

**UNIVERSITY OF NAIROBI**  
**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**FACTORS INFLUENCING CIVIC PARTICIPATION IN THE DEVOLVED  
HEALTH SECTOR AMONG HEALTH CIVIL SOCIETY ORGANIZATIONS IN  
KENYA: A CASE OF NAIROBI CITY COUNTY**

**By**

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**DECLARATION**

This research project is my original work and has not been presented for a degree in any other University.

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## **DEDICATION**

This research project is dedicated to my family for their continued support, patience and understanding and classmates who have been a source of inspiration in the course of my studies.

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All my gratitude goes to the almighty God for his unwavering love and support during my entire education. My family have been a cornerstone to lean on, I also want to thank my classmates for their continued support, colleagues and my supervisor.

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## ABSTRACT

Good health is a major influence on global population advancement. World economies have been dictated by the health of its population as exemplified with the recent case of Ebola and the prevalent HIV/AIDS. The study sought to examine factors influencing participation of health CSOs in the devolved health sector and the forms of challenges experienced in Nairobi City County. The study was guided by the following specific objectives: To determine the level of civic duty awareness among the health CSOs in Nairobi City County; To assess the level of participation by health CSOs in management of devolved health services in Nairobi City County; To examine the factors that facilitate civic participation in the devolved healthcare by health CSOs in Nairobi City county; and to identify the forms of challenges to participation faced by health CSOs in the devolved health sector in Nairobi City County. The study adopted descriptive research design. The study found out that most of the organizations operated nationally. The study further established that the Health CSOs were aware that the constitution of Kenya protected their participation in devolved health services and also the scope of their operation was clearly defined in the constitution since health service delivery at facility level in a devolved system of governance was the primary mandate of the County government. The study concluded that most of the organizations operated nationally since they had the highest percentage while a few operated regionally. CSOs were well informed and prepared for devolved health engagement. The study recommended that organizations ought to operate nationally and use constitution of Kenya to protect their participation in devolved health; roles and responsibilities of CSOs in the devolved health should be clearly defined; clear reports stating the real situation on the ground should be well stated and enhanced in order to improve participation of CSOs in devolved health issues in counties; civil society organizations should minimize their expenses to save resources and enhance performance; and all organizations should have vested interest among the other midwives of devolution.

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Background of the Study**

The global population is highly influenced by good health. World economies have been dictated by the health of its population as exemplified with the recent case of Ebola and the prevalent HIV/AIDS. According to WHO good health highly influences economic growth of a community and nation at large, this is due to the fact that a health community is much productive as compared to an ill and weak community. WHO also established that the better the health of a community the better and much fulfilled is the community. Good health anticipates the productivity of a community during income productivity and economic growth is subsequently raised (Bloom & Canning, 2008).

Evidently, Africans growth rate is high and growing at a high rate as compared to developed countries. The birth rate of sub-Saharan country in Africa is subsequently increasing causing a major worry due to the poverty level in Africa. The population of people in have subsequently increased from 1 billion to 1.68 billion in the last century, though the growth domestic product has significantly increased from 2.9% to 7.1%, there is major worry in health sector. Africa have been deemed the poorest continent when it comes to health provisions of its residents. A very few percent of Africans can afford proper health care facilities while as some communities have very poor infrastructure hindering them from accessing medical facilities.

Cooke (2009) found that the most affected continent in the world is sub-Saharan Africa with the poorest residence and poor health care facility and provisions. More acute diseases are found in Sub Saharan continent combined with a frail health system, government corruption, poor infrastructure, clashes due to conflict and poverty since the majority of the residence are considered as middle class in terms of wealth.

As such, in the recent past, this has called for public engagement for more informed, transparent, accountable, and legitimate decisions about health issues. Many countries including Kenya are still grappling with the most meaningful ways to achieve such engagement particularly in the Health Sector.

In Kenya, the government has made major strides in developing legislation and policy guidelines towards encouraging public involvement in its ventures. The Vision 2030 unveiled in 2006 aims at eradication of poverty and provisions of better healthcare facilities to its residence. Its focuses on educating its residence for the main purpose of poverty eradication therefore, raising its residence life standards by 2030.

This vision is grounded in the Kenya's constitution 2010 that marked a significant milestone in the nation's history, moving away from the centralized political and economic power to a devolved government system. This was aimed at increased access to services, good governance as a result of greater participation of communities in development projects at the local level. It also meant that county governments could generate their own revenue to support decentralized services for its residents.

Therefore, the participation of the public in decision making is the cornerstone of democracy where people are sovereign and their views must be considered in every sector of public life (Wanjiku's

Journey, 2010). In the recent past, government ministries including the Ministry of Health have been on transition with most of its functions being allocated to the county government. This means that devolution provides for increased reliance upon subnational levels of elected governments with greater political autonomy including transfer of administrative and managerial responsibilities (Institute of Economic Affairs, 2010).

### **1.1 Civic Participation in Kenya**

Civic Participation also termed as Civic engagement. (Ehrlich, 2000) stated that civic participation involves bring together all the inputs in term of knowledge, increased know how, skills and values to enhanced and better output. Civic engagement tries to better the community by reducing the corruption on organizations and government by increased transparency and accountability.

According to the US Institute of Peace (2015), civic participation deduces that every residence has the right to speak their mind and to be involved in the government transactions and business for efficient running of the government. The media personality is encouraged to keep in check the government transactions to stop corruption and to keep the government in toes on performing. Civil society also ought to be accountable on every activity they run, transparency and also protected.

As such, the citizenry is empowered to actively be engaged with the running of government transactions, provision of their ideas and entice the government to fulfil their promises to the community. Civic engagement brings forth on table social ills such as violence, corruption and bribery that further occur as the as the community seek to ensure that their grievances and worries are heard and fulfilled by the government (US Institute of Peace, 2015). In Kenya, under the Constitution 2010, a right is guaranteed to the citizens on the right to air their grievances. Article

10 (2a) established that residence participation in the running of the government is one of the fundamental rights on governance. Article 233 (1) states that the government should include residence while making policies.

Citizens have been given power and right to participate in policy making and decision-making processes and on legislation duties. Article 118 (1) (b) and 196 (1) (b) rules that people ought to be included during policy making and decision making of the government. Citizens have the “right to petition County and National Assemblies to consider any matter within its authority. For example, public petitions have been useful in influencing government officials due to their influence during public policy-making such as budget, proposed legislations, policies and strategies.

### **1.1.1 Civic Participation in the Health Sector**

Public engagement in the health sector, especially among local communities is key to the achievement of the recently endorsed Sustainable Development Goals (SDGs), the right to health as stipulated in article 43 in the Constitution 2010 and ultimately Kenya’s Vision 2030. In 2006, the Ministry of Health launched the Community Health strategy whose main purpose was to provide linkage between the duty bearers’ i.e. health care providers and administrators with the community it serves. The strategy was meant to empower both parties on their roles and responsibilities by increasing knowledge, skills and participation.

The Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013 – 2017 strategic direction is to accelerate the attainment of health impact goals by deliberately building progressive, responsive and sustainable technologically-driven, evidence-based and ‘client-centred’ health system for accelerated attainment of highest standard of health to all Kenyans. Overall, the state

implements public health programs to benefit the needs of the society. For example, NHIF which sought to provide equity in access to health services especially for the low-income citizens. The scheme has also faced a lot of criticism on its management mainly due to lack of consultation from the various stakeholders involved and as a result some institutions and individuals refusing to pay the deductions (Daily Nation, Saturday, October 12, 2013).

### **1.1.2 Role of Civil Society in the Devolved Health Sector**

CSOs service delivery have evolved over the decade of years majorly on health sectors delivery, efficiency and accountability (Kankya, Akandinda & Rwabukwali, 2013). A prerequisite for civic participation is the existence of the civil society. The main role of civil society on a country is being the mediator between the residence and the government. Civil society enhances the community and non-governmental organizations to freely speak out their mind entailing the government procedurals without being intimidated.

Civil Society Organizations is comprised of different bodies with the main aim of presenting the grievances of the community to the government. This bodies comprises of the following: charities, faith-based organizations, organizations nongovernmental organizations, advocacy groups, business and professional associations, civic education and community groups. These majorly focuses on maternal health, HIV/AIDs, Malaria and reproductive health since these diseases have been the main cause of increased mortality rate in Sub Saharan community.

Kenya Health Policy (2014-2030) have embraced the community in teaching them basic health care practises such as first aid, good sanitation and reduced transmission of diseases. Kenya Health Policy focuses on proper service delivery of the health sectors, financing health centres, keeping

the government on toes regarding proper leadership and governance, adoption of technology on health centres and proper communication of health information systems.

Therefore, CSOs main role is help the community in monitoring the government procedural of duty performance, reduced corruption, health sectors transparency and effectiveness. On the other hand, CSOs help in educating the community on importance of good health, proper sanitation, protection from transmitted diseases and reduction of mortality rate. They emphasize that better healthy community is a happy community and productive community hence high rate of eradication of poverty is experienced.

