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Citizen Participation and Health Sector Policy Development in Garissa County, Kenya

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Abstract:

Garissa County have experiences decline rate on policy development in health care sector for many years now. The statistics in Garissa indicate that the county is facing lots of challenges related to health issues. Therefore, the main objective of the study was investigated citizen participation and policy development in devolved governments in Kenya. This study seeks to benefit Garissa County Government, policy makers and the Government of Kenya in terms of policy development or action plan and future researchers as point of reference. Descriptive research design will be used. Data was collected from 48 MCAs, 42 county officials and 1143 members of public in Garissa County. Simple random sampling was used to sample 30% of the target population. The sample size was 370 respondents. Data was analysed through the use of descriptive and inferential analysis. The findings of the study indicated that explanation on the need for a healthcare service or project was not always done. Public approving healthcare project on merits was found to be highly practiced but there was a great concern on citizen participating in the implementation of the projects. It was clear that a small percentage of women and youth were involved in public forums, approval of county projects and participation in gauging the county project status. To completely eliminate the constraints to women's participation in policy development, retrogressive beliefs should be written off and gender roles realigned to enhance women's empowerment and aggravate women's participation, the issue of girl child education needs to be fostered to help curb illiteracy levels amongst womenfolk, enlighten women and the public in general through a thorough civic education exercise. The study recommends that public forums on policy development should always be publicized. The study also recommends that explanation on health care policy implementation by the county officials should be done always.

Keywords: Citizen Participation, health sector, policy development

1. Introduction

Globally, governments have shifted from the centralized and being the source of policies and service to decentralized and citizen participating in policy formulation and service delivery in the quest to improve the operations and success of governance. The devolution trend has been adopted in various countries in Latin America, Africa, and Asia (Rodríguez-Pose & Gill, 2003). Studies from these regions show that decentralization is an important aspect of improving governance and delivery of public service but it is faced with numerous complexities (Agrawal & Ostrom, 2001). According to Robson (2007) mechanism of decentralized governance is seen as both by the researchers and demonstrators as a major solution in improving the constraints faced by the centralized delivery system.

Citizen participation entails involvement of the members of public in the wide range of the activities related to policy-making including the termination of service, planning, budget priorities and establishment of the performance in the county level. Citizen participation in health care entails existence of the constructions of healthcare projects in auditory and the government programs towards the needs of the Communities building public community support projects encouraging a sense of cohesiveness in the neighborhoods. Public participation interest is there for involvement of individuals and groups of individuals who are affected negatively or positively by the events which the county officials are proposing or programming to implement which are subject to decision-making processes within the County (Hirst and Pierre, 2009). Public participation is also been described as a citizen involvement in trying to identify the priorities of the local Communities program policies and the projects that are allocated resources for by the county officials (Hayden, 2007).

Makumbe (1998) opine that there are various levels citizens can participate in national and local issues of the nation namely; as registered voters electing county leadership; as candidates themselves; in the making of laws through petitions; in budgeting and planning processes through memoranda; and in county referendum on major issues affecting them. Momen and Begum (2000) list various levels of citizen participation as; manipulation, therapy, informing, consultation, placation, partnership, delegated power and citizen control.

Implementation of health activities is based on the priorities as outlined in the county strategic plans and documents. The FGD conducted for CHMTs indicated that development process of CIDP, CHSSP and AWP employ public participatory approach to identify and prioritize key needs for inclusion in the documents (Berner, 2001). The CIDP is overly run by the county planning and treasury team who provide a template to each county department and conduct one day sensitization for the county teams on use of template and the overall process (Brandson, Dekker & Evers, 2010). Each department is given a chance to present key priorities and a consolidated list is compiled and sent to the county assembly for review input and validation. The reviewed document is then sent to county executive who makes necessary corrections based on feedback provided and submits final documents to the county treasury.

