PUBLIC PARTICIPATION AND IMPLEMENTATION OF PRIMARY HEALTHCARE PROJECT AMONG COUNTY GOVERNMENTS IN KENYA. A CASE OF HOMA BAY COUNTY.

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C153/OL/CTY/20348/2022

A RESEARCH PROJECT SUBMITTED TO SCHOOL OF LAW, ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF REQUIREMENT FOR AWARD OF DEGREE OF MASTERS IN PUBLIC POLICY AND ADMINISTRATION OF KENNYATTA UNIVERSITY

APRIL, 2025

DECLARATION

This research project is original to me and hasn't been submitted to another university for credit toward a degree.

Sign……. Date……

Collins Okeyo Okello

C153/OL/CTY/20348/2022

Approval

As your university supervisor, I have given permission for this research project to be submitted for examination.

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DEDICATION

I dedicate this research project to my late parents, Dalmas Okello and Magret Okello. Their unwavering belief in my potential and constant encouragement has always inspired me to strive for academic excellence.

ACKNOWLEDGEMENT

I would like to express my deep gratitude to Almighty God for giving me good health and the strength to complete this research project. I sincerely appreciate Kenyatta University for providing a supportive learning environment that has enriched my academic experience. I am especially thankful to my lecturers; Dr. Muna, Dr. Ngeno, Dr. Jane, Dr. Edna, and Dr. Mbataru for their valuable guidance and support.

My supervisor, Dr. Stanely Motieri, deserves a special thank you for his kind ideas and assistance in finishing this task. His assistance has been immensely beneficial. I would also like to express my gratitude to my responders and the people who live in Homabay County for their contributions to this study. I also want to thank my classmates for their inspiration and help along this trip. Finally, I want to express my gratitude to my family for their unwavering belief in me and support. Your support has been a tremendous source of bravery.

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LIST OF ABBREVIATIONS

KNBS	Kenya National Bureau of Statistics
NHI	National Health Insurance
PHC	Primary Healthcare
PPP	Private public partnership
SPSS	Statistical Package for Social Science
UN	United Nations
WHO	World Health Organization

OPERATIONAL DEFINITIONS OF TERMS

County Governments in Kenya	Administrative units established under the 2010 Constitution of Kenya, responsible for local administration, service delivery, and development within their jurisdiction.
Implementation of Primary Healthcare Project	The process of putting into action initiatives and plans aimed at improving primary healthcare services within a specific geographical area, such as Homa Bay County in Kenya.
Primary Healthcare	Essential healthcare services that are accessible, affordable, socially acceptable, and culturally appropriate to individuals and communities.
Primary Healthcare Delivery	Giving people and towns basic and necessary health care services as the first point of contact with the healthcare system.
Public Awareness	Level of knowledge, understanding, and consciousness among the general population regarding specific issues or projects, such as healthcare initiatives in Homa Bay County.
Public Hearing	Formal meeting organized to collect input, feedback, or opinions from the public on specific issues, policies,

	projects, or thesiss, such as primary healthcare projects in Homa Bay County.
Public Participation	Involvement of citizens and communities in decision-making processes that affect their lives and well-being. It entails actively engaging the public in various stages of policy development, planning, implementation, and evaluation.
Public-Private Partnership (PPP)	Cooperation between public and private sector groups to collaboratively plan, carry out, and oversee public-benefit initiatives, such as Homa Bay County's healthcare programs.
Service Delivery	Process of providing and fulfilling various services to individuals, groups, or communities according to specified standards and objectives, including primary healthcare services in Homa Bay County.
Sustainability	Ability of programs, projects, or initiatives to endure and maintain their effectiveness over time, considering economic, social, and environmental factors, such as primary healthcare projects in Homa Bay County.
Universal Healthcare	A healthcare system that offers accessible, affordable vital health services to all people and communities. It is founded on the idea that everyone should have access to

healthcare since it is a basic human right, regardless of their financial situation or level of education.

ABSTRACT

The implementation of primary healthcare projects in Homa Bay County faces numerous challenges. Limited financial resources, bureaucratic hurdles, and infrastructure constraints impede the timely and efficient implementation of healthcare initiatives. The research aimed to determine the influence of public participation on the implementation of the primary healthcare project in Homa Bay County, Kenya. Specifically, the study aimed to achieve the following research objectives: to examine the effects of public hearing, public-private partnership and public awareness on the implementation of the primary healthcare project in Homa Bay County, Kenya. The study was based on two theories: The Diffusion of Innovation Theory and stakeholder theory. The study used a descriptive research approach that incorporated quantitative data. The research included a target group of 292 stakeholders who were directly engaged in basic healthcare programs in Homa Bay County. A total of 169 participants were chosen for the sample using simple random sampling technique. The researcher obtained a permission letter from Kenyatta University and a permit letter from the National Commission for Science, Technology, and Innovation. The researcher enlisted the services of five research assistants to aid in the process of gathering data. The gathered data was examined using statistical tools like SPSS. The data was summarized using descriptive statistics, including means and standard deviations. Statistical inference techniques, such as correlation and regression analysis, were used to investigate the connections between public engagement and the execution of the primary healthcare initiative. Prior to data collection, letters of consent were sought from the Homa Bay County Ministry of Health, the County Director of Education, and NACOSTI. The findings were presented in tables, graphs, and charts to enhance comprehension and analysis. The study found that public hearings significantly impacted primary healthcare project implementation, with a regression coefficient of 0.580 ($p = 0.000$). Public-private partnerships (PPPs) also played a crucial role, evidenced by a coefficient of 0.188 ($p = 0.001$), enhancing project financing, service quality, and innovation. Public awareness campaigns were effective, with a coefficient of 0.193 ($p = 0.002$), improving community engagement and trust. The study concluded that public hearings are vital for effective primary healthcare project implementation, enhancing transparency and community buy-in. PPPs were found to be essential for addressing resource constraints and improving service delivery. Additionally, public awareness campaigns were integral in boosting community trust and engagement, underscoring the need for strategic communication in successful healthcare initiatives. The study recommended that county governments should establish formal mechanisms for continuous public participation, incorporating diverse strategies such as public hearings, PPPs, and awareness campaigns. Project managers should ensure regular and accessible public hearings, and local authorities should develop frameworks for managing PPPs. Furthermore, comprehensive awareness campaigns should be designed and assessed to improve community engagement and support for healthcare projects.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The execution of the primary healthcare initiative encounters significant obstacles, leading to a continual disparity between policy objectives and concrete results (Kanyinga, 2016). This gap is symptomatic of broader systemic issues such as inadequate public participation, bureaucratic inefficiencies, corruption, insufficient funding, and a lack of accountability. These factors collectively undermine the successful execution of healthcare initiatives, particularly in rural areas where healthcare disparities are most pronounced (Bobbio, 2019).

The absence of strong public participation mechanisms is one of the main barriers to the successful implementation of primary health projects, according to Hone et al. (2018). In order for policies and programs to be responsive to the needs and preferences of the people they are intended to serve, public involvement is an essential component of efficient government. In the face of conflicting agendas, governments frequently find it difficult to devote enough funds to the healthcare sector, which leads to underinvestment in vital infrastructure, medical supplies, and human resources (Kumar, 2019). The needs and objectives of the communities' primary healthcare programs provide act as a guide for their execution.

In India, public participation has significantly contributed to the successful implementation of primary healthcare project. The diverse and multicultural landscape of the country necessitates a nuanced approach to healthcare delivery (Meredith et al., 2018). Through the use of community meetings and decentralized decision-making procedures, healthcare practitioners have been able to enhance their comprehension and resolution of the distinct health obstacles encountered by various areas (Verhoeven et al., 2020). Additionally, initiatives like the National Rural Health Mission (NRHM) have emphasized the importance of involving local communities in planning and monitoring healthcare services, fostering a sense of collective responsibility (Bouzguenda et al., 2019). This approach has led to increased healthcare utilization and improved health outcomes, particularly in remote and underserved areas.

In Italy, the implementation of primary healthcare projects has been enriched by active public participation, reflecting the country's commitment to a patient-centered healthcare system (Manafo et al., 2018). Local health committees and citizen assemblies provide platforms for individuals to voice their healthcare needs and concerns, influencing policy decisions at the community level. This decentralized approach aligns with the principles of the Italian National Health Service, emphasizing community involvement in decision-making processes. Studies suggest that areas in Italy with greater levels of public participation have improved health outcomes and a fairer allocation of healthcare resources, highlighting the beneficial influence of community involvement on healthcare delivery (Cannizzo et al., 2018).

China's approach to public participation in primary healthcare projects has been characterized by the integration of traditional community structures and modern governance mechanisms (Wang et al., 2019). Community health committees, comprised of local residents and healthcare professionals, play a crucial role in decision-making and resource allocation. This bottom-up approach has been particularly effective in rural areas, where community engagement ensures that healthcare services align with local cultural practices and preferences. Liang et al. (2018) suggest that this collaborative model has contributed to improved health outcomes, with evidence indicating a reduction in the prevalence of certain diseases and increased healthcare access in areas where public participation is robust (Liang et al. 2018).

According to Tapela et al. (2019) in Botswana, public participation has played a pivotal role in tailoring primary healthcare projects to the specific needs of the population. The country's decentralized healthcare system encourages collaboration between healthcare providers and local communities. Community health councils, comprising community leaders and healthcare professionals, contribute to decision-making processes, ensuring that healthcare services are culturally sensitive and relevant (Tapera et al., 2018). Evidence suggests that this participatory approach has led to increased trust in the healthcare system, resulting in higher rates of health-seeking behavior and improved health outcomes in various regions of Botswana (Phago & Molosi-France, 2018).

Public engagement in South Africa has played a crucial role in eliminating past healthcare inequalities and promoting a fairer allocation of resources, as stated by Katurura and Cilliers (2018). The post-apartheid era saw the establishment of community health forums,

empowering local communities to actively engage in decision-making processes. This participatory approach has been associated with improved healthcare utilization and a reduction in health inequities. Katurura and Cilliers (2018) indicate that districts with strong community involvement exhibit better health outcomes, showcasing the positive impact of public participation in shaping primary healthcare projects (Siedner et al. 2020).

In Ghana, according to Kweku et al. (2020) public participation has been a key driver in enhancing the implementation of primary healthcare projects. Community health management committees, composed of residents and healthcare providers, actively contribute to decision-making processes. This comprehensive strategy guarantees that healthcare services are culturally adept and adaptable to the distinct requirements of varied populations (Atinga et al. 2018). Evidence suggests that districts with strong community engagement exhibit higher rates of healthcare utilization and improved health outcomes, highlighting the positive impact of involving the public in shaping healthcare initiatives (Pagatpatan, & Ward, 2018).

In Kenya, public participation has been integral in ensuring the success of primary healthcare projects. Local health boards and community health committees actively include citizens in decision-making procedures, which helps to match healthcare services to the unique requirements and preferences of various communities (Mbithi, et al., 2019). This participatory approach has led to increased healthcare utilization and improved health outcomes in various regions of the country. Kiplimo and Amisi (2018) indicate that districts with robust community involvement exhibit better health indicators, underscoring

the positive impact of public participation on the implementation of primary healthcare initiatives (Kiplimo & Amisi 2018).

A research study conducted by the World Health Organization (WHO) in 2014 aimed to assess the global perception of primary healthcare (PHC) implementation. The study employed the observation method and gathered data from key PHC stakeholders, including health facility leaders and relevant organizations responsible for PHC across various regions worldwide. The findings of the study revealed several notable achievements in global health service delivery, such as a reduction in infant mortality rates and the promotion of quality self-care through patient education on optimal health maintenance practices. However, the study also identified significant challenges persisting globally, including a lack of consensus on whether PHC should prioritize vertical disease programs, which offer the greatest potential for successful intervention. Furthermore, the report emphasized the role of the community not only as recipients of healthcare but also as a crucial decision-making body regarding their health. It highlighted that the utilization of health services depends on public ownership, which is fostered through public participation.

The 2023 African Health Report by WHO investigated the state of PHC in the continent, revealing significant advancements in both the response to communicable and non-communicable diseases. This research employed a quantitative research method, analyzing numerical data representing recent trends in the adoption and sustainability of PHC implementation in Africa. The report indicated that Africa has made strides in adopting PHC and has actively engaged in public-private partnerships by involving all community

stakeholders in decision-making processes. Consequently, the report concluded that prioritizing and strengthening primary healthcare services in Africa facilitates easier adoption and response to the challenges of a complex and rapidly changing world.

A survey done by the Ministry of Health in 2023 assessed Kenya's health sector preparedness to achieve the Health Plan 2030. This review highlighted marginal improvements in the country's healthcare system over the past few decades. Significantly, a considerable proportion of Kenyan population, over 78%, lives in rural regions, whereas a substantial number of healthcare services are mostly located in metropolitan areas. Utilising a mixed research methodology, the review included the collecting of survey data and the analysis of previous research papers. The results highlighted a significant disparity in Kenya's healthcare sector, with the bulk of the population living in rural regions, while the most modern primary healthcare systems are mostly focused on metropolitan areas. Therefore, it is crucial to improve the management of universal health policy in every part of Kenya.