## **1.2. Problem Statement**

Civil society organization in sub-Saharan Africa have a major impact on health provision and health sectors in their country. They significantly influence government productivity and health sectors' efficiency and production (Kankya, et al, 2013). The realization of the Right to Health as provided for in Article 43, (Constitution of Kenya, 2010) comes with responsibilities from the right holders who in this case comprise the civil society. The direct involvement of Civil Society Organizations in the devolved health sector ensures greater accountability by county health authorities, better health service delivery taking into consideration the out of pocket expenditure and prioritization of health issues especially Maternal, Newborn and Child Health issues (Mkandawire, 1999)

According to a study by Atienza (2003 & 2004), civic participation is crucial in improving health service delivery. Communities have actively engaged in health facility delivery and performance due to the enticement of civil society organization. These organizations have a major power and

influence to actively influence the community at large to embrace health facilities and enhance accountability of the health facilities' administrators (Batangan, 2006).

Previous studies have mainly focused on the role of civic participation and the role of civic society organization. For instance, a study by Kankya et al, (2013), evaluated the role of Civic societies in Uganda, another study focused on increased and deepened civil society participation in local governance in Ireland (Finn, 2013). According to Kankya et al, (2013), CSOs work hand in hand with the government to enhance productivity of health facilities and act as mediators of the government with community members. Walter in year 2007 presented a working paper on the role of civil society in decentralisation and alleviating poverty in Tanzania. In his paper, he discusses Political Sphere, Administrative Factors and Fiscal factors as core factors affecting civic participation.

Kenya constitution 2010 was entrusted with provisions of basic human health rights, gender equality and right of free participation of community during policy formulation, most counties continue to face challenges regarding citizen participation and good governance. Public participation is yet to be recognized fully by county governments despite Article 174 (c) established that devolution was embraced with the main aim of accommodating people's ideas during formulation and making of new law (Constitution 2010). As civic participation is supposed to facilitate the performance of public sector, the factors influencing health civic organisation participation still remained unclear. This study aimed at identifying factors influencing health Civil Society Organizations participation, level of civic participation and civic engagement in the Health Sector in Nairobi County.



### **1.3 Research Questions**

- i. What factors influence civic participation in the devolved Health Sector among health CSOs in Nairobi County?
- ii. What is the health CSOs level of awareness about their right of participation in the health sector?
- iii. What is the level of health CSOs participation in devolved Health Management issues in Nairobi County?
- iv. What are the gaps for civic engagement in health for health CSOs in Nairobi County?

### **1.4 Objectives of the Study**

#### **1.4.1 Purpose of the Study**

The purpose of the study was to examine factors that influence participation of health CSOs in the devolved health sector and the forms of challenges experienced by health CSOs in Nairobi City County.

#### **1.4.2 Specific Objectives**

- i. To establish the level of civic duty awareness among the health CSOs.
- ii. To assess the level of participation by health CSOs in management of devolved health services.
- iii. To examine the factors that facilitate civic participation in the devolved healthcare by Health CSOs.
- iv. To identify the forms of challenges to participation faced by health CSOs in the devolved health sector.

## **1.5 Justification of the Study**

The myriad of challenges facing Kenya's health care system stems from the realization that these challenges were not adequately addressed by government alone. This study provided a platform for the civil society to understand their important role which is to complement government efforts with the aim of improving Kenya's health outcomes. The study hoped to highlight areas that health CSOs need to explore in order to strengthen their existing work in reinforcing county health care systems.

This study also raised critical questions around the wide and growing enthusiasm for civic participation in the devolved health sector hence empowering CSOs and the public at large on how they can engage the duty bearers in a civil manner. Understanding these factors was crucial step in addressing the challenges surrounding Health Sector.

Civic participation influences in prioritization of the most agent need due to pooling of ideas. Civic participation influences the devolvement of government into favouring and acting upon the need of the society first rather than the budgeted need. Civic organizations help in majorly influencing the government to cater for the community health facilities and health awareness, effective policies are facilitated in the health sectors for increased productivity to the community.

The main pillar that pushes and entices both the community and the government are on health sector facility is civic participation (Maloff & Bader, 2005). Community have the right of freedom, political monitoring and evaluation and demanding an accountable and transparency government on a democratic government. Understanding the factors influencing civic participation is the key step in promoting Civic Participation in the Devolved Health Sector among Health Civil Society Organizations. The study's findings were importance to several stakeholders;

The findings of this study would be used by the Ministry of Devolution and Planning and the Ministry of health in promoting Civic society participation in delivering health services to Kenyans through devolved government. The findings of the study would also be used by civil society's organisation and NGOs in addressing the challenges encountered while participating in civic activities such as health. The study would further benefit towards filling the gap on the subject matter civic participation on devolved health sectors. The findings of the study would therefore, increase know how of the community and policy makers on Civic society participation in Health sectors.

### **1.6 Scope and Limitations of the study**

The study majorly focused on factors that influenced civic participation in the Devolved Health Sector among Health Civil Society Organizations. For the purposes of this research, the study focused on identifying the level of civic participation, existing avenues for civic engagement in health issues and civic duty awareness among the health CSOs. The study particularly focused on political sphere, administrative factors and fiscal factors.

On the geographical scope, the study focused on civil societies that specialize on health within Nairobi County. Due to the nature of data collected, the study projected that some questionnaires may not be returned as the person filling the questionnaire may not be in the organization during the study period.

### **1.7 Assumption of the Study**

This research assumed that political sphere, administrative factors and fiscal factors influences civic participation in health sectors.

## 1.8 Definition of Key Terms

- Health:** This is a state of good physical and mental state.
- Health CSOs:** Civil society organisation affiliated to health.
- Civic Participation:** This is a process by which individuals have the right and freedom to freely participate in government policy formulation.
- Civic Duty:** These are the laid down policies that citizens out to follow to the letter by law.
- Devolution:** This is the process of moving civic duties from the central government to the local government.
- Awareness:** This is when civil society organizations are fully knowledgeable of their rights and responsibilities.
- Government Regulations:** These are laid down laws that controls the way the business is run.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.0 Introduction**

The summary of the literature review on civic participation on health devolved systems is summarized on this chapter. It reviews findings of other scholars on civic participation in public sector and civil society organisation. A summary of empirical research of previous studies and theoretical review supporting the study are also reviewed. Finally, the chapter also provides the conceptual framework of the study.

### **2.1 Literature Review**

#### **2.1.1 Civil Society Organisations**

Fahmy (2006) established that civic engagement and activism are forms of civic participation in a community. The study carried out by Fahmy (2006) denotes that every citizen has the right to disagree with the government decision and has the right to demonstrate or petition the government. The study further states that every patriotic citizen has the right to freely volunteer in community development, take charge in monitoring and evaluating the government procedures and work hand in hand with the government on community development. Putnam (2000) and Dalton (2004, 2008) states that every citizen has a right to disagree with the government decision and petition the government due to the rule of law.

The role played by the civil society and private sectors in observing the emergency of policy is very important. The devolution reform is enforced by the office of the Prime Minister for Regional Administration and Local Governance (PMORALG), this office performs the LGRP. There has

been collaboration between the CSOs and the government for a long period of time. The period can be traced back to colonial era a when significant attitude towards relations succeeded.

Immediately after independence the country had increased politic tensions that initiated dictatorial form of government, this therefore inhibited citizens democratic right of freedom and expression. After independents in 1964, the country relied on agriculture as the major pillar of economic development. Exportation of products such as tea, coffee and pyrethrum become the major background of the country. Cooperatives took part in making sure that the farmers got paid of their production. Nevertheless, due to corruption and lack of freedom of free speech, cooperatives majorly encountered loss of power and credibility of the cooperative movement.

Nasong'o (2007) established that cooperative movements ought to pool resources together and eradicate corruption thereby acknowledging that the main resource of the cooperative society is their member. Their members should be treated with at most respect, associated during decision making and policy formulation. During late 1960s and 1980s formal cooperative securities were discouraged in the country due to the fear and tension on the government. This came to pass due to civil participation of the community and freedom of speech. Ikiara and Ndirangu (2003) established that introduction of democratic government and rule of law to the citizens has influenced to the growth of countries economy by increased civil society cooperation's that their main role is to help the community.

### **2.1.2 Legislation and Registration of NGOs in Kenya**

Majority of non- governmental organizations have been registered and active form the year 2000. These registered NGOs have actively been taking charge of schools, enlightening women and the society and provisions financial and food donations to hostile society. After 1980s when the NGOs

were registered by the government, 200 non-government organizations were active and participating majorly in ensuring that the communities embraced of education. Service delivery had also been introduced to native societies where health centres were introduced. The numbers of NGOs had substantially increased subsequently after a period of four years. Service provisions increased over the years and some communities were enlightened on health sectors, education and sanitation. There was a debate that challenged policy formulated on NGOs, this debate tried to focused on ensuring that inconsistencies were eliminated, though the debate was not passed.