Community representation is ensured at all levels that is, from the community units, sub-county and county level. The CHSSP and AWP development process was reported to be led by head of policy planning and M&E. Priority needs are identified through a participatory process from community units, to link facilities to sub county and county level for discussions (Aulich, 2009). Bottom up approach is used to ensure all key stakeholders participate at all levels. Implementation of activities is based on CIDP, CHSSP and AWP with no funding provided by the county outside this framework (Fung, 2006).

Public participation is ensured through County Budget & economic forum committee (CBEF). For effective public participation advertisement of the sessions are put in the papers (Freeman, 2010). The county is considering introducing participatory budgeting whereby the public can be engaged in budget decisions through Voting and Monitoring of implementation by a project management committee (Fung, 2015).

1.1. Statement of the Problem

There is dearth of studies in public participation on policy development (Society for International Development (2012). Several empirical studies (Azfar, 2009; Odhiambo & Taifa, 2009, Omollo, 2015; Okello, Oenga & Chege, 2014; Mollah, 2008) have been unrelenting on the state of project performance and public participation in the Counties. Despite the essentiality of health in the Counties, Garissa County residents have complained over the engagement level on policy development (Garissa County Report, 2019). Though empirical research has linked public participation to performance, it remains unclear if the same has a significant contribution to the health sector policy development.

The constitution of Kenya requires that public to participate not only in projects within the county but also in the meaningful and in the policy, development making process. Unfortunately, the process of legally rules which are binding the public participation has not been translated meaningfully to the practice. for example it has been established that at 3% of Kenyan citizen do not know the resources which are assigned to their Counties, 7% are aware of the County fiscal strategy paper sixteen percent of the citizen are aware of the County development plans, an 41% citizen living in the county are aware of the County budgets. this is connected to the findings that the related studies indicated that only 30% of the County citizens are aware of the meetings held in the county and only 15% attend these meetings according to Transparency International (2016).

A study by institute of economic affairs on public participation assessment in the counties of Kisumu Isiolo and Makueni established that the process of public participation in the county level is being supported by officials and citizens by abiding to the Counties fair ground rules. The study found that majority of the Counties hold quarterly public meetings and that majority of citizens do not attend enthusiastically. Members of public normally scrutinize the reports on budget and planning depending on the number of projects available. The study concentrated on public participation and performance of projects while the current study filled the gap by presenting the relationship between public participation and health sector policy development in Garissa County, Kenya.

2. Theoretical Framework

2.1. Citizen Participation Theory

This theory was developed by Lyndon in 1986. The proponents of the theory were that the benefits of citizen participation are optimized when both vote and voice mechanisms are institutionalized in decentralized systems (Azfar *et al.*, 1999). These, as Brinkerhoff *et al.*, (2007) observe is in appreciation that 'citizen participation and responsiveness to citizens' needs and preferences are important components of democratic governance'. Citizens should be allowed to participate in the affairs of the government through the public forums which organised by the Counties. The decision involves open choices where citizens were allowed to participate in decision-making process in policy development decisions and project planning processes.

Public participation helps in ensuring that procedures through the national of the County government involved the voices of the members of the public and the strategies developed for the purposes of benefiting the County or the members of the County and hated by the members living in that particular County. Eva (2010) argued that the residents of the citizen involved in public participation benefits from ensuring that their voices heard by the officials projecting the policy development which will benefit them and the outcome will be to the society benefits in general.

3. Empirical Review

3.1. Stakeholders Participation and Health Sector Policy Development

A study by Foster and Barnes (2012) on the effect of citizen participation on the development of default project in United Kingdom found that the community members of citizen should be adequately be encouraged to participate on the

projects related to the healthcare in order for the project to achieve its Goal. The study however presented conceptual gap in that it failed to address the relationship between citizen participation and policy development.

Nyanumba, Rotich, Gekara, Keraro and Okari, (2017) also ensured that there is a positive relationship between the participation of citizens in the health infrastructure development and sufficient and element of the activities of the County in Kenya. The study evaluated that participation by the citizen should be contacted within the environment without political interference which enables the implementation of the project with minimal disturbances.

