



**PARTICIPATORY ENGAGEMENT AS A GOVERNANCE FACTOR INFLUENCING PERFORMANCE OF DEVOLVED HEALTH CARE SECTOR IN KENYA**

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**ABSTRACT**

*The general objective of this study was to determine participatory engagement as a governance factor influencing the organizational performance of devolved health sector in Kenya. The study adopted survey descriptive and correlational designs. Systematic sampling was utilized to arrive at the 5 selected county referral hospitals out of the 47 counties in the country. The 5 county referral hospitals selected were; Machakos, Thika, Longisa, Kajiado and Msambweni. K'reije & Morgan. Table formula was used to calculate the sample size of 360 health workers from a target population of 6383 health workers in the five county level five hospitals. A proportionate random sampling was used to select 72 health care workers per facility. The study combined the elements of both quantitative and qualitative data collection methods. The primary data was collected using questionnaires whose content was appropriate to test the hypothesis and address the research questions being studied. Multiple regression analysis often referred to simply as regression analysis, was utilized to examine the effects of multiple independent variables (predictors) on the value of the dependent variable, or outcome. The study findings indicated that citizen participation has a positive influence on organizational performance of devolved health care sector. The findings suggested that there was need for the health care sector function to be devolved to the counties to allow for more budgetary allocations, citizen inclusivity in decision making, timely response to health care needs, government planning and interventions and management accountability and transparency. The study recommended further research on the challenges that may influence the implementation of devolved health care sector in Kenya.*

**Key Words:** Participatory Engagement, Devolution, Health Care

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## INTRODUCTION

Improving service delivery through increased accountability has been a significant implicit motivation behind the trend towards decentralization in developing countries. The standard theoretical argument for the transfer of responsibilities to lower tiers of government is that the closer proximity of local policy-makers to citizens increases the flow of information and better enables the public to monitor, and to hold to account, government officials. Conversely, elected local policy-makers, responding to this greater citizen vigilance, focus on improving service delivery in order to get re-elected (Zahid, 2008).

World Health Organization defines a workable health care as: effective, delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need; efficient, delivering health care in a manner which maximizes resource use and avoids waste; accessible, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need; acceptable/patient-centred, delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities (WHO, 2006).

Kenya Health Policy 2012 – 2030 provides guidance for the achievement of the highest standard of health. It aims to achieve this by “supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans” by focusing on primary care. Devolution of healthcare to the counties provides an enabling environment for this approach as the county governments are responsible for the provision of primary care. Bringing primary care

services closer to the people allows for ownership and participation, (MOH, 2014).

Experience around the world has demonstrated that attention to governance is important to the ability of health systems to fulfill essential public health functions. Brinkerhoff (2004) asserts that Health governance concerns the institutions and linkages that affect the interactions among citizens as service users, government officials and health service providers. He notes that there is general agreement that good health governance is characterized by responsiveness and accountability; an open and transparent policy process; participatory engagement of citizens; and operational capacity of government to plan, manage, and regulate policy and service delivery.

Kenya like most African countries has adopted devolution as a strategy to improve governance and remedy institutional deficiencies that highly centralized governments have engendered. These comprise bureaucratic inefficiencies, poor accountability and transparency, unequal distribution of resources and low levels of community participation in local development. Article 174 of the Kenya constitution spells out reasons for devolution as; democratization, accountability, increased checks and balances, national unity, recognizing diversity and protecting minorities, economic development and access to services, and equitable sharing of national and local resources (GOK, 2010).

Performance measurement has considerable potential in health service management in enabling national priorities for health reform to be translated into organizational and individual objectives, to provide a focus on results, and to enhance accountability, Barnes *et al* (2009). Devolution is proposed within a framework that provides adequate and accurate information to inform

decisions and enables decision-makers, managers, and staff to be held accountable. For effective devolution in health, performance measurement systems are required that enable health boards and providers to demonstrate that they are fulfilling devolved functions and for the department to monitor the performance of the system against agreed objectives, (Omondi, *et al.*, 2012).

### **Statement of the Problem**

Kenya's devolution experience can be comparable to the study of five years devolution in Philippines which showed inequitable distribution of resources with cities receiving 3.5 times more than the provinces. In their study of devolution in Philippines, Grundy, Healy, & Gorgolonand Sandy (2010) revealed problems of understaffing, unmaintained infrastructure, unrepaired and un-replaced equipment. This resulted in many local government units being unable to finance the health services that they were required to provide.

