b>	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>E) Budgeting and planning</b>	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
	<b>F) any other, specify.....</b> .....	/__/_/	/__/_/	/__/_/	/__/_/	/__/_/
17.	<b>Do you think the local community has capacity to evaluate and monitor</b>	[0]No	[1]yes			

	<b>health care projects?</b>				/___/	/___/
18.	<b>How would you rate the community's judgment on the following:</b>	[1]Very good	[2]good	[3]Moderate	[4]poor	[5]very poor
	Whether health care projects are supported by Policy	/___/	/___/	/___/	/___/	/___/
	Effectiveness of healthcare projects	/___/	/___/	/___/	/___/	/___/
	Efficiency of the projects	/___/	/___/	/___/	/___/	/___/
	Relevance of the projects	/___/	/___/	/___/	/___/	/___/
	Giving feedback on projects	/___/	/___/	/___/	/___/	/___/
<b>SECTION D: COMMUNITY'S LEVEL OF AWARENESS ON LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS</b>						
19.	<b>How do you rate your awareness on the following legal, policy and institutional frameworks that support citizen participation in management of evolved healthcare funds (include how, when and where you learnt about the provision)</b>  Comments .....	[1]very aware	[2]aware	[3]somewhat aware	[4]little awareness	[5]not aware
	<b>1. Constitution of Kenya, 2010 Article 1(2);</b> <b>All sovereign power belongs to the people of Kenya. The people may exercise their sovereignty directly or through their elected representatives.</b> Comments .....	/___/	/___/	/___/	/___/	/___/
	<b>2. Constitution of Kenya, 2010 Article 10 (2) a, b and c: The national values and principles of governance include; democracy and participation of the people; inclusiveness; good governance, integrity, transparency and accountability.</b> Comments .....	/___/	/___/	/___/	/___/	/___/
	<b>3. Constitution of Kenya, 2010 Article 27:</b> <b>The Constitution guarantees</b>	/___/	/___/	/___/	/___/	/___/

	<p><b>equality and non-discrimination. Hence, public participation should ensure equality and non-discrimination.</b></p> <p>Comments .....</p>					
	<p><b>4. Constitution of Kenya, 2010 Article 33:</b>  <b>Public participation should respect the freedom of expression of all participants.</b></p> <p>Comments .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>5. Constitution of Kenya, 2010 Article 35:</b>  <b>The Constitution guarantees the right to access information by citizens</b></p> <p>Comments .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>6. Constitution of Kenya, 2010 Article 174(c)</b>  <b>Objects of devolution are; to give powers of self-governance to the people and enhance their participation in the exercise of such powers in decision making.</b></p> <p>Comments .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>7. Constitution of Kenya, 2010 Article 174(d)</b>  <b>Communities have the right to manage their own affairs and to further their development.</b></p> <p>Comments .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>8. Constitution of Kenya, 2010 Article 184(1)</b>  <b>National legislation shall provide for the governance and management of urban areas and cities and shall provide for the participation of residents in the governance of urban areas and cities.</b></p> <p>Comments</p>	/___/	/___/	/___/	/___/	/___/

	.....					
	<p><b>9. Constitution of Kenya, 2010 Article 232(1)(d)</b>  <b>The values and principles of public service include the involvement of the people in the process of policy making and transparency and provision to the public of timely and accurate information</b>  Comments  .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>10. Fourth Schedule part 2(14)</b> The functions and powers of the county are to coordinate and ensure the participation of communities in governance. Counties are also to assist communities to develop the administrative capacity to enhance their exercise of power and participation in governance at the local level.  Comments  .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>11. The Public Finance Management Act section 91</b> County Governments are to establish structures, mechanisms and guidelines for citizen participation.  Comments  .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>12. County Governments Act section 91;</b> The county government shall facilitate the establishment of modalities, and platforms for citizen participation.  Comments  .....</p>	/___/	/___/	/___/	/___/	/___/
	<p><b>13. The County Government Act Sections 94, 95,96</b> Counties are to establish mechanisms to facilitate public communication and access to information using media with the widest public outreach. Every county shall designate an office for ensuring access to information</p>	/___/	/___/	/___/	/___/	/___/

	Comments .....					
	<b>14. County Government Act Sections 100 and 101 County governments should create an institutional framework for civic education.</b> Comments .....	/___/	/___/	/___/	/___/	/___/
	<b>15. Public Procurement and Disposal Act 2015 Section 68(3), 125(5), 138, and 179 Emphasis on transparency of the procurement process including requirements for procuring entities to publicly avail procurement records after closure of proceedings, publicize notice of intention to enter into contract on websites and public notice boards and publish and publicize all contract awards.</b> Comments .....	/___/	/___/	/___/	/___/	/___/

**SECTION E: EFFECTIVENESS OF CURRENT LEGAL AND INSTITUTIONAL FRAMEWORKS:**

1 9 .	How would you rate the current legal and institutional frameworks effectiveness in terms of the following	[1] highly effective	[2] effective	[3]somewh at effective	[4]Rarely effective	[5]not effective
	1. Equality Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	2. Freedom of expression Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	3.Right to access information Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	4. Enhancing participation Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	5. M&E organization Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	6. increase accountability	/___/	/___/	/___/	/___/	/___/