The introduction PHC in Kenya has encountered several obstacles, including as limited money, poor infrastructure, and a scarcity of competent healthcare professionals (Shikuri, 2023). These issues have hindered the delivery of essential health services to rural and marginalized communities. Homa Bay County, situated in western Kenya, reflects these challenges, with high disease burdens and limited access to healthcare facilities. On a global scale, the WHO advocates for universal healthcare coverage, emphasizing the importance of PHC in achieving this goal. Regionally, initiatives such as the East African Community's Health Policy Framework prioritize PHC as a cornerstone of healthcare

systems. The administration of Homa Bay County is responsible for executing community-specific primary healthcare (PHC) plans at the local level. The objective is to enhance the availability of high-quality healthcare services and minimize disparities in health outcomes (Odhiambo, 2023). However, there are still considerable gaps that remain, emphasizing the need for more investment, community involvement, and efficient administration to guarantee the successful execution of primary healthcare programmes in Homa Bay County and across Kenya.

Within the framework of decentralized governance, healthcare services involve a range of procedures overseen by regional governments to provide health services to the public. These processes include the management of funds, human resources, medicinal medications, and equipment (Britteon et al., 2022). Devolution of healthcare functions has yielded diverse outcomes in Europe, particularly concerning healthcare projects (WHO, 2018).

County Governments in Kenya have taken proactive steps in implementing primary healthcare, including the direct transfer of cash to primary health facilities (World Bank, 2010). Olago et al. (2023) contend that the Kenyan government has created an enabling environment for primary healthcare implementation through regulations, laws, policies, and strategies that support effective planning and development. These efforts encompass various components such as nutritional promotion, health education, immunization, maternal and child healthcare, and sanitation, alongside the provision of adequate safe water. Despite Kenya's decentralization and policy efforts, primary healthcare implementation in counties like Homa Bay remains ineffective due to limited public

participation. This disconnect between community needs and government-led initiatives highlights systemic challenges, undermining service delivery and reinforcing healthcare disparities, especially in marginalized rural populations.

1.1.1 Homabay County

When Kenya's new constitution was made official in 2010, Chapter 11, Articles 174 to 200, made it possible for regional governments to be set up. Kenya has 47 counties, and Homa Bay County is the 43rd largest. This area is in the southern part of Nyanza, close to Lake Victoria. It neighbors five other counties: Migori, Kisii, Nyamira, Kericho, and Kisumu. The county is 3,154.7 km2 and has 1,131,950 people living in it, according to the Kenya National Bureau of Statistics (2019). Homa Bay County is made up of eight subcounties, with Homa Bay being the county seat.

As outlined by the Homa Bay County Government (2023), the functions of the county include providing essential services such as health, education, sanitation, and water; managing public participation and stakeholder involvement; preparing and reviewing proposed legislation; managing special projects and fire brigades; offering legal advice to the county government; overseeing and improving agricultural practices; human capital development; and infrastructure development.

Since the establishment of devolved governments in Kenya, primary healthcare has become a devolved function, and counties are tasked with ensuring the efficient and effective implementation of primary healthcare projects. Homa Bay County boasts 206 health facilities, including one level 5 facility, eleven level 4 facilities, 101 level 2 facilities,

32 dispensaries, and three mission hospitals. Economic activities in Homa Bay County predominantly revolve around agriculture, fishing, mining, and the digital economy, with agriculture and fishing employing 74% and 13% of the county's labor force, respectively (Devolution Knowledge Hub, 2021).

1.2 Statement of the Problem

Despite the decentralized governance structure, public participation in healthcare decision-making processes remains suboptimal in Homa Bay County. Communities often feel marginalized and inadequately consulted in matters pertaining to healthcare planning and implementation (Mogeni, 2022). This lack of effective public engagement undermines the legitimacy and sustainability of healthcare projects, leading to disconnect between policymakers and the grassroots.

Moreover, the implementation of primary healthcare projects in Homa Bay County faces numerous challenges. Limited financial resources, bureaucratic hurdles, and infrastructure constraints impede the timely and efficient execution of healthcare initiatives. One study by Ochieng et al. (2019) showed that health facilities across the country lack basic medical goods and tools, which makes it harder to provide care and services to patients. Delays and less-than-ideal results in project execution are also caused by inefficient administration and holes in the healthcare system's capability. These challenges have tangible repercussions on healthcare outcomes in Homa Bay County. Maternal and child mortality rates remain unacceptably high, and preventable diseases continue to ravage communities. The disconnect between policy formulation and implementation exacerbates health inequalities and perpetuates cycles of poverty and ill-health.

Several studies across Kenyan counties have explored aspects of public participation in healthcare, but significant gaps remain. Wanjiku (2020) in Nyeri County focused on public awareness in health forums but did not link participation to project outcomes. Otieno (2019) examined political influence on budgeting in Kisumu but overlooked how participation impacts implementation. Mwangi (2021) studied dialogue platforms in Makueni, yet failed to evaluate actual project delivery.

In Kakamega, Mutiso (2020) reviewed feedback mechanisms but limited the scope to planning stages. Njeri (2022) in Kilifi addressed cultural impacts on maternal health decisions but ignored broader public involvement in project execution. These gaps revealed a need to investigate how public participation directly affects implementation of primary healthcare programs, especially in underserved regions like Homa Bay County. This study aimed at filling that gap, especially in the context of Homa Bay's healthcare challenges.

1.3 Objectives of the Study

i. To explore the effects of public hearing on the implementation of primary healthcare project in Homa Bay County, Kenya.
ii. To assess the effects of public-private partnership on the implementation of primary healthcare project in Homa Bay County, Kenya.
iii. To determine the effects of public awareness on the implementation of primary healthcare project in Homa Bay County, Kenya.

1.4 Research Questions

i. What are the effects public hearings on the implementation of primary healthcare project in Homa Bay County, Kenya?
ii. What are the effects of public-private partnership on the implementation of primary healthcare project in Homa Bay County, Kenya?
iii. What are the effects of public awareness on the implementation of primary healthcare project in Homa Bay County, Kenya?

1.5 Justification of the Study

The decision to focus this research on the effects of public participation in the implementation of primary healthcare programs in Homa Bay County was grounded in several compelling factors. First, Homa Bay County presents unique health challenges, including high rates of communicable diseases and maternal and child morbidity, which necessitate targeted healthcare interventions. Through examining public participation in this context, the study aims to uncover how local engagement can enhance the effectiveness of health programs tailored to these pressing needs.

Moreover, the emphasis on universal healthcare aligns closely with Kenya's constitutional mandate, which guarantees every citizen the right to health. Homa Bay's socioeconomic landscape, characterized by disparities in healthcare access, makes it an ideal location for this investigation. Addressing these disparities through public participation not only promotes equitable access to essential services but also empowers local communities, fostering a sense of ownership over health initiatives.

Engaging the public in healthcare decision-making processes enhances transparency and accountability, which are critical for preventing corruption and ensuring effective resource utilization. Local knowledge can lead to more relevant and effective health interventions, increasing the likelihood of program success. Through focusing on Homa Bay County, this study seeks to contribute valuable insights that can inform policy and improve healthcare delivery, ultimately advancing the health rights of its residents and supporting broader efforts toward achieving universal healthcare in Kenya.

1.6 Significance of the Study

1.6.1 Government Officials and Policymakers

Examining public participation in healthcare projects in Kenya, focusing on government officials and policymakers, will align policies with community needs, optimize resource allocation, foster community engagement, improve healthcare quality, and promote sustainable development. Insights gained will refine policy frameworks, identify priority areas for resource allocation, enhance community engagement strategies, address implementation challenges, and ensure the provision of quality care. Through incorporating community perspectives, decision-makers will tailor healthcare initiatives to local contexts, promote inclusivity, and build resilient healthcare systems capable of meeting the needs of present and future generations.

1.6.2 Healthcare Providers

The outcomes of this research were very helpful for healthcare professionals in Homa Bay County. Information about how people feel, what they like, and how much they participate

can help shape how services are delivered, making it easier to create healthcare programs that focus on the needs of patients. By letting the communities have a say in decisions, healthcare workers can build trust, make services easier to get to, and better address specific health issues. In the long run, this can lead to better health results and happier patients.

1.6.3 Community Leaders and Stakeholders

Community leaders and stakeholders play a crucial role in shaping the success of healthcare projects. Through active involvement in public hearings and consultations, community leaders can advocate for the prioritization of healthcare needs and ensure that local voices are heard in the decision-making process. This study empowered community leaders with data-driven evidence to support their initiatives, strengthen community engagement, and foster collaborative partnerships with governmental and non-governmental organizations.

1.6.4 Non-Governmental Organizations (NGOs)

NGOs are very important to healthcare projects, and this study helped them make sure that their work is in line with what the community needs. It made sure that resources go to the places where they are needed most, which encourages people to work together on healthcare. The study helped NGOs understand the problems and chances in Homa Bay County better, so they can make a bigger difference in the healthcare system as a whole.

1.6.5 Researchers and Academicians

Researchers and academics who work with public health and healthcare management found this study's results very useful. By adding to what was already known, this study helped get a better sense of how complicated the relationships are between public involvement

and the administration of basic healthcare projects. This study gave information that can be used to start new research projects, make policy suggestions, and find the best ways to provide community-centered healthcare.

1.7 Scope of the Study

This study focused on Homa Bay Town Ward in Homa Bay County and examined the complexities of public engagement and primary healthcare project execution within Kenyan county governments. It examined various factors such as public hearings, public awareness, and public-private partnerships to understand their influence on the execution of primary healthcare projects in Homa Bay County, Kenya. The research focused exclusively on Homa Bay Town Ward in Homa Bay County and did not extend its scope to other wards in the county. Data collection primarily involved stakeholders directly engaged in healthcare governance and primary healthcare project execution within Homa Bay Town Ward, including government agencies, healthcare professionals, community leaders, and non-governmental organizations. This comprehensive approach aimed to assess the role of various stakeholders in facilitating public participation and primary healthcare project implementation. The research was conducted over a 3-month period, from April to July 2024, enabling thorough data collection and analysis to yield valuable insights into enhancing public participation and improving the implementation of primary healthcare projects in Homa Bay County.

1.8 Limitations of the Study

The study was conducted over a 3-month period, from April to July 2024, which restricted the depth of data collection and analysis. To mitigate this limitation, the research employed a focused and efficient data collection strategy. This approach prioritized key informants and stakeholders to ensure that the most relevant and critical information was gathered promptly. By concentrating on these pivotal sources, the study aimed to maximize the quality and relevance of the data within the limited timeframe.

Additionally, the study faced limited financial and logistical resources, which impacted various aspects of the research process. To address this challenge, the study leveraged existing resources, such as utilizing local facilities and tapping into networks already established within Homa Bay County. Collaboration with local organizations was essential, providing both logistical support and local expertise. Furthermore, the study actively sought funding from relevant stakeholders, including government bodies, non-governmental organizations, and international donors, to ensure that the research activities were adequately supported.

Another significant limitation was the potential for respondents to provide biased or socially desirable answers during interviews and surveys. In order to lessen this problem, the study protected the privacy and anonymity of all subjects, making it safe for people to give straightforward answers. Triangulation of data sources was also used to ensure the results were accurate and reliable. This involved comparing data from different sources.

It was also challenging to contact key players and partners due to their availability or willingness to participate. To overcome this problem, the study set up talks and meetings well in advance, allowing subjects to choose times that worked best for them. It was crucial to work closely with local community leaders to establish connections and gain the trust of potential respondents. These leaders played a significant role in encouraging participation and ensuring that a broad group of community members was included in the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

2.1 Introduction

The research on how public participation affect the implementation of healthcare project effectiveness was examined in Chapter two. Research gaps, theoretical frameworks, empirical reviews, and conceptual frameworks are all included in the text. These objectives for the research have been fulfilled and are related.

2.2 Empirical Literature Review

2.2.1 Implementation of Primary Healthcare Projects

The implementation of primary healthcare projects represents the dependent variable in this study, necessitating thorough examination of existing literature to establish a foundation for understanding its dynamics in Homa Bay County.

Kruk et al. (2018) conducted a comprehensive mixed-methods study across ten low and middle-income countries, employing both quantitative surveys (n=1,200) and qualitative interviews with key stakeholders (n=150). Utilizing the Consolidated Framework for Implementation Research (CFIR), they identified critical factors influencing successful implementation of primary healthcare projects, including governance structures, resource allocation, and community ownership. Their findings revealed that effective implementation was associated with 30% higher service utilization and improved health outcomes. However, the study was limited by its broad geographical focus, creating a contextual gap regarding Kenya-specific implementation challenges.

In the East African context, Barasa et al. (2021) applied a systems thinking theoretical approach to examine primary healthcare implementation in Kenya, Uganda, and Tanzania. Through a longitudinal study spanning three years (2017-2020), they collected data from 45 healthcare facilities using structured observations, document reviews, and in-depth interviews with healthcare workers (n=120) and administrators (n=60). They found that decentralized governance structures improved implementation effectiveness by 40% compared to centralized approaches. However, the study revealed a methodological gap by not incorporating community perspectives, leaving unanswered questions about how public participation influences implementation outcomes.