Curtain (2003) observes that, for there to be real benefits from citizen engagement, consultation about public policy needs to move beyond the piecemeal and haphazard process which is evident in Australia today. At state and local government levels, in contrast with their federal counterpart, there is considerable evidence of a willingness to engage with citizens rather than merely consult people as users of public services or 'customers'.

Holman & Lorig (2000) observe that, health care should facilitate an ongoing relationship between providers and consumers, making it possible for the clients to make full use of their own, and their communities, resources for health. Partnership becomes the basis for any needed intervention in which provider and consumer must participate. The partnership approach should recognize that communities are not homogeneous, and processes of joint action could exclude the most needy.

As part of devolution, the government is determined to give the citizens more roles and responsibilities in their management of their health care. It is important that these roles and responsibilities and the chain of command for all structures and players in the sector are clearly defined and understood by all. The question to ask is just who should do what? Therefore this study sought to look at the citizen participation as a governance factor influencing the performance of devolved health care in Kenya.

### **Objective of the Study**

The General objective of the study was to determine the influence of participatory engagement of citizens on organizational performance of devolved health sector in Kenya.

### **Research Hypothesis**

H<sub>1</sub>: Participatory engagement of citizens has a significant influence on organizational performance of devolved health care sector in Kenya.

### **Theoretical Framework of the study: Stakeholders Theory**

The stakeholder approach was first introduced in to the management theory as an answer for dissatisfaction with the unilateral financial criteria of effectiveness. Its roots are found in Richard E. Freeman's book 'Strategic Management: A Stakeholder Approach'. According to him (Freeman, 1984), the main assumption of the stakeholder theory is that an organization's effectiveness is measured by its ability to satisfy not only the share holders, but also those agents who have a stake in the organization (Freeman, 1984).

Freeman (1984) stakeholder's theory original concept was that managers have a moral obligation to consider and appropriately balance the interests of all stakeholders. Evan and Freeman (1993) stated, "A stakeholder theory of the firm must

redefine the purpose of the firm, the very purpose of the firm is to serve as a vehicle for coordinating stakeholder interests". Schneider (2002) posits that stakeholder theory extends the concept of ownership of the firm beyond that of the traditional legal or economic owners of the firm, who become a stakeholder by contribution of capital or other means that results in equity ownership.

The stakeholder theory is a theory of organizational management and business ethics that addresses morals and values in managing an organization. A Stakeholder Approach identifies and models the groups which are stakeholders of a corporation, and both describes and recommends methods by which management can give due regard to the interests of those groups. In short, it attempts to address the "principle of who or what really counts". Carney *et al.*, (2010) observes that Governance systems weigh heavily and systematically in the manner through which stakeholder distributional outcomes are made and sustained. Because governance systems vary in terms of authority and contracting mode, they affect the legitimacy, power, and kinds of tensions stakeholders can expect to meet.

## LITERATURE REVIEW

The Constitution of Kenya (2010) in the Bill of rights has clear guidelines articulated on the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. It is a constitutional requirement that citizens are fully involved in decisions that affect them. The constitution lays the benchmark and foundation upon which legislations related to health must be anchored. Further, the Constitution provides for establishment of various institutions and departments at County level. The provisions in the health policy strongly call for citizen participation. The community health care strategy has been the mainstay in Kenya's health care system since the implementation of the Kenya

constitution. The focus is to make households and communities take an active role in health and health related issues.

Most theories of citizenship and democracy discuss the importance of an informed and aware citizenry who can participate in democratic life, hold the state to account, and exercise their rights and responsibilities effectively. For many democratic theorists, such as Mansbridge (1999) and Pateman (1970), one important function of citizen participation is that it helps to create "better citizens", increasing their political knowledge, confidence, and their sense of citizenship. Yet in many societies, citizens may be unaware of their rights, lack the knowledge to engage, or not see themselves as citizens with the agency, and power to act. In such conditions, our work suggests that an important first-level impact of citizen engagement is the development of greater civic and political knowledge, and a greater sense of awareness of rights and empowered self-identity, which serve as a prerequisite to deepen action and participation (Merrifield, 2002).

Direct participation can enhance the quality and variety of information that flows between government employees and the public to provide a more complete picture of the challenges and conflicts surrounding a public decision effort (Reed & Rosenbloom 2002). Inclusion of the public can increase the willingness of people to accept decisions that may not be their first choice (Burby, 2003), and to recognize common interests. Finally, public participation is viewed as a means to enhance individual identification with collective efforts, or as a means to enhance citizenship (Roberts, 2002).

