COMPLIANCE WITH THE TOBACCO CONTROL ACT, 2007 IN KENYA: THE ROLE OF THE TOBACCO CONTROL BOARD

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Declaration

Student Declaration:

This Research Project is my original work and has not been presented in any other University for examination or academic purposes.

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Supervisor Declaration:

This Research Project has been submitted for examination with my approval as the University Supervisor.

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Dedication

I dedicate this project report to my wife Irene Wangari, my children Joy Mutila and Willy Kamau, my father Late Capt. William Muindi and my mother Mrs. Georgina Muindi.

Acknowledgement

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List of Acronyms

BATK	British American Tobacco-Kenya
IEC	Information Education Communication
KATOGA	Kenya Anti- Tobacco Growing Association.
KEMRI	Kenya Medical Research Institute
KCAC	Kenya Tobacco Situational Analysis Consortium
MOH	Ministry of Health
NTCAP	National Tobacco Control Action Plan
TCB	Tobacco Control Board
TCA, 2007	Tobacco Control Act, 2007
UON	Nairobi University of Nairobi
WHO	World Health Organization
WHO-FCTC	World Health Organization- Framework Convention on Tobacco Control

Abstract

This study was carried out to assess the role played by the Tobacco Control Board in ensuring compliance to the Tobacco Control Act, 2007, in terms of creating awareness, ensuring enforcement and involvement of stake holders. The study found out that there is no significant relation between awareness and compliance. However descriptive statistics indicate that 87.7% of the respondents felt that the Tobacco Control Board had not created sufficient awareness. The results also indicated that the relationship between enforcement and compliance was statistically significant. Lack of proper administrative structure was hampering enforcement. The poor coordination mechanism and the low commitment by the government have contributed to the low level of enforcement currently being experienced in Kenya. It was also found out that there was a relationship between stakeholder involvement and compliance. That 51.1% respondents rated stakeholders' involvement by the TCB to be poor, was affecting the level of compliance to the TCA, 2007 quite significantly. TCB has not been able achieve the desired compliance levels as a result of low stake holder involvement. This is a descriptive study that applied the use of purposive sampling technique that allowed the researcher to sample persons with information that seeks to address the study objectives. The study had 45 respondents drawn from enforcement agencies, civil society, tobacco farmers, university and research institutions, Tobacco Control Board and members of the public; who are all stakeholders in tobacco control. The study data was collected through questionnaires and selected in-depth interviews. The data analysis was done using both quantitative and qualitative data analysis technique

CHAPTER ONE

1.1 Introduction

Tobacco use is the world's leading cause of preventable death. More than 6.3 million people die prematurely from tobacco-related diseases-more than from AIDS, tuberculosis, and malaria combined each year. If current trends continue, tobacco will cause 8 million deaths a year by 2030-80 percent of them in developing countries (WHO Report, 2009). Majority of these deaths occur in low and middle income countries such as Kenya. Tobacco usage mainly includes smoking, chewing tobacco and sniffing tobacco. Tobacco smoking is a major risk factor for a range of disabling and fatal conditions including cardiovascular (coronary heart disease, stroke and peripheral vascular diseases), several cancers and lung diseases such as asthma, chronic bronchitis and emphysema (WHO Report, 2010).

The prevalence of tobacco use in Kenya currently stands at 19% among men and 1% among women. The annual cost of treating loses as a result of tobacco is estimated at 6-15% of the total health care cost in Kenya (Maina, 2009). The cost of treating tobacco related illnesses and conditions globally is more than Kshs. 20 billion annually (WHO-Survey, 2010). Smoking is estimated to cause about 71% of lung cancer, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease and stroke. It is responsible for 12% of male deaths and 6% of female death in the world (WHO Survey, 2010). Approximately, 60% of patients treated in health facilities in tobacco growing areas of Kenya suffer from tobacco related ailments (Situational Analysis Tobacco Control Kenya, 2010).

Over the years, there has been aggressive marketing and distribution of tobacco products by the tobacco industry, notwithstanding the increasing poverty in tobacco growing areas of Kenya

resulting in food insecurity, occupational and environmental hazards (Kibwage *et al*, 2007). This situation made it necessary for Kenya to search for a way to intervene and protect the citizen from the adverse effects of tobacco use and production. As a result, groups of Medical Practitioners and Civil society formed the Tobacco Free Initiative in the early 1990`s to press for introduction of measures for Tobacco Control. During the same period, the World Health Organization (WHO) declared the tobacco epidemic to be a health disaster and began developing regulatory strategies to address the tobacco epidemic (WHO-FCTC, 2005).

After many years of struggling with the tobacco industry "intrigues", in 2004, the WHO Framework Convention on Tobacco Control (WHO-FCTC) was developed in response to the globalization of the tobacco epidemic. Kenya signed and participated in the ratification of this treaty on 24th June 2004. Under the Convention, Kenya is obligated to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The FCTC provides for a framework for tobacco control measures related to reduction of tobacco demand and supply. This was then followed by the enactment of the Tobacco Control Act 2007 (TCA, 2007). The Tobacco Control Act, 2007 provides a legal framework for the control of production, manufacture, sale, labeling, advertising, promotion, sponsorship and use of tobacco products, including exposure to tobacco smoke.

In order to implement the Tobacco Control Act, 2007, the Government of Kenya, through the Ministry of Health set up the Tobacco Control Board (TCB). The functions of the Board are to oversee Tobacco Control activities and advice the Minister for Health on national policy with regard to production, manufacture and use of tobacco and tobacco products; performance of functions under the Act (such as permissible level of constituents of tobacco products, labeling,

packaging and distribution of tobacco products); recommend and participate in the formulation of the regulations to be made under the Act.

The establishment of the Tobacco Control Board (TCB) was expected to spearhead Tobacco Control in Kenya. However, it has faced challenges in doing this especially its role with regard to ensuring compliance with the Tobacco Control Act, 2007.

1.2 Statement of Research Problem

The Tobacco Control Act, 2007 intended to address the tobacco epidemic through the setting up of the Tobacco Control Board as stipulated in Article 6 (a, b, c, d and e) of the Act .One of the key roles that the Tobacco Control Board was expected to ensure in achieving its mandates in tobacco control in Kenya is ensuring compliance to the TCA, 2007 through creating awareness, enforcement of the Act and engaging stakeholder support for the TCA, 2007.

As is espoused in the WHO-FCTC, Article12 and the TCA, 2007, Part III, Article 9, promotion and strengthening of public awareness of tobacco control issues using all available communication tools, as appropriate is necessary. Currently, the training and sensitization has mainly emphasized on enforcement officers (Health workers, Local Government, Police) and a few civil society organizations with little or no clear public awareness programs. Article 9(3) of the TCA, 2007, emphasizes on sensitization and awareness creation programmes to the enforcers and public in order to strengthen participation. This has created an information gap that has to a great extent affected the anticipated level of compliance from the public and other stake holders.It appears that there is little or no evidence that anything is being done to cover more stakeholders.

According to the Act, Part VII, Article 36, powers of enforcement are granted to authorize officers from the Health ministry, Local Government and Police, with participation of business owners/ mangers. The coordination mechanism for enforcement) of the TCA, 2007(that includes reporting lines), needs to be clear in order to achieve the desired level of tobacco control. It is there important to establish what has been put in place to avoid the fragmented and uneven enforcement efforts, and harmonize monitoring and evaluation process needed for consistent planning for tobacco control activities. This will be vital in assisting the to assess if the TCB truly has a robust and effective coordination mechanism to achieve the desired enforcement levels.

In order for the Tobacco Control Board to realize its mandates (which include ensuring compliance), the Board is expected not only to rely on the Act but also support from stakeholders such as government, the public and political leadership. This is because, all these stakeholders play a central role in the tobacco control and their perceived commitment is essential to the success of tobacco control efforts. This support from the policy makers and executive arm of government and other stakeholders are yet to fully commit to the effort towards tobacco control. The Tobacco Control Board has not yet come up with an indication on the level of stakeholder support for the tobacco control activities in Kenya. More participation by the stakeholders may enhance compliance as they can now have a “buy-in” for the entire process, which seems to be missing in the current set up.

Therefore, it is vital to assess the level of awareness, enforcement and advocating stakeholder support undertaken by the Tobacco Control Board in ensuring compliance to the Tobacco Control Act 2007.

1.3 Research Questions

This study attempted to answer the following research questions:

i) What is the level of awareness of the Tobacco Control Act, 2007 that has been created by the Tobacco Control Board?

ii) To what extent has the Tobacco Control Board ensured enforcement to the Tobacco Control Act, 2007?

iii) What role do stake holders play in ensuring compliance to the Tobacco Control Act 2007?

iv) What challenges does the Tobacco Control Board face in ensuring compliance to the Tobacco Control Act, 2007?

1.4 Objectives of the Study

The overall objective of this study was to assess the role played by the Tobacco Control Board in ensuring compliance to the TCA, 2007. The specific objectives are:

i) To assess the level of awareness created by the Tobacco Control Board to ensure compliance to the Tobacco Control Act, 2007.

ii) To evaluate the level of enforcement of the Tobacco Control Act, 2007 undertaken by the Tobacco Control Board.

iii) To establish the role of stakeholders supporting the Tobacco Control Board to ensure compliance to Tobacco Control Act, 2007.

iv) To find out the challenges facing the Tobacco Control Board in ensuring compliance to Tobacco Control Act, 2007.

1.5 Justification of the Study

This study will be important to the Kenya in its endeavor to address the rising costs of treatment of Tobacco related diseases. Currently, the annual cost of treating loses as a result of tobacco is estimated at 6-15% of the total health care cost in Kenya. To a large extent this is due to non-compliance(or non-adherence) to provisions of the Tobacco Control Act, 2007, that looks at using legal policy interventions to reduce adverse health effects due to use of tobacco products. The lack of information on compliance has left an information gap that would be vital for this intervention. Thus, the empirical evidence from this study will provide a focal point for developing cost effective interventions and further strengthen compliance to the Tobacco Control Act, 2007.

In addition, the study also examined the mechanism for monitoring compliance to tobacco control interventions to provide all stake holders with information needed to promote timely evidence -based policy making for tobacco control. This will enable the Tobacco Control Board and stakeholders in the Tobacco Control initiatives take necessary measures for strengthening tobacco control policies and regulations, to reduce the many deaths as a result of tobacco usage. This will intern inform the government and stake holders on challenges and success of the Act, and if the current model is acceptable and applicable in Kenya.

This study will also contribute towards increasing more information and literature in the field of tobacco control in Kenya and other regions. This will further enhance the interest in the very “young field” of tobacco control and create a knowledge base for future reference by other scholars interested in this field of study.

1.6 Scope of the Study

The study covered the Nairobi County and the tobacco growing area of Migori County which have a wide experience in the enforcement of Tobacco Control Act, 2007, compared to other counties. Nairobi County has also been chosen because it is has all stakeholders that include ministry of health officials, government and public institutions, tobacco control board members, and civil society and tobacco control non-governmental agencies in addition to enforcement officers from County Authority and Kenya Police. Migori County has been chosen due to the large number of tobacco farmers found in the Kuria region of that county. In addition, the opinion of a few members of the public will also be sort since they are the ones whom the law targets to protect. Due to time allocated and financial limitations, the study will not be carried out in other counties.

The study however excluded the Tobacco Industry because the interest of this study is the compliance with regard to the public and enforcers of the Tobacco Control Act, 2007. The Tobacco Industry on its part has to a large extent met requirements of the Act in relation to labeling, packaging and advertisement aspects and will not be included among the targeted stake holders as a result.

1.7 Definition of Concepts

Awareness - means having knowledge or cognizance of events or issues. This is the

extent to which an individual has knowledge of the provisions and guidelines of

Tobacco Control Act 2007

Compliance - means the act or instance of obedience to a command; or law. This the level to

which an individual or organization has adherence to the provisions and guidelines of the Tobacco Control Act 2007.