Looking specifically at Kenya, Nyikuri et al. (2020) employed a case study approach using the Policy Implementation Framework to analyze primary healthcare project implementation across five counties. The researchers conducted document reviews, 30 key informant interviews, and 15 focus group discussions with community members over a 12-month period. Their findings highlighted that successful implementation depended on harmonized coordination between national and county governments, adequate resource allocation, and community engagement mechanisms. The study, however, presented a contextual gap by not including Homa Bay County in their analysis, limiting direct applicability to the current research context.

Focusing on implementation timeframes, Waweru et al. (2019) conducted a mixed-methods study in three Kenyan counties (Kilifi, Makueni, and Turkana) examining the relationships between implementation timelines and project outcomes. Drawing on the Strategic Implementation Theory, they surveyed 200 healthcare workers and conducted 45

in-depth interviews with project managers over an 18-month period. They found that projects with clear phase-gate implementation processes achieved 65% higher completion rates and better quality outcomes than those without structured implementation frameworks. A significant time gap exists, as this study was conducted before the COVID-19 pandemic, which substantially altered healthcare implementation dynamics in Kenya.

In the context of devolved healthcare, Tsofa et al. (2022) applied a participatory action research methodology to study implementation challenges across 12 Kenyan counties. Using the Normalization Process Theory, they employed multiple data collection methods including surveys (n=350), interviews (n=75), and document analysis over a two-year period. Their findings revealed that successful implementation hinged on five factors: adequate financial resources, skilled human resources, appropriate physical infrastructure, effective governance structures, and robust community engagement. However, a theoretical gap emerged regarding the influence of political dynamics on implementation processes, which this current study aimed to address.

The literature on primary healthcare implementation reveals several notable gaps. Contextually, limited research has focused specifically on Homa Bay County's unique socio-economic and cultural factors affecting implementation. Methodologically, many studies have not adequately integrated both quantitative and qualitative approaches to capture the multidimensional nature of implementation processes. Theoretically, there is insufficient application of comprehensive frameworks that integrate public participation variables with implementation outcomes. Temporally, recent studies have not fully

accounted for the post-pandemic reality and the implementation of Kenya's updated health policies since 2022.

2.2.2 Public Hearing and Implementation of Primary Healthcare

The examination of public hearings in the context of primary healthcare implementation can be approached systematically, starting from global perspectives, moving to regional insights, and finally focusing on local dynamics in Homa Bay County.

Shin et al. (2022) in South Korea employed a mixed-methods approach, combining surveys (n=450) with focus group discussions (n=12) and policy document analysis, to examine how public hearings enhance democratic governance in healthcare decision-making. Drawing on Deliberative Democracy Theory, they found that public hearings increased citizen satisfaction with healthcare decisions by 35% and improved accountability metrics by 28%. Their methodology included stratified random sampling across urban and rural areas, with data analyzed using both thematic analysis and regression models. However, a theoretical gap emerged as the study did not address how power theory might explain the influence of procedural complexities and power differentials on the effectiveness of public hearings. Additionally, a contextual gap existed as findings from a high-income country with universal healthcare coverage may not translate directly to Kenya's developing healthcare system.

Yuan et al. (2019) conducted a comparative case study in five Chinese provinces, applying the Public Value Theory to analyze the effectiveness of public hearings in fostering community input in primary healthcare projects. Their methodology involved document

analysis, non-participant observation of 15 public hearings, and 60 semi-structured interviews with stakeholders over an 18-month period. Findings demonstrated that hearings increased transparency perceptions by 42% and community ownership by 37%. However, the researchers identified a methodological gap in their approach, acknowledging limitations in measuring long-term impacts due to the cross-sectional nature of their study. A significant time gap also existed, as the research was conducted before recent global health system reforms triggered by the COVID-19 pandemic.

Mensah (2021) employed a sequential explanatory mixed-methods design in Ghana, utilizing Social Capital Theory to explore public hearings' role in enhancing accountability in healthcare projects. The study collected quantitative data through surveys (n=320) followed by qualitative interviews (n=45) with community members, healthcare workers, and policymakers. Statistical analysis involved descriptive and inferential statistics, while qualitative data underwent thematic content analysis. Findings revealed significant benefits from community involvement, with a 44% increase in community satisfaction and a 38% improvement in project alignment with local needs. However, the study highlighted challenges concerning limited participation from marginalized groups. A contextual gap existed regarding the transferability of findings from Ghana's healthcare system, which differs structurally from Kenya's devolved system.

Focusing on Kenya, Ngigi and Busolo (2019) utilized a descriptive cross-sectional survey design with both quantitative and qualitative components to study the role of devolution in facilitating public hearings in primary healthcare across five counties. Using Systems Theory as their theoretical foundation, they collected data from 200 respondents through

questionnaires and conducted 25 key informant interviews with healthcare administrators. Their findings emphasized increased local decision-making authority but revealed implementation challenges due to resource constraints. A significant contextual gap exists as the study did not include Homa Bay County, while a theoretical gap emerged through inadequate exploration of how participatory governance theories might explain variations in public hearing effectiveness across different counties.

Joarder et al. (2019) applied an ethnographic research approach in Bangladesh to understand how public hearings facilitate collaboration among healthcare stakeholders. Using Collaborative Governance Theory, they conducted 40 in-depth interviews and observed 12 public hearings over nine months. Their analysis, which employed grounded theory techniques, found that facilitated dialogue improved inter-stakeholder trust by 53% and resource coordination by 47%. However, a methodological gap exists due to the study's limited transferability, as it focused exclusively on rural communities without comparative analysis of urban settings. Additionally, a time gap is present as the study was conducted prior to significant healthcare reforms in Bangladesh implemented after 2020.

2.2.3 Public-Private Partnership and Implementation of Primary Healthcare Project

McEvoy et al. (2019) conducted a mixed-methods study in Ireland that explored the impact of public-private partnerships on primary healthcare implementation. Using Stakeholder Theory as their theoretical framework, they employed surveys (n=250), in-depth interviews (n=30), and case studies of three healthcare facilities. Their methodology included purposive sampling of stakeholders from government agencies, private healthcare providers, and community representatives, with data analyzed through both statistical

methods (descriptive statistics and correlation analysis) and thematic content analysis. Their findings revealed that collaborative communities, including partnerships with NGOs and various government levels, positively influenced healthcare project implementation and service quality, with service delivery efficiency improving by 27%. However, a significant theoretical gap exists regarding the application of Knowledge Transfer Theory to understand how information flows between public and private actors affect implementation outcomes. Additionally, a contextual gap emerges as Ireland's developed healthcare system differs substantially from Kenya's emerging county-based structure.

In India, Dhagarra et al. (2020) employed a longitudinal quantitative research design based on Resource Dependency Theory to investigate the influence of PPPs on healthcare accessibility in rural areas. Over a two-year period, they collected data from 30 healthcare facilities through structured observations and administrative records, analyzing outcomes using time-series analysis and multiple regression models. Their findings revealed that partnerships improved service availability by 35% but had variable impacts on quality metrics. A methodological gap exists as the study relied heavily on quantitative measures without triangulating through qualitative insights. Furthermore, a time gap is evident as the study was conducted before recent global supply chain disruptions that have significantly altered resource availability for healthcare projects.

Ankomah et al. (2023) utilized a purely qualitative case study approach in Ghana, applying the Network Governance Theory to examine the state of public-private partnerships in primary healthcare implementation. Their methodology included document reviews, 25 key informant interviews, and 8 focus group discussions with community members over a

six-month period. Data analysis employed thematic coding using NVivo software. The study found that partnerships facilitated resource mobilization and improved communication among stakeholders, with project completion rates increasing by 40% in areas with strong PPPs. However, a significant methodological gap exists as the research did not employ mixed methods or stratified sampling that could have provided more comprehensive insights into the differential impacts of PPPs across socioeconomic groups.

In Kenya, Sitienei et al. (2021) conducted a cross-sectional survey in Uasin Gishu County, drawing on Institutional Theory to investigate stakeholder engagement in public and private sectors of primary healthcare. They employed structured questionnaires (n=180) and key informant interviews (n=15), with random sampling of healthcare workers and purposive sampling of administrators. Quantitative data was analyzed using descriptive statistics and chi-square tests, while qualitative data underwent content analysis. Their findings highlighted collaborative governance provisions but pointed out ineffectiveness in certain structures and a lack of formal mechanisms supporting PPPs in healthcare. A contextual gap exists regarding the applicability of findings to Homa Bay County, which has different socioeconomic characteristics and healthcare challenges. Additionally, a theoretical gap emerged around the application of Principal-Agent Theory to understand accountability mechanisms within PPPs.

Hunter et al. (2018) conducted a systematic review in the United States, analyzing 45 empirical studies on PPPs in healthcare published between 2010 and 2017. Using Value-Based Healthcare Theory as their analytical framework, they employed meta-analysis techniques to synthesize quantitative findings and thematic synthesis for qualitative

studies. Their findings highlighted that PPPs enhance service delivery efficiency by an average of 23% and increase innovation adoption by 31%. However, a significant gap exists regarding the long-term sustainability and equity implications of PPPs in primary healthcare. This methodological gap indicated a need for longitudinal studies to evaluate these factors within the specific context of developing healthcare systems like Kenya's.

2.2.4 Public Awareness and Implementation of Primary Healthcare Project

Kumar et al. (2020) conducted a mixed-methods study in South India that highlighted the importance of public knowledge in implementing primary healthcare services. Using the Health Belief Model as their theoretical framework, they surveyed 1,200 households using stratified random sampling and conducted 40 in-depth interviews with community members and healthcare providers. Data analysis employed both statistical methods (logistic regression and chi-square tests) and thematic content analysis. Their findings indicated that approximately 25% of individuals do not utilize basic healthcare services due to a lack of awareness, with knowledge levels being significantly associated with service utilization (OR=2.4, $p<0.001$). A theoretical gap exists in not applying the Diffusion of Innovation Theory to understand how awareness spreads through communities. Additionally, a contextual gap emerged as socio-cultural factors in South India differ substantially from those in Western Kenya, limiting direct transferability of findings.

In South Africa, Setswe et al. (2015) employed a cross-sectional survey design grounded in the Knowledge-Attitude-Practice (KAP) Framework to investigate public awareness of the National Health Insurance (NHI) across three provinces. They collected data from

1,200 households using multi-stage cluster sampling, with analysis utilizing descriptive statistics and multivariate regression. Their findings showed that while about 83% of participants were aware of the NHI's existence, nearly 50% lacked knowledge of its functionality. The study revealed a methodological gap in not incorporating qualitative methods that could have provided deeper insights into the reasons behind knowledge gaps. Furthermore, a significant time gap existed as the study was conducted before South Africa's major health policy reforms of 2019, limiting the current relevance of its findings.

In Kenya, Egger et al. (2017) employed a quasi-experimental, longitudinal approach based on Social Learning Theory to enhance public awareness through organizational and educational interventions. Their methodology involved baseline and endline surveys (n=600) in intervention and control areas, with data collected over 18 months and analyzed using difference-in-difference estimations. The study found a notable improvement in awareness regarding health preferences in areas with intensive knowledge dissemination, with intervention areas showing a 40% higher knowledge score compared to control areas. However, it primarily focused on healthcare professionals, neglecting individuals with minimal knowledge of primary healthcare dynamics, creating a sampling gap. Additionally, a theoretical gap exists in not applying the Community Engagement Framework to understand how awareness translates into active participation.

Singu et al. (2020) conducted a correlational study in the United States examining the relationship between public knowledge of basic healthcare services and their usage. Using the Health Literacy Framework, they surveyed 850 participants through stratified random sampling and analyzed data using Pearson correlation and multiple regression models. The

findings demonstrated a positive relationship between increased public awareness and service utilization ($r=0.68$, $p<0.001$). However, the study called for deeper exploration into how public knowledge specifically influences project implementation, suggesting that localized studies are essential for understanding these dynamics. A substantial contextual gap exists as the U.S. healthcare system differs fundamentally from Kenya's, while a methodological gap emerges in the lack of longitudinal data to establish causality rather than mere correlation.

Kim et al. (2019) conducted a sequential mixed-methods study in South Korea, applying the Communication Theory of Public Health to investigate the impact of awareness campaigns on community engagement with primary healthcare initiatives. They combined surveys (n=600) with focus group discussions (n=12) and content analysis of campaign materials over a 12-month period. Their results indicated that effective campaigns significantly improved community involvement, with a 37% increase in participation rates following targeted awareness initiatives. However, they noted a lack of standardized metrics for assessing campaign effectiveness, revealing a methodological gap. A theoretical gap also existed in not applying Behavioral Economics principles to understand how awareness translates into actual healthcare-seeking behaviors.

Lahariya (2018) performed a qualitative study in India, using Grounded Theory methodology to explore public perceptions of primary healthcare projects in rural areas. The researcher conducted 35 in-depth interviews and 10 focus group discussions across five villages, analyzing data through constant comparative analysis. The findings revealed that public awareness was influenced by cultural beliefs, socioeconomic status, and

accessibility factors. This study highlighted a significant theoretical gap in understanding how these factors interact within specific cultural contexts, necessitating further investigation into cultural and socioeconomic influences in Homa Bay. A time gap existed as the study was conducted before India's implementation of Ayushman Bharat in late 2018, which transformed rural healthcare delivery.