Kamuiru (2014) studied the effect of community participation in project planning performance in Kenya. The study variables were community participation and project planning. Data was collected from 86 households from Gatundu north constituency, Kiambu County. Content and descriptive analysis was used. The study found that majority of the respondents did not attend the public participation forums and cited lack of time, conflicts of interests, political interference and poverty levels. The current study filled the identified knowledge and contextual gap in that the study concentrated on project planning as its dependent variable while the current study used the public participation as its independent variables in influencing the policy development in Healthcare sector in Kenya. The study also presented a methodology gap in that it collected data from household and used content and descriptive analysis while the current study collected data from the members of public and officials of the County. It also presented the inferential statistics to show the level of influence of one independent variable to the dependent variable.

Mbithi, Ndambuki and Juma (2018) assessed the determinants of public participation in the County Governments in Kenya. The study's independent variables were; influencing county decisions, performance of the governor and members of county assembly, access of information, county meeting attendance and corruption. The dependent variable was meaningful public participation. Data was collected from the 47 counties in Kenya and from 2397 members of public. Descriptive research design was used. The findings were that the difficulties of influencing the decisions of the county decreases with the likelihood of public participation which is meaningful, corruption in the county levels reduces the level of public participation and that there was insignificant relationship between MCA performance and county meetings on public participation. The study presents a scope and knowledge gap in that public participation was the dependent variable and the study was done on all counties while the current study was specifically collected data from Garissa County and public participation was used as the predictor variable.

Mugambi and Theuri (2014) analysed the challenges facing the county governments in Kenya in the preparation of budgets, a case study of Kilifi County, Kenya. Descriptive analysis was used and data collected from the county officials. The dependent variable was the preparation of budgets and the independent variable was the challenges facing the County governments. The study established that budget procedures were followed but no consultative forums or community involvement was done. The study presents a contextual gap that the variables considered were not specific variables i.e. Challenges facing the county and that the knowledge presented left a gap on the correlation between the variables. The IEA (2015) assessed the status of public participation and the available participation level and information frameworks in Counties in Kenya. Qualitative study of Turkana, Ksumu, Isiolo and Makueni Counties was carried out. Data was collected through interviews and secondary data sourced from the Kenyan constitution. The study presented that Kisumu County had decentralized structures on public participation. The study indicated that the MCAs were not responsive to the citizen needs. The study also established that there was a low attendance level to the public participation meetings due to lack of civic education structure and public participation policy.

3.2. Consultative Framework and Health Sector Policy Development

A study by Whitney (2015) found that the degree of citizen participation in United States of America influences the degree to which the group of members of associated Society benefits from the contribution done by the county elsewhere a study by young and Paddy 2015 found that the degree of public participation is associated with the chances that the information gathered from the public participation helps in the decision-making and so helping in legitimacy and representation process that helps the public to govern its resources.

Leighley (2015) criticized the standard through which social economic models political participation are emphasized in United Kingdom in that the helpful and citizen participation does not in any way help in predicting the decision made in the county label the model poses that video with higher socioeconomic status in the country are more likely to be participating in other County affairs. The study established that people is the nose in participating on public forum because their ideas were not taken seriously.

Bayer and Cooper (2007) found that in order to transform the administrative capacities of the county government for greater public participation there is openings for the leaders in the county to call for proper orientation to the administrators towards engaging the citizen as partners in the affairs and running the county projects and making decisions consultatively. The adoption of consultative meetings has been associated with proper positive policy-making within the counties.

Beyle (2008) measured the determinants of public participation by determining the gubernatorial performance in South Africa. the study found that majority of good institutions indicated that public in their participation in the Governor's performance are the willingness to place certain powers within the legislation and also support mechanisms that leads to more public participation initiatives and their jurisdictions. The findings were supported by Arima (2011) who founded professionalism the part of the governor's office leads to professionalism in ensuring that public participate in Healthcare development policies. The studies fail to present relationship between the public participation and health sector policy development.

