

# Citizen's Involvement in Implementation of Health Development Projects in Nyeri County

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**A Report Card on Status of Health Development Projects at Facility Levels  
implemented from July 2015 to June 2017 in Nyeri County**

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## LIST OF ABBREVIATIONS

ADP	Annual Development Plan
CFSP	County Fiscal Strategic Paper
CHMT	County Health Management Team
CIDP	County Integrated Development Plan
CIPE	Center for International Private Enterprise
CRH	County Referral Hospital
FGDs	Focus Group Discussions
HERAF	Health Rights Advocacy Forum
ICU	Intensive Care Unit
KII	Key Informant Interviews
SPSS	Statistical Package for Social Sciences
IEA	Institute of Economic Affairs
PGH	Provincial General Hospital

## EXECUTIVE SUMMARY

Budget implementation is the phase where resources are used to implement budget policies as planned by the Executive and approved by the County Assembly. It includes managing the purchase and use of resources efficiently and effectively. This phase is crucial as it enables citizens to explore how accountable is their government in utilizing their resources as they committed to in the approved budget. The public should be able to monitor compliance with budget policy documents.

In addition to national frameworks, public participation in Nyeri County is guided by the Nyeri County Public Participation Act, 2015 which outlines how the county will coordinate public participation both at County Assembly and at the county executive levels. The county was among the first counties to develop a Public Participation Act, 2015, which shows the county's attempts in ensuring its citizens are engaged in implementing government public projects. This was important as it could enable citizens to explore how accountable the government is in utilization of their resources as approved in the budget. The main purpose of the study was therefore to monitor implementation of approved health projects budget in Nyeri County for 2015/2016 and 2016/2017 financial years.

Unlike in project identification, which is characterized by robust contribution from the public during the County Integrated Development Plan (CIDP), Annual Development Plan (ADP) and County Fiscal Strategy Paper (CFSP) consultations and public hearings, the study found out that the public rarely participated in the execution of the approved project. Most of them learnt of the project when they saw the implementing team on the site.

Discussions with the government officials revealed that though the public may not have been aware, actual procurement and tendering processes were followed. Invitation for tenders for each project were advertised in the county website and boards placed at the project sites. However, most of the community members could not access these sources of information considering that they had no access to the internet or paid little attention to information posted on the website, public and project boards. This was collaborated by 8.5% of the respondents who stated there were tender advertisements for contractor and supplier. Out of these respondents, 2.4% stated that they knew the contractor and how they were procured.

The study revealed that four out of the sixteen projects assessed were implemented as per the budgeted amounts while seven of them did not exhaust the budgeted amounts. This was an indication that despite low public involvement, the County government officers involved in the project implementation were within the limits of the approved budgets. This was attested by 67.3% of the respondents who were satisfied with the way the projects were implemented. At the time of the study most of these projects were complete and in use. Only 2 of these projects had defects and were not in use.

The study recommends to County government of Nyeri to create more awareness and build capacity for citizens and County government officers on public participation in implementation of approved budgets; ensure access to correct and timely information in a format easily digestible by public and to conduct targeted public participation forums. The County government should also ensure there is meaningful involvement of HFMCs and Hospital Boards in project implementation and incorporate the public including civil society organisations in the implementation of the approved projects in order for them to monitor the project as implementation goes on to allow for immediate feedback.

## 1.0 BACKGROUND

Nyeri County is strategically located in the densely populated and fertile central highlands, Nyeri County is one of the 47 counties in Kenya. Until recently, the county was the administrative headquarters of the former Central Province. It is situated about 150 km north of Kenya's capital Nairobi and sits on a surface area of approximately 3337.10 km<sup>2</sup>. The county borders Laikipia county to the north, Kirinyaga county to the east, Murang'a county to the south, Nyandarua county to the west and Meru county to the northeast.

There are 8 sub-counties in the county namely: Kieni East, Kieni West, Mathira East, Mathira West, Nyeri Central, Mukurweini, Tetu, and Nyeri South. These are further divided into 21 Divisions, 70 locations and 244 sub-locations. These administrative units are important for the management and delivery of basic services to the citizens. The political units comprise of constituencies and electoral wards. These units are designed for representation of the public. The County has 6 constituencies namely Tetu, Kieni, Mathira, Othaya, Mukurweini, Nyeri Town. In addition, there are 30 County wards. Key urban areas in the county include Nyeri, Karatina, Othaya, Mukurwe-ini and Mweiga towns.<sup>1</sup>

### 1.1 Problem statement

Public participation in the budget making process is anchored in Kenya's 2010 Constitution. Budget implementation is the phase where resources are used to implement budget policies as planned by the Executive and approved by the County Assembly. It includes managing the purchase and use of resources efficiently and effectively.<sup>2</sup>

Budget implementation phase is crucial as it enables citizens to explore how accountable their government is in utilizing their resources as they committed to in the approved budget. However, budgets in many Counties are poorly implemented characterized with massive corruption, fraud, outright theft or misappropriation.<sup>3</sup> Other challenges that have faced development project in almost all County governments in Kenya include over or under expenditure, untimely implementation, poor oversight, guaranteeing value for the money and utilization of the project.

These challenges are compounded further by little or no public participation in all the stages of the project implementation as there are either no such avenues or they are not known to the public.<sup>4</sup> Where such opportunities exist, citizens may be frustrated by bureaucracy in accessing correct and timely information and project documents, as the implementation phase of the budget is considered sensitive hence challenges of authorization. The politics of the day could also play a major role in enabling or derailing public involvement in monitoring budget implementation. Often, this may easily be interpreted as attempts to unfairly brand government officials or witch hunt in order to gain unfair political mileage. Many people and organisations often shy away from monitoring the implementation of the budget though, this ought not to be the case where both right holders and duty bearers are well informed and capacitated as this is sufficiently backed up by the Constitution.

The study therefore sought to explore whether Nyeri County had public participation during the implementation of the budget approved by the County government for health projects for 2015/2016 and 2016/2017 financial years.

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1. Nyeri County Integrated Development Plan 2013 - 2017

2. County Public Participation Guidelines, 2016

3. Africog 2015. Public Procurement in Kenya's Counties: Experience from Three Counties. Africog. Nairobi

4. IGTRTC. The Status of Public Participation in National and County Governments. Nairobi. Intergovernmental Relations Committee

## 1.2 Main Objective

The main objective of the study was to monitor implementation of approved health projects budget in Nyeri County for 2015/2016 and 2016/2017 financial years.

Specifically the study sought to:

1. Explore the levels of citizen's participation in implementation of approved health development budget in Nyeri County.
2. Physically verify and confirm the status of the 2015/2016 and 2016/2017 financial year health development projects.