	Reasons..... ....					
	7. transparency Reasons..... ....	/___/	/___/	/___/	/___/	/___/
<b>SECTION F: COMMUNITY PERCEPTION AND EXPERIENCES:</b>						
20.	<b>Are you personally making any contribution towards management of devolved healthcare funds?</b>	Yes /___/	No /___/	Give reasons ..... ..... ..		
21.	<b>Have you ever attended a "baraza" at which health matters or devolved healthcare funds management were discussed?</b>	Yes /___/	No /___/	Give reasons..... .....		
22.	<b>Are you satisfied with your (or citizen participation)as regards the following:</b>	[1]Very satisfied	[2]satisfied	[3]Not sure	[4]unsatisfied	[5]Very unsatisfied
	a) Civic education Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	b) Inclusivity Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	c) Process legitimacy Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	d) Adequate access to information Reasons..... ....	/___/	/___/	/___/	/___/	/___/
	e) Strengthening democracy Reasons..... ....	/___/	/___/	/___/	/___/	/___/

**Appendix III: Interview Guide**

1. How has devolution influenced healthcare service delivery in Embu County?  
Explain
2. Are citizens involved in management of devolved healthcare funds?
  - a. How are citizens involved directly?
  - b. How are citizens involved indirectly?
3. Which are the main challenges facing citizen participation in management of devolved healthcare services in Embu?
4. Do you think the local community has the capacity to monitor and evaluate implementation of health care projects in Embu County? Explain
5. In your own opinion, is the community aware of laws, regulations and policy guidelines regarding devolved healthcare funds? Explain
6. In what ways has the current legal and institutional framework enabled community participation in governing of devolved Health Care funds in Embu County?
7. What is the community perception on the management of devolved healthcare funds in Embu County?
8. What is the level of citizen participation in management of health care devolved funds? Explain.

**Appendix VI: Approval from Kenyatta University Graduate School**

KENYATTA UNIVERSITY  
GRADUATE SCHOOL

E-mail: [kubps@yahoo.com](mailto:kubps@yahoo.com)  
[dean-graduate@ku.ac.ke](mailto:dean-graduate@ku.ac.ke)  
Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P.O. Box 43844, 00100  
NAIROBI, KENYA  
Tel. 8710901 Ext. 57530

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Our Ref: Q97/23592/12

Date: 29<sup>th</sup> November, 2017

The Director General,  
National Commission for Science, Technology & Innovation,  
P.O. Box 30623-00100,  
**NAIROBI**

Dear Sir/Madam,

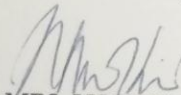
RE: RESEARCH AUTHORIZATION FOR MS. KABEU E. WATETU REG. NO. Q97/23592/12

I write to introduce Mr. Kabeu who is a Postgraduate Student of this University. The student is registered for a Ph.D. degree programme in the **Department of Health Management & Informatics in the School of Applied Human Sciences.**

Ms. Watetu intends to conduct research for Ph.D. thesis entitled **“Citizen Participation in Management of Developed Healthcare Funds in Embu County, Kenya”**

Any assistance given will be highly appreciated.

Yours faithfully,

  
MRS. LUCY N. MBAABU  
FOR: DEAN, GRADUATE SCHOOL

RM/cao

## Appendix VII: Approval from Kenyatta University Ethical and Review Committee



**KENYATTA UNIVERSITY  
ETHICS REVIEW COMMITTEE**

Fax: 8711242/8711575

Email: [kuerc.chairman@ku.ac.ke](mailto:kuerc.chairman@ku.ac.ke)

[kuerc.secretary@ku.ac.ke](mailto:kuerc.secretary@ku.ac.ke)

Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P. O. Box 43844,

Nairobi, 00100

Tel: 8710901/12

Our Ref: **KU/ERC/ APPROVAL/VOL.1 (136)**

Date: 14<sup>th</sup> June, 2018

Emma Watetu Kabeu  
P.O Box 43844  
NAIROBI

Dear Emma,

**APPLICATION NUMBER: PKU/785/1853 “CITIZEN PARTICIPATION IN  
MANAGEMENT OF HEALTHCARE FUNDS IN EMBU COUNTY, KENYA”**

**1. IDENTIFICATION OF PROTOCOL**

The application before the committee is with a research to “**Citizen Participation in Management of Healthcare Funds in Embu County, Kenya**” received on 25<sup>th</sup> January, 2018 and discussed on 12<sup>th</sup> June, 2018.