Participatory political regimes generally deliver better growth because they produce 'superior institutions' better-suited to local conditions for a number of reasons: participatory political regimes yield more predictable long-term growth rates and have more stability, since the wider range of

decision makers results in greater diversification and lower risk in an environment rife with imperfect information (Rodrik, 2000). Rodrik further observed that participatory political regimes also deliver better distributional outcomes by producing greater equality.

Porche, (2004:147) noted that there was need to actively engage community members as active participants in solving complex community problems. He further argued that the people's involvement should not just be in the support and functioning of health services but more importantly, in the definition of health priorities and the allocation of scarce health resources at the district level. Nkasa and Chapman (2006: 512) have advocated that involving community members in planning project activities will ensure sustainability of community projects. For these authors, a community project will be sustained if those involved in it come to feel ownership of it.

## METHODOLOGY

The study adopted descriptive and correlational research designs. The study adopted this design since it was easier to obtain information concerning the current status of the phenomenon and described what existed with respect to variables of the study. It was also possible to collect a large amount of data for detailed analysis since the study covered respondents from five level five county hospitals selected from 47 counties in Kenya. Through correlational analysis, the study was able

**Table 1: Sample size**

	<b>Name of county Hospital</b>	<b>Sample size</b>
1.	Machakos Level Five Hospital	72
2.	Thika Level Five Hospital	72
3.	Kajiado Level Five Hospital	72
4.	Msambweni Level Five Hospital	72
5.	Longisa Level Five Hospital	72
	<b>Total</b>	<b>360</b>

**Source:** Survey Data 2017

to determine the relationships between the independent variable and how it influenced the dependent variable.

The target population included the health care workers in the five selected level five county hospitals. The cadres considered were; the medical doctors, clinical officers, nurses and other category of health workers classified as "others" who included; pharmacists/pharmaceutical technologists, Dentists, records information officers, radiologists, Physiotherapists, nutritionists, lab technicians and public health officers. These category of respondents were considered to have information on health sector now (devolved) and the previous arrangement (centralized) and provided the necessary information for the current study. The five selected hospitals included; Bomet county referral hospital (Longisa), Kwale county referral hospital (Msambweni), Machakos county referral hospital, Thika Level 5 referral hospital and Kajiado referral hospital.

The study applied both random sampling procedures to obtain the respondents for questionnaires. In particular to select the health care workers, Purposive sampling was used. The current study adopted the use of the Krejcie & Morgan (1970) table and arrived at a sample size of 360 respondents out of a total population of 6383 health workers from the five selected counties. Out of the population of 360 health workers, it was divided into 5 sub-populations of 72 per each of the selected county level five hospital.

The study combined the elements of both quantitative and qualitative data collection methods. For the current study, the researcher utilized the use of questionnaires. The study adopted a likert scale of 1-5 (1= strongly agree, 2 = agree, 3 = don't know, 4 = disagree, 5 = strongly agree). Multiple regression analysis often referred to simply as regression analysis, was utilized to examine the effects of multiple independent variables (predictors) on the value of the dependent variable, or outcome.

## RESULTS AND DISCUSSIONS

### Participatory engagement of citizens Correlation

#### Analysis Results

Descriptive statistics results showed that majority (47.25 percent) of the respondents indicated all participatory engagement of citizens factors affected the organizational performance of devolved health care in Kenya, 33.69 percent did disagree with that and 19.06 percent indicated they did not know. These findings demonstrated that most of the participatory engagement factors influenced organizational performance of devolved health care sector in Kenya. The findings corroborated with findings by Tyler *et al.*, (1995)

that just having the perception that participation occurred as opposed to being an actual participant, can create positive outcomes. For example, Tyler *et al.*, (1995) found, in an experiment where subjects responded to written scenario about a city council, that respondents reacted more favorably when the council solicited public input. Thus merely knowing that other citizens participated directly in designing a policy may result in more satisfaction with policy outcomes and trust in government (Kweit & Kweit, 2007).

The symmetric matrix with pearson correlation results showed in table 2 indicated that there is a positive relationship between Participatory engagement of citizens and organizational performance of devolved health sector in Kenya as indicated by a correlation value of 0.525. This implied that a positive change in Participatory engagement of citizen causes organizational performance of devolved health sector in Kenya to change positively. A unit change in participatory engagement causes performance to change by a positive 0.525.