Enforcement - means to compel observance of or obedience to a law. The is the mechanism use to ensure compliance to the provisions and guidelines of Tobacco Control Act,2007 through legally appointed enforcers referred to authorized officers by the Tobacco Control Act, 2007, through inspection, and or arresting offenders.

Implementation-means the realization of an application, or execution of a plan, idea, model, design, specification, standard, algorithm, or policy. This involves all such activities that are carried out by the Tobacco Control Board to achieve the provisions and guidelines of the Tobacco Control Act 2007.

Stakeholder - means a person, group or organization that has interest or concern in an organization. These are all stakeholders that can affect or be affected by the Tobacco Control Board`s actions, objectives in implementing the TCA, 2007.

Tobacco Control- means strategies aimed at reducing supply, demand and consumption of tobacco products that may harm the health of a population by eliminating or reducing their consumption.

Tobacco Products- means products entirely or partly made of leaf tobacco as raw material whichis manufactured to be used for smoking, sucking, chewing or snuffing.

1.8 Literature Review

The Tobacco Control Initiative is a phenomenon that has not been with us for a long period. In fact the it was been closely related to "activism" in its formative years and was only mainstreamed in the 1990`s in the west and culminated in the signing of the WHO Framework Convention on Tobacco Control (WHO- FCTC), in June, 2004. To date, apart from WHO and a few government and health publication (mainly policy documents), there is little literature on tobacco control. Very few nations have fully implemented the provisions of the WHO-FCTC. However, there still exists some literature on Tobacco Control that is useful towards understanding the phenomena that is the emphasis of this study.

The WHO Framework Convention on Tobacco Control recognizes and acknowledges that tobacco control at all levels and particularly in the developing countries and in countries with economies on transition, requires sufficient financial and technical resources commensurate with current projected need for tobacco control activities (WHO-FCTC, 2003). In addition, Article 5-Section 1 stipulates that "each party shall develop, implement, periodically update and review comprehensive multi-sectoral national tobacco control strategies, plans and programs in accordance with the convention and the protocols to which it is party to". Section 2 of the same article provides for the setting up of a national coordinating mechanism as a focal point for tobacco control with the ability of adopting and implementing effective legislature and administrative measures for tobacco control.

The Kenya baseline assessment conducted in 2007/8 found out that despite there being good policy and institutional framework for tobacco control in Kenya, there were several weaknesses such as lack of coordination of efforts, weak capacity for enforcement of the Tobacco Control

Act 2007 within government, poor monitoring and evaluation of legislation and policy once passed. There is little or no literature explaining these shortcomings or any attempt at addressing this in Kenya. Thus research and information is required on assessment of the policies and regulations for enforcement of the Tobacco Control Act, 2007, awareness and compliance to the Act and level of stakeholder support for the Tobacco Control policies being enforced by the Tobacco Control Board.

1.8.1 Awareness level of the Tobacco Control Act, 2007

Every individual has the right to be informed and educated in the dangers of tobacco use. In order to ensure social change and societal transformation, information and awareness creation are essential. Exposure to second-hand tobacco smoke is a risk factor to non-smokers as it increases their vulnerability to tobacco-related diseases, disability and eventually death. It is therefore necessary to protect every person's right to life and to clean and healthy environment (WHO-FCTC: 2003).

The Constitution of Kenya, Chapter Four, guarantees fundamental rights, which have bearing on tobacco control. These include: right to life, right to the highest attainable standard of health, consumer protection, right to clean and health environment on which the prevention of second hand smoke is anchored, right of children to basic health care and to be protected from harm, right of citizen participation in governance and management of public affairs, right to information which empowers the public to access the information held by government on tobacco control (Kenya Constitution, 2010).

Effective advocacy has to be learned. Tobacco control advocacy found that change is slow, evolutionary process; they learned to expect set-backs and make use of them to turn defeats into

victories; to take advantage of the favorable opportunities as they arose, developing rapid-response, short term strategies as well as long-term goals; and to be creative in seeking allies. (Beyer J. Et Al 2003).

The Tobacco Control Act, 2007, Part III Clause 9 (1), undertakes that the Government shall promote public awareness about the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and the harmful effects of tobacco growing and handling through a comprehensive nation-wide education an information campaign conducted by the government through the Ministries, departments, authorities and other agencies. In Clause 9 (11), it is indicated that tobacco control education information shall form part of health care services by healthcare providers. The same is expressed in the national tobacco Control Action Plan (2012-15) and in the Tobacco Control Board Strategic Plan (2012-

1.8.2 1.8.2 Enforcement of the Tobacco Control Act, 2007

Tobacco control efforts have evolved over time as evidence has grown to support the use of different approaches. The population-based approaches most commonly used have included increased taxes, public education through mass media campaigns and health warnings, tobacco marketing restrictions, and the introduction of smoke-free indoor environments(Wilson L. *et al*).

All nations (including Kenya) require the regulatory and administrative structures required to administer the Tobacco Control Act. The WHO-FCTC Article 5.3,8,11 and 13 provide the relevant guidelines for implementation to parties to the convention. In part this states that: “in setting and implementing their public health policies with respect to tobacco control, parties shall act to protect these policies form commercial and other vested interests of the tobacco industry in accordance with the national law” (WHO-FCTC, 2007).

The Kenya Tobacco Situational Analysis Consortium (KTSAC), 2010 argue that lack of effective enforcement of existing laws coupled with political interference, continues to present a major set of challenges to Kenyan tobacco control. Despite the Tobacco Control Act being in place, there is a lack of willingness from the some government officials in key offices to facilitate the enactment of the relevant regulations to strengthen the implementation of the Tobacco Control Act, 2007(KTSAC, 2010). However, there is a gap with regard to information on the size and nature of the challenges and successes in tobacco control in Kenya that will be required to ensure the government fully addresses this tobacco menace.

In the case of South Africa, Salojee Y (2007) argues that the decline in cigarette consumption, after tobacco control legislation was enacted in the1990s, is perhaps the real test of the effectiveness of the government's tobacco control programme. Nonetheless, it is important to measure the implementation, enforcement, compliance and economic effects of the law. In 2002, the compliance of public places in Gauteng, Limpopo and the Northern Cape with the restrictions on smoking in public places was studied.The study found that varying levels of compliance with the law at pubs, restaurants and sheens: one in three establishments were smoke-free; another 26% had separate smoking sections, but 44% still allowed smoking anywhere. The majority of the latter were small informal establishments, situated in rural areas. Encouragingly, nine out of ten workplaces had a policy regulating smoking. Public support for the law was widespread and a sizeable fraction demanded the right to smoke free environments. Over 80% of smokers and non-smokers agreed that restaurants and bars should have separate smoking and non-smoking areas. One in three non-smokers had complained about smoking in prohibited areas. The outcome of the complaint in 43% of cases was for the smoker to either stop smoking or go outside the building. In a minority of instances (21%) the smoker became

argumentative or aggressive. This study was vital in shaping the consequent reviews of the South African Tobacco Control Laws.

The implementation and compliance of the TCA, 2007 has also been hindered by lack of regulations for enforcement.Beyer J. *et al* (2003) contends that legislation must be coupled with strong attention to implementation and enforcement. This can be an even greater challenge than getting the legislation through with its teeth intact. He further states that often, legislation is only a first step, and regulations or further actions are required before provisions can be implemented and take effect. The lack of proper administrative structure has to a great extent hampered the realization of this aspect of the implementation. In addition, it has been reported that there has been inadequate resourcing to carry out tobacco control activities and lack of coordination between public health officers and police in enforcement (KTSAC, 2010). The Fund is yet to be set up and the Administrator of the Fund has not been appointed. This is as a result of external from the industry, influence and competing interest among the political class and the bureaucrats

1.8.3 Stakeholders support for the Tobacco ControlAct,2007

There seems not to, be a clear coordination mechanism for all players as espoused by the Act in Section 53 (2) (a) which advocates for multidisciplinary and intersect oral implementation of the Act.

According to Salojee Y (2007), South Africa has made significant progress in the past decade in reducing tobacco use. Fewer peoplesmoke, and fewer cigarettes are being smoked. This in time will translate into fewer deaths from disease caused by tobacco use. The country stands in sharp contrast to many other middle-income and lower-income countries where the tobacco epidemic

is still growing. South Africa has shown that the tobacco epidemic canbe curbed, if evidence-based policies – such as those contained in the World Health Organization's Framework Convention on Tobacco Control 1 – are implemented. Large reductions in tobacco use occurred because of government commitment, allied to publichealth activism and community support. Research played an essential role by feeding both policy development and advocacy efforts.

The WHO-FCTC Article 5: Section 1,2 and 3, is further espoused in the Kenya Tobacco Control Act, 2007 - Part I : 3, denotes that, the Tobacco Control activities can and should be strengthened through a multi-sectoral approach with a central co-coordinating agency; which in Kenya is the Tobacco Control Board(TCB). The TCB provides the legal and administrative framework for development, strategy and implementation of all tobacco control activities. However, the Kenya Tobacco Situational Analysis Consortium (2010) noted that lack of coordination of efforts was a major weakness for the TCB each of the stake holders applying independent approaches to fighting the Tobacco menace without a central coordinating agency and allowing the tobacco industry to continue "sneaking in" their interests while lamenting on "unclear" coordinated effort to regulate the industry. Secondly, though some training of the enforcement officers has been carried out, their capacity to operate effectively and efficiently is being affected by the delayed preparation and enactment of the regulations and policies

According to Drope J M (2011), various actors and institutions play a role in influencing and shaping tobacco control policy raging form individuals, politicians, civil society and other stakeholders. He gives an example of Mauritius that has emerged as a regional leader in tobacco control due to strong tobacco control regulations known as Public Health (Restrictions on Tobacco Products) Regulations 2008. In Mauritius, the tobacco control laws are well defined and accompanied by severe penalties and /or related regulatory obligations for the offenders. Further

to this, there is clear support for tobacco control at the highest levels in the government; specifically Ministry of Health and Attorney General's Office in in Mauritius. In Kenya the, support is not strong and penalties are not as severe and have left out certain areas of control not clearly defined. For example in Section 33, TCA, 2007, the "Street" is not classified as a public place. This deficiency on the part of this law has left enforcers with difficulties in enforcing the Act. There is need address this by expanding awareness and compliance in a bid to address the necessary changes on the Act. Drope (2011) adds that in the case of Mauritius, the tobacco control community is seeking to assess the successes and challenges of the recent regulatory changes, including the always demanding task of enforcement.

The KTSAC, 2010 report shows that stakeholder support is still not fully exploited in order to address the multifaceted tobacco menace. For example there is need to get Ministries such as that handling Youth, Education, Children, Finance and even Parliament (legislators) to more involved in the Tobacco Control.

Recent studies by WHO-MOH collaborations and civil society concerned with tobacco control has only looked at the TCA,2007 in general in relation to the Ministry of Health planned activities with more emphasis on the government`s role for policy making and developing regulations for tobacco control. For example, there has been a Report on the baseline carried out by the Kenya Tobacco Control Situational Analysis Consortium in 2008 and a Joint National Capacity Assessment on Implementation of effective Tobacco Control policies in Kenya, 2012.

However, there are gaps in literature on the level of compliance to the existing Tobacco Control Act, 2007. This leaves a gap in establishing how far the implementation of the Act has gone or what challenges have been faced. This study aimed at finding out the role played but the

Tobacco Control Board in ensuring compliance to the TCA, 2007 and as such contributes towards assessing the compliance achieved so far and any shortcoming that may have arisen in the process.

1.9 Conceptual Framework

Compliance is a term used in understanding the regulatory effectiveness. Compliance may mean two things namely: the extent to which the regulated community adheres to regulations and its reason for doing so, and secondly, the form of enforcement styles used by agencies to secure regulatory compliance (Amodu, 2008). These may be punitive strategies or more accommodative forms that include persuasion, education and provision of information. More often than not, many regulatory agencies have been found to use a combination of both styles.

