

Citizen's Involvement in Implementation of Health Development Projects in Nyeri County: A Report Card on Status of Health Development Projects at Facility Levels implemented from July 2015 to June 2017 in Nyeri County

INTRODUCTION

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 their government is in utilizing their resources as they committed to in the approved budget. The public should be able to monitor compliance with budget policy documents.

PROBLEM

Budgets in many Counties are poorly implemented characterized with massive corruption, fraud, outright theft or misappropriation.¹ Other challenges include over or under expenditure, untimely implementation and poor oversight. Little or no public participation in all the stages of the project implementation compounds the challenges further. Where such opportunities exist, citizens may be frustrated by bureaucracy in accessing correct and timely information and project documents.

Politics of the day 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. As a result, citizens shy away from monitoring the implementation of the budget.

PURPOSE OF THE STUDY

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.

KEY RESULTS

Project Identification

On average 25.5% of the respondents stated that there was community involvement in the identification of the project. 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. 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 health Facility Management Committee (HFMC) and hospital board members

¹ Africog 2015. Public Procurement in Kenya's Counties: Experience from Three Counties. Africog. Nairobi

interviewed they stated that, public participation forums towards development of the Country Integrated Development Plan (CIDP), Annual Development Plan (ADP) and County Fiscal Strategy Paper (CFSP) were held at central places. The most popular was Wambugu Farm, near Nyeri town.

Attendance to public hearing forums was low due to accessibility challenges. Most of the respondents could not afford public transport to attend while others felt that the short notice given to the public for consultations was 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.

Project Implementation

Unlike in project identification, which is characterized by 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.

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. This is despite one of their functions being 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.

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. Community members interviewed including a majority of the HFMC and hospital board members mentioned that that they had no idea with regards to the costs of the projects. None of them 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.

The study compared the budget amount vis a vis the expended amount for each of the targeted projects according to the documents provided by County government officers as highlighted in the table below. 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.

HEALTH FACILITY	PROJECT DESCRIPTION	PROJECT BUDGET	ACTUAL EXPENDITURE	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			
	Renal unit			
Gitero Dispensary	Renovation of Nursery at Gitero Dispensary	2,442,426	2,442,426	Complete and in use
Ichamara Health Center	Proposed construction of Maternity ward	8,674,845	6,846,581	Complete and not in use
Karaba health Centre	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 renovations of Kariguini Dispensary	1,945,345	1,678,143	Ongoing and in use
	Construction of incinerator	444,802	444,802	Complete and in use
	Equipping of county hospital			
	Rerouting of foul drainage	513,172.4	444,802	
Muthangira Dispensary	Proposed completion of Muthangira Dispensary	6,875,643	6,875,643	Complete and in use
Muthangira 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
Njokiini Health Centre	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
Ruguru Health Centre	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

CONCLUSION

There exist sufficient policies and legal structures supporting public participation. This was demonstrated by public hearing forums that informed development of the first CIDP, ADP and CSFP for 2015/2016 and 2016/2017 financial years. But unlike in project identification, the public is not involved in the execution of the approved project. 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 despite this being one of their core functions.

Nonetheless, 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 projects 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.

RECOMMENDATIONS

- 1. Create awareness and build capacity for citizens and County government officers on public participation in implementation of approved budgets.** 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.
- 2. Ensure access to information.** 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. The County government should 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.

- 3. 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.
- 4. 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. The County government should 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.
- 5. Conduct monitoring exercises parallel to the project implementation.** 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.