NGO laws ensures that the NGOs are not actively involved in politics rather they ought to remain focused on their main role and duties on helping the community. Though majority of NGOs main agenda is to fight for citizens right which is political, they are not supposed to physically declare to support any political group (Nasong'o, 2007). Government pressurize the NGOs as seen on the case of Haki Elimu, NGOs have been pressurized by the government over time due to the feeling of being intimidate. Though the government cannot ban the NGOs, the NGOs have been receiving frequent and subsequent pressure that sometimes outweigh the NGOs and eventually end up deregistering themselves.

The concept of civil society has greatly increased over years becoming one of the most important aspects in international development (Fukuyama, (2001). Global NGOs and local NGOs are steadily growing producing relations and informal community-based organisations (CBOs) leading to increased expansion of service delivery ability, increased transparency and accountability, and advocacy of rights in various sectors such as education, human rights, health and sanitation among others. Civil society participation is alleged to be essential for effective need-based planning and execution of activities at local level in effort to reinforce accountability of local governments to their citizens.

An estimate of 4000 NGOs has been to existence by the year 2007, this NGOs are both local and international. The study carried out Nasong'o (2007) showed that this NGOs mainly focuses on HIV/AIDs, financial aid and credit and saving facilities. SACCOS have also increased over the time due to their sufficiency in service delivery. Majority of NGOs have been considered as briefcase NGOs since they are inactive until they receive funding from donors. This can be asserted by the fact that NGOs receive funding from donors. A study carried by Dhuru (2005) established that majority of CSOs have to work an extra mile to make sure that they fulfil their laid down activities to fulfil goals set by donors for increased funding.

Sabatini (2002) established that local NGOs are not only financed by international government but also by agencies. Agencies support the NGOs with the main to deliver as per budget support recommendation by the government. Donors continue funding the NGOs for increased support by the government during a crisis. Mmari, Sundet, Selbervik, and Shah in REPOA /OPM /CMI (2005), established that majority of the NGOs either local or internal work toward fulfilling their established goals and only rely on financial aid by donors.

NGOs have a major significant influence on advocating communities' rights, providing services and enlightening a community, therefore, NGOs ought to be treated rightly since they play a vital role in the community (Mmari et al., 2005). Their main agenda is to put the communities right above the government. They there focus much on fighting corruption and advocating peace in the community. They also help in catering for the needs of a community majorly in terms of catastrophe example drought and flood. NGOs works to monitor the government transactions hence act as watchdogs to the community.



According to Dalton (2008) democracy is the main pillar of the community that is held in hold by civic participation of the community. Citizens have the right to work with the government in a democratic country by freely voting, speaking their mind out, petitioning the government when they feel they disagree with the government procedural, taking part on policy formulation and demonstration. This has enabled the community to view their ideas while well addressed. Civic participation has led the government to accountable with their procedural and transparent during transaction (Maloff & Bader, 2005).

### **2.1.3 Participation of Civic Society Organisation (CSOs) in the Devolved Health Sector**

Civic organisation advocates for issues that affects human life. According to Abelson and Gauvin (2006), civic participation focuses mainly on issues affecting the community, they advocate on issues affecting human rights such as education and health. Civic participation in government while making decision and formulating policies helps the community by airing their views. Development of the community is mainly prioritized by civic organizations, since their main role is to protect the community and act on its best. Devolution of health centres are mainly are positively influenced by the civic community organizations due to their increased know how the community (Rebullida, 2006). These targets still remain unattained in the majority of these countries.

A research conducted by Fruttero and Gauri (2005) showed that the civic participation of and the democracies are mixed therefore, developed countries and developing countries NGOs works the same. The difference in operating this NGOs trend are on the way they run and administer their works and offices, this attributed to different geographical location and different status of the community. This would be anticipated by the fact that different localities have different problems

and status. The sub-Saharan are deemed as the poorest continent due to the poor health on the community and poor sanitation. This would therefore require the NGOs on this locality to focus more on disease protection and enlightenment of the community on protection of disease transmission. Hence the inequalities of a country influences what NGOs would be dealing with (Putnam 2000; Fahmy 2006, Dalton 2004, 2008).

In recent days, the importance of and increased devolution, health sectors devolution emphasis on policies on a wide aspect in undeveloped nations in world as from 1980s (Putnam 2000). Civic participation and devolution have been broadcasted as a key means of increasing health sector performance and advancement of social and economic development (World Bank 2003). Nevertheless, some primary literature indicated that decentralization of health sector has been mixed, at best (Bossert, Beauvais & Bowser 2000: 1). For instance, Local Government Code (LGC) devolved health services in the 199. According to Atienza (2003 & 2004) studies, civil society participation and volunteerism is central in cultivating health service delivery.

According to Dalton (2008), health civil society organizations have been influential in improving civic participation health sector. Non-government organizations (NGOs), socio-civic groups and people's organizations (POs) have the "ability to organize communities for health-related activities" and social action, "generate resources", "and organize communities around health and development issues" (Batangan, 2006: 105).

Drawing from earlier discussion in this chapter, health service delivery, health civil society groups and volunteers in the area of health have been on forefront in initiating democratizing roles. These moves were expected in realizing efficient transition from clientele to residency at the local level; employing and training new political leaders; dissemination of information thus empowering

people in the collective pursuit and defence of their interests and values; and reinforcing the social foundations of democracy even when their activities focus on community development (Putnam 2000).

Studies have found out that civil society organisations are use the frame of political opportunity structures, the institutional environment, the public health system in general, as well as the devolution to provide opportunities for health civil society participation and volunteerism to thrive in health service delivery (Evans, 2009; Maloff, Bilan & Thurston, 2000). However, World Bank (2003) noted that health civil society is constrained in participation and volunteerism to fully grow in a devolved health system and contribute in the process of democratization and development.

In Kenya, the new constitution has advocated for advocating for greater civic participation in various public sectors. Health civil society organisations have embraced the initiative that has greatly enhanced the planning, development, and allocation of health services and resources (Atienza, 2003 & 2004). Civic society organizations have highly influenced on government spending on being accountable and transparent on their spending hence more productivity have being experienced. The findings further show that majority of the communities that have embraced civil participation have prioritized their government spending on health centres facilities. This community have benefited by allocation of efficient and accountable health care facilitators (Batangan, 2006).

## **2.2 Theoretical Framework**

The study adopted the following theories; Theory of Reasoned Action, Theory of Planned Behaviour and Rational Choice theory. These theories attempt to describe the behaviour based civic participation in the devolved health sector. These theories provide a theoretical approach that

can be used to describe factors that influences civic participation in devolved health sector in Nairobi County.

### **2.2.1 Theory of Reasoned Action and Theory of Planned Behaviour**

This theory was first described by Ajzen and Fishbein, put forward a theoretical construct connecting individual motivational factors to the possibility of performing in a specific behaviour (Ajzen & Fishbein, 1980). The theory considers an individual's intention to perform (or not perform) a behaviour as the instant predictor of action (1980). An individual's purpose can be broken down into two parts: a positive or negative evaluation of the performance of behaviour, and professed social pressures to perform (or not perform) behaviour. These determinants are described as attitude toward the behaviour, and subjective norm respectively by Ajzen and Fishbein (1980), outlining more about the theory of reasoned action, Ajzen expanded the model to address the limitation in handling behaviours and situations in which people have imperfect volitional control (1991). The effort of Ajzen's gave birth to the theory of planned behaviour which is consistent with the model built by Fishbein; Ajzen's theory of planned behaviour holds that a central factor in establishing an individual's action is the intention to adopt certain behaviour. While the intention to engage in behaviour increase, the likelihood to performance a behaviour increase (Ajzen, 1991).

Without violating from the original framework provided by the theory of reasoned action, Ajzen introduces a third element which addresses the condition where the concerned behaviour is not under absolute volitional control: the individual cannot decide to execute (or not execute) the behaviour at would. Factors such as lack of resources, skills, or the cooperation of others caused incomplete volitional control (Ajzen, 1991). So as incorporate the existence of these situations,

Ajzen brought forth a third determinant of intention known as perceived behavioural control that refers to an individual's perception of the ease or difficulty of performing a target behaviour (1991). Both the theories have been used to describe disparities in behavioural intention, and in predicting number of different behaviours (Ajzen & Fishbein, 1980) electing behaviour in American and British elections (Montano & Kasprzyk, 2008).

Madden, Ellen and Ajzen (1992) analysed the two theories comparatively, the result reviewed that the theory of reasoned action is not as strong as the theory of planned behaviour in predicting the performance of target behaviour for cases where behaviours are external to an individual's volitional control. Madden et al. further affirm that behaviour control would be achieved by the continually accessing the predictions of the intended target behaviour (1992). Drawing from Ajzen earlier introduction of the theory of planned behaviour, perceived behavioural control is generally attuned to Bandura's concept of perceived self-efficacy. This concept was concerned with individual judgments of how skilful one can complete certain actions required to address future situations (Ajzen, 1991). The study employed Theory of Reasoned Action and Theory of Planned Behaviour to explain the healthy civic society participation in devolved health services in Nairobi County.