## 2.0 METHODOLOGY

The study was conducted in Nyeri County with a specific focus on sub-counties that had development projects in the 2015/2016 and 2016/2017 financial years. These included Nyeri Town, Mathira East, Mukurwe-ini, Mathira West, Kieni East, Othaya, Tetu, and Kieni West.

### 2.1 Target Population

The study targeted community members, community health workers, religious leaders, health care workers, community health committee members, health facility management committee members, county government officials, and county health management team members from the following health facilities:

1. Nyeri County Referral Hospital
2. Karatina Sub County Hospital
3. Mukurwe-ini Sub County Hospital
4. Gitero Dispensary
5. Thunguma dispensary
6. Kariguini dispensary
7. Ruguru Health Centre
8. Thung'ari Dispensary
9. Njokiini Health Centre
10. Ichamara Dispensary
11. Karaba health Centre
12. Ruruguti Dispensary
13. Wamagana Health Centre
14. Muthangira Dispensary

### 2.2 Sample Size

A convenience sampling method was used to select respondents to the questionnaire, key informant interviews (KII) and focus group discussion (FGDs). A total of 510 people participated across the 14 health facilities as outlined in table 1 below. County Referral Hospital (CRH), Karatina, and Mukurwe-ini represented 11.8% respectively while the other areas each had 5.9% of the total sample size.

### 2.3 Demographic Characteristics

Most of the respondents interviewed were female at a total of 326 which was 64.3% while their male counterparts were a total of 181 respondents at 35.7%. It was only Karatina Hospital, that had the highest number of male respondents being interviewed where out of 60 respondents 32 were male at 53.3% and 28 were female at 47.7%. The other 13 health facilities had an average of 11 male respondents and 25 female respondents. More women than men responded to the survey due to women's health seeking behavior and their high frequency in taking children to health facilities.

The age group of most of the respondents interviewed ranged between 35-55 years at 48.2%, followed by 18-34 years at 31.2%, and finally 56 and above at 20.6%. More middle aged 35-55yrs compared to the youth 18-34yrs and old aged 56 and above were interviewed. This is attributed to the fact that the youth frequently seek education and source of income outside of their rural dwellings.

## List of Projects Targeted

Table 1 below presents the list and description of the development projects that were targeted by the study.

**Table 1: Description of Public Projects Monitored at Each Health Facility**

SAMPLE SIZE	HEALTH FACILITIES	PUBLIC PROJECT DESCRIPTION
60	County Referral Hospital (CRH)	Proposed Canopy repairs and painting at CRH drug store Renovation and restoration works at the dental unit ICU10 X-Ray/Radiology
30	Gitero Dispensary	Renovation of Nursery to Gitero Dispensary
30	Ichamara Health Center	Proposed construction of Maternity ward
30	Karaba Health Centre	X-Ray department construction
60	Karatina Sub County Hospital	Installation of a 200w generator
30	Kariguini Dispensary	Proposed Alterations to existing Kariguini Dispensary
60	Mukurwe-ini Sub County Hospital	Construction of incinerator Equipping of county hospital Rerouting of foul drainage
30	Muthangiri Dispensary	Proposed completion of Muthangira Dispensary
30	Njoki-Ini Dispensary	Proposed maternity refurbishment
30	Ruguru Health Center	Proposed Refurbishment of Ruguru Health Center
30	Ruruguti Dispensary	Proposed Construction of maternity Block
30	Thungari Dispensary	Proposed Renovation works
30	Thunguma Dispensary	Proposed completion of existing building
30	Wamagana Health Centre	Proposed construction of new outpatient block

## 2.4 Limitations

- The study focused on 2015/2016 – 2016/2017 County Health Department, development projects instead of 2017/2018 financial year that the public can clearly recall due to status of completions and documentation.
- Selection bias. Convenience sampling method was used to select those who responded to the questionnaire hence those engaged may not have been involved during project implementation.

## 2.5 Data Analysis

The data from the questionnaire was analyzed using SPSS Version 13.0. Basic descriptive statistics in the form of tables were generated for key indicators. Recorded notes from key informant interviews were developed into codes to identify themes for interpretation and analysis. Reports generated from the analysis have been synthesized and harmonized for the main report. The qualitative results were used to clarify and provide in-depth meaning of the quantitative data generated.



## Levels of Citizen's Participation in Implementation of Approved Health Development Budget in Nyeri County

### 3.0 Introduction

This chapter presents the results of the study. It gives an account of how citizens participated in the implementation of development projects in the department of Health, Nyeri County for 2015/2016 and 2016/2017 financial years.

### 3.1 Project Identification

The public according to the study were involved in project identification during public participation processes that informed CIDP 2013 – 2017, ADP and CSFP for 2015/16 and 2016/2017 financial years. This was the first phase of devolution in Kenya and the public were warming up to the concept of public participation. The study sought to find out if there was community participation in the identification of the projects implemented in each of the target health facilities.

According to Table 2 below on average 25.5% of the respondents stated there was community involvement in the identification of the project. However, community participation in project varied from one facility to the other. The highest ranking was Muthangiri Dispensary at 96.7% followed by Kariguini Dispensary at 70.0%. The lowest rankings were Thungari Dispensary and Wamagana Health Center where respondents stated there was no community participation in identification of the public project. Muthangiri and Kariguini Dispensaries were new health facilities when the projects were being implemented and the community members were still excited about having a new health facility hence they ensured that they engaged in everything that transpired within the facility. Thungari Dispensary and Wamagana Health Center on the other hand are facilities that have been in existence for a long period of time and the community members were not as excited to participate in the facilities' initiatives.

**Table 2: Public Project Identification**

HEALTH FACILITY	YES	NO	I DON'T KNOW	TOTAL
Nyeri County Referral Hospital	13	23	24	60
	21.7%	38.3%	40.0%	100.0%
Gitero Dispensary	14	5	11	30
	46.7%	16.7%	36.7%	100.0%
Ichamara Dispensary	5	6	19	30
	16.7%	20.0%	63.3%	100.0%
Karaba health Centre	4	5	21	30
		16.7%	70.0%	100.0%
Karatina Sub County Hospital	0	12	48	60
	0.0%	20.0%	80.0%	100.0%
Kariguini Dispensary	21	0	9	30
	70.0%	0.0%	30.0%	100.0%
Mukurwe-ini Sub County Hospital	4	17	39	60
		28.3%	65.0%	100.0%
Muthangira Dispensary	29	0	1	30
	96.7%	0.0%	3.3%	100.0%
Njokiini Health Centre	10	9	11	30
		30.0%	36.7%	100.0%
Ruguru Health Centre	2	8	19	29
	6.9%	27.6%	65.5%	100.0%

Ruruguti Dispensary	18	1	11	30
	60.0%	3.3%	36.7%	100.0%
Thung'ari Dispensary	0	22	8	30
	0.0%	73.3%	26.7%	100.0%
Thunguma Dispensary	10	10	10	30
		33.3%	33.3%	100.0%
Wamagana Health Centre	0	21	9	30
	0.0%	70.0%	30.0%	100.0%
<b>Total</b>	<b>130</b>	<b>139</b>	<b>240</b>	<b>509</b>
	<b>25.5%</b>	<b>27.3%</b>	<b>47.2%</b>	<b>100.0%</b>

According to the results, community participation in identification of development projects in Nyeri County Referral Hospital could have been lower than expected due to fact that it covers the whole of Nyeri County, hence the probability of the person interviewed not knowing. However, low levels of participation in project identification across facilities raised the question of community ownership of each of these health facilities and the processes of public participation. On further enquiry it emerged that there were no public consultations that took place in each of these health facilities, instead the forums were in centralized places away from the health facilities.