Ebdan and Franklin 2016 studying the effects of public participation on budget process making in Ghana. The study found that there was an element of low turnout minimum legal requirements in sufficient representation in the Counties and participation which took place at the conclusion of decision-making within the Counties this enables that project and budget-making process or not done efficiently. Ivirn and Stanbury (2014) suggested that the elements to do with public participation and regulation affected the health sector policy development within the counties. In addition, and Ivirn (2012) showed that performance measurement in the counties are affected by public policy development in the County's by ensuring that budget-making process affected by majority of Citizens not availing themselves during consultative meetings or composite falling within the Counties.

Berry (2013) contend that political culture influences public participation in Ghana. They found that a strong motivation to achieve successful participation and ensuring that the participation process is devoid of partisan politics bring about a high level of public engagement. Their findings are reinforced by Fagotto and Fung (2017) who note that public participation is successful when those who hold participatory meetings have political authority and use. The input to address citizens' needs through good performance. Further, Nabatchi and Amsler (2014) observe that political culture may be affected by the degree of professionalism of elected officials and citizens' perception of the government.

3.3. *Transparency of Information and Health Sector Policy Development*

Adams (2014) found public are never given enough time to hear the views in the event of public participation in United Kingdom for the purposes of communicating their decisions to the public or to the governance in the County. The findings were echoed by Kyle (2015) on public participation impact on decision-making within the Counties who analysed 36 public meetings which are held by officers in the County. The study found that frequency of participation by the public helps in satisfaction and el reduces the frustrations that the public faces in making decisions.

Mccomas (2013) studied the effect of public participation on health sector development policies in Japan and found that there was a level of public participation in helping the public and the government in ensuring that public health forums are to the success and the other information that they provide help in ensuring that services are delivered efficiently and effectively. Mccomas (2011) studied the effect of public engagement on service delivery within the Counties in Japan. The study found that public engagement for the elected officials and public in general and shows that these responsible public leads in the counties. The study indicated that public meeting ensures that citizen is actively participating in democratic process by ensuring that decision-making within the county are done consultatively. The study indicated that majority of citizen were not involved in decision-making the county which lead to project implementation delayed by the county officials. Hagelskamp *et al.*, (2013) suggested that the elected officials within the county has been encouraging the participation of the County at all level to ensure that decision made conservatively and that the affairs of the county are known to the public.

Black (2012) established that well-structured and public participation which are well-established as shown a productivity and quality improvement in the county in diverse environments studied and thereby reducing the problems of areas being marginalized inequality and exclusion of youth and women. However, a study by Shapiro (2012) established that meetings held for the purposes of public channeling their decision have been paralyzed and that politicians control the meaning the meetings for their interest and ensuring that their citizens do not channel their views comfortably.

3.4. *Citizen Awareness and Health Sector Policy Development Kenya*

Mugambi and Theuri (2014) studied the challenges that the county government are facing in Kenya and establish that public participation in budgeting process and health sector development policies in county of Kilifi had faced many challenges. Descriptive statistics found that budget procedures were present and that public participation was not involved in the budget procedures. Maria (2014) conducted a study finding by establishing that the impact of citizen participation on delivery of services in Kenya as a major impact and influence on decentralized system of governance that ensure that Nigerian citizens held a major impact on society development and decision-making.

The institute of economic affairs Kenya (2014) established that public participation and availability of public in participating the information framework in Kenya through qualitative studies done in Kisumu, Makueni, Turkana and Isiolo County was found that public possibly participate in the public forums. The study found that the county of Kisumu a decentralized it stretches to the public down to the grassroots which enabled public to meet and have a quarterly organised meeting where members are public through the MCAs were able to participate in decision-making. The study established that MCAs were not responsive to the county public needs and that the counties of Nakuru and Isiolo did not fully participate in public participation.

Grant and Davis (2013) used a sample of municipal governments in Kenya and Uganda to assess the effect of public decision-making on accountability. The study found that County participation involved all the citizen in decision-making in the counties of Uganda and Kenya and that they were changing planning and operation of the County through participation on the organised County public minutes which helped in the accountability and solving conflict decisions. Citizens were made aware of the affairs of the County through attending public forum which were held by the county governments.