These theories are relevant to the study since they are concerned with individual judgments of how skilful one can complete certain actions required to address future situations, address the limitation in handling behaviours and situations in which people have imperfect volitional control, holds that a central factor in establishing an individual's action is the intention to adopt certain behaviour. The theories also consider an individual's intention to perform (or not perform

### **2.2.2 Rational Choice Theory**

Social phenomena are explained by rational choice theory at actors' level. Rational theory states that the actor chooses the best alternative choice as compared to the rest as the actors believe that the choice would bring about the best outcome. Becker (1976), Radnitzky and Bernholz (1987), Hogarth and Reder (1987), Swedberg (1990) and Green and Shapiro (1996) stated that different critical elements are experienced such as; alternatives, constraints, social outcomes, utility and beliefs. The theory states that the actor's beliefs determine the outcomes they are willing to conceive. The theory of decision making may be for an entire group or individual. When an individual presumes the course to take, the theory thereafter examines how the choices made interact to produce the outcome.

The theory is relevant to the current study since it was used to comprehend human behaviour, its widely spread beyond conventional economic issues and it is used to make inferences on the choices adapted on the behaviour of employees during decision making while making inferences on consumer.

### **2.3 Conceptual Framework**

A conceptual framework is a set of ideas used to structure the research. The conceptual framework in this study shows the link between the variables of study. The dependent variable is Level CSOs participation in Devolved health services and the independent variables which include: factors affecting CSOs participation; level of awareness of CSOs; Existing needs of civic participation and challenges faced by civic participation and their impact on the dependent variable with the aid of the intervening variable (the government).

Civic Society Organisations participation aims on issues affecting human lives. Civic participation in decisions influencing civil societies well-being is affected by the following indicators; financial support, staffing, effective use of the resources and sustainable policies. These indicators help in effective use of the resources by directing the management team to prioritize areas of agent needs and designing more informed, effective and sustainable policies in the health sector.

Level of awareness of CSOs can be deduced as the level of know how that CSOs have on devolved health sectors. Level of awareness is measured by the following indicators; global, regional, national and county. These indicators help in identifying how effective the devolved government is running the health the health centres in County Level.

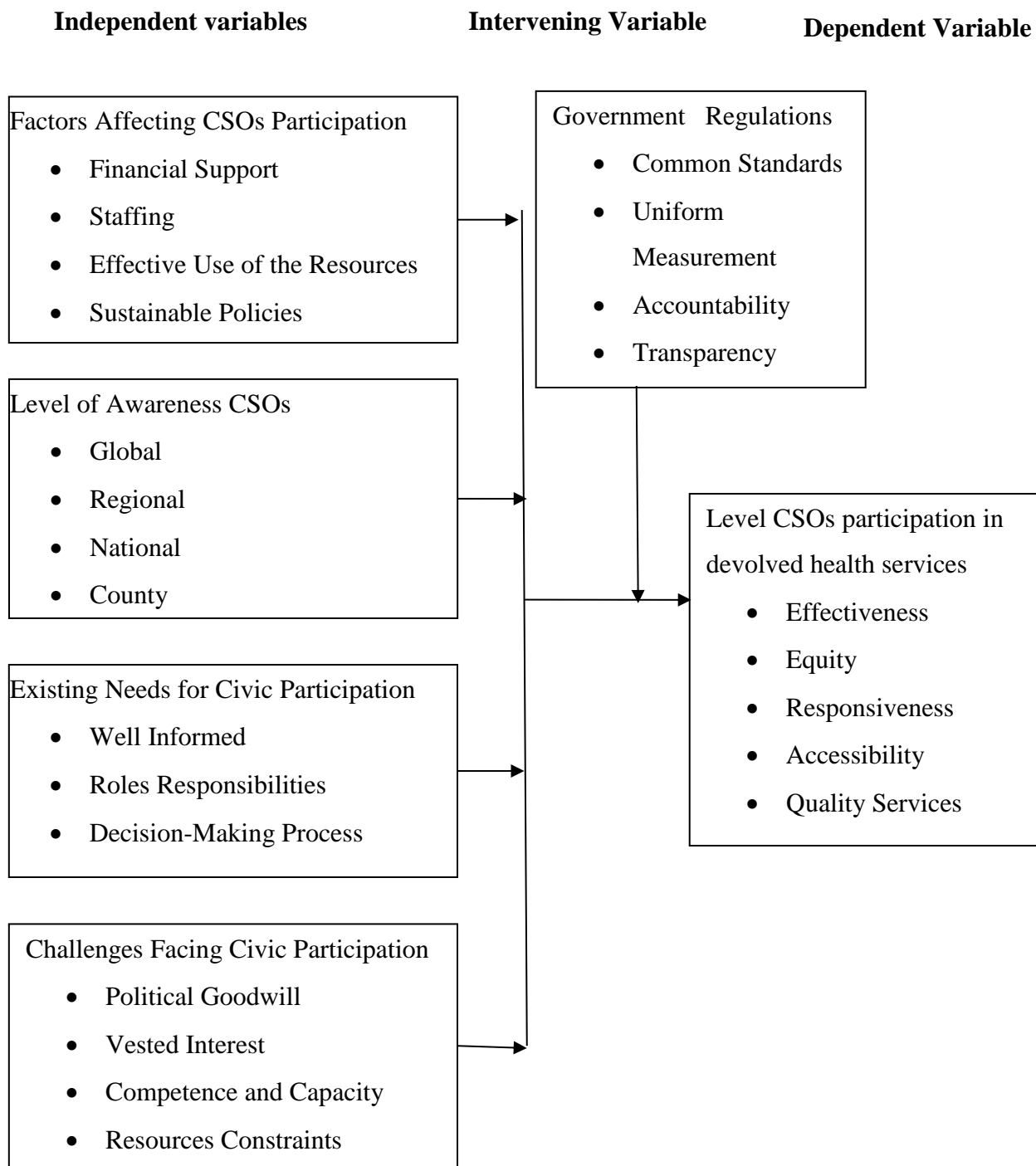
On existing needs for civic participation, the following indicators; civic engagement, citizen participation and civic activism were used to determine whether civic participation was used. These indicators help civic participation focuses mainly on issues affecting the community, they advocate on issues affecting human rights such as education and health. Civic participation is used in government while making decision and formulating policies thus helping the community to air their views.

In view to challenges facing civic participation, the following indicators were used; accessibility, quality, accountability and transparency. The parameters were used to measure how civic participated in devolved health sector. The study established that, health civil society organizations have been influential in improving civic participation in health service delivery therefore minimizing the challenges faced by health sectors.

Government regulations was used as a moderating variable in the study. The role of government regulations on health sectors was to set common standards, create uniform measurement and measure the accountability and transparency of the health sectors on county government.

On level CSOs participation in devolved health services, the study used the following indicators; effectiveness, equity, responsiveness, accessibility and quality services. The study established that CSOs participation influenced provisions of equity health services, effective and quality health services to county residents, and the service providers in Nairobi County were accountable for their actions. This interaction is shown in Figure 2.1.





**Figure 2.1: Conceptual Framework**

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter presents the summary of the research methodology of this study, research design, unit of analysis, target population, sample size, research design and methods of data collection. The findings are presented in the subsequent section.

### **3.2 Research Design**

The study adopted descriptive research design to establish the factors influencing civic participation among health CSOs in the devolved health sector. Descriptive research design was used to interrogate the population's (Health CSOs) behaviour and characteristics towards civic participation and sought to answer the research questions. This mode of research design does not manipulate data (Kothari, 2008). The researcher adopted descriptive research design to analyse the collected data.

### **3.3 Unit of Analysis and Units of Observation**

Nachmias et al. (1996) states that a unit of analysis influences research design, data collection and analysis. Babbie and Mouton (2007) stated that a unit of analysis describes the specific place of investigation. Factors affecting CSOs participation in devolved Health services management was the unit analysis for this study. The units of observation refer to data sources that informed the units of analysis. The program managers of health CSOs were the key informants of the study therefore they were the units of observation of the study.

### 3.4 Target Population

The group of the individuals that the researcher is interested in investigating is referred to as target population (Mbwesa, 2008). Kothari, (2008) states that a group with similar set of characteristics is referred to as population (Mugenda & Mugenda 2012). The population for study comprises of Health Civil Society Organizations in Nairobi. The target population for this study consisted of 98 Health CSOs (Weiss & Hennet, 2017). These CSOs mainly concentrates partially or addressing all health needs in MCH, child health, HIV/AIDS, malaria, TB, reproductive health, nutrition, health education and promotion, disability, mental health, and cancer (Weiss & Hennet, 2017). Table 3.1 shows the distribution of target population (CSOs) according to the type of health need intervention.