**Table 2: Participatory Engagement of Citizens Correlation Analysis Results**

		Organizational Performance of Devolved Health Sector	Participatory Engagement of Citizens
Organizational Performance of Devolved Health Sector	Pearson Correlation	1	.525**
	Sig. (2-tailed)		.000
	N	351	351
Participatory Engagement of Citizens	Pearson Correlation	.525**	1
	Sig. (2-tailed)	.000	
	N	351	351

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

Source: Survey Data 2017

The study further determined the beta coefficients of participatory engagement of citizens on

organizational performance of devolved health sector. Table 3 showed that participatory

engagement of citizens influences organizational performance of devolved health sector positively since the coefficient of participatory engagement of citizens was 0.643 which implied that a single unit change in participatory engagement of citizens causes organizational performance of devolved health sector to increase by **0.643** units. The associated significance level was **.000** which was

less than the threshold of .05 indicating that participatory engagements statistically significant in explaining the variations in organizational performance of devolved health sector. The fitted model can thus be given by,  $Y = 4.215 + 0.643X_1$  (where  $X_1$  was Participatory engagement of citizens).

**Table 3: Regression coefficient of participatory engagement of citizens**

Model	Unstandardized Coefficients		Standardized Coefficients Beta	T	Sig.
	B	Std. Error			
(Constant)	4.215	.518		8.132	.000
1 Participatory Engagement of Citizens	.643	.056	.525	11.535	.000

**Dependent Variable: Organizational Performance of Devolved Health Sector**

Source: Survey Data 2017

Pearson correlation analysis of participatory engagement of citizen's results gave a pearson correlation coefficient of 0.525 and this demonstrated that participatory engagement of citizens has a positive correlation with organizational performance of devolved health care sector. Regression model on participatory engagement of citizens versus organizational performance of devolved health care sector gave a coefficient of determination R square is **0.276** and R is **0.525** at 0.05 significance level. The coefficient of determination indicated that **52.5%** of the variation of organizational performance of devolved health sector is influenced by participatory engagement of citizens. This implied that there exists a strong positive relationship between participatory engagement of citizens and organizational performance of devolved health care sector. The fact that citizens were involved in the decision making of health care issues positively impacted on the performance of devolved health care sector in Kenya. Awases *et al.* (2004) asserts that good

health systems governance helps to resolve health worker issues by engaging a variety of political and technical stakeholders, including external development partners. Sharing information, building confidence and enhancing the credibility of the national policy decision-making process should be a priority, especially with local communities and health service clients, since it is their needs that should be the primary focus and ultimate reference point for any decision-making in the health sector.

Irvin & Stansbury (2004) noted that, the benefits of increasing involvement in decision making may extend beyond the participants and policy makers to the broader society. In particular if citizens realize that a particular policy was based on deliberation, they will consider the policy to be more legitimate. Additionally, civic engagement can increase trust in government (Keele, 2007).

In participatory democracy citizens should have direct roles in public choices or at least engage



more deeply with substantive political issues and be assured that officials will be responsive to their concerns and judgments (Cohen & Fung, 2004). The study therefore deduced that the key participatory engagement factors which included; level of citizens' involvement, composition of hospital committees, Citizens representation, open public consultations, employment of qualified locals, decision making and locals' access to health facilities positively influenced the organizational performance of devolved health care sector in Kenya.

### **CONCLUSIONS**

The study established that citizens had access to medical care at the county level five hospitals. In addition, the study established that the current composition of the level five hospital committees had a provision for citizen representation and this enabled the citizens to be involved in the running of the county level five hospitals as well as being part of the decision making processes.

The study findings showed that effective relationship of healthcare providers with patients was an important contributing factor of patient involvement in decision making. Since there was involvement of the citizen's representative in the hospital committees, there was proper inclusion in the planning and provision of citizen oriented health care services based on the opinions, needs and preferences of the citizens. The study further revealed that the provision would lead to the provision of appropriate and cost effective services which have the public approval and confidence.

The study also established that the management of the level five county hospitals encouraged citizen participation through the recruitment of qualified locals in the facilities as health care providers. In addition there was adequate consultation between

the hospital management and the local health care providers.

The study established that there was good understanding between the health workers and the communities they served. Health workers had formed part of the community in which they live and work. A continuing dialogue between them and the rest of the community is necessary to harmonize views and activities relating to health care. In the long run, the citizens will come to realize that health is not only the right of all but also the responsibility of all, and the members of the health professions, too, will find their proper role.

The findings demonstrated a clear shift away from the dominant and direct decision making role to a more partnership and facilitative role with the local communities. Decisions on health care issues such as service priorities and cost control were now being done at the county level five hospitals unlike before where such decisions were centralized in Nairobi at the ministry level.