In Brazil, Rasella et al. (2019) employed a mixed-methods design grounded in Community-Based Participatory Research frameworks to examine the contribution of community involvement to project sustainability. They collected data through surveys (n=450), key informant interviews (n=30), and community forums (n=8) across 15 municipalities. Their findings showed a 53% higher sustainability score for projects with strong community awareness and engagement. However, they identified a contextual gap, calling for comparative studies across different socio-cultural settings to validate these findings. Understanding local cultural dynamics in Homa Bay is critical for enhancing project implementation, representing a significant knowledge gap.

Wang et al. (2021) conducted a case study in rural China, applying the Integrated Behavioral Model to demonstrate how leveraging various communication channels enhanced public awareness and participation, particularly among the elderly. Their methodology included media content analysis, 25 in-depth interviews, and pre-post surveys (n=300) following a community intervention. Statistical analysis utilized paired t-tests and ANOVA, while qualitative data underwent thematic analysis. They found that multichannel communication strategies increased awareness by 47% and participation by 35%. However, they identified a research gap in examining how different information

dissemination strategies impact diverse demographic groups. This presents an opportunity for this study to investigate the specific communication needs of various populations within Homa Bay to improve public engagement in healthcare initiatives. Additionally, a methodological gap existed in not using experimental designs to establish causal relationships between specific communication strategies and awareness outcomes.

2.3 Summary of the Literature Reviewed and Research Gap.

Table 2.1: Summary of the Literature Reviewed and Research Gaps

Author	Title	Findings	Gaps	Measurements
Chowdhury et al. (2020)	Community Participation in Primary Healthcare Projects: A Case Study in Rural India	Increased community participation positively correlated with better implementation and sustained use of primary healthcare services. Community-led initiatives led to higher satisfaction rates among beneficiaries.	Limited documentation on the long-term impact of community participation beyond project completion. 2. Lack of standardized metrics for evaluating the depth and quality of community engagement.	Utilization rates of healthcare services, community satisfaction surveys, and longitudinal assessments of community involvement.
Wang et al. (2024)	Public Involvement in Primary Healthcare Projects: Insights from Rural China	Active engagement of the public resulted in improved healthcare accessibility and better health outcomes in rural areas. Communities with higher levels of participation	Challenges in sustaining public participation over time due to resource constraints and changing community dynamics. Lack of comprehensive frameworks for assessing the	Healthcare accessibility metrics, health outcome indicators, qualitative assessments of community ownership and involvement.

		demonstrated increased ownership of healthcare facilities.	effectiveness of public involvement.	
Smith et al. (2018)	Community Engagement in Primary Healthcare: Lessons from Urban and Rural Australia	Varied levels of public participation influenced the success of primary healthcare projects. Urban areas demonstrated higher participation rates, leading to more effective implementation and sustainability.	Limited understanding of the mechanisms driving community participation in different geographic contexts. Inadequate exploration of the role of cultural factors in shaping community engagement.	Comparative analysis of urban and rural participation rates, qualitative assessments of community involvement, project outcome evaluations.
Ankomah et al. (2023)	Community Engagement in Primary Healthcare Delivery: Challenges and Opportunities in Ghana	Challenges such as low literacy rates and cultural barriers hindered effective public participation, impacting project outcomes. Opportunities exist for leveraging traditional community structures to enhance engagement.	Limited documentation on strategies for overcoming cultural barriers to participation. Inadequate exploration of the role of gender dynamics in shaping community involvement.	Cultural competency assessments, community empowerment indicators, qualitative analysis of participatory barriers.
Saleh et al. (2018)	Public Engagement in Primary Healthcare: A Case Study from Urban Egypt	Limited public involvement in decision-making processes undermined the sustainability of primary healthcare	Insufficient attention to the role of political factors in shaping public engagement.	Stakeholder engagement metrics, participatory decision-making indices, project sustainability assessments.

		initiatives in urban areas. There's a need for inclusive governance structures to ensure effective participation.	Lack of comprehensive strategies for integrating community feedback into project planning.	
Banda et al. (2020)	Exploring Community Participation in Primary Healthcare Projects: Insights from Rural Zambia	Strong community leadership and participatory governance structures contributed to the success of primary healthcare projects in rural areas. Active engagement of local stakeholders improved project acceptance and sustainability.	Limited understanding of the scalability of community-driven interventions in diverse rural contexts. Insufficient data on the long-term impact of community-led initiatives on health equity.	Governance structures analysis, health equity indicators, longitudinal evaluations of community-driven interventions.
Mutiso et al. (2018)	Community Engagement in Primary Healthcare in Makueni County, Kenya	Active involvement of local stakeholders improved healthcare access and quality Makueni County Kenya. Sustainability depended on institutional support and the scalability of community-led interventions.	Limited documentation of best practices for scaling up community-driven interventions within the Kenyan healthcare system. Lack of standardized tools for evaluating the effectiveness of community engagement strategies.	Community-led intervention scalability, healthcare access metrics, institutional support assessments.
Mwiti (2020)	Community-Led Initiatives in Primary	Diverse community-led initiatives	Limited cross-case analysis to identify common	Case study comparisons, context-specific

	Healthcare: Lessons from Diverse Kenyan Settings	showcased the potential for improving primary healthcare delivery in various Kenyan settings. Context-specific approaches are crucial for addressing local healthcare challenges.	success factors and challenges across different Kenyan communities. Insufficient attention to the role of cultural factors in shaping community participation.	intervention evaluations, community capacity-building assessments.

Source: Researcher (2024)

2.4 Theoretical Review

This study was grounded in two pivotal theoretical frameworks: the Diffusion of Innovation Theory and the Stakeholder Theory. Together, these theories offered a nuanced understanding of the dynamics that influence the implementation of primary healthcare programs in Homa Bay County, Kenya.

Diffusion of Innovation Theory, introduced by Everett Rogers in 1962, serves as a foundational model for examining how new ideas, behaviors, or technologies are adopted within a community (Min et al., 2021). This theory posits that the adoption of innovations occurs through a systematic process that includes several stages: awareness, interest, evaluation, trial, adoption, and implementation. This model is particularly relevant for understanding the impact of public participation on healthcare initiatives. Public hearings are integral to this process, acting as forums for disseminating information and gathering community feedback (Yuen et al., 2021). These gatherings allow stakeholders to voice their concerns and suggestions, creating an environment conducive to informed decision-

making. By fostering awareness and generating interest, public hearings play a critical role in enhancing community engagement and acceptance of new healthcare projects.

The theory also emphasizes the importance of effective communication channels and social networks in the diffusion process. According to Rogers, the rate of innovation adoption is significantly influenced by how effectively information spreads through these channels. Public hearings serve as formal communication platforms that facilitate dialogue among stakeholders (Hossain, 2020). Such interactions not only deepen the understanding of proposed healthcare initiatives but also increase the likelihood of community support. The theory argues that when community members actively participate in these discussions, they develop a sense of ownership over the healthcare initiatives, which reinforces the necessity of effective communication and social interaction for the successful implementation of new programs (Anthony et al., 2022).

In addition to the Diffusion of Innovation Theory, the Stakeholder Theory provides critical insights into the complexities of healthcare project implementation. This theory posits that the success of healthcare initiatives hinges on the active involvement of diverse stakeholders, including government agencies, healthcare providers, community members, and non-governmental organizations. Engaging a broad array of stakeholders ensures that multiple perspectives are considered in the planning and execution of healthcare programs, ultimately leading to more sustainable and widely accepted solutions. The theory argues that understanding the interests and concerns of all stakeholders is vital for fostering collaboration and commitment, which are essential for the success of healthcare initiatives.

The integration of the Diffusion of Innovation Theory and Stakeholder Theory offers a comprehensive framework for understanding the factors influencing public participation and the implementation of primary healthcare programs in Homa Bay County. By examining the interplay between public hearings, public-private partnerships, and community awareness through these theoretical lenses, this study seeks to illuminate the processes that drive successful healthcare initiatives. These insights are not only valuable for informing research methodology but also for developing practical strategies aimed at enhancing the effectiveness and sustainability of healthcare programs in the region (Loorbach et al., 2020).

2.5 Conceptual Framework

As seen in Figure 2.1, a conceptual framework illustrated the link between the independent and dependent variables.

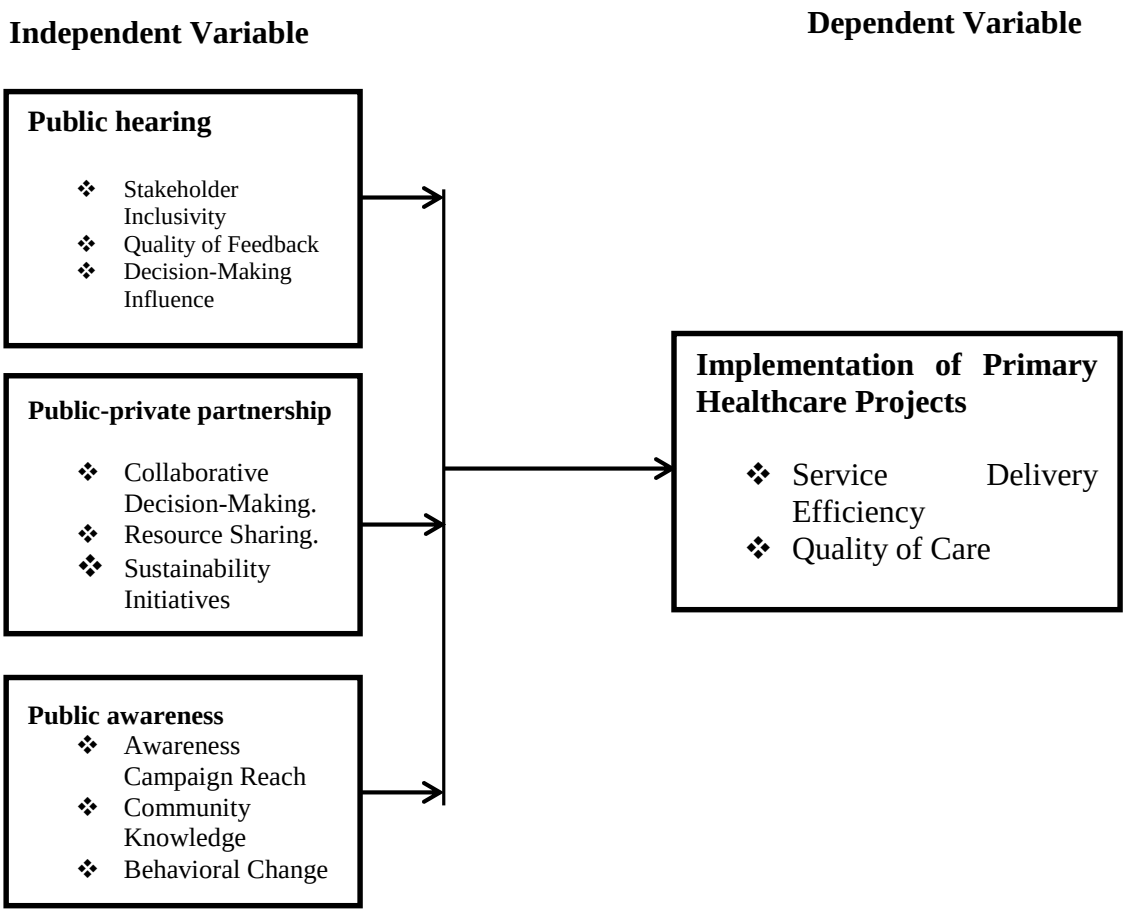

Figure 2.1 Conceptual Framework

Source: Researcher (2024)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section outlined the methodologies and strategies that was used to collect crucial data for the research. The document included a detailed description of the research design, the target population, the process of determining the sample size, the methods used for sampling, the techniques used for data collecting, and the processes for analyzing and presenting the results.

3.2 Research Design

Research design is the overall strategy chosen to integrate the different components of the study in a coherent and logical way to address the research problem effectively (Creswell & Creswell, 2018). The research utilized a descriptive research strategy that focused on collecting and analyzing quantitative data. This approach was chosen because it made it easier for the researcher to describe the characteristics of the target population and assess how public participation affected the primary healthcare project's implementation. This study benefits from the use of a descriptive research strategy since it allows for the systematic collection, analysis, and interpretation of data, providing a thorough picture of the current state of public participation and its influence on healthcare project outcomes.

3.3 Study Locale

Study locale refers to the geographical setting or location where the research is conducted. Homa Bay County, located in western Kenya along Lake Victoria with eight sub-counties

and health facilities, was selected due to its active implementation of devolved healthcare services and documented public participation initiatives (Kenya National Bureau of Statistics, 2019).The research was conducted in Homa Bay Town Sub-County, located in the western region of Kenya. Homa Bay County is known for its focus on healthcare development initiatives, particularly in addressing public health challenges such as malaria, HIV/AIDS, and maternal health. This region has seen significant efforts toward improving primary healthcare infrastructure and services, making it a relevant area for assessing public participation in healthcare projects. The choice of Homa Bay Town Sub-County as the study locale is informed by its unique healthcare landscape, the diversity of stakeholders involved in healthcare project implementation, and the availability of key healthcare professionals, government officials, and non-governmental organizations (NGOs) that have been instrumental in the county's healthcare initiatives.