**Table 3.1: Distribution of Target Population (CSOs) by Type of Intervention**

<b>Intervention</b>	<b>Population Size (Ni)</b>
HIV/AIDS, Nutrition, Maternal and Child Health	51
Wash and Disability awareness	15
Malaria	19
Others (e.g. Health governance, Health Rights, Youth)	13
<b>Total(N)</b>	<b>98</b>

Source (HENNET, 2017).

### 3.5 Sample Size Determination and Sampling Procedure

#### 3.5.1 Sample Size Determination

Field (2005) defines a sample size as a smaller representation of the entire population. The population estimate can be established by use of Slovin's formula (1960). The study adopted Slovin's formula to establish the sample size.

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

Where N: population size, n: sample size, e: significance level, for e.g. (0.05)

$$n = \frac{98}{1 + (98 * 0.05^2)}$$

$$= 78.714$$

$$n = 79$$

The sample size was computed as follows using stratified sampling technique according to (Cochran, 1977).

Let  $N$  = target population

$n$  = the desired sample size

$N_i$  =  $i^{\text{th}}$  stratum population. For  $i=1, 2, 3, 4$

$n_i$  =  $i^{\text{th}}$  stratum sample size. For  $i= 1,2,3,4$

Then we compute  $i^{\text{th}}$  stratum sample as follows

$$n_i = \frac{\text{ithstratumpopulation}}{\text{targetpopulation}(N)} \times (\text{the desired sample size}(n))$$

Therefore, we obtain the desired sample size by adding the stratum samples.

$n = n_1 + n_2 + n_3 + n_4$  which can be summarized as follows

$$n = \sum_{i=1}^k n_i \dots \dots \dots (i)$$

Using the sample size determination procedure above, a sample size of 79 CSOs was established as adequate in representing the target population. Table 3.2 shows how the population and the sample were distributed according to interventions.

**Table 3.2: Target Population and Proportionate Distribution**

<b>Intervention</b>	<b>Population Size (N<sub>i</sub>)</b>	<b>Percentage (%)</b>	<b>Sample Size(n<sub>i</sub>)</b>
HIV/AIDS, Nutrition, Maternal and child health	51	80.16	41
Wash, and Disability awareness	15	80.16	12
Malaria	19	80.16	15
Others (e.g. health governance, Health Rights)	13	80.16	11
<b>Total(N)</b>	<b>98</b>	<b>80.16</b>	<b>79</b>

### **3.5.2 Sampling Procedure**

Sampling is the process of dividing a subsection of the entire population to form a representative section for the entire study (Kerlinger & Lee, 2000). Probability sampling was adopted by the researcher, this sampling technique was used to ensure that every element had an equal chance of being selected. Stratified sampling was preferred so as to have proportionate representation of various sub-groups of CSOs in Health Service Delivery. The subgroups were categorized based on the intervention they provided. Secondly, to select elements to be included in this study, the researcher employed simple random sampling where each organization were chosen entirely by chance and each member from the subgroups had an equal chance of being included in the sample.

The researcher made 5 lists from the 5 subgroups of CSOs identified and assign a sequential number to each CSO from the different subgroups. These numbers were placed in 5 different bowls from which the researcher picked one number at a time totalling to the intended sample size as illustrated on Table 3.2.

From the CSOs sampled, the researcher first made a formal request to the organizations' Program Managers to represent their organization or delegate a Program officer, communications officer to act as a respondent.

## **3.6 Methods of Data Collection**

### **3.6.1 Collection of Quantitative Data**

The researcher used structured questionnaires to collect data. A questionnaire is a data collection tool used to indicate respondents' views on selected questions regarding the study (Orodho, 2003). Questionnaires are easy data collection tools due their effectiveness in administration. The study used structured questionnaires that were both open and closed ended.

### **3.6.2 Collection of Qualitative Data**

Kerlinger and Lee (2000) defines an interview as person to person mode of collection of data, respondents are required to state their answers as the questions asked. Interview schedules were designed for health CSOs as the main respondents and who had a more superior and deeper understanding of the devolved health system and health service delivery. Data was also collected through the Key Informant Interview Guide and analysed qualitatively to supplement statistical analysis.

### **3.6.3 Administration of Data Collection Instruments**

A research permit was obtained by the researcher from University of Nairobi. The permit was used to secure authority from targeted health CSOs. The researcher recruited research assistants whose main duty was to help the researcher in data collection practice. The researcher selected research assistant in Nairobi as they were conversant with the area.

The main areas covered during the research assistants' training were the main purpose of the study and the study objectives. Methods of data collection and mode of collection were emphasized. The

researcher took the role of supervisor during the entire data collection period. The researcher made appointments with the program managers for reduced inconveniences. The team used public means of transport during data collection period. Completed questionnaires were packed and deliveries were made to a central point where the data was coded into SPSS Version 23.0 for analysis.

### **3.7 Ethical Considerations**

The researcher adhered to the high ethical standards of research work. The researcher sought permission from the program management teams at the civil society organizations working and based in Nairobi County by writing a formal letter explaining the purpose and objectives of the study. The respondents' consent was sought before the start of the research work, confirming to them that the information is for academic purpose only. The researcher assured respondents of confidentiality of the information they provide. And lastly the research findings were presented in an honest and unbiased manner.

### **3.8 Data Analysis and Presentation**

The researcher serialized questions and cross checked for completeness, the completed questionnaires were further examined where the close-ended questions were statistically analysed. The data was then analysed using descriptive statistics. The descriptive statistical tools (SPSS IBM 23.0 and Excel) analysed the data for interpretation. The study analysed data relating to the four objectives stated in this study.

Dechow, Kothari and Watts (1998) puts it, the layout of the report needs to be well planned so that all things relating to the study be well presented in simple and effective style to communicate the finding in efficient manner. The research findings were presented in narratives supported and

enhanced by tables and figures; graphs and charts, around the specific objectives of the study for ease of understanding.



## CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

### 4.1 Introduction

The chapter presents analysis of data collected on the factors influencing civic participation in the devolved health sector among health civil society organizations in Kenya: a case for Nairobi City County. The data was collected and gathered exclusively from the questionnaires. The questionnaires were designed in line with the research objectives.

#### 4.1.1 Response Rate

A total of 79 questionnaires were distributed to the respondents and out of these 62 of them were returned to the researcher dully filled giving a response rate of 78.48%. The response was good enough and representative of the population and according to Mugenda and Mugenda (2003) stipulates that a response rate of 70% and above is excellent for data analysis and presentation.

**Table 4.1: Response Rate**

<b>Response rate</b>	<b>Frequency</b>	<b>Percent (%)</b>
Response	62	78
Non-response	17	22
<b>Total</b>	<b>79</b>	<b>100</b>

### 4.2 Social and Demographic Information

The study sought to find out the general information about the respondents. The findings are shown in subsequent section.

#### 4.2.1 Years of Existence of an Organization

The researcher sought to determine the number of years the organizations had been in existence; the findings are indicated in Table 4.2.

**Table 4.2: Years of Existence of the Organization**

<b>Years</b>	<b>Frequency</b>	<b>Percent (%)</b>
1-5years	12	19.4
6-10 years	16	25.8
11-15 years	10	16.1
More than 15 years	24	38.7
<b>Total</b>	<b>62</b>	<b>100</b>

From the findings, 19.4% of the organizations had existed for 1-5 years, 25.8% for 6-10 years, 16.1% for 11-15 years and 38.7% for more than 15 years. The period that an organization has been in existence is an important indicator of organizational growth. In essence, organizations that have been in operations for longer period of time have stabilized as compared to new organizations.

#### **4.2.2 Number of Staff in the Organization**

The study sought to find out the number of staffs in the organizations and the results are shown below in Tabl4.3.

**Table 4.3: Number of Staff in the Organization**

<b>No</b>	<b>Frequency</b>	<b>Percent (%)</b>
1-20	30	48.4
21-40	7	11.3
41-60	1	1.6
61-80	1	1.6
81-100	8	12.9
More than 100	15	24.2
<b>Total</b>	<b>62</b>	<b>100</b>

It is clearly seen that 48.4% of the organizations contained 1-20 members of staff,11.3% had 21-40 staffs, 1.6% had 41-60 and 61-80staffs, 12.9% had 81-100 staffs and 24.2 had more than 100 members of staffs. The number of staffs an organization has is one of the indicators of size. Owing to higher economies of scale that accrue to larger organizations, they are able to employ more staff as compared to small organizations.

### 4.2.3 Area of Focus

The study sort to establish the areas of focus of the organizations and the findings are indicated in Table 4.4.