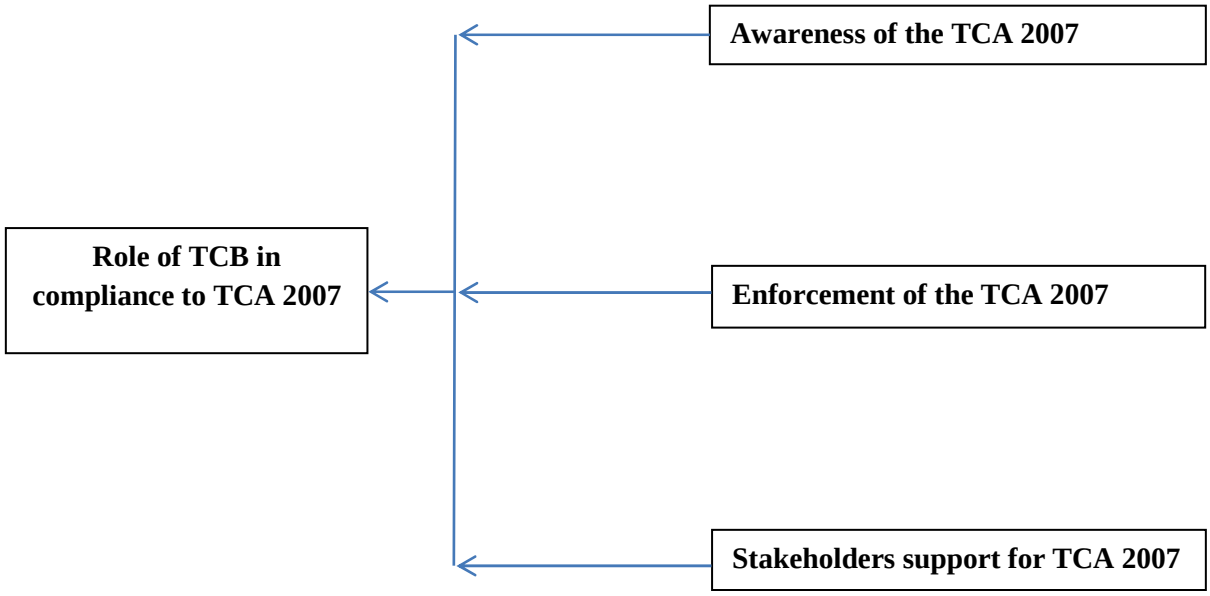
Compliance and enforcement strategies that are cost effective and set feasible goals, through the adoption of efficient and fair regulation are more likely to enhance compliance behaviour. Available literature on compliance seeks to describe and explain the nature of adherence to the regulatory rules or government objectives by those regulated. However, the design and structure of regulations, enforcement activities of its staff and regulatory environment, play a great role on how the compliance is understood.

In terms of the theoretical perspective, compliance can be viewed from two approaches. The first is that of the “Rational Actor” perspective where, the policy implication of this approach is that it is critical to get a structure of incentives and sanctions right and to monitor and enforce compliance is appropriately rewarded and non-compliance punished. However, the incentive structure must offer a level of flexibility to accommodate changes in behaviour and changing public objectives. The second approach is that of “Behavioral Economics” where the policy

maker and implementer are required to structure options in ways that will skew choices toward socially desirable outcomes. Behavioral economics approach also advocates for avoidance of too many or too numerous options that are complicated and people would easily default thus leading to status quo being retained and non-compliance being the norm. However, the two perspectives may not fully address all factors affecting compliance due to other underlying set of problems relating to resource, autonomy, information, and attitude and objectives (Amodu, 2008).

The role of ensuring compliance to the Tobacco Control Act 2007 by the Tobacco Control Board is the dependent variable. This is because compliance to the TCA, 2007, will depend on the awareness of the TCA, 2007, created by the TCB among the public, the level of enforcement of the TCA carried out by the Enforcement Officers and finally by the amount of support for ensuring compliance to the TCA, 2007 that the TCB has managed to marshal from the other stakeholders. In carrying out the study, the researcher looked out for whether the TCB has carried out public campaigns, developed Information Communication and Education (IEC) materials or what mass media strategies they may or may not have utilized in creating awareness of the TCA,2007. The study will also try and establish whether there are regulations for guiding the enforcement of TCA,2007, assess the capacity of the enforcement officers, if there is any coordinated mechanism for enforcement and what monitoring and evaluation systems at are in place. The researcher also investigated what level of sensitization for the stakeholders had been carried out, whether there waspartnership (such as public-private partnership) in ensuring compliance together with the level of resource mobilization from other stakeholders beyond the government.

Figure 1.1: Conceptual framework for the role of TCB in ensuring compliance to TCA, 2007.



DEPENDANT VARIABLEINDEPENDENT VARIABLES

Source: Research Proposal

1.10 Research Hypothesis

i) The higher the awareness levels of Tobacco Control Act, 2007 the more effectiveness the Tobacco Control Board is in ensuring compliance.

ii) The higher the enforcement levels of the Tobacco Control Act, 2007 by the TCB, the more effective the compliance to TCA, 2007.

iii) The stronger the stakeholders support to the Tobacco Control Board, the more effective the compliance to the Tobacco Control Act, 2007.

1.11 Methodology and Data Analysis

1.11.1 Introduction

This section explains how the research was executed. Specifically this section focused on study area, research design, sampling method, data collection and data analysis techniques.

1.11.2 Study Area

This study was carried out in Nairobi and Migori County. Nairobi County was chosen because it had stakeholders from the ministry of health, government and public institutions, tobacco control board members, civil society and tobacco control non-governmental agencies, in addition to enforcement officers from the county authorities, Kenya Police and members of the public. Nairobi has a longer experience in tobacco control activities. Migori County was chosen due its large number of tobacco farmers who represent the typical tobacco farmer in Kenya. This choice of the study area was selected to create a basis for reference in future similar studies in other counties outside the two chosen.

1.11.3 Study design

This was a descriptive study design that gathered information about the role played by the Tobacco Control Board in ensuring compliance with the Tobacco Control Act, 2007 in Kenya. The purpose of the study was determine what role in terms of awareness, enforcement and stakeholder support the Tobacco Control Board is playing in ensuring compliance to the Tobacco Control Act, 2007 in Kenya.

1.11.4 Sampling Method

This study applied the use of the purposive sampling technique to allow the researcher sample persons that have the required information with respect to the objective of this study. The common characteristicssuch as working in or with the health sector in implementing the TCA, 2007,being a stake holder and having knowledge of Tobacco Control, set the criteria for the selection of this sample population. The sample size chosen for this study was forty five (45), drawn from key stakeholders namely Ministry of Health, Enforcement Officials, Civil Society, Tobacco Control Board, Healthcare Institutions, Universities, Kenya Medical Research Institute, Tobacco Farmers from Migori County and the public(in Nairobi county). Each of these stake holders will provide five (5) respondents who would be randomly picked form each of the categories of the stake holders.These respondents were purposely selected due to their interaction with the Tobacco Control Act, 2007 and as such, form a strong base for answering the research questions that were presented to them.In addition, threekey informants from among the stakeholders were chosen to engaged in an in depth interview with the researcher.

1.11.5 Data Collection Techniques

This study used both primary and secondary data. The primary data was collected using a questionnaire (Appendix Three) thathad structured questions which were both open and close ended, together with selected in-depth interviews (Appendix Four) of the key stakeholdersand agencies involved in tobacco control. The questionnaires were administered through interviews with the respondents. The researcher also used observation especially where members of the public and tobacco farmers are concerned. This technique made it possible to obtain data required to meet specific objectives of the study.

Secondary data was drawn from tobacco control legal documents, journals, record of on-going tobacco control activities in Kenya, and stakeholders' reports. Key among these was WHO Publications and Ministry of Health publications on tobacco control.

1.11.6 Data Analysis techniques

Data obtained from the questionnaires and in-depth interviews was analyzed using both quantitative and qualitative analysis. Quantitative analysis involving descriptive statistics which enabled the researcher to describe distribution of scores, to give expected summary statistics of the variables being studied was used. This included graphic representation of frequency distribution such as graphs, histograms, bar charts and percentages. The use of inferential statistics procedures to test the hypothesis was also applied and more specifically the chi-square test for testing relationship between variables of the study. The use of the Statistical Package for Social Scientists (Version 17.0) was also applied.

Qualitative data analysis based on general statements on how categories or themes of data are related, was done using content analysis. It described broad classification of variables under study with regard to their relationship towards the role of the Tobacco Control Board in ensuring compliance to the Tobacco Control Act, 2007.

CHAPTER TWO

Historical Perspective of Tobacco Control in Kenya

2.1 Introduction

Since the introduction of tobacco in Kenya in 1907, there has been aggressive marketing and distribution of tobacco products by the tobacco industry, increased poverty in the tobacco growing areas in Bungoma, Kuria and Migori districts. Tobacco use is the largest single preventable cause of death and disease in the world today, 50% coming from the developing countries (*that is, one death every 6 seconds*).Tobacco related diseases kill over six million people every year globally (WHO Report, 2009). Majority of these deaths occur in low and middle income country including Kenya. Tobacco usage mainly includes smoking, chewing tobacco and sniffing tobacco. Tobacco smoking is a major risk factor for a range of disabling and fatal conditions including cardiovascular (coronary heart disease, stroke and peripheral vascular diseases), several cancers and lung diseases (asthma, chronic bronchitis and emphysema). It is estimated that by 2020, the death toll will reach 10milion people (WHO Report, 2010).

The prevalence of tobacco use in Kenya currently stands at 19% among men and 1% among women. The annual cost of treating loses as a result of tobacco is estimated at 6-15% of the total health care cost in Kenya (Maina, 2009). The cost of treating tobacco related illnesses and conditions globally is more than Kshs. 20 billion annually (WHO-Survey, 2010). Smoking is estimated to cause about 71% of lung cancer, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease and stroke. It is responsible for 12% of male deaths and 6% of female death in the world (WHO Survey, 2010). Approximately, 60% of patients treated in health

facilities in tobacco growing areas of Kenya suffer from tobacco related ailments (Situational Analysis Tobacco Control Kenya, 2010).

Tobacco related diseases and disabilities increases costs of healthcare to individuals, families, businesses and government. The increased cases of tobacco induced cancer, disability, chronic respiratory diseases and other diseases and their treatment places a high burden on the government budgetary allocation especially the health and other social sector (education, water, child support, aged and vulnerable groups) budgets. In addition, the money spent on tobacco consumption would have been spent on other gainful economic activities as well as household support. Furthermore, tobacco related diseases lead to low productivity, as the labour force affected has to seek medical care instead of engaging in productive work. There is also high absenteeism from work, which negatively impact on individual's output hence slowing economic growth.

Cultivation of tobacco involves use and application of various chemicals, pesticides and herbicides such as aldicarb, chlorpyrifos and methyl bromide, which are very toxic (Situational Analysis Tobacco Control Kenya, 2010). Once in the soil, these chemicals eventually end up into the rivers, which provide water for drinking and other domestic use, there is high water pollution. These chemicals and the tobacco plants lead the soil being more alkaline hence not suitable for planting other plant such as food crops. Tobacco curing process uses a lot of firewood, which increase demand for trees. This leads to deforestation, soil erosion and environmental degradation. Farmers are left prone to unfavorable weather conditions and low rainfalls consequently hunger and poverty, which cannot be compensated by the income, generated from tobacco farming. In addition, second hand smoke contributes significantly to air pollution, which has negative health impact.