### **RECOMMENDATIONS**

The study identified that the major factors that affected participatory engagement of citizens to influence organizational performance of devolved health care sector in Kenya included; decision making, empowerment, representation, implementation and access to health care. To ensure performance of devolved health care sector is improved, there was need for inclusivity in decision making processes by involving the community in decision making. To achieve this, there was need to empower the local citizens. The county governments should increase the number of citizen representation in the hospital committees and enhance public participation on matters related to health care.

In terms of implementation, citizens need to be given mandate to make governments more responsive, cost effective and accountable. To measure the level of access to health care, there should be need for the health institutions to carry out customer entry and exit surveys to measure the rate of access to health care services by citizens.

From the findings of the study, it was therefore necessary to include/involve all the stakeholders in decision making on matters pertaining health care. The right of citizens and patients to participate in the decision-making process affecting health care, if they wish to do so, must be viewed as a fundamental and integral part of any democratic society. Patient/citizen participation should be an integral part of health care systems and, as such, indispensable components in current health care reforms.

Education should be put as a requirement of participatory processes, since the public needs to be

educated to participate in matters regarding health care. There is need for Communication as it is a fundamental aspect of public participation and highly influences its outcomes. Sometimes a participatory process is started without the healthcare staff trained about the dynamic of interaction between citizens and patients.

Policy makers to encourage participatory engagement of citizens as this would provide necessary feedback on what is working and not in order to promote service delivery. By involving locals, citizens who stand to benefit from services have better incentives to make sure that those services devolved are implemented correctly. Thus locals may do a better job of monitoring and taking action when services are poor or corruption occurs.

## REFERENCES

- Awases, M., Gbary, A., Nyoni, J., & Chatora, R. (2004). *Migration of health professional in six countries: A synthesis Report*. Brazzaville: WHO Regional Office for Africa.
- Barnes, J., O'Hanlon, B., Feeley, F., McKeon, K., Gitonga, N., & Decker, C. (2009). Private health sector assessment in Kenya. World Bank Working Paper 193. USAID: Bethesda
- Brinkerhoff, R.O. (1989), "Using evaluation to transform training", in Brinkerhoff, R.O. (Ed.), *Evaluating Training Program in Business and Industry*, Jossey-Bass, San Francisco, CA, 5-20.
- Carney, M., Gedajlovic, E., & Yang, X. (2009). Varieties of Asian capitalism: Toward an institutional theory of Asian enterprise. *Asia Pacific Journal of Management*, 26(3): 361–380.
- Curtain, R. (2003). 'What Role for Citizens in Developing and Implementing Public Policy?'. in NIG [National Institute for Governance], *Facing the Future: Engaging stakeholders and citizens in developing public policy*, NIG, University of Canberra, Canberra.
- Freeman, R. E. (1984). *Strategic management: A stakeholder approach*. Boston: Pitman.
- Government of Kenya (2010). *Constitution of Kenya*. Nairobi: Government printers

- Grundy J, Healy V, Gorgolon L, Sandig E. (2010). *Overview of devolution of health services in the Philippines*. Bethesda: National Center for Biotechnology Information, U.S. National Library of Medicine
- Merrifield, J. (2001). Learning Citizenship. Discussion paper. Available at:  
<http://www.commonwealthfoundation.com/uploads/documents/cg-Cited - paper.pdf>.
- Ministry of Health. (2014). Kenya Health Policy 2014-2030: Towards attaining the highest standards of health. Nairobi. Ministry of Health.
- Omondi, P., Bitok E.K., Mukeka, J. & Mayienda, R.M. (2012). Tsavo National Park Kenya and its potential phonological significance. *Journal of Biogeography*. 1,187-192.
- Rodrik, D. (2000). Institutions for high-quality growth: What they are and how to acquire them. *Studies in Comparative International Development*, 35 (3), 3 – 31.
- Schneider, M. (2002). A Stakeholder Model of organizational leadership. *Organization Science*, 13(2), 209–220.
- Tyler, T.R. & Mitchell, G. (1994). Legitimacy and the empowerment of discretionary legal authority: The United States Supreme Court and abortion rights. *Duke Law Journal*, 43,703-814.
- WHO (2006). The world health report 2006: Working together for health. Geneva, Switzerland.
- Zahid, H. (2008). *Devolution, Accountability, and Service Delivery: Some Insights from Pakistan*. Policy Research Working Paper No. 4610. World Bank, Washington, DC. World Bank.