Among HFMC and hospital board members interviewed they stated that, public participation forums towards development of CIDP, ADP and CFSP were held at central places. The most popular was Wambugu Farm, near Nyeri town. The attendances were citizens from all the sub counties, who made recommendations based on the needs of their sub counties. It was during such public participation forums, that the members of HFMC/ Facility boards attended and made proposals relating to project that they deemed fit for their respective health facilities. Upon submission of their wish list of projects, there were no formal feedback mechanisms about their requests. It took their own initiatives and connections to get information on projects that were successfully incorporated into the approved budget.

Key interviews revealed that public participation in these forums was also low due to accessibility challenges. Most of the respondents could not afford public transport to be able to attend while others felt that the short notice inviting the public for consultations could also have been a challenge. They further stated that they felt County government holds such public meetings to only comply with Constitutional requirements. Hence lack of targeted consultations such as at levels of health facilities.

Other studies have found similar challenges where county governments invite citizens for public participation without giving them enough information and necessary documentation.<sup>5</sup> As consequence only a few people turn up for the consultation and even when they show up, they may not make adequate contributions. Some of the reasons hindering contributions bordered on getting information for the first time, political inclination, where only those in support of certain political ideologies are allowed to contribute while those of different views despite speaking their views may be largely ignored.<sup>6</sup> Language barrier was also documented in these studies as a major barrier, for example the language used in budget making is too technical for the local citizens.<sup>7</sup>

5. TISA, 2011. Policy Proposals on Citizen Participation in Devolved Governance in Kenya, The Institute of Social Accountability [https://www.tisa.or.ke/images/uploads/Policy\\_Recommendations\\_on\\_Citizen\\_Participation-TISA\\_2011.pdf](https://www.tisa.or.ke/images/uploads/Policy_Recommendations_on_Citizen_Participation-TISA_2011.pdf)

6. Hakijamii, 2017 Barriers and Facilitators of Citizen Participation in Governance Processes in Nairobi County, Kenya. Survey Findings Report December 2016 – January 2017. Economic and Social Rights Centre (Hakijamii)

7. IBP 2012. The Power of Making it simple. A Government Guide to Developing Citizens Budgets. International Budget Partnerships. <https://www.internationalbudget.org/wp-content/uploads/Citizen-Budget-Guide.pdf>

### 3.2 Project Implementation

Implementation of projects is a rigorous process involving tendering, selection of the implementer, financing, oversighting and reporting among other processes. This phase is crucial as it enables citizens to explore how accountable their government is in utilizing their resources as they committed to in the approved budget. It emerged from the study that the implementation process is a technical process often, driven by the County officials.

The study sought to find out if there was community participation in the implementation of the various health development projects in targeted health facilities. According to Table 3 below, almost an equal number of the respondents agreed there was public participation (23.5%) while 25.6% stated there was no public participation. However, over 50% of the respondents could not tell if there was any public participation.

**Table 3: Was there Community Engagement in Implementation of the Project?**

HEALTH FACILITY	YES	NO	I DON'T KNOW	TOTAL
Nyeri County Referral Hospital	11	14	34	59
	18.6%	23.7%	57.6%	100.0%
Gitero Dispensary	17	3	10	30
	56.7%	10.0%	33.3%	100.0%
Ichamara Dispensary	4	6	20	30
		20.0%	66.7%	100.0%
Karaba health Centre	7	3	20	30
	23.3%	10.0%	66.7%	100.0%
Karatina Sub County Hospital	1	8	51	60
	1.7%	13.3%	85.0%	100.0%
Kariguini Dispensary	21	0	8	29
	72.4%	0.0%	27.6%	100.0%
Mukurwe-ini Sub County Hospital	4	20	36	60
		33.3%	60.0%	100.0%
Muthangira Dispensary	27	2	1	30
	90.0%	6.7%	3.3%	100.0%
Njokiini Health Centre	2	13	15	30
		43.3%	50.0%	100.0%
Ruguru Health Centre	2	7	21	30
	6.7%	23.3%	70.0%	100.0%
Ruruguti Dispensary	15	3	11	29
	51.7%	10.3%	37.9%	100.0%
Thung'ari Dispensary	0	22	8	30
	0.0%	73.3%	26.7%	100.0%
Thunguma Dispensary	8	10	12	30
	26.7%	33.3%	40.0%	100.0%
Wamagana Health Centre	0	19	11	30
		63.3%	36.7%	100.0%
Total	119	130	258	507
	23.5%	25.6%	50.9%	100.0%

Opportunities for public participation in this phase of the budget were not as open as in the planning and budget development stages. Discussions with community members pointed out that, community participation is deemed important by County government at the project identification stage but negligible at the project implementation phase. Handily were there advertisements inviting the public for participation in this phase. Data from key interviews with most of HFMC and members of the hospital boards revealed that they were rarely involved in procurement and tendering processes in their respective health facilities. The HFMC members interviewed stated that usually the county government officials did not inform them about projects scheduled for implementation at their respective health facilities. One of the HFMC stated *“What usually happens is that, we find contractors on the site working and upon asking what they are doing at the health facility; the contractor responds, we have been sent by the County government”*. Some of the HFMC members that stated that they were not involved were drawn from Thunguma Dispensary, Wamagana Health Centre, Ruguru Health Centre, Thung’ari Dispensary, and Karaba Health Centre.

### **Procurement and Tendering Information**

On average, 80% of the respondents reported that that they had no idea whether advertisement for the tenders took place. Most of the HFMC members who were expected to have the information, confessed they had no such information either. HFMC members interviewed felt there was lack of their involvement by the County government in the implementation of the projects and this had reduced their works to quarterly routine meetings and signing cheques. Their feeling was that the County government should have involved them more in matters pertaining to their respective health facilities. They stated often, they had little or no information to share with the community about the projects, as none was provided by the County government officials even during their monitoring visits and during quarterly meetings.