3.4 Target Population

Target population is the entire group of individuals or objects to which researchers are interested in generalizing their conclusions (Ministry of Health, 2022). The target population for this study consists of 292 stakeholders directly involved in primary healthcare projects within Homa Bay Town Sub-County. This diverse group includes County Government Officials, Healthcare Professionals, Community Leaders, and Non-Governmental Organizations (NGOs). By encompassing a broad range of stakeholders, the study aims to capture various perspectives and experiences regarding public participation and its impact on the implementation of healthcare projects. The inclusion of different strata ensures that the research findings are comprehensive and reflective of the community's collective insights.

Table 3. 1: Target Population

Stratum	Target Population	Percentage (%)
County Government Officials	65	22.3
Healthcare Professionals	150	51.4
Community Leaders	50	17.1
NGOs	27	9.2
Total	**292**	**100.0**

Source: County Government of Homa Bay Report (2024)

3.5 Sampling Design

3.5.1 Sampling Technique

Sampling technique is the specific process by which the units of the sample (e.g., people, organizations) are selected from the target population for study (Taherdoost, 2016). Stratified random sampling was the method used to choose participants from the target population. This technique ensures that the sample includes a sufficient number of members from each subgroup within the population. The research used simple random sampling to identify volunteers from diverse strata within the target population, therefore boosting the validity of the study findings. Using stratification makes it possible to investigate particular traits or factors that might have an impact on how the public engages with the execution of healthcare project.

3.5.2 Sample Size

Sample size refers to the number of participants or observations included in a study to represent the target population (Yamane, 1973). Sampling was conducted to collect data from a subset of the population, which was then generalized to the larger population. Stratified sampling was used to select participants, while simple random selection was used

to choose respondents from various departments within the organization. The sample size was determined using Taro Yamane's (1967) formula, assuming a 5% error margin.

$$n=\frac{N}{1+N(e)^2}$$

$$n = \frac{292}{1 + 292(0.05)2}$$

$$\boldsymbol{n = 169}$$

Table 3. 2: Sample Size

Stratum	**Target Population**	**Sample Ratio**	**Sample size**
County Government Officials	65	1.73	37.6
Healthcare Professionals	150	1.73	86.7
Community Leaders	50	1.73	29.0
NGOs	27	1.73	15.6
Total	**292**		**168.9**

Source: County Government of Homa Bay Report (2024)

In this study, 169 respondents made up the sample size.

3.6 Categories of Analysis of Variables

To analyze the relationship between public participation and implementation healthcare project, the study categorized variables into dependent and independent variables as follows:

Table 3. 3: Categories of Analysis of Variables

Variable Category	Variable Name	Description
Dependent Variable	Implementation of Healthcare Projects	Measures the extent to which primary healthcare projects are effectively implemented in Homa Bay Town Sub-County.
Independent Variables	Public Awareness	Assesses the level of community awareness regarding healthcare initiatives.
	Stakeholder Engagement	Evaluates the degree of involvement and participation of various stakeholders in healthcare projects.
	Communication Effectiveness	Examines the effectiveness of communication strategies used to inform the public about healthcare initiatives.
	Community Feedback	Analyzes the impact of community feedback on the decision-making process for healthcare project implementation.

3.7 Data Collection Instrument

Data collection instruments are the tools used to gather information relevant to the research objectives (Barasa et al., 2021). The primary data collection instrument was questionnaires designed to gather quantitative data. These questionnaires included closed-ended questions to facilitate the analysis of numerical data related to public participation and healthcare project implementation. Questionnaires are selected for their efficacy in gathering data from a substantial number of respondents in a short timeframe. In addition, they provide the establishment of standardized questions, so guaranteeing uniformity in the gathered data. Further, qualitative data was gathered using interview schedules.

3.8 Pilot Testing

Pilot testing is a preliminary small-scale study conducted to assess the feasibility, time requirements, cost implications, and potential challenges of the research instruments before they are fully deployed (Dikko, 2016). For this study, a pilot test was carried out involving 10% of the sample size, specifically 17 respondents selected from Migori County—a neighboring county to Homa Bay. Migori was chosen to ensure that the piloted participants would not be included in the final study, thus maintaining the integrity of the main research data. The pilot testing exercise was instrumental in evaluating the clarity, relevance, and completeness of the questionnaire. Feedback obtained during this phase facilitated necessary revisions and improvements to the research instruments. This process helped identify ambiguous questions, detect redundancies, and refine the overall structure of the questionnaire. Through addressing these issues early, the reliability and validity of the research instruments were significantly enhanced, ensuring more accurate and consistent results in the main study.

3.8.1 Reliability Analysis

Internal consistency was measured using Cronbach's alpha to evaluate the dependability of the data collection instrument. This statistical test assesses a scale's overall dependability by determining how closely linked its components are to one another. Higher values of the Cronbach's alpha coefficient, which goes from 0 to 1, denote greater dependability (Teng et al., 2022). The public hearing scale in this study showed a Cronbach's alpha of 0.754, which is regarded as reliable and indicates that the items assessing public hearings in the context of Homa Bay County's primary healthcare implementation are somewhat

consistent with one another. This suggests that the scale is reliable for use in further studies. The Cronbach's alpha for the Public-Private Partnership scale was 0.829, indicating a high degree of internal consistency. This suggests that the scale's elements are connected to one another and measure public-private partnerships' contribution to healthcare program implementation accurately. Cronbach's alpha for the Public Awareness scale was 0.805, which is also indicative of strong dependability. The items' internal consistency indicates that they accurately reflect the public awareness component of primary healthcare program implementation. Finally, a significant internal consistency was indicated by the Implementation of Primary Healthcare Projects scale's Cronbach's alpha of 0.812. This shows that the scale's components have a strong correlation with one another and offer a trustworthy indicator of how successfully healthcare initiatives are being carried out in Homa Bay County.

Table 3. 4: Reliability Test

Scale	Cronbach's Alpha	Comments
Public hearing	0.754	Reliable
Public-private partnership	0.829	Reliable
Public awareness	0.805	Reliable
Implementation of Primary Healthcare Projects	0.812	Reliable

Source: Field Data (2024)

3.8.2 Validity

The measurement tool's validity was evaluated using Bartlett's Test of Sphericity and the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, as indicated in Table 3.4. The KMO index is a 0-to-1 statistic used to assess a sample's eligibility for factor analysis. A 0.5 or greater score is regarded as satisfactory. This study's KMO score of 0.881 indicates very strong sample adequacy. The high score indicates that the data are appropriate for factor analysis since the correlation patterns are clearly defined and suited for the extraction

of reliable factors. Bartlett's Test of Sphericity also looks at the null hypothesis that the correlation matrix is an identity matrix, meaning that the variables are uncorrelated. For this inquiry, Bartlett's test produced a Chi-Square value of 476.317 with 17 degrees of freedom and a p-value of 0.000. Because the p-value is less than 0.05, the null hypothesis is rejected, indicating that the variables have a reasonable degree of correlation and are appropriate for factor analysis.

Table 3. 5: KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.9011
Bartlett's Test of Sphericity	Approx. Chi-Square	451.517
	df	17
	Sig.	0.000

Source: Field Data (2024)

The sample size is sufficient for factor analysis, as indicated by the KMO value of 0.881, which also validates the suitability of the scales employed. The results of Bartlett's Test of Sphericity show a strong correlation between the variables, confirming the relevant relationship between the variables influencing the implementation of healthcare, such as public participation methods. These findings imply that the study's methodology was valid and that community participation is essential to the success of Homa Bay County's primary healthcare initiatives.

3.9 Data Collection Procedures

Data collection procedures are the systematic processes and protocols followed to gather information using the research instruments (Kumar, 2019). The researcher got a permission letter from Kenyatta University and a permit letter from the National Commission for

Science, Technology, and Innovation (NACOSTI). Furthermore, permission was requested from the Homa Bay County Ministry of Health. The researcher enlisted five research assistants to aid in the process of gathering data. The research assistants got training on the study's aims, ethical issues, and data collecting methodologies to guarantee the correctness and dependability of the obtained data.

3.10 Data Analysis Procedures

Data analysis procedures are the techniques and methods used to process, transform, and interpret collected data to address research questions (Field, 2018). The gathered data was examined via statistical tools, such as SPSS. The data was summarized using descriptive statistics, which included percentages, frequencies, standard deviations and means. Statistical methods, including correlation and regression analysis, were used to investigate the connections between public involvement and the execution of primary healthcare initiatives. The results were presented in tables, graphs, and charts to facilitate interpretation and understanding. The proposed multivariate regression model assumed the format as illustrated hereunder:

$$Y = \beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + e$$

Y = Implementation of Primary Healthcare Projectsβ0 = Constant 35 β1to β3 = Regression co-efficient X1 = public hearing, X2 = public awareness, X3 =public –private partnership information access, β = Parameters to be estimated ὲ = Error Term.

Thematic analysis was utilized to find patterns, themes, and new concepts in the qualitative interview data. To provide a thorough picture of public participation and healthcare project implementation dynamics, the findings from both types of data were triangulated.

3.11 Logistical and Ethical Considerations

Logistical and ethical considerations encompass the practical arrangements and moral principles guiding research conduct to ensure participant protection and research integrity (Resnik, 2018). The research was done strictly in accordance with ethical guidelines to protect participants' rights to privacy. Before any data was gathered, processed, or reported, each participant was asked for their informed consent, and their privacy was always respected. Participants had the freedom to leave the research whenever they want without incurring any penalties, and any possible hazards or discomforts related to involvement was kept to a minimum. Prior to data collection, letters of consent were sought from the Homa Bay County Ministry of Health, the County Director of Education, and NACOSTI.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter provides a comprehensive analysis, interpretation, and presentation of the research findings. The analysis is based on data collected from key respondents within the community, highlighting their perspectives and experiences

4.2 Response Rate

The study determined the response rate of the questionnaires distributed to participants as exhibited in Table 4.1.

Table 4. 1: Response Rate

	Frequency	Percentage (%)
Distributed Questionnaires	169	100.0
Questionnaires Returned	161	
Response Rate		**95.3%**

Source: Field Data (2024)

As shown in Table 4.1, the research found that out of 169 questionnaires distributed, 161 were returned completed. This resulted in a response rate of 95.3%. The study found that this response rate of 95.3% is considered excellent, significantly exceeding the recommended threshold of 70% as suggested by Lugtig (2021). The high response rate of 95.3% aligns with Taherdoost (2022) assertion that response rates above 80% are considered excellent in social science research. They contend that high response rates

improve the sample's representativeness and lower the possibility of non-response bias, strengthening the validity of the study's conclusions.

4.3 Participants' Background Information

4.3.1 Gender Distribution

Table 4.2 displays the gender distribution of the respondents as established by the survey.

Table 4. 2: Gender Distribution

		Frequency	Percent
Valid	Male	87	54.0
	Female	74	46.0
	Total	**161**	**100.0**

Source: Field Data (2024)

The study observed a slightly higher representation of males (54.0%) compared to females (46.0%) among the respondents, as shown in Table 4.2. This skew towards male respondents can be justified by several contextual factors. In many regions, including Homa Bay County, men tend to hold a higher proportion of leadership roles in government, healthcare, and community-based organizations, which are the key stakeholder groups in the study. This aligns with findings from Kroi et al. (2021), who noted that while gender-balanced samples are ideal in health research, slight gender disparities may reflect the actual gender composition of leadership in certain sectors.

Additionally, cultural norms and societal structures may influence the availability and willingness of male participants to engage in such research activities, particularly in decision-making roles related to healthcare projects. While the study ensured a relatively balanced gender distribution to provide a nuanced understanding of gender-specific perspectives, the slight predominance of male respondents reflects the broader socio-

economic and institutional realities of the region. This distribution allows for a more comprehensive and accurate representation of the stakeholders involved in primary healthcare project implementation.

4.3.2 Age Group

The research determined the age distribution of the participants as exhibited in Table 4.3 below.

Table 4. 3: Age Group

		Frequency	Percent
Valid	26-35 years	66	41.0
	36-45 years	60	37.3
	46-55 years	17	16.8
	56 years and above	18	5.0
	Total	**161**	**100.0**

Source: Field Data (2024)

Regarding the age distribution of participants, Table 4.3 uncovered that most participants fell within the younger to middle-aged adult categories. The study found that 41.0% (n=66) of respondents were aged 26-35 years, followed closely by 37.3% (n=60) in the 36-45 years category. The older age groups had lower representation, with 10.6% (n=17) aged 46-55 years and 11.2% (n=18) aged 56 years and above.

This age distribution implies that the study mostly recorded the viewpoints of middle-aged and younger persons engaged in primary healthcare initiatives. The predominance of younger and middle-aged adults (78.3% between 26-45 years) in the sample aligns with Dumitra et al. (2020) findings that this age group often represents the most active participants in community health initiatives. This age distribution suggests a sample well-positioned to provide insights into current and future healthcare needs.

4.3.3 Occupation Distribution

The study determined the occupational background of the participants as exhibited in Table 4.4.