4. Research Methodology

Descriptive research design described the effect of citizen participation on policy development in health sector in Kenya. The total number of respondents targeted was 1233 and these consist of 1143 members of public participating in health sector policy development, 42 County officials from Garissa County and 48 members of County assembly (County secretary 2018). According to Mugenda and Mugenda (2003) 30 percent of the population is a good representation of the

study and therefore this study targeted 30% of the total members of the respondents. The sample size were 370 respondents. The study focused on primary data and secondary data. Data was obtained through the use of questionnaire and interview schedule. Questionnaire were preferred because they're easy to administer and the respondents took a short time to arrive at the responses.. Inferential statistics was used to show the correlation and regression coefficients of the variables of the study. The model of summary presented the coefficient of determination and the extent to which the chosen variables were determined the changes in health sector policy development in Garissa County. Content analysis was used to analyze the qualitative data produced in the study and themes.

5. Results and Discussion

The study sampled 370 respondents who included the MCAs County officials and members of public. Out of 370 respondents, 314 respondents filled and returned the questionnaire. This represented 85% of the response rate and according to Mugenda and Mugenda (2003) it was a good representation.

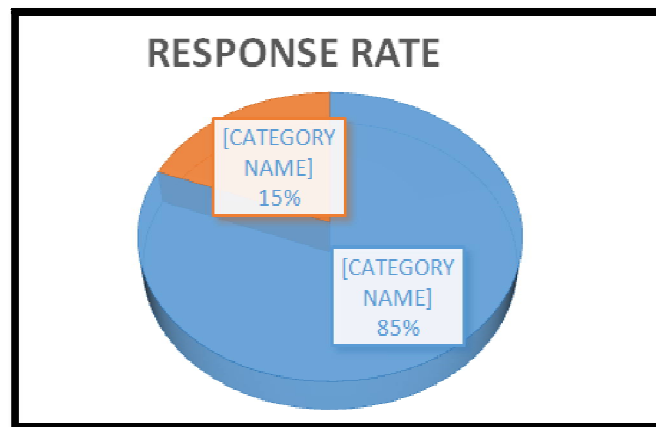


Figure 1

5.1. Demographic Characteristics

This section presents the demographic characteristics of the respondents being targeted for the study. Working experience and level of education were some of the characteristics sought.

5.2. Cross Tabulation of Working Experience and Highest Level of Education

The study sought to determine the relationship between working experience and the highest level of education in Garissa County. Cross tabulation between working experience and the level of education was done and the result presented in Table 2.

		Working Experience			Total
		1-5 years	6-10 years	10 years and more	
Highest Level of Education	Master	79	33	27	139
	Degree	118	8	5	131
	Diploma	14	11	19	44
		211	52	51	314

Table 1: Working Experience and Highest Level of Education

The Table 1 presents that out of 314 respondents who included members of County assembly, County officials and members of public, 79 had master's degree and had worked for a period of one year to five years. 33 out of 314 respondents had a master's degree and had worked for 6 to 10 years. The respondents with masters as the highest level of qualification were 27 out of 314 respondents and had worked for more than 10 years. A total of 139 respondents held a master degree. 118 out of 314 respondents had a degree certificate and had worked for 1 to 5 years. 8 Out of 314 respondents had a degree and had worked for 6 to 10 years. 5 out of 314 respondents had a degree and had worked for more than 10 years. The minority of the respondents had diploma certificates and had worked for lesser years as compared to Masters and degree respondents. It is clear that majority of the respondents had master's degree with majority of the respondents having diploma certificate and worked for a longer period. There was a clear evidence that majority of the respondents who participated in public forums had a diploma, degree and master degree.

5.3. Stakeholders Participation

Statement	Mean	Std. Dev
Public forums on Health projects not publicized	3.699	.821
Explanation on the need for a health care service/project is done	2.111	1.119
Public approving health care project on merits	4.231	.879
Citizens participates in the implementation of the projects	2.223	.999

Table 2: Stakeholders Participation

The Table 2 presents that public forums on HealthCare projects are mostly publicized as indicated by a mean of 3.699 and a standard deviation of 0.821. Explanation on the need for a Healthcare service or project was not always done as indicated by a mean of 2.11 and a standard deviation of 1.119. Public approving Healthcare project on merits was found to be heavily practiced as evidenced by a mean of 4.231 and a standard deviation of .879. There was a great concern on citizen participating in the implementation of the projects (Mean= 2.223, Standard deviation = .999).