Tobacco is not an ordinary product hence the need for comprehensive control measures formitigatingthe resultant negative health, social and economic impact. As a result of this, the government of Kenya signed and ratified the WHO Framework Convention on Tobacco Control (FCTC) in June 2004. This was then followed by the enactment of the Tobacco Control Act 2007, and consequent establishment of the Tobacco Control Board in July 2008. The Tobacco Control Act 2007, seeks to provide for measures to control the growing, production and manufacture, product standards and quality, packaging and labeling, sale, distribution, consumption, promotion and advertisement of tobacco and tobacco products and consequent health measures such as cessation, treatment and rehabilitation, information, awareness and promotion of health of all persons.

The object of the Tobacco Control Act, 2007 is to provide a legal framework for the control of production, manufacture, sale, labeling, advertising, promotion, sponsorship and use of tobacco products, including exposure to tobacco smoke. The functions of the Board is to oversee and advice the Minister concerned on: national policy with regard to production, manufacture and use of tobacco and tobacco products; performance of functions under the Act (such as permissible level of constituents of tobacco products, labeling, packaging and distribution of tobacco products); recommend and participate in the formulation of the regulations to be made under the Act.

However the “road” to achieving this enactment had numerous interference from Tobacco manufacturers (Industry) and political interests. According to Gor Sunguh, a former Member of Parliament, the tobacco industry players employed tactics to delay the legislative process parliament. Sunguh said, “The industry has tried to compromise members of Parliament, it has donated money to government, and this, I believe, is their way of ensuring that the pending

tobacco control bill will not survive before close of Parliament in 2006" (Machio, 2007). In fact, British American Tobacco Kenya Limited. (BATK), the largest cigarette manufacturer in East and Central Africa, and Mastermind Tobacco (Kenya) Limited.funded a retreat in 2006 for over 40 members of Parliament at an exclusive resort in Kenya's coastal city of Mombasa when the Health Ministry first introduced the tobacco control bill in Parliament. BATK also gave the government Ksh250, 000 (US$3,676) towards a presidential award scheme. This, according to Sunguh, was one way the tobacco companies are influencing government. The Tobacco Control Act, 2007 aims at curtailing this "deception" that the economy would suffer if the Industry was to adhere to the new law. This is very far from the truth because, according to Kenya National Tobacco Action Plan (2010-15), it is estimated that a country uses three dollars to mop tobacco related diseases for every dollar earned as tobacco revenue. Kenya collects approximately five billion shillings every year as tobacco revenue, it can therefore be estimated that the health sector uses fifteen billion shillings to mop tobacco related diseases in the country.

2.2 Laws Governing Tobacco Control in Kenya

As a country, Kenya has made steps to mitigate the negative effects use of tobacco. Several legal mechanisms have been put in place to ensure that the same are mitigated. Key among these laws is the Bill of Rights provided by the Constitution of Kenya, 2010 and the Tobacco Control Act, 2007. These laws form the basis upon which legislative structures the give birth to legal instruments of control of the harmful effects of tobacco products can be applied andensure that human dignity is upheld at all times and places with regard to human health and environment that we live in.

2.2.1 Kenya Constitution 2010

In the human rights realm, the constitution has given a new meaning to the fundamental human rights by expanding human rights to include human dignity, healthcare, consumer rights and the right to a clean environment, which cannot be limited by legislation.

The constitution in this regard is justified in taking steps to control use of tobacco for reasons that may be enumerated as follows. Firstly, use of tobacco causes the largest single preventable death and disease in the world today. Tobacco related diseases kill more than six million every year globally (WHO Report, 2009). Secondly, tobacco increases the risk of having a range of disabling and fatal conditions including cardiovascular attacks, coronary heart disease, cancer and asthma. Thirdly, tobacco use also affects reproductive health. Women who smoke are likely to have reduced fertility, menstrual problems and greater risk of miscarriage, premature labour, bearing low birth weight babies and experience complications in labour. Fourthly, children who are susceptible to second hand smoke are likely to suffer respiratory infections such as middle ear infections and pneumonia, asthma and Sudden Infant Death Syndrome (SIDS) in babies. Second hand smoke also increases school absenteeism and reduced performance in school children (NTCAP, 2010-2015).

In tobacco growing areas, there are a number of negative effects of tobacco. Tobacco growing is highly labour intensive and requires a lot of resources and land. Growing tobacco leaves very little space for other food crops needed by the families in the tobacco growing areas. This in effect has led to famine being experienced in tobacco growing areas. In addition, the earnings for tobacco are very low compared to the inputs. Furthermore, child labour and school drop-outs are common features in the tobacco growing areas. The curing of tobacco itself has also led to

deforestation, soil erosion and other environmental hazards. The curing plants (barns)have exposed farmers to tobacco smoke thus increasing chances of suffering from tobacco related diseases.

Because of the foregoing reasons, Kenya has taken steps to regulate the use of tobacco and reduce or mitigate the dangers of tobacco smoking not only to first hand smokers but also to the nonsmokers at home, in public places and other areas.

2.2.2 The Tobacco Control Act, 2007.

As part of the legal mechanisms to mitigate negative effects of tobacco use, Kenya has explored the use of regulatory framework for tobacco use in Kenya. This approach was taken after many attempts to mitigate through civil society and anti-tobacco “pressure groups” in the 1990`s.

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) was adopted by consensus by the WHO`s 192 member states on 21 May, 20003, and entered into force in February, 2005. To date, the treaty has 168 signatories and at total of 176 parties including Kenya which signed and ratified it on June 25, 2004. The convention and its articles aim to protect present and future generations form the devastating health, environmental and economic consequences of the tobacco consumption and exposure to tobacco smoke. It provides of tobacco control measures nationally, regionally and internationally. This treaty therefore provides a framework for negotiation on implementation or attainment of the objectives of the treaty by member states (WHO-FCTC, 2004).

In an effort to provide a mechanism for discharging its international obligations under the treaty, Kenya enacted the Tobacco Control Act, 2007. This Act domesticates the convention and

provides for tobacco control measures in Kenya. The Tobacco Control Act was passed by the Kenyan Parliament on 9 August, 2007 and assented into law by the President on 27 September, 2007. The Act provides a legal framework for the control of production, manufacture, sale, labeling, advertising, promotion, sponsorship and use of tobacco products including exposure to tobacco smoke (TCA, 2007).

The Act aims at protecting the health of the individual from debilitating illness, disease, disability and death. It also provides for protection of the health of children through informing, educating and communicating to the public the harmful health, environmental, economic and social consequences of growing, handling, exposure to and use of tobacco products.

In order to pursue the provisions of the TCA, 2007, the Tobacco Control Board (TCB) was formed as per the directions of the Act in Article 5 and given its functions and/or mandates under Article 6. The Tobacco Control Board is mandated to advice the Minister for Health on the National policy to be adopted with regard to the production, manufacture, sale, advertising, sponsorship and use of tobacco and tobacco products; advice the Minister on the exercise of his powers and the performance of under the Tobacco Control Act, 2007; advise the Minister on matters relating to the administration of the Fund and participate in formulation of the Tobacco Control Regulations as espoused in the Tobacco Control Act, 2007.This means that it also has the responsibility to oversee the tobacco control activities while advising the Minister accordingly.The establishment of the Tobacco Control Board (TCB) was expected to spearhead Tobacco Control in Kenya.

However, it has faced challenges in doing this especially its role with regard to ensuring compliance with the Tobacco Control Act, 2007.Therefore , it is necessary for study to be carried

out to find out whether the TCB has played its role in ensuring compliance to the TCA, 2007 as had been envisaged at inception. This study is aiming to find to what extend the TCB has played its role in ensuring compliance to TCA, 2007.

CHAPTER THREE

Study Findings

3.1 Introduction

One of the key roles that the Tobacco Control Board was expected to ensure in achieving its mandates in tobacco control in Kenya is ensuring compliance to the TCA, 2007 through creating awareness, enforcement of the Act and engaging stakeholder support for the TCA, 2007**.**In presentation of the study results, the general information of respondents, and the three variables under study have been presented inform of tables, graphs and narrative explaining the results. The findings and discussion have been presented based on the three main areas of the study namely: level of awareness of the Tobacco Control Act, 2007, enforcement to the Tobacco Control Act, 2007 and stakeholders support for the implementation of the Tobacco Control Act, 2007.

3.2 Level of Awareness of the Tobacco Control Act, 2007

Table 3.1: Which agency in the tobacco initiative do you work for?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tobacco Control Board	8	17.8	17.8	17.8
	Civil Society	7	15.6	15.6	33.3
	Enforcement Agency	9	20.0	20.0	53.3
	Research/College	9	20.0	20.0	73.3
	Tobacco Farmer	9	20.0	20.0	93.3
	Member of the public	3	6.7	6.7	100.0
	Total	45	100.0	100.0	

Source: Data from Research Study.

During this study on the role of the Tobacco Control Board in ensuring compliance to the Tobacco Control Act, 2007, respondents from the tobacco control agencies (both governmental and non-governmental), tobacco farmers and members of the public, were required to answer a questionnaire. The study was able to reach out to forty five (45) respondents. In addition the study had in-depth interviews with three key informants involved in tobacco Control.

Table 3.2: To what extent are you conversant with Tobacco Control Act, 2007

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not well	17	37.8	37.8	37.8
	Undecided	3	6.7	6.7	44.4
	Well	7	15.6	15.6	60.0
	Very well	9	20.0	20.0	80.0
	Extensively	9	20.0	20.0	100.0
	Total	45	100.0	100.0	

Source: Data from Research Study.

The results of the study as indicated by table 2 below, 55.6% of the respondents were conversant with the Tobacco Control Act, 2007. There were also 37.8% of the respondents who were not conversant with the Tobacco Control Act, 2007. It was also found out that 6.7% of all respondents were undecided on whether they were conversant with the Tobacco Control Act, 2007 .Thus from the results it can be argued that more than half (55.6%),the respondents were well conversant with the Tobacco Control Act, 2007.

The study inquired into the number of awareness programs organised by TCB, reasons influencing the level of awareness and whether it had been carried out sufficiently.

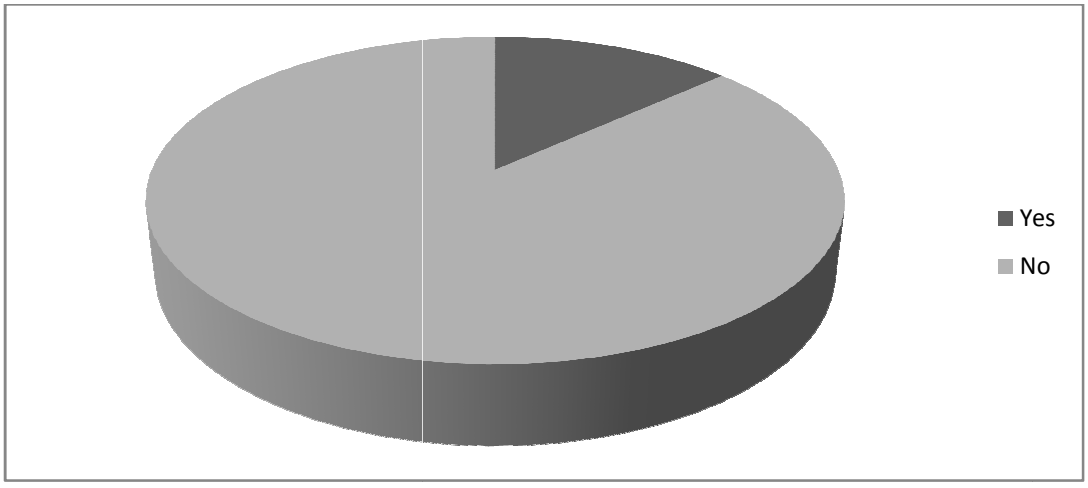
Table 3.3: How many TBC awareness programs have you attended in the past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One	9	20.0	20.5	20.5
	Two	4	8.9	9.1	29.5
	None	23	51.1	52.3	81.8
	More than two	8	17.8	18.2	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

In terms of awareness programs organized by the Tobacco Control Board, 51.1% of the respondents had not attended nor participated in any TCB organized programs over the past year. 17.8% had attended two or more programs, 8.9% had attended at least two and 20% had attended one awareness program organized by TCB, shown in table 3 below.