It was therefore, evidenced that County procurement plans, tender documents, pre-qualification criteria and lists, call for bids, terms of contract and justification for awarding contract to selected contractor information were in the hands of County government officials. This was attested further by the research team, they handily found any copies of the projects in respective health facilities. Instead, they were availed from the County government officials. This information should be readily available to the public as guided by the presidential directive requiring disclosure of the details of the contractual process.

Discussions with the government officials revealed that actual procurement and tendering processes were followed. Invitations for tenders for each project were advertised in the county website and boards placed at the project sites. However, most of the community members could not access these sources of information considering that they had no access to the internet or paid little attention to information posted on the public and project boards.

#### **3.2.1 Cost of the Project**

The survey sought to establish whether the projects were implemented within the budgeted amount as per the County government budget documents. Information was sought from the County government procurement and economic planning departments. Initially, this information on costs was to be to collaborate information provided by members of the public. However, it emerged other that the amount in the approved budget which is a public document, information on the actual costs of the projects as executed by the contractors or suppliers were not availed to the public. Indeed, community members interviewed including a majority of the HFMC and hospital board members mentioned that that this was an area that they did not know anything and no one could categorically share any information on amounts of funds incurred in each project. They stated that this information was better suited for the County officials.

Table 4 below outlines the budgeted amount and the actual expenditure for each of the monitored targeted projects according to the documents provided by County government officers. It emerged that 4 of the public projects were implemented as per the budgeted amounts and were complete and in use. These were Canopy repairs at Nyeri County Referral Hospital, renovation of Gitero Nursery School to a Dispensary, construction of an incinerator at Mukurwe-ini hospital and completion of Muthangira Dispensary.

There were 6 projects that did not exhaust the amount budgeted for but they were complete and in use. These were the renovation and restoration works of the dental unit at the County Referral Hospital, proposed alterations to existing Kariguini Dispensary, rerouting of foul drainage at Mukurweni Hospital, proposed maternity refurbishment at Njoki-ini Dispensary, proposed completion of existing building at Thunguma Dispensary and proposed construction of new outpatient block at Wamagana Health Centre. May be this was case of over budgeting or prudent use of the public resources.

There was 1 project that was complete and not in use, this was proposed construction of Maternity ward at Ichamara Health Center which was also queried by the Auditor General in 2017 where they mentioned that there was no explanation given on why the maternity was not in use.<sup>8</sup> However, 2 projects were ongoing and had not exhausted the amounts budgeted for. These were x-ray department construction at Karaba Health Center, and proposed construction of maternity block at Ruruguti Dispensary. Reasons for these bordered on delay in procurement process and disbursement of resources.

Nonetheless, there were 2 projects that had already used up the amounts budgeted for but they were not complete. These were refurbishment of Ruguru Health Center and renovation works at Thungari Dispensary. Then, there was one project at Karatina Sub-County Hospital that did not have a report on what was expended.

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8. OAG, 2017 Report of the AG on the Financial Statements County Executive of Nyeri for Year Ended 2017. Government printers

**Table 4: Public project Budget**

HEALTH FACILITY	PUBLIC PROJECT DESCRIPTION	PUBLIC PROJECT BUDGET	ACTUAL EXPENDITURE	PUBLIC PROJECT STATUS
Nyeri County Referral Hospital	Proposed Canopy repairs and painting at CRH drug store	965,062	965,062	Complete and in use
	Renovation and restoration works at the dental unit	5,939,507	5,939,124.6	Complete
	ICU10			Complete and in use
	X-Ray/Radiology			Complete and in use
	Renal			Complete and in use
Gitero Dispensary	Renovation of Nursery to Gitero Dispensary	2,442,426	2,442,426	Complete and in use
Karaba health Centre	Proposed construction of Maternity ward	8,674,845	6,846,581	Complete and not in use
Karatina Sub County Hospital	X-Ray department construction	6,905,207	4,870,254.20	Ongoing
Karatina Sub County Hospital	Installation of a 200w generator	13,000,000		Complete and in use
Kariguini Dispensary	Proposed Alterations to existing Kariguini Dispensary	1,945,345	1,678,143	Ongoing and in use
Mukurwe-ini Sub County Hospital	Construction of incinerator	444,802	444,802	Complete and in use
	Equipping of county hospital			Complete and in use
	Rerouting of foul drainage	513,172.4	444,802	Complete and in use
Muthangiri Dispensary	Proposed completion of Muthangira Dispensary	6,875,643	6,875,643	Complete and in use
Njoki-Ini Dispensary	Proposed maternity refurbishment	2,198,809	2,194, 227	Complete and not in use
Ruguru Health Center	Proposed Refurbishment of Ruguru Health Center	4,176,069	4,176,069.60	Ongoing and in use
Ruruguti Dispensary	Proposed Construction of maternity Block	8,576,657.2	3,195,997.20	Ongoing and not in use
Thungari Dispensary	Proposed Renovation works	668,044	667,986	Ongoing and in use
Thunguma Dispensary	Proposed completion of existing building	2,240,140	2,240,087.60	Complete
Wamagana Health Centre	Proposed construction of new outpatient block	7,169,745	7,029,162.68	Complete and in use

### 3.3 Project Beneficiary Feelings

The survey sought to understand the feelings of project beneficiaries' regarding each of the projects. Despite data on participation showing that the public had little levels of participation in implementing the projects, a huge number (67.3%) of the respondents were satisfied with the projects as shown in Table 7 below.

**Table 7: How satisfied are you with the project?**

HEALTH FACILITY	VERY SATISFIED	SATISFIED	NOT SATISFIED	TOTAL
Nyeri County Referral Hospital	3	48	9	60
	5.0%	80.0%	15.0%	100.0%
Gitero Dispensary	14	2	14	30
	46.7%	6.7%	46.7%	100.0%
Ichamara Dispensary	12	13	5	30
	40.0%	43.3%	16.7%	100.0%
Karaba health Centre	14	12	3	29
	48.3%	41.4%	10.3%	100.0%
Karatina Sub County Hospital	3	56	1	60
	5.0%	93.3%	1.7%	100.0%
Kariguini Dispensary	26	3	1	30
	86.7%	10.0%	3.3%	100.0%
Mukurwe-ini Sub County Hospital	31	25	4	60
	51.7%	41.7%	6.7%	100.0%
Muthangira Dispensary	0	3	27	30
	0.0%	10.0%	90.0%	100.0%
Njokiini Health Centre	2	0	27	29
	6.9%	0.0%	93.1%	100.0%
Ruguru Health Centre	0	10	16	26
	0.0%	38.5%	61.5%	100.0%
Ruruguti Dispensary	9	20	0	29
	31.0%	69.0%	0.0%	100.0%
Thung'ari Dispensary	0	6	24	30
	0.0%	20.0%	80.0%	100.0%
Thunguma Dispensary	0	19	11	30
	0.0%	63.3%	36.7%	100.0%
Wamagana Health Centre	0	6	22	28
	0.0%	21.4%	78.6%	100.0%
<b>Total</b>	114	223	164	501
	22.8%	44.5%	32.7%	100.0%

Despite the negative reports on public participation the community mentioned that they were happy and satisfied with the projects implemented. Access to health services remains a fundamental challenge in the community, hence any intervention geared towards lessening these burden was welcome to the community irrespective of process employed. The projects were acknowledged for bringing services closer to the people, reducing costs of transport and time spent. They mentioned that some of the services were not available during the central government and since devolution they

have seen many health services being brought to Nyeri County like the radiology department at PGH, X-Ray services at Karaba health Centre, completion of the Muthangira Dispensary and refurbishment of the maternity supported incubation for children at Njokiini Health Centre. Table 8 below shows how each project was perceived in respective localities.