**Table 4.4: Area of Focus**

<b>Area</b>	<b>Frequency</b>	<b>Percent (%)</b>
HIV/AIDS	12	19.4
Nutrition	5	8.1
MNCH	8	12.9
Malaria	3	4.8
WASH	2	3.2
PLWD (Disability)	3	4.8
Health Governance/Health Rights	7	11.3
Others	7	11.3
All	15	24.2
<b>Total</b>	<b>62</b>	<b>100</b>

The findings showed that 19.4% of the organizations dealt with HIV/AIDS, 8.1% focused on Nutrition, 12.9% on MNCH, 4.8% with Malaria, 3.2% on WASH, 4.8% on PLWD (Disability), 11.3%with Health governance, 11.3% with others while 24.2% focused on all the areas. The findings show that the study was a representation of all areas and therefore diverse information was sought by the researcher to achieve study objectives.

### 4.2.4 Availability of Board of Directors

The researcher wanted to know whether the organizations had Board of directors and the findings are shown in Table 4.5

**Table 4.5: Availability of Board of Directors**

<b>Response</b>	<b>Frequency</b>	<b>Percent (%)</b>
Yes	60	96.8
No	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

From the results, 96.8% of the respondents agreed that they had board of directors while only 3.2% of the respondents disagreed that they did not have the board of directors in their organizations. This shows that most of the organizations had board of directors while a few of the organizations did not have. Board of directors' form the larger corporate governance of an organization that drives the operations and decision making of an organization.

The respondents were further requested to state the number of board members they had. Different responses were obtained but on average, most of the respondents indicated 8 members. The number of members on the board indicates the size of the board. Large boards have larger number of members as compared to small boards. The advantage of having larger boards is diversity where different members had different specializations, skills and competencies that play significant role in decision making.

#### **4.2.5 Regular Meetings**

Respondents were asked to indicate whether their organizations held regular meeting and 100% of the respondents agreed that they conducted regular meetings which indicated that all organizations where research was done held regular meetings. Board meetings are usually held at predetermined times and they help in deliberation of critical issues affecting an organization. The organizations also engaged with partners and stakeholders through stakeholder meetings, as sub- grantees in the APHIA Plus project and as coalition members in advocacy and through National and County stakeholder forums.

#### 4.2.5 Financial Support

The researcher asked the respondents to indicate the amount of financial support organizations had from (foreign) donor organizations in percentages. From the findings, 54.8% of the organizations had over 75% financial support, 27.4% had between 50-75% financial supports, 12.9% had less than 25% financial supports and only 4.8% had between 25-50% financial support. The findings indicate that donor funding played a significant role in financing projects in Kenya.

#### 4.2.6 Funding Trends in the Last Five Years

The funding trend of the organizations in the last five years is as shown in Table 4.6.

**Table 4.6: Trends in the last Five Years**

<b>Trend</b>	<b>Frequency</b>	<b>Percent (%)</b>
Increasing	9	14.5
Same	10	16.1
Decreasing	43	69.4
<b>Total</b>	<b>62</b>	<b>100</b>

It was clearly seen that, 14.5% of the organization had experienced an increasing trend in donor funding, 16.1% found funding to be the same as the years prior and 69.4% had experienced a decreasing trend. Therefore, there has generally been a decreasing trend in most of the studied organizations.

#### 4.3 Scope of CSOS Operations

The study sought to establish the scope of the operations of the organizations; the results are indicated in Table 4.7

**Table 4.7: Scope of CSOS Operations**

<b>Scope</b>	<b>Frequency</b>	<b>Percent (%)</b>
Global	10	16.1
Regional	5	8.1
National	34	54.8
County	9	14.5
All	4	6.5
<b>Total</b>	<b>62</b>	<b>100</b>

It was found out that 16.1% of the organizations operated globally, 8.1% their operation was regional, 54.8% was National, 14.55 was within the county and 6.5% operated in all scopes. Most of the organizations operated nationally since they had the highest percentage. The findings further showed that the constitution of the organizations protected their participation in devolved health services and also the scope of their operation was clearly defined in the constitution.

In most organizations national level mechanisms such as NASCOP; NTLD; NACC regulated the civic participation on health services and also the co-integration between CSOs and other stakeholders in devolved health services in Kenya was found not very good in some of the organizations.

From the interview guide, it was found that when the Health CSOs were asked to state if the CSOs were achieving their objectives in regards to health devolution i.e. on participation and advocacy for better health service delivery by the county, 67% of the respondents from HIV/AIDS, Nutrition, Maternal and Child Health said *CSOs were successful in some Nairobi County areas but also faced challenges on other areas*. This depends to a large extent on the issue being pursued by the CSO. CSOs have successfully helped counties in prioritizing and strengthening systems. Majority of the organizations' program managers said that *CSOs were successful in influencing counties to invest in specific health areas by increasing their budgets or setting aside budgets for the same investments*.

#### **4.4 Participation of Health CSOS in Management**

In some of the organizations, CSOs were well informed and prepared for devolved health engagement, roles and responsibilities made the CSOs to play major roles in devolved health system at the County level. Health sector were devolved around patient rights (gender rights; human rights; LGBT rights etc) and advocacy for funding of key health sectors such as MNCH were highly implemented.

However, in most cases CSOs found the decision-making process within the devolved health/Multi Stakeholder group to be meaningful and transparent through the AWP and CIDP processes which were by public and interested party engagement. The respondents also stated that all stakeholders were not equally represented in the decision-making structure where sampled representation by sector, did not represent all the players/interests within the sector such as health. For instance, CSOs vis-a-vis service delivery mechanisms in health had a different agenda in matters health however rarely did they have all sides represented adequately.

Furthermore, there was a mechanism to ensure that the concern was fairly and adequately addressed and this was done through county TWGs of specific components or Stakeholders forums. In regards to the use of health sector generated information, the health information provided by County health sector was meaningful for CSOs hence it helped CSOs make decision on what gaps are to be addressed, CSOs were able to follow up on County health report's recommendation through county information systems that CSO are given rights to view information.

CSOs had been able to influence health management more broadly and raise issues outside the county health management process in the organizations as they had detailed reports and evidence

that helped the county to make decisions, in some of the organizations respondents narrated that CSOs wanted to expand the scope of health management issues to include other types of information such as relevant contracts, expenditures, and social investments and the main concerns related to CSO involvement in devolved health management in their county was equitable allocation of resources and allocation of resources to the high priority needs among others.

And again, the researcher further requested the respondents to highlight some of their major achievements some of them said improving the county decision makers and influencers' knowledge of health issues and how they affect the counties, others influencing decision-making especially in resource allocation and others stated that they were supporting counties to prioritize key health issues. The study also sought to know what were the factors that facilitated these major achievements and it was seen that good knowledge of the county structures and the decision-making process, good relationships and partners with individuals and also working in partnership with others and building on existing work in the counties were some of the factors.

The researcher also requested the CSOs to state their contribution to the community and/or beneficiaries through devolved Health systems. The study found out that CSOs mainly focused on the prioritization of maternal newborn and child health and key essential health supplies including medicines at national level and county level. The study also found out that CSOs targeted their efforts towards increased investment for MNCH by the county. One of the key informants indicated *that devolution of health services was justified and appropriate since it brought resources closer to the people, ensured equity in national resource allocation as this is based on need to a large extent as opposed to politics and also more participation of the local communities was in priority setting and in governance.*



#### **4.5 Areas of Improvement on Civic Participation in Health Issue**

The study sought to establish the areas of improvement on civic participation in health issues in the organizations and the respondents gave their views. On which areas can be enhanced to improve participation of CSOs in devolved health issues in Nairobi County the respondents stated that, Clear reports stating the real situation on the ground, establishment and operationalization of the County Budget and Economic Forum (CBEF) among others and that areas like gender issues, care and support services, health system strengthening/ health infrastructures, monitoring and evaluation and Coordination of CSOs recognition quantisation and attribution of the contribution of CSOs in health development in the counties had been left out in health management that could enhance performance of devolved health services.

On areas needing improvement, the study found out that the resources put in by CSO through devolved health system had resulted into capacity development of health workers and provision of medical supply in hard to reach areas. Devolved system was meeting the needs/expectations of the beneficiaries since Services are closer to the beneficiaries can contribute. The respondents also stated that devolution of health service was the most appropriate in addressing the needs of people for example, the challenges being faced in HRH could have been avoided if the aspect had not been devolved immediately and had been retained by the national government as devolution takes root in some areas it is appropriate as locals can agitate for better quality services.

The program managers further *narrated that the constitution had provided clear guideline for their involvement as it facilitated health systems to enable work efficiently. Devolved system was likely to be sustainable since Systems were being established, capacity built to ensure sustainability, there was also a lot of support from other stakeholders to ensure that the devolution is optimized.*

## 4.6 Challenges Faced by CSOs

Statements on challenges faced by CSOS in devolved health systems were clearly identified by the researcher, the respondents were required to state their extent of agreement on the scale of 1-7 where: 1=not at all, 2 = to a very small extent, 3= to a small extent, 4= to a moderate extent, 5= to a fairly great extent, 6= to a great extent and 7= to a very great extent. The findings are indicated in Table 4.8.