Figure 3.1: Has TCB created sufficient awareness of TCA, 2007 among stakeholders

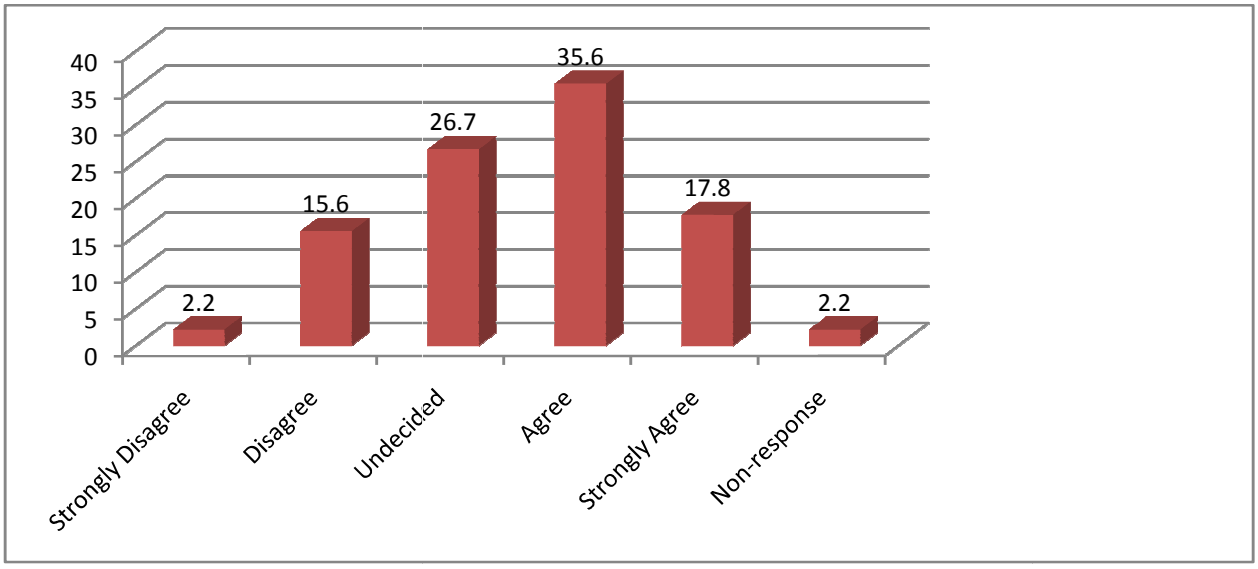


Source: Data from Research Study.

Majority of the respondents (86.7%) were of the opinion that the TCB has not created sufficient awareness of the Tobacco Control Act, 2007 amongst the public. Only 13.3% of the respondents felt that TCB had created sufficient awareness of the Tobacco Control Act 2007.The respondents, who stated NO, that the TCB had not created sufficient awareness, gave reasons ranging from poor publicity strategies, lack of visibility for the TCB, lack of resources and inactivity of the TCB. The respondents, who stated YES, gave reasons that they had at least participated in stakeholder meetings and programs organized by the Tobacco Control Board.

In rating the reasons provided as influencing the awareness level of the TCA, 2007, created by the TCB, respondents had to consider reasons ranging from government bureaucratic red-tape, lack of resources within TCB, poor coordination by the TCB and interference of the TCB by external interests (or forces).

Figure 3.2: Reasons influencing TCA, 2007 awareness: Government Bureaucratic red-tape



Source: Data from Research Study

It was found out that 53.4% of the respondents agree that government bureaucratic red-tape has contributed towards influencing awareness level of the Tobacco Control Act, 2007 within which the Tobacco Control Board operates. In contrast, 17.8% disagree that government bureaucratic red-tape has any influence on the awareness level that the TCB is expected to create. Therefore government bureaucratic red-tape may be considered as an influence in the way the awareness of the TCA,2007 is being conducted.

Table 3.4: Reasons influencing TCA, 2007 awareness: Lack of resources in the TCB

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	4	8.9	9.1	9.1
	Disagree	10	22.2	22.7	31.8
	Undecided	7	15.6	15.9	47.7
	Agree	12	26.7	27.3	75.0
	Strongly Agree	11	24.4	25.0	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

From the results (table 3.4) on the question of whether lack of resources at the TCB had influenced the level of awareness of the TCA, 2007, by the TCB, 51.1% were in agreement while 31.1% were in disagreement with the statement. It is also worth noting that 15.6% were undecided on the statement. This means that half the number of respondents agrees that the ability of the TCB to create awareness is influenced by the lack of resources within the TCB. This lack of resources (especially financial) is confirmed by one of the key informants from the Ministry of Health who admits that there is no budgetary allocation to the TCB from the government as has been provided for by the TCA, 2007.

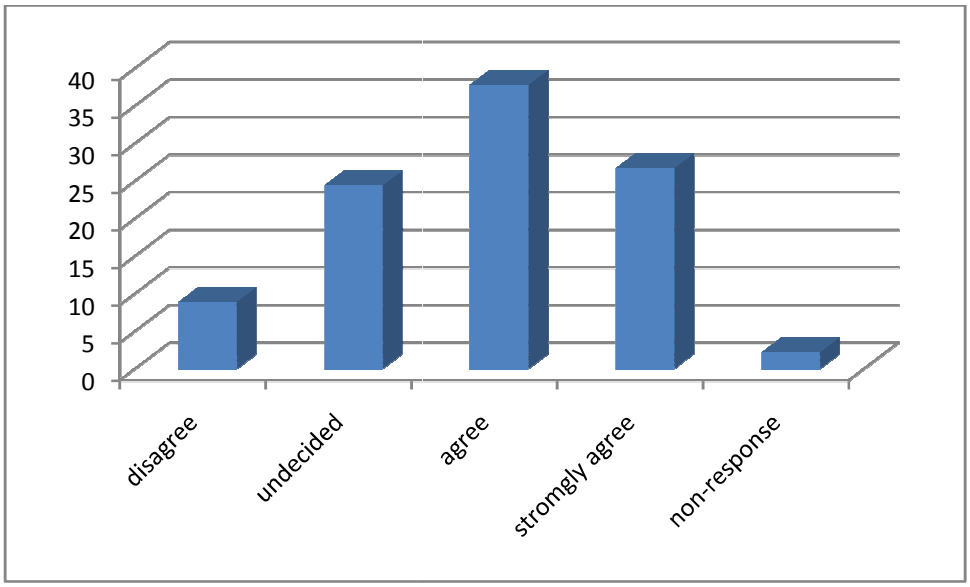
Table 3.5: Reasons influencing TCA, 2007 awareness: Poor coordination by the TCB

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	6.7	6.8	6.8
	Disagree	5	11.1	11.4	18.2
	Undecided	8	17.8	18.2	36.4
	Agree	17	37.8	38.6	75.0
	Strongly Agree	11	24.4	25.0	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

The study found out that a as many as 62.2% of the respondents agreed that the Tobacco Control Board poor coordination structures for the providing awareness of the Tobacco Control Act, 2007 to the public and stakeholders. Only 17.8% disagreed that the TCB had a poor coordination mechanism for creating awareness of the Tobacco Control Act, 2007.The was also a group of respondents, 17.8% who were undecided on whether that TCB had a good or poor mechanism for coordination of the awareness for the Tobacco Control Act, 2007. This finding therefore indicates that a big proportion of the respondents (62.2%), feel that the Tobacco Control board has a poor coordination mechanism for creating and influencing a greater level of awareness of the Tobacco Control Act, 2007. Further inquiry from key informants interviewed indicated that the TCB the medium so far used by the TCB to create awareness was insufficient without clear structures for coordinating awareness campaigns. The TCB had not fully utilized mass media and health education fora to advocate for tobacco control. Thus the outcome of this has been the poor advocacy programs resulting in the current low awareness level.

Figure 3.3: Reasons influencing TCA, 2007 awareness: Influence by external interests/forces



Source: Data from Research Study.

One of the reasons to which respondents had to rate as influencing the awareness level of the TCA, 2007 crated by the TCB was that of interference by the TCB by external interests/forces.

The results show that reason influencing the awareness level of the TCA, 2007 created by the TCB had to some extent been affected by interference by the TCB by external interests/forces. This because, 64.5% of the respondents agree with the statement, while 8.9% disagrees with 24.4% undecided on the statement.

3.3Enforcement of the Tobacco Control Act, 2007, by the Tobacco Control Board

This study was also inquiring on the role played by the Tobacco Control board in the enforcement of the TCA, 2007.The respondents were required to rate the TCB`s role in the various areas of enforcement according to their experience and/or observation of the TCB in this regard. In terms of enforcement, the reasons considered for rating were: creation of non-smoking areas in public places, recommending the appropriate packaging and labeling of Tobacco

products, prohibition advertising, promotion and sponsorship through Tobacco products. In addition, the study was also rating of the TCB in terms of ensuring public participation in Tobacco Control and introduction of alternative crops to replace Tobacco. The rating was form very high, high, undecided, low and very low

Table 3.6: How do you rate: Creation of non-smoking areas in public spaces

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very low	2	4.4	4.5	4.5
	Low	8	17.8	18.2	22.7
	Undecided	6	13.3	13.6	36.4
	High	19	42.2	43.2	79.5
	Very High	9	20.0	20.5	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

From the results, 62.2% of the respondents rated the TCB as scoring high in the creation of non-smoking areas in public places. There were22.2 %of the respondents who rated the TCB as low performing in the enforcement of the nonsmoking areas in public places. There was a group of 13.3% of the respondents who were undecided on the role of the TCB in enforcement of the nonsmoking areas in public places. The results are indicative of the outcome that a bigger proportion of the respondents (62.2%) rate the TCB as performing well in enforcement of the non-smoking areas in public places. This is corroborated by the key informants, who argues that enforcement of the Act, even among professionals like Health Workers, has been difficult because of lack of the regulations to effect TCA, 2007.The other challenge is effecting non-smoking within households where children and other non-smokers in the family.

Table 3.7: How do you rate the appropriate packaging and labeling of Tobacco Products?