**Table 8: How Community Perceived Projects**

HEALTH FACILITY	PERCEPTION
County Referral Hospital	<p>The respondents stated that the projects on the dental unit, ICU10, and the X-Ray/Radiology had brought the services close to the community as compared to when they had to travel long distances to access those services. Which has led to saving of time spent at going to a health facility and hence made it cost effective.</p> <p>The projects have been termed as lifesaving since emergency cases are easily catered for within the county hospital hence they have been able to meet community demands.</p>
Gitero Dispensary	<p>The project improved the services and health standards of the community since the services were brought closer to people. Community members could access the facility faster and reduce the spread of diseases.</p> <p>Having had a dispensary established, the community felt that there was reduced cost of service since the services were closer to the community and that they also spent less on transportation while seeking health services.</p>
Ichamara Dispensary	<p>Respondents from Ichamara stated that the maternity ward had been able to meet the community needs as it brought services closer to the people hence saving many lives, time and money. Despite the maternity not being functional, the community members stated that emergency cases were now being handled at the facility.</p>
Karaba health Centre	<p>The X-Ray services are closer to the community both during the day and night. There has been reduced cost of transport while seeking X-ray services.</p> <p>The project led to an increase in the employment to the youth and has led to development in the area consequence by the high rate of community members seeking the services.</p>
Karatina Sub County Hospital	<p>The generator purchased has improved security lighting, theatre operation, service delivery, power outage cases; enhanced nursery services and the wards.</p> <p>It has facilitated 24 hour handling emergencies even when there are power outages, improve theatre and ICU services, created jobs (evening casuals), minimized damages, enhanced water supply in the facility using water pump and ensured frequent refrigeration of drugs.</p>
Kariguini dispensary	<p>The project was termed lifesaving as it had led to saving of time spent at going to a health facility and hence made it cost effective due to the reduced transportation cost to the health facility</p>
Mukurwe-ini Sub County Hospital	<p>The construction of incinerator and rerouting of foul drainage had improved the cleanliness of the health facility. There was less pollution and improved hygiene of the facility</p>
Muthangira Dispensary	<p>The completion of the dispensary brought primary health care services closer to the community; it has saved them time used to access health services and is cost effective since the services are free.</p>
Njokiini Health Centre	<p>The refurbishment of the maternity supported incubation for children, there was minimal cost for mothers, the maternity service were closer to the community hence saving time used to access maternity services.</p>
Wamagana Health Centre	<p>The outpatient block constructed had enabled the community members to be served better by the health care workers</p>



## Status of Health Development Projects Citizen's Report Card



### PROJECT NAME: INSTALLATION & COMMISSIONING OF A 200KV GENERATOR

Facility: Karatina Level IV Hospital  
Sub County: Mathira East Ward: Karatina

Assessment date: 19/09/2018  
Funds Awarded in FY2015/15: 13,000,000  
Project Status: Complete and in use

#### BoQ specifications

Installation of a 200KVA generator. Housed in a 14ft x 16.5 ft x 8 ft room with a bar door and ventilation on all three walls. Concrete structure.

#### Comments

A high capacity generator was installed; a 3 phase 220KVA Generator. The new generator was last serviced in May 2018; there is a new structure that was built to house the generator and fuel tank. The generator is in use and ensures that the facility always has electricity even during power outages.



### PROJECT NAME: PROPOSED RENOVATION WORKS

Facility: Thungari Dispensary  
Sub County: Kieni East  
Ward: Thegu River

Assessment date: 24/09/2018  
Funds Awarded in FY2015/16: 668,044  
Actual expenditure: 667,986  
Project Status: Ongoing and in use

#### BoQ specifications

Demolish framed timber doors and frame from walling and store. Replace with Standard steel casement doors; clear sheet glass windows with grills (steel burglar proof bars). Three coats oil paint full gloss to window surface and burglar proofing. Entrance: two openable leaves hinges, locks and red oxide primer. Finish coats of gloss oil paints to metal grill surfaces.

#### Comments

The facility was repainted, door replaced and a grill installed. But the community is not satisfied at all because that was not the first priority. The paint has started peeling off and the facial board has defects. The project has six complete rooms all together



**PROJECT NAME:  
PROPOSED CONSTRUCTION OF  
NEW OPD BLOCK**

Facility: Wamagana Health Centre  
Sub County: Tetu  
Ward: Wamagana

Assessment date: 20/09/2018  
Funds Awarded in FY2016/17: 7,169,745  
Actual expenditure: 7,029,162.68  
Project Status: Complete and in use

**BoQ specifications**

Natural stone walling reinforced with thick iron in every alternate course. Paving slabs around building. Roofing 28 gauge roofing sheets gauge 26 galvanized ridge cap. UPVC heavy gauge plastic gutters. Down pipes fixed to wall plus holder built doors. External doors: steel casement in two equal leafs. Two double door 1800x 2400mm high, single leaf door 900x2100mm high single leaf door 820x2080mm. Windows: precast window all bedded jointed in cement and sand. Steel casement window 600x900mm high. Glazing 5mm thick sheet glass fixed to steel windows paint metal surfaces.

**Comment:** The outpatient block was constructed and is in use. It has no defects and has given the community members ample space while waiting to be seen by the health care worker.



**PROJECT NAME:  
PROPOSED CONSTRUCTION OF  
INCINERATOR**

Facility: Mukurwe-ini Hospital  
Sub County: Mukurwe-ini  
Ward: Mukurwe-ini Central

Assessment date: 19/09/2018  
Funds Awarded in FY2016/17: 444,802  
Actual expenditure: 444,802  
Project Status: Complete and in use

**BoQ specifications**

The floor slab should be 150mm thick with fire resistant natural stonework walling- local stone laid in red brick in fire resistant cement. Steel door plus frame firmly fixed to opening with an ash pit 1.2m wide x 10m deep line to 1.5m deep with masonry walling. Natural stone walling man hole cast iron cover. External floors paved in cement and sand.