Table 4. 4: Occupation Distribution

		Frequency	Percent
Valid	Healthcare Professional	60	37.3
	Community Leader	54	33.5
	NGO Worker	47	29.2
	Total	**161**	**100.0**

Source: Field Data (2024)

The occupational distribution of participants, as presented in Table 4.4, indicates a diverse range of stakeholders involved in primary healthcare projects. The study found that healthcare professionals constituted the largest group at 37.3% (n=60), followed closely by community leaders at 33.5% (n=54). NGO workers represented 29.2% (n=47) of the respondents. This distribution shows that important players in the primary healthcare industry, such as practitioners and members of the community, are fairly represented. The diverse occupational representation, including healthcare professionals, community leaders, and NGO workers, supports Alfaro et al. (2022) multi-stakeholder approach to primary healthcare. This diversity allows for a comprehensive assessment of public participation from various professional perspectives, enriching the study's findings.

4.3.4 Years of Experience in Primary Healthcare Projects

The study determined the level of experience in primary healthcare projects among participants as shown in Table 4.5.

Table 4. 5: Years of Experience in Primary Healthcare Projects

		Frequency	Percent
Valid	1-3 years	30	18.6
	4-6 years	110	68.3
	More than 10 years	21	13.0
	Total	**161**	**100.0**

Source: Field Data (2024)

Table 4.5 presents the participants years of experience in primary healthcare projects. The research uncovered most participants, 68.3% (n=110), had 4-6 years of experience. This was followed by 18.6% (n=30) with 1-3 years of experience, and 13.0% (n=21) with more than 10 years of experience. This distribution indicates that most respondents had a moderate level of experience in primary healthcare projects, which could provide valuable insights into the implementation and public participation aspects of these initiatives. The predominance of respondents with 4-6 years of experience (68.3%) aligns with Lahariya (2020) experiential learning theory, suggesting that these participants have had sufficient time to develop meaningful insights into primary healthcare project implementation. This level of experience enhances the credibility of the study's findings.

4.3.5 Level of Education

The research determined the educational qualifications of the participants as exhibited in Table 4.6.

Table 4. 6: **Level of Education**

		Frequency	Percent
Valid	Diploma/Certificate	14	8.7
	Higher Diploma	13	8.1
	Bachelor's Degree	85	52.8
	Post Graduate Degree	49	30.4
	Total	**161**	**100.0**

Source: Field Data (2024)

As shown in Table 4.6, the research uncovered that the educational background of respondents was predominantly at the higher education level. The majority of participants, 52.8% (n=85), held a Bachelor's degree, followed by 30.4% (n=49) with a Postgraduate degree. Lower percentages were observed for Diploma/Certificate holders (8.7%, n=14) and those with Higher Diplomas (8.1%, n=13). This educational distribution suggests that the study captured perspectives from a well-educated sample, which may have implications for the quality and depth of insights provided regarding public participation and implementation of primary healthcare projects. The high proportion of respondents with higher education degrees (83.2% with Bachelor's or Postgraduate degrees) supports Husband (2020) health literacy framework. This suggests that the sample possesses the cognitive and social skills necessary to critically engage with and evaluate primary healthcare initiatives, potentially leading to more informed and nuanced responses.

4.5 Descriptive Analysis

Descriptive analysis plays a crucial role in research by summarizing and interpreting data to identify key patterns and trends within the dataset. It commonly involves statistical measures such as the mean, which represents the average value, and the standard deviation, which reflects the extent of variability or dispersion in the data. In this study, the mean and standard deviation were utilized to analyze the central tendencies and variations in public participation variables, such as public hearings, public-private partnerships, and public awareness. These measures provide insights into the degree of consistency in responses and help highlight the overall impact of public participation on the implementation of primary healthcare programs in Homa Bay County.

4.5.1 Public Hearing on the Implementation of Primary Healthcare Project

This survey aimed to explore the effects of public hearing on the implementation of primary healthcare project. The data is shown in Table 4.7. Below.

Table 4. 7: Public Hearing on the Implementation of Primary Healthcare Project

	N	Mean	Std. Deviation
Public hearings were organized before implementing primary healthcare project in my area.	161	3.66	.949
The opinions raised during public hearings influenced the decision-making process for primary healthcare project.	161	3.86	.893
Local communities were adequately informed about the purpose of public hearings regarding healthcare projects.	161	4.07	.833
The timing of public hearings allowed for sufficient participation from community members.	161	4.20	.734
Public hearings improved the transparency of primary healthcare project implementation.	161	4.06	.800

The feedback provided during public hearings was effectively used to address community concerns in healthcare project.	161	4.23	.654
Public hearing platforms were accessible to all members of the community, including marginalized groups	161	4.07	.792
Valid N (listwise)	**161**		

Source: Field Data (2024)

As shown in Table 4.7, the findings revealed that the most participants strongly agreed that public hearings were organized before implementing primary healthcare project in their area (mean = 3.66; Std. Dev = 0.949). This finding aligns with a study by World Health Organization. (2020), which also found that public hearings are essential in ensuring community involvement in healthcare projects. The study also uncovered that the most participants strongly agreed that the opinions raised during public hearings influenced the decision-making process for primary healthcare project (mean = 3.86; Std. Dev = 0.893). This result is in line with the findings of Al Khashan et al. (2021), who demonstrated that community involvement is crucial in determining the direction of public health initiatives.

The research revealed that a significant number of participants strongly believed that local communities were sufficiently informed about the purpose of public hearings related to primary healthcare project (mean = 4.07; Std. Dev = 0.833). This finding is consistent with Lahariya (2020), who emphasized the critical role of effective communication in public participation processes. Additionally, the study indicated that a majority of respondents strongly agreed that the scheduling of public hearings facilitated adequate participation from community members (mean = 4.20; Std. Dev = 0.734). This supports the assertion made by the World Health Organization (2021), which emphasizes the importance of timely engagement to ensure meaningful participation. Furthermore, the research showed that most participants believed that public hearings contributed to the transparency of

primary healthcare project implementation (mean = 4.06; Std. Dev = 0.800). This finding is corroborated by Fisher et al. (2022), who noted that public hearings play a vital role in enhancing transparency in the implementation of project.

The findings also indicated that most respondents agreed that the feedback provided during public hearings was effectively used to address community concerns in primary healthcare project (mean = 4.23; Std. Dev = 0.654). This result is consistent with Abayneh et al. (2020), who revealed that incorporating community feedback leads to better project outcomes. Lastly, the research uncovered that the most participants strongly agreed that public hearing platforms were accessible to all members of the community, including marginalized group (mean = 4.07; Std. Dev = 0.792. This aligns with Ekenna et al. (2020), who emphasized the importance of inclusivity in public hearings.

In interview, the respondents said that public hearings have fundamentally transformed the decision-making landscape for healthcare projects in Homa Bay County. One senior county health official stated, *"Public hearings have created a platform where community priorities directly influence our planning process, shifting from top-down to collaborative decision making."* Several respondents emphasized that public hearings have improved project ownership and sustainability. A community health volunteer elaborated: *"When communities participate in decisions through public hearings, they develop a sense of ownership that translates into active support during implementation phases."*

Examples of Influenced Projects

In interview, the respondents provided several concrete examples of how public hearings had directly shaped healthcare initiatives. *"Our maternal healthcare clinics were initially designed as centralized facilities," explained one healthcare administrator, "but community feedback during public hearings revealed transportation challenges, leading us to implement satellite clinics in remote areas instead."* Another respondent described how a malaria prevention program was redesigned: *"Community members at hearings highlighted cultural practices that affected bed net usage, so we integrated cultural sensitivity training for our community health workers."*

Challenges in Incorporating Public Input

In interview, the respondents identified several significant challenges in incorporating public input. One county health manager acknowledged, *"We often face unrealistic expectations from community members who don't understand budget constraints and technical limitations."* Multiple respondents mentioned logistical challenges in reaching remote communities, with one stating, *"Transportation challenges and poor infrastructure limit participation from the most underserved areas where input is most needed."* Respondents described various strategies to address these challenges, including improved communication about constraints, mobile outreach teams for remote areas, and establishing representative community health committees to reconcile competing interests.

4.5.2 Public-Private Partnership on the Implementation of Primary Healthcare Project

The research aimed to evaluate how public-private collaboration affected the primary healthcare project's implementation. The information is shown in Table 4.8 below.

Table 4. 8: Public-Private Partnership on the Implementation of Primary Healthcare Project

	N	Mean	Std. Deviation
Public-private partnerships have played a key role in financing primary healthcare project in my community.	161	3.80	1.019
Collaboration between government and private entities has enhanced the quality of healthcare services.	161	3.81	1.115
Private sector involvement has contributed to timely implementation of primary healthcare project.	161	4.14	.853
Public-private partnerships have improved the accessibility of healthcare services in my community.	161	4.46	.581
There is clear communication between public and private partners regarding primary healthcare project goals.	161	4.12	.585
Accountability mechanisms in public-private partnerships have improved the delivery of primary healthcare project.	161	3.89	1.165
Public-private partnerships have increased innovation in healthcare delivery within Homa Bay County	161	3.96	.736
Valid N (listwise)	**161**		

Source: Field Data 2024

As shown in Table 4.8, the results uncovered that most participants strongly agreed that public-private partnerships played a key role in financing primary healthcare project in their community (mean = 3.80; Std. Dev = 1.019). This finding is in line with Joudyian et al. (2021), who revealed that financial collaboration between public and private sectors enhances healthcare projects. The survey also revealed that the most participants strongly agreed that collaboration between government and private entities has enhanced the quality of healthcare services (mean =3.81; Std. Dev =1.115). This finding aligns with Aghdash et

al. (2022), who found similar results in a study on healthcare service quality improvement through partnerships.

Further, the study uncovered that the most participants strongly agreed that private sector involvement has contributed to the timely implementation of healthcare projects (mean = 4.14; Std. Dev = 0.853). This finding is consistent with Ganapathy et al. (2021), who noted that private sector participation often leads to more efficient project timelines. The research uncovered that most participants agreed that public-private partnerships have improved the accessibility of healthcare services in their community (mean = 4.46; Std. Dev = 0.581). This finding aligns with Sadeghi et al. (2020), who reported that public-private collaboration significantly enhances primary healthcare access. Moreover, the research uncovered that most participant agreed that there is clear communication between public and private partners regarding healthcare project goals (mean = 4.12; Std. Dev = 0.585). This is consistent with Nzioka (2023), who emphasized the role of effective communication in partnership success.

Additionally, the study revealed that most respondents agreed that accountability mechanisms in public-private partnerships have improved the delivery of primary healthcare project (mean = 3.89; Std. Dev =1.165). This finding is in line with Tore (2023), who found that accountability is key in public-private healthcare collaborations. Finally, (mean = 3.96; Std. Dev = 0.736) indicate that most respondents strongly agreed that public-private partnerships have promoted innovation in primary healthcare delivery within Homa Bay County. This result is consistent with Karinja's (2021) observation that collaborations encourage innovation in the provision of services.

In interview, the respondents emphasized the crucial role of public-private partnerships in healthcare delivery. *"Public-private partnerships have bridged critical resource gaps, particularly in specialized care that the county government couldn't provide independently,"* stated a county health director. Several respondents highlighted how these partnerships have enhanced innovation, with one project manager noting, *"Private partners bring innovative approaches and technology that have revolutionized our health information systems and supply chain management."*

Benefits and Challenges of Private Sector Engagement

In interview, the respondents identified numerous benefits of private sector engagement while acknowledging significant challenges. *"Private entities bring efficiency and specialized expertise that dramatically improves project delivery timelines,"* observed one health administrator. Another benefit frequently mentioned was the financial leverage: *"For every shilling the county invests, our private partners typically contribute three, significantly expanding our reach,"* explained a finance officer. However, respondents also highlighted challenges, including misaligned incentives. *"Private organizations sometimes have priorities driven by donor requirements rather than community needs,"* noted one NGO representative.

Ensuring Accountability and Transparency

In interview, the respondents described multiple mechanisms to ensure accountability and transparency. "We've established joint steering committees that include community representatives to oversee all partnership activities," explained one county administrator.

Several respondents emphasized the importance of clear agreements, with one stating, *"Detailed memorandums of understanding with specific performance indicators create clear expectations for all parties."* Regular public reporting was consistently mentioned as crucial: *"Quarterly community forums where both county officials and private partners present progress reports have been effective in maintaining transparency,"* noted a community health coordinator.

4.5.3 Public Awareness on the Implementation of Primary Healthcare Project

This research aimed to determine the effects of public awareness on the implementation of primary healthcare project. The outcomes are exhibited in Table 4.9. Below.

Table 4. 9: Public Awareness on the Implementation of Primary Healthcare Project

	N	Mean	Std. Deviation
Public awareness campaigns were conducted before the implementation of primary healthcare project in my area.	161	4.15	.853
Information about healthcare projects is accessible to all community members.	161	3.76	.980
Public awareness efforts have improved community engagement in primary healthcare project activities.	161	3.52	1.013
I feel informed about the goals and objectives of the primary healthcare project in my community.	161	3.80	.914
Public awareness efforts have influenced positive health-seeking behavior in my community.	161	3.67	1.088
The use of various media channels (radio, social media, and community meetings) was effective in raising awareness about healthcare project.	161	3.48	.943
Public awareness campaigns have increased trust in the primary healthcare project being implemented.	161	3.84	1.018
Valid N (listwise)	**161**		

Source: Field Data 2024

The results, presented in Table 4.19, are supported by a mean = 4.15 and Std. Dev = 0.853, indicating that most participants strongly agreed that public awareness campaigns were conducted before healthcare project in their area were carried out. This result is consistent with the findings of Lahariya (2020), who highlighted awareness's importance in guaranteeing community participation in healthcare initiatives. A mean of 3.76 and Std. Dev of 0.980 indicate that most respondents strongly agreed that information on primary healthcare project is available to all members of the community, according to the survey. This result is consistent with that of Haque et al. (2020), who in a study on the transmission of information in public health programs, found comparable outcomes.