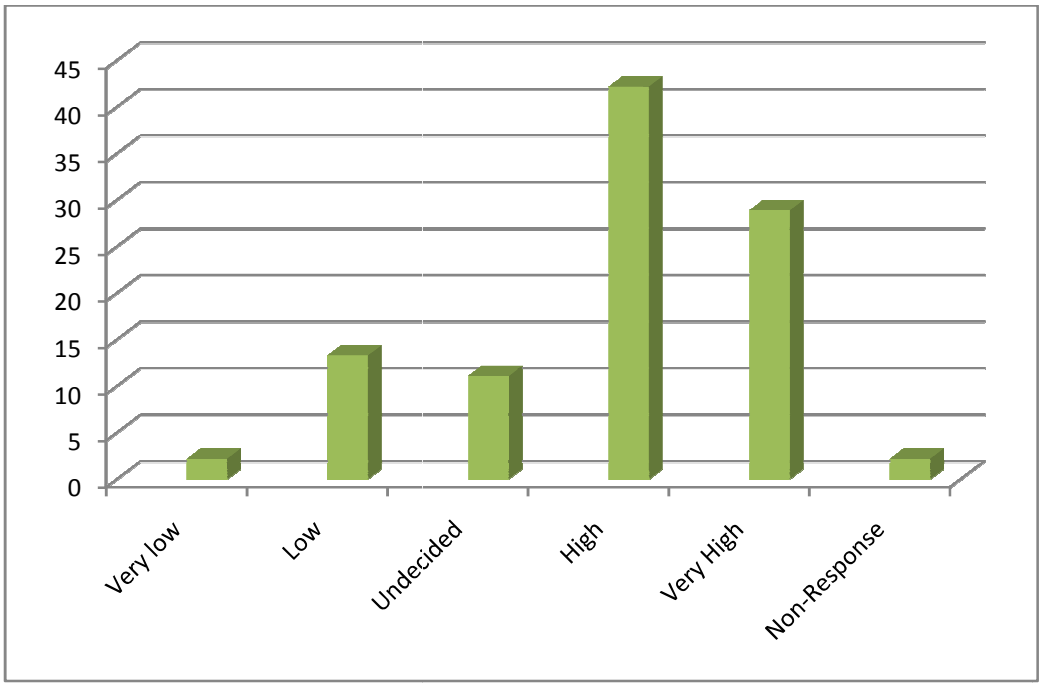
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	5	11.1	11.4	11.4
	Undecided	7	15.6	15.9	27.3
	High	18	40.0	40.9	68.2
	Very High	14	31.1	31.8	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

In terms of the enforcement for the appropriate packaging and labeling of tobacco products, 71.1% rated the TCB high, while 11.1% rated them as low (as shown on table 3.7 below). However, 15.6% were undecided on what rating to give the TCB. The finding therefore shows that as many as 71.1% of the respondents have rated the TCB highly, with 40% rating them very highly in ensuring the enforcement of appropriate packaging and labeling of tobacco products. Hence a majority of 71.1% highly rate the TCB in enforcement of the appropriate packaging and labeling of tobacco products.

On further inquiry, respondents who rated the packaging and labeling of tobacco products as low felt that the current packaging had not taken into account the issue of pictorial warnings. The pictorial warnings are major component of tobacco control and clearly entrenched in the TCA, 2007. The Ministry of health key informant stated that the pictorial warnings were part of the regulations that were to be released before the end of 2013. Thus even in areas of control that seem straight forward, like pictorial warnings, the regulations for the TCA, 2007 are required to enforce tobacco control.

Figure3.4: Prohibition of advertising, promotion and sponsorship by Tobacco Products.



Source: Data from Research Study.

According to the results on figure 3.4, 42.2% respondents rated the TCB`s role on prohibition advertising, promotion and sponsorship through tobacco products as high, with 28.9% rating them as very high. There was however a 13.3% and 2.2% low and very low respectively, rating given by the respondents. Therefore it can be stated from the results that as much 71.1% of the respondents rated the TCB`s role on prohibition advertising, promotion and sponsorship through tobacco products as high. There is good enforcement of the prohibition aspect of tobacco control as indicated by the high rating of 71.1% of the respondents. However, the civil society argues that the industry can use situation such as education sponsorship, building projects and donation of goods and services to market their tobacco products. Thus, the TCB requires to be "hawk-eyed" in ensuring that they follow up on the tobacco industry`s advertising, promotion and sponsorship that can be easily disguised.

Table 3.8: Rating of TCB ensuring public participation in Tobacco control.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very low	9	20.0	20.5	20.5
	Low	20	44.4	45.5	65.9
	Undecided	7	15.6	15.9	81.8
	High	2	4.4	4.5	86.4
	Very High	6	13.3	13.6	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

During this study, it was found out that 44.4% of the respondents had rated the TCB`s effort for ensuring public participation in tobacco control as low, with a further 20% rating them as very low. Only 13.3% had rated their effort to ensure public participation in tobacco control as very high, with 4.4 % rating them as high. 15.6% were undecided in the response to the question. This means that 64.4% of the respondents have indicated their low rating for the TCB in as far as ensuring public participation in tobacco control is achieve compared to the minimal 4.4% who observe that the TCB has done well. However there was a 15.6% respondent that could not clearly give their position and 2.2% non-response to the question. This is an indicator that there is little stakeholder participation in ensuring that there is compliance to the tobacco Control Act, 2007.

Further interviews indicated that there was little or lack thereof for public participation especially for the youth and children in tobacco control initiative. The TCB was not involving the larger public in its programs and therefore the public knew very little about the TCA, 2007 and the agency assigned to ensure the implementation of this Act.

Table 3.9:Rating of TCB in Introduction of alternative crops to Tobacco

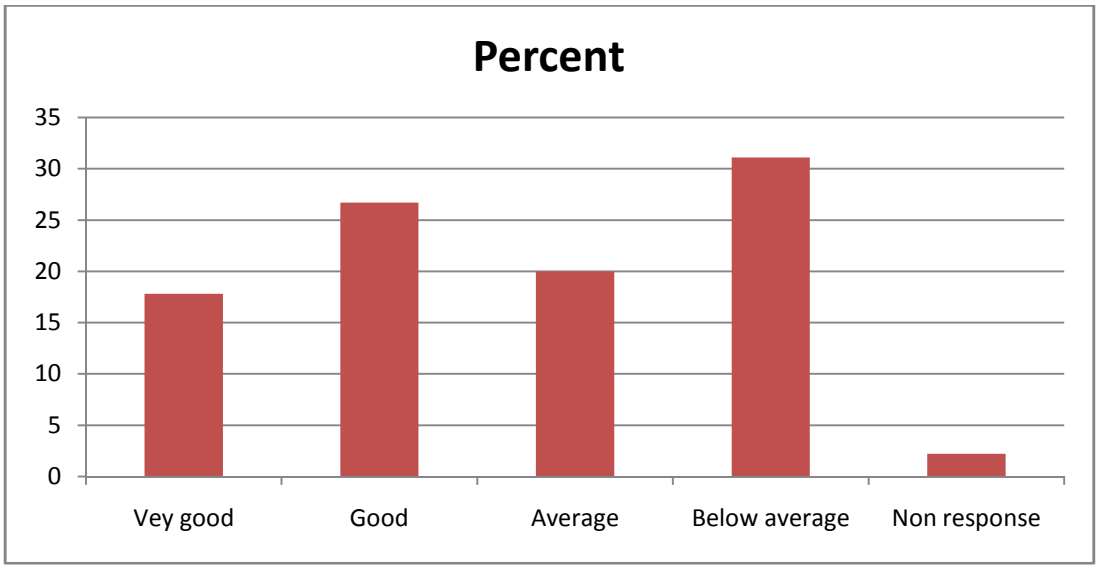
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very low	28	62.2	63.6	63.6
	Low	9	20.0	20.5	84.1
	Undecided	5	11.1	11.4	95.5
	High	1	2.2	2.3	97.7
	Very High	1	2.2	2.3	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

Many of the respondents 62.2% rated the role of the TCB in introduction of alternative crops to replace tobacco as very low and a further 20% rated them low for the same. Only 2.2% rated the TCB as high and another 2.2% rated the TCB very high in terms of introduction of alternative crops to replace tobacco. Thus, it is evident that 82.2% of the respondents have an opinion that the TCB has done little in ensuring the introduction of alternative crops to replace tobacco as a means for ensuring that the tobacco farmers had been empowered enough to get and alternative source of income away for the tobacco crop.

The high figure of the respondents which that stated the TCB was not active in pursuing introduction of alternative crops to tobacco is an indicator to the disappointment the farmers have with the TCB with regard to the issue of little or no initiative towards having the alternative crops to tobacco. Many farmers felt that there was a disconnect(lack of coordination) between the TCB, who were trying to ensure control of growing the tobacco leaf and the Ministry of Agriculture who are responsible for introducing alternative crops to tobacco.

Figure 3.5: Rating TCA, 2007 as a means of ensuring enforcement towards Tobacco Control.



Source: Data from Research Study.

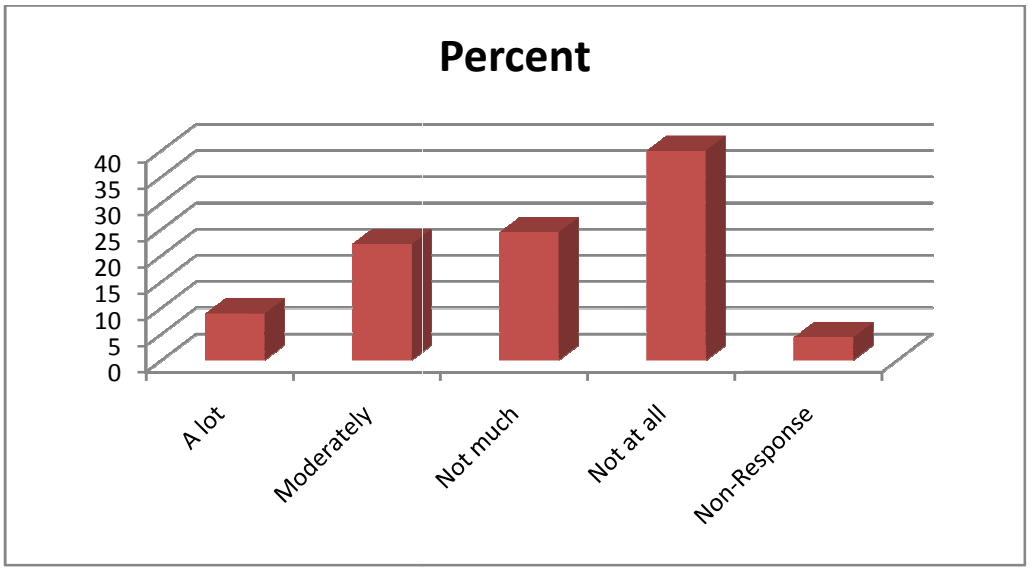
In assess the suitability of the TCA, 2007 towards ensuring enforcement of tobacco control,

17.8% said that it was very good, 26.7 % said it was good, 20% said it was average while 31.1% said it was below average (as indicated figure 6). This meant that 44.5% had rated the TCA, 2007 to be good, 31.1% as average and another 24.4% rated it below average (poor), in terms of suitability towards ensuring tobacco control.

3.4Stake Holder Support for Tobacco Control Polices being enforced by the Tobacco Control Board

This study was also keen on finding out to what extent the stake holders were involved in supporting the Tobacco Control Board in ensuring compliance to the tobacco Control act, 2007.the study carried out inquiry on level of stakeholders' involvement and collaboration in ensuring compliance.

Figure 3.6: Level the TCB has involved other your agencies in ensuring compliance.



Source: Data from Research Study.

During the study it was found out that 40% of the stakeholders and/or agencies were not at all involved, 24.4% were not much involved, and 22.2% were moderately involved while only 8.9% had been quite involved by the TCB in ensuring compliance to the TCA, 2007. This indicates that as many as 64.4% of respondents (stakeholders) had little or no involvement by the TCB in ensuring compliance to the TCA, 2007. However 31.1% of the respondents had moderate to a lot of involvement by the TCB in ensuring compliance to the TCA, 2007.

The indication of non-involvement (64.4%) may explain the poor participation by stakeholders in ensuring that there is a higher level of compliance to the TCA, 2007. The 31.1% respondents that indicate a certain level of involvement of stakeholders is low if the TCB is keen on ensuring that there is a higher level of compliance to the TCA, 2007. Some of the interviewees indicated that since the establishment of the TCB in 2008, they had not been involved in any stakeholders meetings to discuss tobacco control policies despite them being regarded as stakeholders.

Table 3.10: Agency with least contribution towards ensuring compliance of the TCA, 2007

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ministry of Health	10	22.2	28.6	28.6
	Tobacco Control Board	21	46.7	60.0	88.6
	Non-Governmental Agencies	4	8.9	11.4	100.0
	Total	35	77.8	100.0	
Missing	99	9	20.0		
	System	1	2.2		
	Total	10	22.2		
Total		45	100.0		

Source: Data from Research Study.