**Comment:** The incinerator has enabled the facility to get rid of its medical wastes, it works perfectly well, though cracks were visible on the surface of the incinerator and the door is not in good condition.



## PROJECT NAME: REROUTING OF FOUL DRAINAGE

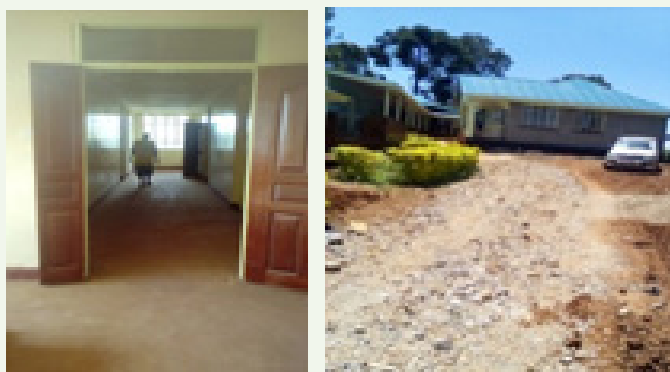
Facility: Mukurwe-ini Hospital  
 Sub County: Mukurwe-ini  
 Ward: Mukurwe-ini Central

Assessment date: 19/09/2018  
 Funds Awarded in FY2016/17: 513,172.40  
 Actual expenditure: 444,802  
 Project Status: Complete and in use

### BoQ specifications

Re-routing of foul drainage: Excavation and earth works, Drain pipes, man holes, man hole cover, natural stone walling.

**Comment:** Foul drainage is no longer an issue at the facility since there is a redirection of the drainage into a septic tank.



## PROJECT NAME: PROPOSED CONSTRUCTION OF MATERNITY BLOCK

Facility: Ichamara Dispensary  
 Sub County: Mukurwe-ini  
 Ward: Mukurwe-ini Central

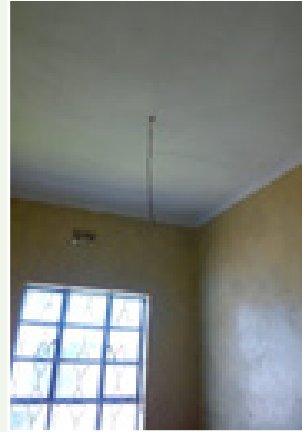
Assessment date: 19/09/2018  
 Funds Awarded in FY2016/17: 8,674,845.40  
 Actual expenditure: 6,846,581

Project Status: Complete and not in use

### BoQ specifications

Concrete paving slabs. Permanent ventilation with mosquito gauge; Gauge 28 pre-painted roofing sheets. UPVC heavy gauge plastic gutters. Flush doors- double swing; two leaf steel casement door finishing coats gloss oil paint to metal wooden surfaces. Windows with clear gloss and glazing oil paints to mental surface.

**Comment:** The project is well put up but some cracks were observed on the walls. Doors and windows are fixed, and electricity installed. The bathrooms and toilet are in good condition and there was running water. Ceiling is also complete and saw some equipment. Not operational due to lack of staff and its partially equipped.



## PROJECT NAME: PROPOSED COMPLETION OF RUGURU DISPENSARY PHASE II

Facility: Ruguru Health Centre  
Sub County: Mathira West  
Ward: Ruguru

Assessment date: 20/09/2018  
Funds Awarded in FY2015/16: 4,176,069  
Actual expenditure: 4,176,069.60  
Project Status: Ongoing and in use

### BoQ specifications

Tilling of floor and walls in ceramic tiles and lay paving slabs. Painting of plastered walling ceiling, timber surfaces, metal doors internally and externally. Seal roof leakage into ceiling. Replace damaged celotex softboards, covered walk ways, fire place grating, construction of incinerator, electrical works. Plumbing and drainage works: cold water storage tanks, water pump and control panel. Portable fire extinguisher: - two water/ carbon dioxide gas fire extinguisher, two carbon dioxide gas fire extinguisher, two dry chemical powder fire extinguisher, two manual alarm bells and sterilization of cold water system. Supply, deliver and install UPVC, MUPVC, soil and waste systems.

**Comment:** There was fixing of tiles in the 8 rooms, and electrical installation but wiring is not yet completed. Portable fire extinguisher is not in place



## PROJECT NAME: PROPOSED ALTERATION TO EXISTING KARIGUINI DISPENSARY

Facility: Kariguini Dispensary  
Sub County: Tetu  
Ward: Wamagana

Assessment date: 25/09/2018  
Funds Awarded in FY2016/17: 1,945,345  
Actual expenditure: 1,678,143  
Project Status: Ongoing and in use

### BoQ specifications

Demolition and alteration to remove steel doors and create double door openings. New internal walling and rain water goods:- gutters, down pipes, swan neck down pipes. Gloss paint to all metal surfaces. High metal casement and flush door painted in gloss paint. Windows with burglar proofing casement 12 inch wrot cypress painted in gloss paint. Internal finishes to include granite tiles to floor and skirting, cypress timber ceiling. Painting and decoration in first grade plastic emulsion paint to ceiling, external wall surface and new internal wall. Mechanical works:- wash hand basins, soap dispensers, towel rails, flexible tubing, mirror. Internal plumbing and drainage 1x2300 litres roof water tank, overflow pipe outlet pipe, high pressure ball valve. Electrical works:- supply, install and test cables, earthing power and lighting points.

### Comment

The project was initially a nursery school renovated to be a dispensary. It has 8 well renovated rooms, 4 toilets and a urinal. No electricity connection, adequate furniture and fittings including drug store shelves.



## PROJECT NAME: PROPOSED CONSTRUCTION OF MATERNITY BLOCK

Facility: Ruruguti Dispensary  
 Sub County: Othaya  
 Ward: Iria-ini

Assessment date: 19/09/2018  
 Funds Awarded in FY2016/17: 8,576,657.20  
 Actual expenditure: 3,195,997.20  
 Project Status: Ongoing and not in use

### BoQ specifications

Natural stone walling. Permanent ventilation 225x25mm thick fixed plus mosquitoes wire gauge. Roofing: 28 gauge pre-painted ridge capping valley gutter trusses. Rain water goods: UPVC heavy gauge plastics gutter, down pipes fixed to wall with holder butts. Door: steel casement door in two equal leaves; 1500x2300mm

**Comment:** The building has around 15 rooms. Its construction is completed but no equipment has been brought in hence the facility is not in use.



## PROJECT NAME: PROPOSED CONSTRUCTION OF ADMINISTRATION BLOCK AND X-RAY DEPARTMENT

Facility: Karaba Health Centre  
 Sub County: Mukurwe-ini  
 Ward: Gikondi

Photos top left clockwise: cracks in the walling, detachment in ceiling; cracks in the flooring; suspended drainage; metal grill doors that cannot interlock.