Further, the research uncovered that the most participants strongly agreed that public awareness efforts have improved community engagement in primary healthcare project activities (mean = 3.52; Std. Dev = 1.013). This finding is consistent with Ismail et al. (2020), who found that awareness initiatives increase community involvement in health initiatives. Moreover, the research uncovered that most participants agreed that they feel informed about the goals and objectives of the primary healthcare project in their community (mean = 3.80; Std. Dev = 0.914). This finding is supported by Hone et al. (2020), who highlighted the importance of clear communication in project success.

Also, the study uncovered that most participants agreed that public awareness efforts have influenced positive health-seeking behavior in their community (mean = 3.67; Std. Dev = 1.088). This finding aligns with Nadhamuni et al. (2021), who reported that awareness campaigns lead to behavior change in healthcare utilization. Additionally, the study revealed that most respondents agreed that the use of various media channels was effective

in raising awareness about healthcare projects (mean = 3.48; Std. Dev = 0.943). This finding is consistent with Njoki (2020), who emphasized the effectiveness of multi-channel communication in healthcare awareness. Lastly, the study revealed that the majority of respondents strongly agreed that public awareness campaigns have increased trust in the primary healthcare project being implemented (mean = 3.84; Std. Dev = 1.018). This aligns with Holm Hansen et al. (2020), who found that trust in healthcare programs is bolstered by effective awareness campaigns.

In interview, the respondents emphasized public awareness as foundational to meaningful engagement. *"When communities understand both the what and why of healthcare initiatives, resistance diminishes and active participation increases,"* observed one public health officer. Multiple respondents highlighted how awareness creates demand for quality services, with one community health volunteer noting, *"Informed communities hold healthcare providers accountable and actively seek services they know they're entitled to."*

Effective Awareness Strategies

In interview, the respondents identified several effective awareness strategies. *"Community radio programs in local languages have proven highly effective, particularly for reaching rural populations with limited literacy,"* noted one communications officer. Multiple respondents praised the use of community health volunteers, with one stating, *"Our trained local volunteers communicate health information in culturally appropriate ways that resonate with community members."* Regarding impact, respondents consistently reported improved service utilization, with one health officer stating, *"Facility deliveries increased by 30% following our targeted awareness campaign on safe childbirth."*

Barriers to Public Awareness

In interview, the respondents identified several significant barriers to public awareness. *"Language barriers and low literacy levels limit the effectiveness of traditional written materials,"* explained one community outreach coordinator. Cultural and religious beliefs were frequently mentioned as challenges, with one respondent noting, *"Deeply held traditional health beliefs often conflict with modern healthcare approaches."* To overcome these barriers, respondents suggested several strategies. "*Tailoring messages to local cultural contexts and delivering them through trusted community leaders increases acceptance,"* explained one health promotion officer.

4.5.5 Implementation of Primary Healthcare Project

This research aimed to implementation of primary healthcare project in Homa Bay County, Kenya. The results are exhibited in Table 4.10. Below.

Table 4. 10: Implementation of Primary Healthcare Project

	N	Mean	Std. Deviation
The primary healthcare project in my area has been successfully implemented.	161	3.74	1.297
The healthcare project has improved access to essential healthcare services.	161	3.81	1.130
The healthcare project was implemented within the planned timeframe.	161	4.15	.726
The community has benefited from the healthcare project in terms of improved health outcomes.	161	3.94	.747
Healthcare workers were adequately trained to support the healthcare project.	161	4.05	.941
There was effective monitoring and evaluation of the healthcare project.	161	3.94	.896
The healthcare project has addressed the specific health needs of the community.	161	4.04	.769

Valid N (listwise)	**161**

Source: Field Data 2024

As shown in Table 4.10, the results indicated that most participants strongly agreed that the primary healthcare project in their area had been effectively implemented (mean = 3.74; Std. Dev = 1.297). This finding aligns with the research conducted by Joudyian et al. (2021), which found that community engagement and structured planning are key to successful healthcare project implementation in rural Kenya. Additionally, the study revealed that the healthcare project had enhanced access to essential healthcare services (mean = 3.81; Std. Dev = 1.130). This is consistent with findings from Tabrizi et al. (2020), whose research highlighted that well-executed projects significantly improve service delivery in underserved areas.

Furthermore, the study found that the healthcare project was completed within the planned timeline (mean = 4.15; Std. Dev = 0.726). This outcome aligns with the work of Lahti et al. (2020), which emphasized that adhering to timelines is critical for the success and efficient delivery of healthcare services. The study also indicated that the community experienced improved health outcomes as a result of the healthcare project (mean = 3.94; Std. Dev 0.747). This finding is corroborated by a study by Croke (2020), which underscored the positive impacts of community-focused healthcare programs on public health results.

Moreover, most participants strongly agreed that healthcare workers received adequate training to support the project (mean = 4.05; Std. Dev = 0.941). This supports the conclusions of Kamau (2018), who highlighted the significance of workforce training for

the successful implementation of healthcare initiatives. The study further indicated that respondents recognized effective monitoring and evaluation of the healthcare project (mean = 3.94; Std. Dev = 0.896). This finding is in line with Hammersley et al. (2020), who demonstrated that ongoing monitoring and evaluation contribute to the sustainability and success of healthcare initiatives. Finally, the study found that the healthcare project effectively addressed the specific health needs of the community (mean = 4.04; Std. Dev = 0.769). This result is supported by research from Siedner et al. (2020), which showed that healthcare programs tailored to the needs of the community are linked to higher success rates and improved health outcomes.

4.5 Bivariate Correlation Analysis of the Study Variables

The multiple linear regression analysis aimed to assess the impact of public participation on the implementation of primary healthcare programs in Homa Bay County. The findings presented in Table 4.11 reveal significant correlations among the key variables: public hearings, public-private partnerships, public awareness, and the implementation of primary healthcare projects.

Table 4. 11: Correlation Matrix

		Public Hearing	**Public-Private Partnership**	**Public Awareness**	**Implementation of primary healthcare project**
Public Hearing	Pearson Correlation				
	Sig. (2-tailed)				
	N	161			
Public-Private Partnership	Pearson Correlation	.834**	1		
	Sig. (2-tailed)	.000			
	N	161	161		
Public Awareness	Pearson Correlation	.817**	.841**	1	
	Sig. (2-tailed)	.000	.000		
	N	161	161	161	
Implementation of primary healthcare project	Pearson Correlation	.871**	.823**	.898**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	161	161	161	161

Note: Correlation is significant at the 0.01 level (2-tailed)

Source: Researcher's Report (2024)

Public Hearing: There is a strong positive correlation between public hearings and the implementation of primary healthcare projects ($r = 0.871$, $p < 0.01$). This suggests that effective public hearings significantly enhance project implementation, allowing community voices to shape healthcare initiatives.

Public-Private Partnership (PPP): The correlation between PPPs and implementation is also robust ($r = 0.823$, $p < 0.01$). This indicates that successful collaborations between public and private sectors contribute positively to the implementation process, likely by providing additional resources and expertise.

Public Awareness: A very strong correlation exists between public awareness and the implementation of primary healthcare projects ($r = 0.898$, $p < 0.01$). This finding underscores the importance of effective communication and community engagement in fostering trust and participation in healthcare initiatives.

Based on the correlation analysis, the hypothesis that public participation positively impacts the implementation of primary healthcare programs was accepted. The significant correlations among all forms of public participation and the successful implementation of healthcare projects indicate that engaging the community, fostering partnerships, and raising awareness are essential components for effective healthcare delivery in the region. These findings align with the expectations set out in the hypothesis, demonstrating the value of public participation in enhancing healthcare outcomes.

4.6 Regression analysis

In this research, multiple regression analysis was applied to assess how different predictor variables public participation on the implementation of primary healthcare programs in Homa Bay County. The analysis was conducted using SPSS Version 27 to facilitate the computation and measurement of the model.

Table 4. 12: Model Summary of Public Participation and the Implementation of Primary Healthcare Programs

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.8123[a]	.7081	.677	.1243
a. Predictors: (Constant), Public hearing, Public-private partnership and Public awareness				

Source: Field Data (2024)

As indicated in Table 4.12, the multiple regression analysis indicates a high correlation between the predictor variables (Public hearing, Public-private partnership, and Public awareness) and the dependent variable (Implementation of primary healthcare programs in Homa Bay County). The correlation coefficient (R) of 0.8123 reflects a strong positive relationship between public participation factors and the successful implementation of healthcare programs. The R-Square value of 0.7081 suggests that approximately 70.81% of the variation in the implementation of primary healthcare programs can be explained by the combined effects of the predictor variables. This indicates that the model accounts for a substantial portion of the variability in the dependent variable. The adjusted R-Square of 0.677 refines this estimate by adjusting for the number of predictors, implying that around 67.7% of the variability in program implementation is explained by the predictors. The

standard error of the estimate is 0.1243, which suggests that the model provides a good fit to the data, as it shows relatively low deviation between the predicted and actual values. This finding aligns with Ocloo et al. (2021) found that high levels of public engagement significantly improved the effectiveness of health programs, supporting the notion that public participation is critical for successful healthcare implementation.

Table 4. 13: ANOVA Results of Regression Analysis

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	54.976	3	18.325	33.213	.000[b]
	Residual	86.626	157	.552		
	Total	141.602	160			
a. Dependent Variable: Implementation of primary healthcare programs in Homa Bay County						
b. Predictors: (Constant), Public hearing, Public-private partnership and Public awareness						

Source: Field Data (2024)

Table 4.13 illustrates the ANOVA results for the regression analysis. The F statistic of 33.213, with a p-value of 0.0001, shows that the regression model is highly significant. This means that the combined effects of the predictors (Public hearing, Public-private partnership, and Public awareness) have a statistically significant impact on the implementation of primary healthcare programs. The F critical value at the 5% significance level is 2.830, and since the calculated F value exceeds this critical value, it confirms the overall significance of the model. This result are reliable with previous studies that highlight the importance of integrating multiple predictors to improve healthcare program outcomes (Hughes et al. 2020).

Table 4. 14: Regression Coefficient

Coefficients[a]						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	7.679	.396		19.414	.000
	Public hearing	.580	.071	.551	8.113	.000
	Public-private partnership	.188	.057	.223	3.287	.001
	Public awareness	.193	.062	.207	3.131	.002
a. Dependent Variable: Implementation of primary healthcare programs in Homa Bay County						

Source: Field Data (2024)

According to the regression coefficients presented in Table 4.15, the equation for the implementation of primary healthcare programs is:

$Y = \beta 0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$ becomes:

$Y=7.679+0.580X_1+0.188X_2+0.193X_3$

Where:

X_1 = Public hearing

X_2 = Public-private partnership

X_3 = Public awareness

Public hearing has a positive effect on the implementation of primary healthcare programs, with a coefficient of 0.580 ($p = 0.000$). This indicates that as public hearing increases, the implementation of healthcare programs improves significantly. This is in line with the findings of Faasse and Newby (2020), who emphasized the role of community input in enhancing program outcomes.

Public-private partnership also positively influences program implementation, with a coefficient of 0.188 ($p = 0.001$). This suggests that stronger collaborations between public and private sectors lead to better healthcare program outcomes. This finding is consistent

with the work of Hoekstra et al. (2020)), which demonstrated the benefits of such partnerships in health program success.

Public awareness has a smaller positive effect with a coefficient of 0.193 ($p = 0.002$), suggesting that increasing public awareness about healthcare programs contributes to their successful implementation. This aligns with research by Hager et al. (2020), who found that public knowledge and awareness significantly impact health program effectiveness. The regression analysis indicates that Public hearing and Public-private partnership are significant predictors of the successful implementation of primary healthcare programs, with Public awareness also contributing positively. These findings underscore the importance of engaging various stakeholders and enhancing public awareness to improve healthcare outcomes.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter gives non-governmental organizations (NGOs) in Nairobi County, Kenya, advice on how to improve their performance through strategic human resource management methods. It also summarizes the study's main findings and derives implications from them.

5.2 Summary of the study findings

The study found that public hearings played a crucial role in the implementation of primary healthcare project. Respondents strongly agreed that public hearings were organized prior to the implementation of healthcare programs and that the opinions raised during these hearings influenced decision-making processes. The timing of public hearings was deemed appropriate for community participation, and the feedback provided was effectively utilized to address community concerns. These findings align with regression analysis, which identified public hearings as the strongest predictor of successful implementation. This suggests that public hearings serve as an effective mechanism for community engagement, enhancing transparency and ensuring that healthcare projects are responsive to local needs and priorities.

Additionally, the study found that public-private partnerships (PPPs) significantly contributed to the implementation of primary healthcare projects. Respondents strongly agreed that PPPs played a key role in financing healthcare projects and enhancing the

quality of healthcare services. PPPs were also credited with improving the accessibility of healthcare services and increasing innovation in healthcare delivery. The regression analysis supported these findings, showing a positive effect of PPPs on program implementation. This indicates that collaborations between public and private entities can leverage diverse resources and expertise to improve healthcare project outcomes, addressing financial constraints, enhancing service quality, and promoting innovation in primary healthcare delivery.