When respondents were asked to give their opinion as to which agency or government department had lest contributed to ensuring compliance to the implementation of the Tobacco Control Act, 2007, they gave the following responses. 46.7% of the respondents felt that the TCB was the agency that played the least role in ensuring compliance to the TCA, 2007 while 22.2% expressed that it was the Ministry of Health that had least contributed to ensuring compliance to the implementation of the TCA, 2007. Another 8.9 % was of the opinion that the Non-Governmental organizations had least contributed to ensuring compliance to the implementation of the TCA, 2007, while 2.25% thought it was the system itself.

However, there was a non-response of 20% .thus, this indicated that the agency that many respondents felt had done very little towards contributing to ensuring compliance to the implementation of the TCA, 2007, was the TCB. Further interviews reveal that many stakeholders feel that the current status of TCB and related departments in the Ministry of Health requires to be revised to ensure that there is clearly defined roles coordination mechanisms with structures that have a multi-sectoral/agency approach for tobacco control.

Table 3.11: Rating involvement of stakeholders in ensuring compliance.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	23	51.1	52.3	52.3
	Average	12	26.7	27.3	79.5
	Good	9	20.0	20.5	100.0
	Total	44	97.8	100.0	
Missing	99	1	2.2		
Total		45	100.0		

Source: Data from Research Study.

In rating the performance of the TCB with regard to involving stakeholders in ensuring compliance to the TCA, 2007, the respondents were required to rate the TCB`s role in involving stake holders on a scale of poor, average, good or very good. From the results, it was found out that 51.1% rated the performance of the TCB in terms of involving stakeholders in ensuring compliance to the TCA, 2007 as poor while 26.7% rated the TCB at average. Only 20% of the respondents rated the TCB`s performance of the TCB in terms of involving stakeholders in ensuring compliance to the TCA, 2007 as good.

3.5 Collaborations and challenges faced in ensuring compliance to TCA, 2007.

During the study, the respondents were asked to state which areas of collaboration in ensuring compliance to the TCA, 2007 that they would like stakeholders to be involved. The respondents listed the following areas of collaborations involving stakeholders as follows: advocacy and awareness, capacity building and training, cessation services, enforcement, alternative crops public private partnerships, funding/financing, environmental conservation, health education and multi-sectoral collaboration.

When asked what challenges they had faced in meeting the required compliance levels for implementation of the TCA, 2007, respondents stated that their challenges ranged from poor coordination of tobacco control by the TCB, inadequate resources, conflict among government agencies, lack of awareness, poor information dissemination, low commitment by the state, lack of capacity and corruption. According to the respondents, these challenges had interfered with the implementation of the TCA, 2007 and as a consequence, the level of compliance.

The respondents also had a chance to provide suggestions that they thought would improve compliance with the TCA, 2007. The respondents suggested measures of improvement that included carrying out more awareness campaigns, alternative crops to tobacco, ensuring adequate funding for TCB creation of cessation services at the grass root levels multi-sectoral approach to tobacco control and involvement of all stake holders in carrying out tobacco control in Kenya.

3.6Relationship (Chi-square test of association) of the variables under study.

In addition to the descriptive statistics carried out during this study, the researcher also conducted a inferential statistics by applying the chi-square test on the three variables in relation to compliance(awareness, enforcement and stakeholder involvement) and testing the three hypotheses, that is; i) the higher the awareness levels of Tobacco Control Act, 2007 the more effectiveness the Tobacco Control Board is in ensuring compliance ii) the higher the enforcement levels of the Tobacco Control Act, 2007 by the TCB, the more effective the compliance to the TCA, 2007 and iii) the stronger the stakeholders support to the Tobacco Control Board, the more effective the compliance to the Tobacco Control Act, 2007.

Table 3.12: Chi-square Test of associations

Independent variables	**Dependent Variable (performance of the Tobacco Control Board in ensuring compliance with the Tobacco Control Act 2007)**			
	Chi-square Test value	d.f.	p-value	Statistical significance
Awareness	3.242	1	0.72	Not significant
Enforcement	12.302	1	0.00	Significant
Stakeholder	5.895	2	0.05	Significant

Source: Data from Research Study.

The finding for the hypotheses test was that:

i. Awareness level is not statistically significant in effective by the TCA in ensuring compliance.
ii. Enforcement and stakeholder support were statistically significant in the effective compliance in the TCA.

Therefore, from the hypotheses testing and point of view of statistical significance, there is no relation between awareness and compliance. It is not true that the awareness level created by the TCB is directly associated with the level of compliance expected of the respondents. However, there is a relation between the enforcement level and compliance meaning that the level of enforcement has a very high effect on ensuring compliance to the TCA, 2007. The results also show that the level of involvement of stakeholders by the TCB does affect the level of compliance to the TCA, 2007 quite significantly.

Despite the challenges currently experienced, the interviewees gave their suggestions on how to improve the compliance to the TCA, 2007 through the TCB. The interviewees pointed out the need to carry out more tobacco problem-specific advocacy campaigns country wide to inform the populace on the dangers of use of tobacco products. It was also suggested that a proper inter agency coordination and enforcement mechanism should be developed and implemented at national and county levels. The interviewees also stated the importance of involving all stakeholders in activities of the TCB with regard to tobacco control at all levels. This would capture a larger population and ensure a higher level of compliance to the TCA,2007 than is currently being experienced.

3.7 Discussion

The Tobacco Control Act, 2007 intended to address the tobacco epidemic through the setting up of the Tobacco Control Board. One of the key roles that the Tobacco Control Board was expected to ensure in achieving its mandates in tobacco control in Kenya is ensuring compliance to the TCA, 2007 through creating awareness, enforcement of the Act and engaging stakeholder support for the TCA, 2007

During this study on the role of the Tobacco Control Board in ensuring compliance to the Tobacco Control Act, 2007, respondents from the tobacco control agencies (both governmental and non-governmental), tobacco farmers and members of the public, were interviewed. In addition there were in-depth interviews with key informants in tobacco control in order to get a deeper inquiry on the three variables under study.

3.7.1 Level of awareness of TCA, 2007

The level of awareness of the TCA, 2007 is a key component in understanding and ensuring compliance to the Act. The results show that 87.7% of those interviewed state that the TCB has not created sufficient awareness to the stakeholders and public. This means that the low level of awareness has to a large contributed to the current level of non-compliance to the TCA, 2007 being experienced in Kenya. This is corroborated by the in-depth interviews where the key informants stated that the law TCA, 2007 as is on paper is yet to be advocated for in terms of information, education and communication material. They felt that the TCB lacked a structured intent or mechanism for delivering the awareness programs thus leaving out a large proportion of the targeted population and even some of the stakeholders with little or no knowledge of the tobacco control initiative.

In tobacco control, effective advocacy is vital has to be learned and set backs have to be turned into victories through continuous advocacy (Beyer J. et al, 2003). As such results from this study have pointed a “grim” picture of the existing awareness creation that is as low as 13.3% and quick intervention if required as expressed in the suggestions for the respondents. Despite the statistics showing that there is no significant relation between awareness and compliance, the descriptive statistics indicate that there is need for more awareness campaigns to further enhance the current level of awareness. Continuous advocacy is necessary.

3.7.2 Level of enforcement of TCA, 2007

In terms of enforcement, the reasons considered for rating were: creation of non-smoking areas in public places, recommending the appropriate packaging and labeling of Tobacco products, prohibition advertising, promotion and sponsorship through Tobacco products. In addition, the

study was also rating of the TCB in terms of ensuring public participation in Tobacco Control and introduction of alternative crops to replace Tobacco. The rating was raging from very high, high, undecided, low and very low.

The TCB was rated 62.5% highly effective in enforcing the creation of non-smoking areas in public and 71,1% highly for enforcement of appropriate packaging and labeling, with a high of 71.1% for enforcement of prohibition of advertising, promotion and sponsorship through tobacco products. However, 65.9% rated the TCB as low in terms ensuring public participation in tobacco control. The implementation and compliance of the TCA, 2007 has also been hindered by lack of regulations for enforcement. Beyer J. *et al* (2003) contends that legislation must be coupled with strong attention to implementation and enforcement. This can be a greater challenge than getting the legislation through with its teeth intact. He further states that often, legislation is only a first step, and regulations or further actions are required before provisions can be implemented and take effect.

The lack of proper administrative structure has to a great extent hampered the realization of this aspect of the implementation. The poor coordination mechanism as stated in the in-depth interviews and the low commitment by the government all have contributed to the level of enforcement currently being experienced in Kenya. As stated in the interviews, the level of cigarette smoking is still not decreasing even among professionals at all levels. Salojee (2007) argues that the real test of the effectiveness of a government tobacco control programme is in the decline of cigarette smoking even after enactment of the tobacco control legislation. From the interview with the representative of the research and universities institutions, the decline has

apparently not happened. Thus it is true that the higher the enforcement levels of the Tobacco Control Act, 2007 by the TCB, the more effective the compliance, to TCA, 2007.

3.7.3 Stakeholder involvement in implementation of TCA, 2007.

This study was also keen on finding out to what extent the stake holders were involved in supporting the Tobacco Control Board in ensuring compliance to the tobacco Control act, 2007.The study carried out inquiry on level of stakeholders' involvement and collaboration in ensuring compliance to establish the participative role given to the stakeholders by TCB.

During the study it was found out that 40% of the stakeholders and/or agencies were not at all involved, 24.4% were not much involved, and 22.2% were moderately involved while only 8.9% had been quite involved by the TCB in ensuring compliance to the TCA, 2007. This indicates that as many as 64.4% of respondents (stakeholders) had little or no involvement by the TCB in ensuring compliance to the TCA, 2007. However 31.1% of the respondents had moderate to a lot of involvement by the TCB in ensuring compliance to the TCA, 2007. Thus it is very difficult for the stakeholders to really put their position known on the compliance.

Table 3.11 (above) gives a rating that indicates why the TCB has not been able to carry out the compliance as a result of low stake holder involvement. The results indicate that 52.3% rate the TCB involvement of stakeholders as poor. 27.3% as average and only 20.5% rate them as good.
The in-depth interview revealed that the there was little or in some cases no stakeholder involvement in ensuring compliance to the TCA, 2007. The interviewees from the research and university institutions indicated that they were not being consulted by the TCB in tobacco control as is required. The only time one of them was involved was during the stakeholders meeting held

to discuss the tobacco control policy. They argue that over the five years the TCB has been in existence, they had not seen the TCB keen in involving them in tobacco control. According to Drope (2011), the various actors and institutions play a role in influencing and shaping tobacco control policy ranging from individuals, politicians, civil society and other stakeholders. This is the model one of the regional leaders in tobacco control Mauritius has adopted. in contrast, the Kenya situation reads differently. Hence we can argue that there is a significant relationship between compliance and stakeholder involvement in implementing the TCA,2007.

CHAPTER FOUR

Summary, Conclusions and Recommendations

4.1 Introduction:

Tobacco use is the world's leading cause of preventable death. More than 6.3 million people die prematurely from tobacco-related diseases-more than from AIDS, tuberculosis, and malaria combined each year. If current trends continue, tobacco will cause 8 million deaths a year by 2030. Majority of these deaths occur in low and middle income countries such as Kenya. The prevalence of tobacco use in Kenya currently stands at 19% among men and 1% among women. The annual cost of treating loses as a result of tobacco is estimated at 6-15% of the total health care cost in Kenya.

The Tobacco Control Act, 2007 was intended to address the tobacco epidemic through the setting up of the Tobacco Control Board .One of the key roles that the Tobacco Control Board in Kenya is to ensure compliance to the TCA, 2007 through creating awareness, enforcement of the Act and engaging stakeholder support for the TCA, 2007. The summary of results and conclusions as presented in this study is intended to provide information on whether the study objectives and related hypothesis were true in informing the TCB on their role in ensuring compliance to the TCA, 2007.