The study agrees with Mulwa (2012) on the effect of citizen participation on development of County projects. The study found that commitment of citizens to a certain project is mostly affected by the intervention of the County offices and involvement in the decision making at the planning stages of the projects. Therefore, it is clear that the findings indicate that greater involvement of stakeholders in certain projects and policy development results in successful implementation. Stakeholders participation is guided by citizen participation theory. The theory argues that procedures in the administration and methodology were intended to encourage 'public' participation. A chairlady of women movement in Garissa County said that their opinion is not considered necessary despite the number of their representation in the county. This clearly indicated low level of participation by women in health care sector policy development in Garissa County, Kenya.

5.4. Consultative Frameworks

Statement	Mean	Std. Dev
Consultation to the members of public was done through the public forums	2.789	.945
There is fair gender, youth and women representations in all the health policies	2.321	.897
There is high level of consultation in the sub Counties	1.742	.789
Consultation is highly recognized by all levels of management	2.546	1.120

Table 3: Consultative Frameworks

Table 3 presents that consultation to the members of public was not fairly done through the public forums as indicated by a low mean of 2.789 and a standard deviation of 0.945. A low mean result of 2.321 and a standard deviation of 0.897 presented that there was unfair gender, youth and women representations in all the health policies development in Garissa County. The findings in Table 3 presented that there was a low level of consultation in the sub Counties as evidenced by a mean of 1.742 and standard deviation of 0.789.

It was also clear that consultation was poorly recognized by all levels of management (Mean=2.546 and a standard deviation=1.120). The respondents argued that the more involved or consulted people are, the greater would be their commitment in the implementation and sustenance of the health care policy involved. Youth participation in development projects has been embraced worldwide because of the realisation of the potentiality possessed by the youth (Manguyu, 2013). However, in this study youth participation in the health care policy development was found to be minimal.

The conventional involvement of women in development projects, unfortunately suggests that women are merely objects and agents in the development process, rather than beneficiaries and active participants as well. As a result, African women have been treated as variable in the development process and projects (Manguyu, 2013). According to UNDP Report (2010) on youth, governance and participation, opportunities for youth to engage in governance and participate in political and decision-making processes depends largely on the political, socio-economic and cultural contexts where social norms in many parts of the world result in multiple forms of discrimination against youth and women. The youth can be a creative force, a dynamic source of innovations and they have undoubtedly, throughout history, participated, contributed and even catalyzed important changes in political systems, power-sharing dynamics and economic opportunities.

Several youth leaders complained on delay in salary payments, lack of consultation, public outcry on poor service delivery especially in health sector, there is evidences on violation of laws. It clear that while women form the largest share of the population in Garissa County, their presence in health care policy development was overshadowed by men. Such a disparity concurs with Nasimiyu (2005) study on women in the colonial economy of Bungoma whom she found out to have assumed responsibility in domestic chores and agriculture so as to fend for their families, rather than engaging in economy generating activities and more official roles at par with men.

5.5. Transparency of Information

Statement	Mean	Std. Dev
There is transparency in identifying the health care needs of the County	2.797	.999
Health care Planning is done in clear and transparent manner	3.111	1.214
Health care budgets in the County are consultatively done	3.121	.971
Level of monitoring of previous government health care project is always done	4.122	1.321

Table 4: Transparency of Information
Source: Researcher, (2019)