**2. APPLICANT**

Emma Watetu Kabeu

**3. SITE**

Embu County, Kenya

**4. DECISION**

The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines and **APPROVED that the research may proceed for a period of ONE year from 12<sup>th</sup> June, 2018.**

**ADVICE/CONDITIONS**

- xvii. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
- xviii. Serious and unexpected adverse events related to the conduct of the study are reported to this committee immediately they occur.
- xix. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
- xx. Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.  
 If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

*[Handwritten signature]*



**DR. TITUS KAHIGA**  
**CHAIRMAN ETHICS REVIEW COMMITTEE**

I ESTINA WALETY.....accept the advice given and will fulfill the conditions therein.

Signature for Estina Walety Dated this day of 24<sup>th</sup> JULY..... 2018.

cc. DVC-Research Innovation and Outreach

## Appendix VIII: Renewal of approval from Kenyatta University ERC



**KENYATTA UNIVERSITY  
ETHICS REVIEW COMMITTEE**

Email: [chairman.kuerc@ku.ac.ke](mailto:chairman.kuerc@ku.ac.ke)

P. O. Box 43844 - 00100 Nairobi

Tel: 8710901/12

Fax: 8711242/8711575

Website: [www.ku.ac.ke](http://www.ku.ac.ke)

Our Ref: KU/KUERC/EXT VOL.1 (21)

Date: 18<sup>th</sup> September, 2019

Emma Watetu Kabeu  
Kenyatta University  
P.O Box 43844  
NAIROBI

Dear Ms.Kabeu,

**RENEWAL OF APPROVAL FOR PKU/785/1853 "CITIZEN PARTICIPATION IN  
MANAGEMENT OF HEALTHCARE FUNDS IN EMBU COUNTY, KENYA"**

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**1. IDENTIFICATION OF PROTOCOL**

The application before the committee is with a research topic, **Citizen Participation in Management of Healthcare Funds in Embu County, Kenya**" dated 10<sup>th</sup> September, and discussed on 17<sup>th</sup> September, 2019.

**DECISION**

Kenyatta University Ethics Review Committee has **RENEWED THE APPROVAL**, and that **the research may proceed for one year from September, 2019 to September, 2020** as per the request and NACOSTI approval.

## 2. ADVICE/CONDITIONS

- i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
- ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
- iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
- iv. Submit an electronic copy of the protocol to KUERC.

**When replying, kindly quote the application number above.**



**PROF. JUDITH KIMIYWE**  
**CHAIRMAN ETHICS REVIEW COMMITTEE**

**Appendix IX: Approval from NACOSTI**

  
**REPUBLIC OF KENYA**

  
**NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **362748** Date of Issue: **13/March/2019**

**RESEARCH LICENSE**



**This is to Certify that Ms.. EMMA WATETU KABEU of Kenyatta University, has been licensed to conduct research in Embu on the topic: CITIZEN PARTICIPATION IN MANAGEMENT OF DEVOLVED HEALTHCARE FUNDS IN EMBU COUNTY, KENYA for the period ending : 13/March/2020.**

License No: **NACOSTI/P/20/4254**

**362748**  
Applicant Identification Number

  
Director General  
**NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY &  
INNOVATION**

Verification QR Code



**NOTE: This is a computer generated License. To verify the authenticity of this document,  
Scan the QR Code using QR scanner application.**

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation  
off Waiyaki Way, Upper Kabete,  
P. O. Box 30623, 00100 Nairobi, KENYA  
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077  
Mobile: 0713 788 787 / 0735 404 245  
E-mail: [dg@nacosti.go.ke](mailto:dg@nacosti.go.ke) / [registry@nacosti.go.ke](mailto:registry@nacosti.go.ke)  
Website: [www.nacosti.go.ke](http://www.nacosti.go.ke)

## Appendix X: Approval Ministry of Education Embu County



**MINISTRY OF EDUCATION**  
STATE DEPARTMENT FOR EARLY LEARNING AND BASIC EDUCATION

Telegrams: "Provedu". Embu

Telephone: Embu 31711

Fax: 30956

E-Mail: [cde.embu@yahoo.com](mailto:cde.embu@yahoo.com)

When replying please quote

**OFFICE OF THE  
COUNTY DIRECTOR OF EDUCATION  
P. O. BOX 123-60100  
EMBU**

Ref. No.: EBC/GA/32/VOL.IV/162

9<sup>th</sup> April, 2019

**Ms. Emma Watetu Kabeu  
P.O. Box 152-60125  
EMBU**

**RE: RESEARCH AUTHORISATION**

Reference is made to NACOSTI 362748 dated 13/March/2019. This office acknowledges receipt of your research authorization to carry out research on CITIZEN PARTICIPATION IN MANAGEMENT OF DEVOLVED HEALTHCARE FUNDS IN EMBU COUNTY, KENYA for the period ending 13/March/2020.

This office has no objection and therefore wishes you success in this undertaking and requests prospective participants /respondents to accord you cooperation and support you may require.

**BEN KENYAGA  
FOR: COUNTY DIRECTOR OF EDUCATION**

Copy to:

The PS, State Department of Early Learning and Basic Education, MoE

The Secretary/CEO, NACOSTI-NAIROBI

Prospective respondents, Embu County



**Appendix XI: Map of Kenya showing Embu County**