4.2 Summary

This study was carried out to assess the role played by the Tobacco Control Board in ensuring compliance to the Tobacco Control Act, 2007, in terms of creating awareness, ensuring enforcement and involvement of stake holders. The results of this study show that 87.7% of those interviewed state that the TCB has not created sufficient awareness to the stakeholders and

public. This means that the low level of awareness has to a large extent contributed to the current level of non-compliance to the TCA, 2007 being experienced in Kenya. Despite the statistics showing that there is no significant relation between awareness and compliance, the descriptive statistics indicate that there is need for more awareness campaigns to further enhance the current level of awareness. Continuous advocacy is for the TCA, 2007is important.

Results show that 62.2% respondents feel that the Tobacco Control Board has a poor coordination mechanism for creating and influencing a greater level of awareness of the Tobacco Control Act, 2007.The lack of proper administrative structures has hampered the implementation of the TCA, 2007. The poor coordination mechanism (as stated in the in-depth interviews) and the low level of commitment from the government have contributed to the poor enforcement currently experienced in Kenya.

From the results, it was found out that 51.1% rated the performance of the TCB in terms of involving stakeholders in ensuring compliance to the TCA, 2007 as poor, while 26.7% rated the TCB at average. The results indicate that the low level of stakeholders' involvement by the TCB has affected compliance to the TCA, 2007 quite significantly. This is the reason why the TCB has not been able achieve the desired compliance levels as a result of low stake holder involvement.

In addition, the fact that the enactment of the TCA, 2007 came before the development of the tobacco control policy, has also contributed to the poor coordination mechanism. This inverted policy formulation approach and enactment of the law before the policy, goes against the proper policy making process and leads to confusion. This explains the poor participation which has inhibited implementation of the Act. The lack of regulations to enforce the Act have also

contributed to the poor implementation currently experienced by the TCB in ensuring compliance to the TCA, 2007.The release of regulations have been delayed despite assurance by TCB members that they are about to be released any time soon.

Despite the challenges currently experienced, there are suggestions on how to improve the compliance to the TCA, 2007 through the TCB. One of the ways is by carrying out more tobacco problem-specific advocacy campaigns throughout the country to inform the populace on the dangers of tobacco products. It is necessary to set up a proper inter agency coordination mechanism for enforcement of the TCA, 2007 at national and county levels. The TCB should involve all stakeholders in its activities geared towards tobacco control. This will ensure coverage of a larger population and a higher level of compliance.

4.3 Conclusions

This study was undertaken to find out whether compliance to the TCA, 2007 had any relationship with the awareness level, enforcement of the Act and stakeholder involvement.

Inferential statistics that applied the use of chi-square test was carried out on the three variables (awareness, enforcement and stakeholder involvement) in relation to compliance. From the hypotheses testing and point of view of statistical significance, there is no relation between awareness and compliance. It is not true that the awareness level created by the TCB is directly associated with the level of compliance expected of the respondents. However, there is a relation between the enforcement level and compliance meaning that the level of enforcement has a very high effect on ensuring compliance to the TCA, 2007. The results also show that the level of involvement of stakeholders by the TCB does affect the level of compliance to the TCA, 2007 quite significantly.

The “Rational Actor” theoretical perspective with regard to compliance which contends that it is critical to get a structure of incentives and sanctions right, and monitor the enforcement of compliance to promote change in behaviour is vital. Based on the results of the study, the poor enforcement structure and coordination has not fully achieved the desired behaviour change as expected. Thus it is true that the higher the enforcement levels of the Tobacco Control Act, 2007 by the TCB, the more effective the compliance, to TCA, 2007.

The second approach, “Behavioral Economics”, advocates for policy maker and implementer (all stakeholders) to structure options in ways that will skew choices toward socially desirable outcomes. The results of the study and testing of the hypothesis on stakeholder involvement indicate statistical significance in terms of relationship to compliance. Therefore, it is true that the stronger the stakeholders support to the Tobacco Control Board, the more effective the compliance to the Tobacco Control Act, 2007. The little or lack of involvement for the stakeholders has contributed to having no desired impact of the TCA, 2007 which directly affect the implementation of the Act.

4.4 Recommendations

The following are recommendations from the study:

1. Increase awareness the public, using appropriate channels of communication adjusted to the local communities.
2. The tobacco control fund created by the Tobacco Control Act, 2007 should be operationalized and the Ministry of Health should establish a dedicated budget line for control activities.

3. Establishment of a clear coordination mechanism ensuring a smooth and coordinated enforcement of tobacco control at all levels of governance
4. Increase participation of stakeholders through muti-sectoral approach (including public private partnership) in tobacco control.

4.5 Suggested areas for further studies in Tobacco Control

From this study, some of the areas that have emerged as areas for future studies on tobacco control in Kenya are as follows:

i) Assessing economic value of introduction of alternative crops to replace Tobacco

ii) Impact of TCA,2007 in reducing the population of the new smokers

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Appendix One

Budget

	ITEM	AMOUNT (Kshs.)
Stationery		
1	Printing Paper	**15,000**
2	Pens	**2,000**
3	Pencils	**1,000**
4	Pocket Folders	**4,500**
5	Short Hand /Field Note Books	**2,500**
	Sub Total	**25,000**
Printing and related materials/ services		
6	Printing and Photocopying	**20,000**
7	Printing of Research Reports	**15,000**
8	Binding of Research Report(s)	**12,500**
	Sub total	**47,500**
Research Personnel		
9	Allowance for Data collection Clerks (2 No.)	**25,000**
10	Transport	**15,000**
	Sub total	**40,000**
Travel Expenses		
11	Return journey to Migori(Kuria) @ Kshs. 4000 for 2 Persons	**8,000**
12	Living Expenses in Migori @ Kshs. 2000/day for 4 days x 2 persons	**16,000**
	Sub Total	**24,000**
13	Contingencies	**13,650**
	TOTAL	**150,150**

Appendix Two

Time Schedule

	Activity	**28/6/2013**	**28/6/2013 To 10/7/2013**	**10/7/2013 To 15/7/2013**	**16/7/2013 To 22//7/2013**	**23/7/2013 To 10/8/2013**	**23/8/2013**
1	Proposal defense/approval	X					
2	Data collection		X				
3	Data entry & analysis			X			
4	Report Writing				X		
5	Corrections and presentation of Final Report					X	
6	Defense of project paper						X

Appendix Three

QUESTIONNAIRE

Title: The role of the Tobacco Control Board in ensuring compliance with the Tobacco Control Act, 2007 in Kenya.

Instructions: These questions are in three sections. Please put an "X" in the provided options in each question according to your preferred response. Use brief statements where such response is required. Answer all Questions.

SECTION I: **General Information**

Q1. Which agency in Tobacco Control Initiative do you work for?

a. Tobacco Control Board ( )

b. Civil Society ( )

c. Enforcement Agency ( )

d. Research/College ( )

e. Tobacco Farmer ( )

f. Member of Public( )

Q2. What is your role in your current position of responsibility in Tobacco Control?

a. Policy Formulation ( )
b. Enforcement of the Act ( )
c. Treatment and Rehabilitation of the users ( )
d. Health Education and awareness ( )
e. Implementing provisions of the Act ( )
f. Other (Specify) _____

SECTION II: **Level of Awareness of the Tobacco Control Act, 2007.**

Q3. To what extent are you conversant with the provisions of the Tobacco Control Act, 2007.

a. Not Well ( )

b. Undecided ( )

c. Well ( )

d. Very well ( )

e. Extensively ( )

Q4. In the past one year, how many Tobacco Control awareness programs organized by the Tobacco Control Board have you attended?

a. One ( )
b. Two ( )
c. None ( )
d. More than two ( )

Q5. Do you agree that the Tobacco Control Board has created sufficient awareness among the Public and stakeholders on the Tobacco Control Act, 2007?

a. Yes ( )
b. No ( )

Please give a brief explanation for you response above

_____

_____

_____

Q6. In your own opinion, please give your rating for the following reasons provided as influencing the awareness level of the Tobacco Control Act 2007, by the Tobacco Control

Board. Use a cross (X) to mark the applicable box. Strongly agree-5, Agree-4, Undecided-3, Disagree-2, Strongly Disagree-1.

Reason	**Strongly Agree (5)**	**Agree (4)**	**Undecided (3)**	**Disagree (2)**	**Strongly Disagree (1)**
Government bureaucratic red-tape					
Lack of resources within the TCB					
Poor coordination by the TCB					
Interference of the TCB by external interests/forces					

SECTION III**: Enforcement of the Tobacco Control Act, 2007**

Q7. What is the role of your organization in ensuring enforcement the Tobacco Control Act, 2007?

a. Advisory ( )
b. Advocacy ( )
c. Enforcement ( )
d. Monitoring and Evaluation ( )
e. None ( )

Q8. To what extent do you rate the following key aspects of enforcement by the Tobacco Control Board towards the Tobacco Control Act, 2007. Use a cross (X) to mark the applicable box. Very High-5, High-4, Undecided-3, Low-2, Very Low-1.

Reason	**Very High** **(5)**	**High** **(4)**	**Undecided** **(3)**	**Low** **(2)**	**Very Low** **(1)**
Creation of Non-Smoking areas in public places					
Recommending the appropriate packaging and labeling of Tobacco products					
Prohibition advertising, promotion and sponsorship through Tobacco products					
Ensuring public participation in Tobacco Control					
Introduction of alternative crops to replace Tobacco					

Q9. From your assessment, how would you rate the suitability of Tobacco Control Act, 2007 as a means for ensuring enforcement towards Tobacco Control?

a. Very Good ( )
b. Good ( )
c. Average ( )
d. Below average ( )

Please state you reason why _____

_____

SECTION IV**: Stakeholders support for the Tobacco Control policies being enforced by the Tobacco Control Board.**

Q10. To what level is the Tobacco Control Board involving your agency in ensuring compliance to the Tobacco Control Act, 2007?

a. A lot ( )
b. Moderately ( )
c. Not Much ( )
d. Not at All ( )

Q11. In your opinion, which government agency/department least contributed much to ensuring compliance to the implementation of the Tobacco Control Act, 2007?

a. Ministry of Health ( )
b. Tobacco Control Board ( )
c. Non- Governmental Agencies ( )
d. Other(Specify) _____

Q12. How would you rate the performance of the Tobacco Control Board in terms of involving stakeholders in ensuring compliance to the Tobacco Control Act 2007?

a. Poor ( )
b. Average ( )
c. Good ( )
d. Very Good ( )

Q13. In terms of stake holder involvement, what would you list as the important areas of collaboration in ensuring compliance the Tobacco Control Act, 2007

i) _____
ii) _____
iii) _____

Q14.What two major challenges have you encountered in meeting the required compliance levels for the implementation of the Tobacco Control Act, 2007.

a. _____
b. _____

Q15. Please list any other comments or suggestions that you have that may improve compliance to the Tobacco Control Act, 2007 by the Tobacco Control Board.

a) _____

b) _____

c) _____

THANK YOU FOR YOUR TIME AND COOPERATION

Appendix Four

Interview Guide

1. Agency/Organization/Occupation_____
2. Current Position_____
3. Which aspect of Tobacco Control activities is your agency/organization involved in?
4. How long has your office been involved in the Tobacco Control activities?
5. To what extent do you think the enactment of the Tobacco Control Act, 2007 has protected the Kenyan population against the harmful health effects of Tobacco products?
6. Has there been any significant improvement (or change) in Tobacco Control since the inception of the Tobacco Control Board in August 2008?
7. What is your view of the role of the Tobacco Control Board in terms awareness, enforcement and stakeholders support for the Tobacco Control Act, 2007?
8. In your opinion, what challenges you face towards compliance to the Tobacco Control Act, 2007 in Kenya?
9. What suggestions do you have that may improve compliance to the Tobacco Control Act, 2007 by the Tobacco Control Board?
10. Which role would you suggest your agency/ organization can play to further improve the Tobacco Control initiative in Kenya?
11. Any other comments.

THANK YOU FOR YOUR TIME AND COOPERATION