The descriptive statistic considered were mean and standard deviation. Mean was used to establish the average value of the data while standard deviation gave the dispersion in the data. High mean presents majority of the respondents strongly agreeing with the statement presented to them while low standard deviation translates to low response. From the findings in Table 5, there was no transparency in identifying the health care needs of the County with a mean of 2.797 and standard deviation of 0.999. Moderately (Mean=3.111, standard deviation=1.214), majority of the respondents agreed that Health care Planning is done in clear and transparent manner. Majority of the respondents agreed that healthcare budgets in the County are consultatively done with a mean of 3.121 and standard deviation of .971 and majority agreed that level of monitoring of previous government health care project was always done with a mean of 4.122 and standard deviation of 1.321. The study established that the level of accountability and transparency is low in the county healthcare sector development and that youths and women were sidelined in all matters relating to the accountability of choice of policy, implementation and monitoring of the ongoing developments. Monitoring and evaluation of projects in the county is left to the county officials who are the recycled old experienced men.

The study was consistent with Oakley (2005) on the analysis of a Danish funded rural water supply project in Tanzania, where the study found that participation, monitoring and evaluation had ranged from non- participation and manipulation over information and consultation to some degree of partnership and delegation of power. A study of Malawi Social Action Fund Project by Dulani (2003) concluded that the level of participation was limited to being informed on what had already been decided by other key players which implied passive participating by consultation. These has led to lack of transparency in many aspects in fund management. Majority of the leaders in Garissa argued that transparency can embraced through stakeholder's participation in the county forums. The pointed-out recycling of county executive members in Garissa county has led to continuous prevention of growth and transparency.

5.6. Citizen Awareness

Statement	Mean	Std. Dev
There are proper forms of communicating to the citizens	3.121	0.789
Citizens participate in the policy planning in the county	1.345	1.215
Explanation on need for services is done	2.598	1.254
Provision of status reports on projects/service is done	3.897	0.991

Table 5: Citizen Awareness

The findings in the Table 5 indicate that there are no proper forms of communication to the citizen on matters relating to healthcare sector in Garissa County. Represented by a mean of 3.121 and the standard deviation of 0.789. Respondents were required to indicate the level to which they participated in the policy planning in the County and the results indicated an alarming rate of low participation in the policy planning in the County. This was evidenced by a very low mean of 1.345 and a standard deviation of 1.215. The respondents were requested to indicate weather explanation on the need for the services in health care is required and then clearly argued that this was not done as per their expectations (The mean of 2.598 and standard deviation of 1.254).

The findings also indicated that the provision of the status of the project related to Healthcare services offered to Healthcare was fairly done (Mean of 3.897, Standard deviation of 0.991). It was clear from the findings that citizens were not aware of the existence of projects related to health care in their county. They lamented that consultation was not done in the planning and setting up policies related to health care. These clearly indicated that there was a low awareness level in the county and communication to the majority of the interested parties in the county was not done as per the expectations.

The study agrees with Mugambi and Theuri (2014) on the challenges that the county government are facing in Kenya that public participation, citizen awareness in Healthcare development policy in the counties faced many challenges. Some of the challenges include discrimination of youth and women, political interferences and poor service delivery systems. This is supported by a study by institute of economic affairs Kenya (2014) that the county officials were not responsive to the public needs and that majority of the youth and women are not fully consulted and are unaware of the public forums and events organised by the Counties.

5.7. Policy Development in Health care

The study sought to establish the policy development in Healthcare sector in Garissa County. The respondents were requested to indicate whether the county government has successfully developed the county policies. 83.7% of the respondents indicated that the county government has not fully and successfully developed the county health policies. They indicated challenges facing the policy development in Garissa County and these challenges included; lack of consultation, majority of the Citizens are not aware, majority of the stakeholders are not consulted, corruption in the County, poor infrastructure, increase in illiteracy level in the County, security concerns in the County and lack of goods transport systems in Garissa County.

The respondents were requested to indicate whether the county leadership consider the strategic health policy development is a priority. Majority of the respondents (67%) indicated that the county leadership rarely considers the strategic policy development as a priority to the County and only consider the projects that will benefit them directly. They indicated that corruption is an issue to the County and communication is not done in the right time. They pointed out that these had cost the county a lot of money due to poor provision of Healthcare. They pointed out that the county government does not consider the engaging the stakeholders in the healthcare policy development in Garissa County. Majority of the leaders argued that billions of shillings were squandered and the fruits of the devolution have not been realised yet in Garissa County. They suggested that the national government should help them handle some of health-related issues since the county government has relentlessly indicated that Healthcare sector policies are not a priority and yet majority of the residents continue to suffer.