**Table 4.8: Challenges Faced by CSOs**

Statement	Mean	Std Dev
Lack of political good will	4.96	1.25
Vested interests among the midwives of devolution	5.20	1.18
Institutional competence and capacity	4.46	1.41
Lack of knowledge and understanding on the Constitution and devolution	4.46	1.50
Resource constraints	5.88	1.28

From the findings, Health CSOs agreed to a fairly great extent that lack of political goodwill was a major challenge on level CSOs participation in devolved health services as shown by a mean of 4.96 with standard deviation of 1.25. Respondents agreed to a fairly great extent that they were challenged on vesting interests among the midwives of devolution by a mean of 5.20 with standard deviation of 1.18. Respondents agreed to a moderately extent that institutional competence and capacity level CSOs participation in devolved health services by a mean of 4.46 with standard deviation of 1.41. Respondent agreed to a moderate extent that lack of knowledge and understanding on the Constitution and devolution influenced level CSOs participation in devolved health services by a mean of 4.46 with standard deviation of 1.50.

Furthermore, it was also seen that respondents agreed to a moderate extent that there was lack of knowledge and understanding on the Constitution and devolution which had a mean of 4.46 and a standard deviation of 1.50 and finally the organizations had resource constraints with a mean of 5.88 and a standard deviation of 1.28 which indicated that the respondents agreed to a great extent with the statement.

From the discussions with key informants on challenges/constraints they faced in participating through devolved health system, majority of the Health CSOs said that usage of weak systems within the counties that hindered their performance. The elected county assembly members who were the key decision maker were often not well versed in how health systems work thereby requiring a lot of capacity building if they were to make the right decisions and allocate resources according to need. Finally, recommendations for improvement for CSO participation in devolved health service were CSOs to have a good understanding of the devolved structures and decision-making within those structures and also understand the dynamics within the counties to know who the right influencers are so that they target their advocacy efforts well for maximum impact.

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

### **5.1 Introduction**

In this chapter the researcher gives the summary of the data collected as per the objectives, draws the conclusion in line with the findings of the study and recommendations as per the findings are presented in this chapter. The chapter also gives suggestions for further studies to help future scholars and academicians in expanding their knowledge.

### **5.2 Summary**

This section gives a summary of the research findings for each of the specific objectives of the study.

#### **5.2.1 Awareness of CSOs Participation**

The study found out that most of the organizations operated nationally since they had the highest percentage of 54.8%, followed by 16.1% of the organizations which operated globally, then 14.5% were within the county, 8.1% of the organizations their operation was regional and lastly 6.5% of them operated through all. The study further established that the CSOs were aware that the constitution of Kenya protected their participation in devolved health services and also the scope of their operation was clearly defined in the constitution since health service delivery at facility level in a devolved system of governance was the primary mandate of the County government. Organizations were primarily a service delivery organisation, aspects such as advocacy, were cross-cutting and the devolved governance adequately provided for this.

The study also established that in most organizations national level mechanisms such as NASCOP; NTLD; NACC regulated the civic participation on health services and also the co-integration

between CSOs and other stakeholders in devolved health services in Kenya was found not very good in some of the organizations.

### **5.2.2 Participation of Health CSOs in Management**

The study established that majority of the organizations CSOs had been well informed and prepared for devolved health engagement, roles and responsibilities did the CSOs play in devolved health system at the County level were mostly around patient rights (gender rights; human rights; LGBT rights etc) and advocacy for funding of key health sectors such as MNCH and also oversight and implementation by 68% of the respondents agreeing.

The study also established that roles and responsibilities of CSOs in the devolved health were clearly defined. The County government recognized CSOs as a legitimate partner in the devolved and sincerely considered CSO views on issues since most CHMTs had a focal person responsible for health sector implementing partners and CSOs and ensured participation in health-sector stakeholder forums.

The study revealed that in most cases CSOs found the decision-making process within the devolved health/Multi Stakeholder group to be meaningful and transparent through the AWP and CIDP processes which were by public and interested party engagement, the findings further showed that all stakeholders were not equally represented in the decision-making structure where sampled representation by sector, did not represent all the players/interests within the sector such as health. For instance, CSOs vis-a-vis service delivery mechanisms in health had a different agenda in matters health however rarely did they have all sides represented adequately.

Furthermore, the study found out that in most cases where a decision or action is taken that are of significant concern to CSOs, there was a mechanism to ensure that the concern was fairly and adequately addressed and this was done through county TWGs of specific components or stakeholders forums. In regards to the use of health sector generated information, the health information provided by County health sector was meaningful for CSOs hence it helped CSOs make decision on what gaps are to be addressed and that CSOs were able to follow up on County health report's recommendation through county information systems that CSO are given rights to view information.

Finally the study established that CSOs had been able to influence health management more broadly and raised issues outside the county health management process in the organizations as they had detailed reports and evidence that helped the county to make decisions, in some of the organizations, CSOs wanted to expand the scope of health management issues to include other types of information such as relevant contracts, expenditures, and social investments and the main concerns related to CSO involvement in devolved health management in their county was equitable allocation of resources and allocation of resources to the high priority needs among others.

### **5.2.3 Areas of Improvement on Civic Participation in Health Issue**

On the areas of improvement the study found out that clear reports stating the real situation on the ground, establishment and operationalization of the County Budget and Economic Forum (CBEF) can be enhanced to improve participation of CSOs in devolved health issues in Counties and that areas like gender issues, care and support services, health system strengthening/ health infrastructures, monitoring and evaluation and Coordination of CSOs recognition quantisation and

attribution of the contribution of CSOs in health development in the counties had been left out in health management that could enhance performance of devolved health services.

#### **5.2.4 Challenges Faced by CSOs**

The study established that the organizations had resource constraints which had a mean of 5.88 and a standard deviation of 1.28 and also the organizations had vested interests among the midwives of devolution with a mean of 5.20 with a standard deviation of 1.18. The study further established that there was lack of political good will with a mean of 4.96 with a standard deviation of 1.25, there was institutional competence and capacity which had a mean of 4.46 and a standard deviation of 1.41 and finally there was lack of knowledge and understanding on the Constitution and devolution which had a mean of 4.46 and a standard deviation of 1.50

#### **5.3 Conclusions**

On awareness of CSOS participation the study concludes that most of the organizations operated nationally since they had the highest percentage, and a few organizations their operation was regional. The study further concludes that the constitution of the Kenya protected their participation in devolved health services and also the scope of their operation was clearly defined in the constitution since health service delivery at facility level in a devolved system of governance was the primary mandate of the County government.

The study concludes that organizations were primarily a service delivery organisation, aspects such as advocacy, were cross-cutting and the devolved governance adequately provided for this and that in most organizations national level mechanisms such as NASCOP; NTLD; NACC regulated the civic participation on health services and also the co-integration between CSOs and

other stakeholders in devolved health services in Kenya was found not very good in some of the organizations.

On participation of health CSOS in management the study concludes that some of the organizations CSOs had been well informed and prepared for devolved health engagement, roles and responsibilities did the CSOs play in devolved health system at the County level which were mostly around patient rights (gender rights; human rights; LGBT rights etc) and advocacy for funding of key health sectors such as MNCH and also oversight and implementation

The study also concludes that, roles and responsibilities of CSOs in the devolved health were clearly defined; also, the County government recognized CSOs as a legitimate partner in the devolved and sincerely considered CSO views on issues since Most CHMTs had a focal person responsible for health sector implementing partners and CSOs and ensured participation in health-sector stakeholder forums.

However, the study also concludes that in most cases CSOs found the decision-making process within the devolved health/Multi Stakeholder group to be meaningful and transparent through the AWP and CIDP processes which were by public and interested party engagement and that all stakeholders were not equally represented in the decision-making structure where sampled representation by sector, did not represent all the players/interests within the sector such as health.

On areas of improvement on civic participation in health issues the study concludes that clear reports stating the real situation on the ground, establishment and operationalization of the County Budget and Economic Forum (CBEF) can be enhanced to improve participation of CSOs in devolved health issues in Counties.



The study also concludes that that areas like gender issues, care and support services, health system strengthening/ health infrastructures, monitoring and evaluation and Coordination of CSOs recognition quantisation and attribution of the contribution of CSOs in health development in the counties had been left out in health management that could enhance performance of devolved health services.

Lastly on challenges faced by CSOS the study concludes that the organizations had resource constraints, also the organizations had vested interests among the midwives of devolution. The study further concludes that there was lack of political good will, there was institutional competence and capacity and lack of knowledge and understanding on the Constitution and devolution.

## **5.4 Recommendations**

### **5.4.1 Awareness of CSOS Participation**

The study recommends that organizations should operate nationally to increase awareness among the citizens. They should use the constitution 2010 which provides for their right to participation in devolved health services and also the scope of their operation to be clearly defined to show that it is informed by the constitution. Health service delivery at facility level in a devolved system of governance should be a primary mandate of the County government.