Assessment date: 20/09/2018  
 Funds Awarded in FY2016/17: 6,905,207  
 Actual expenditure: 4,870,254.20  
 Project Status: Ongoing

### BoQ specifications

In the absence of the project file reference is made to a site inspection report of 1st March, 2018 which raised concern over the quality of works. Particularly, structural defects in the floor, walling and in patient's toilet; detached concrete slab paving around the building; separation of door frames from walling; non-aligned metal doors; failure to install lead-lined doors of minimum 2.5mm of lead equivalent foils to the machine room for radiation protection; lack of connection to a sewerage system.

**Comment:** Project almost complete but defects were noted in the walls, floor, door framework, drainage and ceiling.



**PROJECT NAME: PROPOSED CANOPY REPAIRS & PAINTING AT PGH DRUG STORE**

Facility: County Referral Hospital  
 Sub County: Nyeri Town  
 Ward: Rware  
 Assessment date: 20/09/2018

Funds Awarded in FY2015/16: 965,062  
 Actual expenditure: 965,062  
 Project Status: Complete

**BoQ specifications**

New canopy, terrazzo paving, gloss oil paint on metal/plastered surfaces, vent blocks, wooden/metal doors and windows. Replace 3 broken window panes and 10 broken window stays. Repair, align and clean gutters. Paving slabs along building. Open 20metre long drain channel. Perimeter fence & gate

**Comment:** 100% complete but most shelves are empty.



**PROJECT NAME: PROPOSED REFURBISHMENT & RESTORATION DENTAL DEPARTMENT**

Facility: County Referral Hospital  
 Sub County: Nyeri Town

Ward: Rware  
 Photos: dental chair; ICU equipment; Radiology equipment

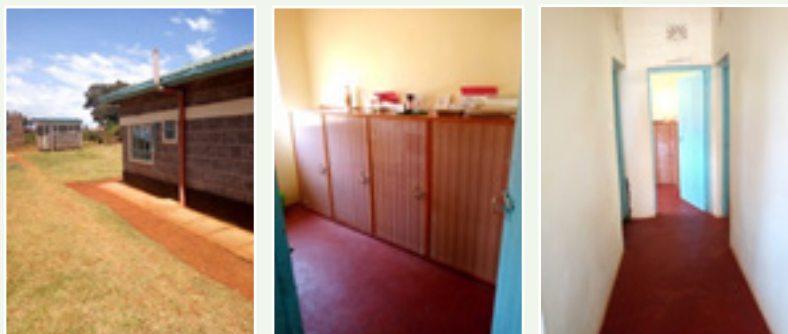
Assessment date: 20/09/2018  
 Funds Awarded in FY2015/16: 4,644,233  
 Actual expenditure: 5,939,124.6  
 Project Status: Complete

**BoQ specifications**

Supply and installation of one 10,000 litres water tank; supply and install fire equipment: 3 hose reel pumpset, 1 control panel, 3 fire notice, 1sterilisation of the cold water system. Laboratory fitting and drainage. Electrical works: lighting & power points; fluorescent fitting, sub-main, 6 ways consumer unit

**Comment:** The dental department is yet to commence using the rooms refurbished since there is no adequate equipment yet.

The ICU and radiology are in use.



**PROJECT NAME:  
PROPOSED COMPLETION OF EXISTING  
BUILDING**

Facility: Thunguma Dispensary  
Sub County: Nyeri Town  
Ward: Muruguru  
Assessment date: 20/09/2018  
Funds Awarded in FY2015/16: 2,240, 140

Actual expenditure: 2,240,087.60  
Project Status: Complete

**BoQ specifications**

Roof completion: gutters, down pipe, painting and decoration (gloss oil paint on timber surfaces). Steel casement door in two leaves, single door. Finishes to include gloss paint on metal work; natural stone walling, block bituminous paint; new floor finish- red oxide graveled smooth and celotex ceiling. Fixtures and fittings:- worktops and cabinets, benches with seat and back rest painted, shelves with chipboard shelves. Paint and decorations:- Vinyl silk paint on new plastered walls, emulsion on ceiling, gloss paint on previously painted timber surfaces internally. Mechanical works:- water closet pan, wash hand basin, toilet roll holder, mirrors, single rande urinal, single bowl drainer kitchen sink. Portable fire extinguisher. Roof water tank 200litres, Electrical works, water tank stand.

**Comment:** The Dispensary is completed. 3 rooms partitioned properly



**PROJECT NAME: RENOVATION OF GITERO  
NURSERY TO GITERO DISPENSARY**

Facility: Gitero  
Sub County: Nyeri Town  
Ward: Kamakwa  
Assessment date: 20/09/2018  
Funds Awarded in FY2015/16: 2,442,426  
Actual expenditure: 2,442,426

Project Status: Complete and in use

**BoQ specifications**

Demolition and alteration of thick walling and partitioning boards and replace with natural stone walling. Gauge 28 galvanized iron sheet roofing. Six single leaf doors gloss oil painted and two soft wood internal doors. Window painted in gloss oil finishing thick glass panes. Plumbing: two water closet pans, two wash hand basin, one kitchen sink, and four toilets gloss oil painted. Gate with two equal leaves steel gate.

**Comment:** Facility has adequate rooms. Patient pit latrine is creaky and not safe for use. The staff and community share the new staff toilet. The facility lacks an incinerator.

## PROJECT NAME: PROPOSED COMPLETION OF RUGURU DISPENSARY PHASE II

Facility: Ruguru Health Centre  
Sub County: Mathira West  
Ward: Ruguru

Assessment date: 20/09/2018  
Funds Awarded in FY2015/16: 4,176,069  
Actual expenditure: 4,176,069.60  
Project Status: Ongoing and in use

### BoQ specifications

Tiling of floor and walls in ceramic tiles and lay paving slabs. Painting of plastered walling ceiling, timber surfaces, metal doors internally and externally. Seal roof leakage into ceiling. Replace damaged celotex softboards, covered walk ways, fire place grating, construction of incinerator, electrical works. Plumbing and drainage works: cold water storage tanks, water pump and control panel. Portable fire extinguisher: - two water/ carbon dioxide gas fire extinguisher, two carbon dioxide gas fire extinguisher, two dry chemical powder fire extinguisher, two manual alarm bells and sterilization of cold water system. Supply, deliver and install UPVC, MUPVC, soil and waste systems.