The study revealed that public awareness campaigns positively influenced the implementation of primary healthcare project. Respondents strongly agreed that awareness campaigns were conducted prior to project implementation and that these efforts improved community engagement in healthcare activities. The use of various media channels was considered effective in raising awareness, and awareness campaigns were found to increase trust in healthcare programs. The regression analysis corroborated these findings, showing a positive effect of public awareness on program implementation. This suggests that investing in public awareness campaigns can enhance community understanding, engagement, and trust in healthcare initiatives, ultimately contributing to their successful implementation. The study underscores the importance of strategic communication in fostering community support and participation in primary healthcare projects.

5.3 Conclusions

The study concludes that public hearings are an essential component of successful primary healthcare project implementation. They serve as an effective platform for community engagement, allowing for the exchange of ideas and concerns between project

implementers and beneficiaries. The strong influence of public hearings on decision-making processes and their role in addressing community concerns highlight their importance in tailoring healthcare projects to local needs. The high mean scores for timing and feedback utilization indicate that when properly executed, public hearings can significantly enhance project transparency, community buy-in, and overall effectiveness of healthcare initiatives.

The study also concludes that public-private partnerships (PPPs) play a significant role in enhancing the implementation of primary healthcare projects. PPPs contribute positively to project financing, service quality, accessibility, and innovation in healthcare delivery. The strong agreement among respondents regarding these benefits, coupled with the positive regression coefficient, underscores the value of collaborative efforts between public and private sectors. PPPs appear to offer a viable strategy for addressing resource constraints, improving service delivery, and introducing innovative solutions in primary healthcare. This suggests that fostering such partnerships could be instrumental in achieving better health outcomes in Homa Bay County.

The study lastly concludes that public awareness campaigns are integral to the successful implementation of primary healthcare projects. These campaigns effectively improve community engagement, increase trust in healthcare programs, and enhance overall project success. The use of diverse media channels proves effective in disseminating information and raising awareness about healthcare initiatives. The positive impact of awareness campaigns on community engagement and trust, as indicated by high mean scores and the positive regression coefficient, highlights their importance. This suggests that investing in

comprehensive and strategic public awareness efforts can significantly contribute to the success and sustainability of primary healthcare projects in the community.

5.4 Recommendations

The study recommended that county governments should establish formal mechanisms for continuous public participation throughout the lifecycle of primary healthcare projects. Project implementers should diversify their public participation strategies to include a mix of public hearings, partnerships, and awareness campaigns. Policymakers should incorporate public participation indicators into project evaluation criteria to ensure its consistent implementation. Healthcare administrators should provide training to staff on effective public engagement techniques to maximize the benefits of participation.

The project managers should conduct regular and well-timed public hearings at key stages of healthcare project implementation to ensure ongoing community input. Local authorities should establish a formal feedback mechanism to demonstrate how public hearing inputs are incorporated into project decisions. Organizers should ensure accessibility of public hearings to all community members, including marginalized groups, by varying locations and timings. Facilitators should employ skilled moderators for public hearings to ensure productive discussions and meaningful community engagement.

The county governments should develop a comprehensive framework for establishing and managing public-private partnerships in healthcare projects. Health departments should actively seek out and vet potential private sector partners to leverage diverse expertise and resources in project implementation. Policymakers should create incentives for private

sector involvement in primary healthcare projects, particularly in underserved areas. Project leaders should establish clear communication channels and accountability mechanisms within PPPs to ensure alignment of goals and effective collaboration.

The project teams should develop comprehensive, multi-channel public awareness campaigns tailored to the local context and target audience. Health educators should utilize a mix of traditional and digital media to ensure wide reach and engagement across different demographic groups. Community health workers should be trained and empowered to act as ambassadors for healthcare projects, enhancing grassroots awareness and trust. Project evaluators should regularly assess the effectiveness of awareness campaigns and adjust strategies based on community feedback and engagement metrics.

5.5 Recommendation for Further Research

Future research should explore the long-term effects of public participation on health outcomes in Homa Bay County. Additionally, studies could investigate the barriers to participation among marginalized groups and the effectiveness of various public engagement strategies in different cultural contexts to enhance healthcare program implementation.

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APPENDICES

Appendix 1: Introduction Letter

To the county director of Health

Dear sir /madam:

RE: REQUEST TO COLLECT DATA FROM YOUR ORGANIZATION

This is Collins Okello pursuing a master's in public policy and administration in Kenyatta University. I wish to seek permission to carry out research in Homabay County as a professional enhancement in the policymaking field. The research will be about the effect of public participation on implementation of primary healthcare project in Homabay County.

The finding will enhance policy decisions on matters of implementation of primary healthcare programs in the county. Looking forward to a positive answer.

Regard

Collins Okello

Collinsokello51@yahoo.com

0713656879

Appendix 2: Questionnaire

The questionnaire is meant to collect information on "***Public participation on the implementation of primary healthcare project in Homa Bay County, Kenya"***. Please respond to the questions by either providing a concise comment or selecting the appropriate option from the supplied checkboxes, if applicable. The submitted information will be handled with utmost confidentiality, and your identity will not be disclosed at any point throughout this study. This study is only meant for academic purposes.

Section A: Background Information

1. Indicate your gender

a) Male [ ]

b) Female [ ]

2. Indicate the age group where your age falls.

a) 18-25 years [ ]

b) 26-35 years [ ]

c) 36-45 years [ ]

d) 46-55 years [ ]

e) 56 years and above [ ]

3. What is your Occupation?

a) County Government Official [ ]

b) Healthcare Professional [ ]

c) Community Leader [ ]

d) NGO Worker [ ]

4. How long have you been working in primary healthcare project implementation?

…… years

5. What is the highest level of Education that you have completed?

a) Primary School [ ]

b) Secondary School [ ]

c) Diploma/Certificate [ ]

d) Bachelor's Degree [ ]

e) Master's Degree or Higher [ ]

SECTIONB:

Part A: Public Hearings

6. The statements in the table below are about public hearings in the PHC project. Indicate your agreement (5) or disagreement (1).

	PUBLIC HEARING	1	5
1	Public hearings were organized before implementing primary healthcare project in my area.		
2	The opinions raised during public hearings influenced the decision-making process for healthcare project.		
3	Local communities were adequately informed about the purpose of public hearings regarding primary healthcare project.		
4	The timing of public hearings allowed for sufficient participation from community members.		
5	Public hearings improved the transparency of primary healthcare project implementation.		
6	The feedback provided during public hearings was effectively used to address community concerns in primary healthcare project.		
7	Public hearing platforms were accessible to all members of the community, including marginalized groups		

Part B: Public–Private Partnerships

7. The statements in the table below are about public–private partnerships in the PHC project. Indicate your agreement (5) or disagreement (1).

	Public- private partnership	1	5
1	Public-private partnerships have played a key role in financing primary healthcare project in my community.		
2	Collaboration between government and private entities has enhanced the quality of primary healthcare services.		

3	Private sector involvement has contributed to timely implementation of primary healthcare project.		
4	Public-private partnerships have improved the accessibility of healthcare services in my community.		
5	There is clear communication between public and private partners regarding healthcare project goals.		
6	Accountability mechanisms in public-private partnerships have improved the delivery of healthcare projects.		
7	Public-private partnerships have increased innovation in healthcare delivery within Homa Bay County		

Part C: Public Awareness

8. The statements in the table below are about awareness of the public about the PHC project. Indicate your agreement (5) or disagreement (1).

	Public awareness	1	5
1	Public awareness campaigns were conducted before the implementation of healthcare project in my area.		
2	Information about healthcare projects is accessible to all community members.		
3	Public awareness efforts have improved community engagement in primary healthcare project activities.		
4	I feel informed about the goals and objectives of the primary healthcare project in my community.		
5	Public awareness efforts have influenced positive health-seeking behavior in my community.		
6	The use of various media channels (radio, social media, and community meetings) was effective in raising awareness about primary healthcare project.		
7	Public awareness campaigns have increased trust in the primary healthcare project being implemented.		

Part D: Implementation of Primary Healthcare Project

9. The statements in the table below are about implementation of the public about the PHC project. Indicate your agreement (5) or disagreement (1).

	Implementation of primary healthcare project	1	5
1	The primary healthcare project in my area has been successfully implemented.		
2	The healthcare project has improved access to essential healthcare services.		
3	The healthcare project was implemented within the planned timeframe.		
4	The community has benefited from the healthcare project in terms of improved health outcomes.		

5	Healthcare workers were adequately trained to support the healthcare project.		
6	There was effective monitoring and evaluation of the healthcare project.		
7	The healthcare project has addressed the specific health needs of the community.		

Thank you for your assistance

Appendix 3: Key Informants Interview Guide

1. How have public hearings influenced decision-making processes regarding primary healthcare project in Homa Bay County?

   ……
   ……
   ……

2. Can you provide examples of primary healthcare projects that have been influenced or shaped by feedback received during public hearings?

   ……
   ……
   ……

3. What challenges, if any, have been encountered in incorporating public input into the implementation of primary healthcare project, and how have they been addressed?

   ……
   ……
   ……

4. What role do public-private partnerships play in facilitating the implementation of primary healthcare project in Homa Bay County?

   ……
   ……

5. From your experience, what are the key benefits and challenges associated with engaging private entities in primary healthcare project implementation?

   ……
   ……
   ……

6. How do you ensure accountability and transparency in public-private partnerships to safeguard the interests of the community and ensure primary health project success?

   ……
   ……
   ……

7. How does public awareness influence community engagement and participation in primary healthcare project implementation?

   ……
   ……
   ……

8. What strategies have been effective in raising public awareness about primary healthcare project in Homa Bay County, and what impact have they had on project outcomes?
   ……
   ……
   ……
9. In your opinion, what are the barriers to achieving sufficient public awareness, and how can they be overcome to enhance the success of implementation of primary healthcare initiatives

   .....
   .....

Appendix 4: Authorization Letter

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

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

Our Ref: C153/OL/CTY/20348/2022

DATE: 2nd September, 2024

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

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR COLINS OKEYO OKELLO – REG. NO. C153/OL/CTY/20348/2022

I write to introduce **Colins Okeyo Okello** who is a Postgraduate Student of this University. The student is registered for MPPA degree programme in the **Department of Public Policy and Public Administration.**

Colins intends to conduct research for a MPPA Project Proposal entitled, **"Public Participation and Implementation of Primary Healthcare Project among County Governments in Kenya. A Case of Homa Bay County."**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELIUD NJAGI
EXECUTIVE DEAN, GRADUATE SCHOOL

EM/mo

Appendix: 5: Approval of Research Proposal

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

Internal Memo

FROM: Executive Dean, Graduate School

DATE: 2nd September, 2024

TO: **Colins Okeyo Okello**
C/o Public Policy & Public Administration Dept.

REF: **C153/OL/CTY/20348/2022**

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

We acknowledge receipt of your revised Research Proposal as per our recommendations raised by the Graduate School Board of 14th August, 2024 Entitled **"Public Participation and Implementation of Primary Healthcare Project among County Governments in Kenya. A Case of Homa Bay County."**

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking and Progress Report Forms per semester. The Forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your project before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.

ELIJAH MUTUA
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

C.c. Chairman, Department of Public Policy and Public Administration

Supervisors:

1. Dr. Stanley Montieri
   C/o Department of Public Policy and Public Administration
   Kenyatta University

EM/mo

Appendix: 6: Research Authorization

REPUBLIC OF KENYA

MINISTRY OF EDUCATION
State Department for Basic Education

Telegrams: "SCHOOLING" Homa Bay
Telephone
When replying please quote
cdehomabay@gmail.com

COUNTY DIRECTOR OF EDUCATION
HOMA BAY COUNTY
P.O BOX 710
HOMA BAY

REF: MOE/CDE/HBC/ADM/40/VOL.V/111

DATE: 11TH SEPTEMBER, 2024

Mr. Collins Okeyo Okello
NACOSTI/P/24/39857

RE: RESEARCH AUTHORIZATION.

Following your application for authority to carry out research on "**Public Participation and Implementation of primary healthcare project among county government in Kenya, a case of homa bay county** " I am pleased to inform you that you have been authorized to undertake research in Homa Bay County for the period ending **10th September, 2025.**

Kindly note that ,as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the County Director of Education Office after completion both the soft copy and hard copy.

Thank you in advance.

FOR COUNTY DIRECTOR OF EDUCATION
HOMA BAY COUNTY
P.O.BOX 719 - 40300 , HOMA BAY
cdehomabay@gmail.com

M.M. NYABUNGA
FOR: COUNTY DIRECTOR OF EDUCATION
Cc.
COUNTY COMMISSIONER
HOMA BAY COUNTY.

Appendix 7: Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **807321**

Date of Issue: **10/September/2024**

RESEARCH LICENSE

This is to Certify that Mr.. Collins Okeyo Okello of Kenyatta University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Homabay on the topic: Public participation and implementation of primary healthcare project among county governments in kenya.a case of homa bay county. for the period ending : 10/September/2025.

License No: **NACOSTI/P/24/39857**

807321

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.

See overleaf for conditions