### **5.4.2 Participation of Health CSOs in Management**

The study also recommends that organizations CSOs should be well informed and prepared for devolved health engagement, roles and responsibilities of CSOs should be played in devolved health system at the County level mostly around patient rights (gender rights; human rights; LGBT

rights etc) and advocacy for funding of key health sectors such as MNCH and also oversight and implementation. The study also recommends that, roles and responsibilities of CSOs in the devolved health should be clearly defined; also, the County government should recognize CSOs as a legitimate partner in the devolved and sincerely consider CSO views on issues.

#### **5.4.3 Areas of Improvement on Civic Participation in Health Issue**

The study however recommends that clear reports stating the real situation on the ground should be well stated, establishment and operationalization of the County Budget and Economic Forum (CBEF) should be enhanced in order to improve participation of CSOs in devolved health issues in Counties and also areas like gender issues, care and support services, health system strengthening/ health infrastructures, monitoring and evaluation and Coordination of CSOs recognition quantisation and attribution of the contribution of CSOs in health development in the counties should not be left out in health management which in turn could enhance performance of devolved health services.

#### **5.4.4 Challenges Faced by CSOs**

Finally, the study recommends that all organizations should minimize on their expenses to save on resources to enhance performance, also all organizations should have vested interests among the midwives of devolution and they should ensure that institutional competence and capacity and lack of knowledge and understanding on the Constitution and devolution does not affect the performance of the organizations.

### **5.5 Suggestions for Further Studies**

This study sought to determine the factors influencing civic participation in the devolved health sector among health civil society organizations in Kenya case for Nairobi City County. Since the study was only conducted in Nairobi county, other scholars should carry out similar studies in other counties and across the world.

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**APPENDIX I: STUDY QUESTIONNAIRE**

**PROJECT TITLE: FACTORS INFLUENCING CIVIC PARTICIPATION IN THE DEVOLVED HEALTH SECTOR AMONG HEALTH CIVIL SOCIETY ORGANIZATIONS IN KENYA**

Please read each question carefully and follow the instructions given. Kindly answer the questions by ticking in the box that best describes your answer or writing your answers in the spaces provided where applicable. The answers provided will be for academic purpose only and will be treated confidentially.

**SECTION A: GENERAL INFORMATION ABOUT THE ORGANIZATION**

Name of the organization .....

1. How many years has your organization been in existence?  
a) 1-5years  b) 6-10years  c) 11-15yeras  d)more than 15years
2. Number of staff in your organization?  
a)1-20  b) 21-40[  c)41-60  d) 61-80  e) 81-100  f) more than 100
3. Which areas does your organization focus on?  
a) HIV/AIDS  b) Nutrition  c) MNCH  d) WASH  e) PLWD (disability)   
f) Malaria  g) Health Governance/health rights  h) Others
4. Do you have Board of Directors?  
Yes  No
5. If YES, how many board members do you have?  
.....
6. Do you conduct regular meetings? Yes  No

7. How does your organization engage with partners and stakeholders?  
 .....
8. How much financial support do you have from (foreign) donor organizations?  
 a) Less than 25% [ ]    b) 25-50% [ ]    c) 50-75% [ ] d) over 75% [ ]
9. How has the trend been during the past 5 years?  
 a) Increasing [ ]    b) Same [ ]    c) Decreasing [ ]

**SECTION B: AWARENESS OF CSOs PARTICIPATION ON DEVOLVED HEALTH SERVICES.**

10. What is the scope of your operation?  
 a) Global [ ]    b) Regional [ ]    c) National [ ] d) County [ ]
11. Does constitution protect your participation in devolved health services?  
 a)Yes [ ]    b) No [ ]    c) I don't Know [ ]
12. If yes above, is the scope of your operation clearly defined in the constitution?  
 a)Yes [ ]    b) No. [ ]    c) I don't Know [ ]

**SECTION C: PARTICIPATION OF HEALTH CSOs IN MANAGEMENT OF DEVOLVED HEALTH SERVICES IN THE COUNTY**

13. Overall, have CSOs been well informed and prepared for devolved health engagement?  
 Yes [ ]    No [ ]
14. In regards to health CSOs rights and responsibilities;  
 a) What roles and responsibilities do the CSOs play in devolved health system at the county level?  
 i. ....  
 ii. ....

iii. ....

b) Are the roles and responsibilities of CSOs in the devolved health clearly defined?

Yes                    [ ]                    No                    [ ]

c) Does the County government recognize CSOs as a legitimate partner in the devolved and sincerely consider CSO views on issues?

Yes                    [ ]                    No                    [ ]

15. In few words explain how the constitution has provided for participation and protection of CSOs in devolved health.

.....  
.....

16. Who regulates the civic participation on devolved health services?

.....

17. Generally, how would you describe the co-integration between CSOs and other stakeholders in devolved health services in Kenya?

.....

**SECTION D: AREAS OF IMPROVEMENT ON CIVIC PARTICIPATION IN HEALTH ISSUES IN HEALTH SECTOR BY HEALTH CSOS IN NAIROBI COUNTY.**

18. Which areas can be enhanced to improve participation of CSOs in devolved health issues in Nairobi County?

i. ....

ii. ....

iii. ....

19. Which areas have been left out in health management that could enhance performance of devolved health services?

- i. ....
- ii. ....
- iii. ....

20. If yes, what arrangements have been made by the county Health management system to incorporate CSOs participation?

- i. ....
- ii. ....
- iii. ....

21. Do CSOs find the decision-making process within the devolved health/Multi-Stakeholder Group to be meaningful and transparent? Why or why not (please indicate yes or no to the following or provide other indicators)?

a) Decisions are always taken in a manner that is transparent to all stakeholders

Yes

Explain: .....

No

Explain: .....

b) All stakeholders are equally represented in the decision-making structure

Yes

Explain: .....

No

Explain: .....

c) In cases where a decision or action is taken that are of significant concern to CSOs, is there a mechanism to ensure that the concern is fairly and adequately addressed.

Yes

Explain: .....

No

Explain: .....

d) Others.....

22. Use of Health sector-generated information:

a) In general, is the health information provided by County health sector meaningful for CSOs?

Yes

Explain: .....

No

If No, how has this affected your service delivery?

b) Are CSOs able to follow up on County health report recommendations?

Yes

Explain: .....

No

Explain: .....

c) Have CSOs been able to influence health management more broadly and raise issues outside of the county health management process?

Yes  No

d) If Yes, in what areas have you contributed to County health management system?

- i. ....
- ii. ....
- iii. ....

e) If No, how should this be intervened?

- i. ....
- ii. ....
- iii. ....

23. Do CSOs want to expand the scope of health management issues to include other types of information such as relevant contracts, expenditures, and social investments, or would it be more effective to get these additional types of information through other mechanisms?

Yes                        No           

24. What are the main concerns related to CSO involvement in devolved health management in your county?

.....

**SECTION E: CHALLENGES FACED BY CSOs IN DELVOLVED HEALTH SYSTEM**

25. To what extent do the following challenges affect your participation in devolved health services? 7 = to a very great extent; 6 = to a great extent; 5 = to a fairly great extent; 4 = to a moderate extent; 3 = to a small extent; 2 = to a very small extent; 1 = not at all

<b>Challenges</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Lack of political good will							
Vested interests among the midwives of devolution							
Institutional competence and capacity.							
Lack of knowledge and understanding on the Constitution and devolution							
Resource constraints							

**THE END:**

**THANK YOU**



## APPENDIX 2: KEY INFORMANT INTERVIEW GUIDE

Dear Respondent,

I am conducting a study on factors influencing civic participation in the devolved health sector among health civil society organizations in Kenya: A case of Nairobi City County.

You have been selected to take part in the study by being the key informants. Kindly consider responding to all the questions as honestly as you possibly can. Be assured that all the information you provide will be handled with confidentiality. I appreciate your anticipated co-operation to give your attention as a contribution towards this exercise.

1. Background information:

Respondent's name (Optional)..... Designation.....

2. In your opinion are CSOs achieving their objectives? Can you highlight some of your major achievements? What factors facilitated these major achievements? (Probe for achievement of intended outcomes).
3. What has your CSO contributed to the lives of your beneficiaries through devolved Health systems?
4. Please gauge with examples the relevancy of health service devolution. Is the devolution of health services justified and appropriate in your opinion?
5. Considering the resources inputted by CSO through devolved health system, indicate whether and how they yielded the expected results.
6. In your opinion is devolved system meeting the needs/expectations of the beneficiaries? Please substantiate your answer with examples/scenarios.
7. Do you think devolution of health service is the most appropriate in addressing the needs of people? (Explain)

8. As CSOs, do you think the constitution has provided clear guideline for your involvement?
9. Is devolved system likely to be sustainable? If not, why not? Which remedial actions would have been good to take?
10. What challenges/constraints do you face in participating through devolved health system?
11. What lessons can you report on? Are there any good practices/success stories that you can highlight?
12. Do you have any recommendations for improvement for CSO participation in devolved health service?

**THANK YOU FOR YOUR TIME.**