**Comment:** There was fixing of tiles in the 8 rooms, and electrical installation but wiring is not yet completed. Portable fire extinguisher is not in place



## PROJECT NAME: PROPOSED MATERNITY REFURBISHMENT WORKS TO DISPENSARY

Facility: Njoki-ini  
Sub County: Mukurwe-ini  
Ward: Mukurwe-ini West

Assessment date: 19/09/2018  
Funds Awarded in FY2015/16: 2,198,809  
Actual expenditure: 2,194, 227  
Project Status: Complete and not in use

### BoQ specifications

Lay skirting and floor in ceramic tiles. Plastic emulsion paints on all plastered walls. Curtain rail tracks. Fall drainage for sluice room deep manhole, manhole cover to existing man holes and repair existing septic tanks. Extension to laundry room; 30 gauge galvanized corrugated sheet roofing; natural stone walling plastered and gloss painted. Doors plugged in door frame steel and windows casement, glazing and hanging. Incinerator: walling- precast concrete local stone squared fire chisel, red bricks facing in cement to fire place. Finishes: plastered internal walls, two finishing coats of gloss oil paint metal general surface. Gloss oil paint externally.

**Comment:** The renovations have been done to accommodate maternity ward complete with a labour ward, ablution and laundry room is currently being used as a drugs store since their pharmacy is small. The maternity is not in use as it is not equipped.



## PROJECT NAME: PROPOSED COMPLETION OF MUTHANGIRA DISPENSARY

Facility: Muthangira Dispensary  
Sub County: Kieni West  
Ward: Mugunda

Photostop left clockwise: facility before commissioning; commission photos courtesy CGN website

Assessment date: 14/09/2018

Funds Awarded in FY2015/16: 6,875,643

Actual expenditure: 6,875,643

Project Status: Complete and in use (project commissioned by the governor on 23rd November, 2018)

### BoQ specifications

Completion of OPD block; Roof and roof covering 28 gauge, preprinted roofing sheets. Rain water goods; gauge 26 gutters, outlets, rain water down pipe, down pipe for swan neck. Door; equal leaf steel casement 1200x2100mm, door single size 900x2100mm, timber doors, and flush doors. Windows; precast concrete window sill, steel casement, thick glass panes glazed to metal 3 coats gloss oil paint on metal surfaces timber surfaces. Terrazo floor. Fixtures and fittings; concrete benching on floor, high fixed cabinets, high

back benches scratching proof fornica shelves. Painting and decoration; plastic emulsion paint to plastered walls and ceiling, first gloss paint to metal surfaces internally and externally, timber and plastered plinth surfaces. Electrical works; lighting and power points wired submains- fluorescent fitting, double and single sockets. Roof water tank 500litres, water tank stands. Mechanical works; supply delivery, installation testing and commissioning of water closet pan, hand wash basin, toilet roll holder, mirrors, wall mounted soap dispenser, robe hook, hand driers, towel rolls, flexible tubing, urinal. Internal foul water drainage, internal plumbing works.

### Comment

The project has been completed and also fully equipped. Everything is in place but it is not operating and it should be functional considering that the time it was completed was in 2015. The community's interest is to know when it will be functional.

## 4.0 CONCLUSION

This study was conducted in 2018 and the projects under survey were implemented in the period from 2015/2016 and 2016/2017 financial years. Since then there several changes that took place since the projects were implemented. The first was the change in regime, a new County government was elected in August 2017 which came in with some new government officials. The second was the shift in the practices employed by the new County government, for example, the implementation for the Presidential Directive for 2018 that all Public Procurement entities shall maintain and continuously update and publicize information of all tenders, list of awarded suppliers/contractors and a list of registered suppliers. This was fundamental to the access of the projects documents, close to 3 years since the implementation.

According to the study there exist sufficient policies and legal structures supporting public participation. This was demonstrated by the robust public hearing forums that informed development of the first CIDP, ADP and CSFP for 2015/2016 and 2016/2017 financial years. It was during these consultations that the projects monitored were identified and included in County government planning and budget documents and approved by the County Assembly.

Unlike in project identification, the study found out that the public is not involved in the execution of the approved project. This was mainly a management function. Therefore, despite the public contributing to identification of the projects during the CIDP, ADP and CSFP processes most of them only witnessed projects being implemented in their respective health facilities. There was hardly any involvement of the public in identification of the project implementers. This begged the question why County govern deemed it important to involve the public in project identification and not so in the implementation stage.

Data from key interviews with most of HFMC and members of the hospital boards revealed that they were rarely involved in procurement and tendering processes in their respective health facilities. One of the functions of the HFMC and hospital boards was to make governance decision including providing oversight in operations of health facilities and act as the link between members of the community and health facility / County government. However, the HFMC members interviewed stated that usually the county government officials did not inform them about projects scheduled for implementation at their respective health facilities.

Nonetheless, the study revealed that four of the projects were implemented as per the budgeted amounts while seven of them utilized less amounts. This was an indication that despite low public involvement, there were major attempts by the County government officers to follow the law and implement the project as approved. Most of these projects were complete and in use and had very little defects. Only 2 projects had defects and were not in use. There were also positive approvals from the public as they brought services closer to the people and lessened burdens associated with transports, costs and time taken to access services.

## 5.0 RECOMMENDATIONS

### **Create awareness and build capacity for citizens and County government officers on public participation in implementation of approved budgets.**

The study finding indicates that community members were not directly involved in implementation and monitoring of health development projects. The County government, development partners, civil society and other stakeholders should join hands to create awareness and empower the public to monitor the implementation of the approved budgets in each financial year.

### **Ensure access to information**

Access to correct and timely information in a format easily digestible to the public was one of the challenges that emerged from the public. Invitation for tenders for each project were advertised in the county website and boards placed at the project sites. However, most of the community members could not access these sources of information considering that they had no access to the internet or paid little attention to information posted on the website, public and project boards. The County government should therefore establish a one stop shop for availing all details of the projects including information on costs and procurements to enable the public monitor the project in line with the Presidential directive of 2018. The public cannot be able to monitor the projects without the needed information.

### **Targeted public participation**

Due to financial and logistical challenges, it emerged that public participations during planning and budgeting process are confined to County, sub county or ward levels which may not be most appropriate and convenient with majority of the members of public. The county government should consider conducting targeted public consultations meetings at health facility levels for issues pertaining to health.

### **Ensure meaningful involvement of HFMC and Hospital Board in project implementation**

One of the roles and responsibilities of HFMC and hospital boards was to help in the governance including providing oversight to the management of health facilities. However, this was found not the case in the execution of approved projects as they handily had any information or played any role in the implementation. This was mainly undertaken by the County government officers. The study calls on the County government to delegate the roles of projects implementation to these committees and boards in order to improve community ownership in the governance of the health facilities and improve feedback.

### **Conduct monitoring exercises parallel to the project implementation**

One of the challenges that could have faced the study was recall bias since community members had to remember information from 3 years ago and selection bias since most of the community members interviewed may not have been involved during project implementation. To avoid this, the County government should incorporate the public including civil society organisation in the implementation of the approved projects. This would allow for monitoring in each stage and avoid doing a postmortem kind of exercise long after the projects have been concluded, leaving no room for timely feedback and corrections where needed.



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