6. Conclusion of the Study

The findings indicated that that public forums on HealthCare projects are mostly publicized. Explanation on the need for a Healthcare service or project was not always done. Public approving Healthcare project on merits was found to be heavily practiced. There was a great concern on citizen participating in the implementation of the projects.

It is clear that a small percentage of women and youth were involved in public forums, approval of county projects and participation in gauging the county project status. High mean presents majority of the respondents strongly agreeing with the statement presented to them while low standard deviation translates to low response. The findings presented that there was no transparency in identifying the health care needs of the County majority of the respondents agreed that Health care Planning is done in clear and transparent manner. Majority of the respondents agreed that healthcare budgets in the County are consultatively done. The study established that the level of accountability and transparency is low in the county healthcare sector development and that youths and women were sidelined in all matters relating to the accountability of choice of policy, implementation and monitoring of the ongoing developments. Monitoring and evaluation of projects in the county is left to the County officials who are the recycled old experienced men. The respondents agreed that the voice of youth and women are not heard.

The findings also indicated that the provision of the status of the project related to Healthcare services offered to Healthcare was fairly done It is clear from the findings that citizens were not aware of some of the projects related to Healthcare for it was true that they were not consulted in the planning and setting up policies related to health care. These clearly indicated that there was discrimination of women, youth and the disabled in the health policy matters.

The study concludes that roles of women in the county projects and the extent of their participation should be enhanced through proper outlining of legal provisions in terms of a practical approach in the representation of women in county committees and gender roles realigned to enhance women's empowerment and aggravate women's participation, the issue of girl child education needs to be fostered to help curb illiteracy levels amongst womenfolk, enlighten women and the public in general through a thorough civic education exercise as well as liberating the womenfolk from the notion of subordination as well as the documentation of success stories involving able youth and women managers which can be copied amongst generations to help liberate mindsets on women's participation.

7. Recommendations of the Study

Based on the first objective on stakeholder's participation on policy development in health care sector, the study recommends that public forums on policy development should always be publicized. The study also recommends that explanation on health care policy implementation by the county officials should be done always. The study recommends that public should approve all the health policies on merits and projects that are more beneficial should be the first priority. The study recommends that the status reports on health care policies should be communicated often to all the stakeholders on a monthly basis.

Based on the second objective on the effect of consultative framework on policy development in health care sector, the study recommends that entrenching laws that will foresee increase in women's numbers to match up with those of their male counterparts. To completely eliminate the constraints to women's participation in policy development, retrogressive beliefs should be written off. The concerned authorities under the Ministry of National Treasury and the National Government should ensure that constituency Project Management Committees are regularly checked to ensure that they comply with the legal provisions in the Act.

Based on the third objective on the effect of transparency on policy development the study recommended that the newly elected county board officials should be regularly checked to ensure that they uphold the rule of law and are willing to address the issue of gender disparity, which is seen to be a major contribute to limited women's participation. To address the constraints to youth and women's participation, a deeper insight needs to be unveiled, one which will fast track the correction of the stated factors therein including the cultivation of attitudes and approaches. More health policies should be designed to cater for youth and women's needs, of which will impact positively on their expectations thus

fostering involvement at all levels. Overall, women need to work on their relaxation attitude to inculcate participation from their part, as well as appreciate the basics of public participation.

The recommendations on the effect of citizen awareness on the Healthcare sector policy development were that authorities should facilitate citizen exchange forums to share experiences and further establish a hub or resource centres that would be accessible to the public, where information with regards to the project regulations can be acquired and shared. That to improve the impact of projects to address youth and women's plights, there is need to involve youth and women at all levels of the project cycle to enhance project ownership, sensitize youth and women on the need for their active participation in projects and outline their rights as citizens in the participation in county activities.

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