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An Assessment of the Effectiveness of Community Participation in Planning and Management of Health Facilities in Kenya: A Case of Likuyani Sub-County, Kakamega County.

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Abstract:- Community participation in the management of health facilities in Kenya has been entrenched through legislation and policy instruments. This study examined community participation in the management of Kenyan public health facilities to establish their effectiveness in the management processes. Health facility Committee members under take budget approval, resource mobilization, planning, risk management and the management of human resource. However, it has not been established whether they have the skills and training to perform those functions effectively. The broad objective of the study was there fore to: establish the effectiveness the facility management committees in the management of health institutions. The specific objectives were: to establish whether the health facility committee members were trained in risk management, to assess whether they were trained in financial and resource mobilization, to find out whether they were trained in planning and human resource management. The study used a qualitative case study approach to examine the level of their trainings and how this affected their effectiveness in discharging their roles as health facility managers. Data was collected by in-depth interviews of facility's committee chairmen, secretaries and treasurers and officers in charge of facilities and analyzed thematically. The findings show that health facility committee members were not trained in the four key areas of management and this affected their effectiveness in discharging their functions. The study recommends that all health facility committee members be formally trained in planning, risk, financial and human resource management before assuming office. The study will benefit all stakeholder including policy makers in the Ministry of health and both national and County Governments in Kenya.

Keywords:- *Risk, Health Facility, Planning, Community, Resource, Finance.*

I. INTRODUCTION

Kenya has a well-developed health care system in the East African Region. The sector comprises of public and private health facilities that provide health services through a network of over 4,700 health facilities countrywide with the public accounting for 51 per cent of these facilities. The public health system consists of the following levels: national referral hospitals, County general hospitals, Sub-county hospitals, health centers, and dispensaries. National referral hospitals are at the apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services. The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Referral and Teaching Hospital in Eldoret. The equivalent private referral hospitals are Nairobi Hospital and Aga Khan Hospital in Nairobi (Muga, Kizito, Mbayah, Gakuruhfile:///C:/Users/user/Desktop/Health%20care%20in%20Kenya.pdf.) TheDepending on their sizes, health facilities have a wide range of medical equipment for treatment, tools for medical action, tools for diagnosis and tools for surgical operation. They are also very expensive to purchase https://nudira.com/2017/12/29/types-of-medical-equipment-in-hospital/.As for the case of Sub-county hospitals, health centers and dispensaries, once elected as committee members, implement complex building plans, approve complex budgets and lay strategies for the implementation of strategic plans. Through these arrangements the community participates in the management of projects within their respective communities.

A community is a collection of people in a given locality who share a common identity and who interact to form some sort of local social system (Moseley, 2003). It is a social system composed of people living in some spatial relationship to one another and who share common facilities and services, develop a common psychological identification with the local symbol and together form a common communication network (Parsons, 1960, Sanders, 1970, Warren, 1970).People's participation in the management of projects is a form of inclusivity. The entry point of members of the community into health facility management is through elections. Elected members represent the community and come on board as facility

managers.This arrangement eliminates social exclusion in the management of public affairs. If people are excluded from participating in development, then social injustice is produced on a considerable scale. Without participation people are likely to be excluded from their rights, benefits and opportunities that are normally taken as a norm in society (Meseley, 2003). From a sociological perspective, the need to be consulted and to have a voice on societal issues is a fundamental requirement and therefore participating in all aspects of life is important (Mulwa, 2004). Community participation in programs was borne out of the need to treat people as a resource and to promote ownership and sustainability of programs at the local level.Local people, both as individuals and collectively as groups are key resources of ideas, energy and enterprise and will participate and make meaningful contributions with a clear mind that such contributions are relevant to their concerns and likely to produce beneficial change (Moseley, 2003).

Participation is a process of involving people in decision-making processes, implementation of programs and in efforts to evaluate such programs (Cohen and Uphoff, 1977). It empowers the local people and refocuses the entire process on the transfer of power and change in the power structure so that people can gain more control over their own resources and lives (Kumar, 2002). Wandersman (1984) and Jennings (2000). statethat it is meant to increase responsiveness to people's needs to gain community acceptance to change their lives. Furthermore, it embraces the idea that all "stakeholders" should take part in decision making (Dhamotharan, 1998).Defined within the framework of healthcare, it means that people have both the right and a duty to participate in solving their own health problems and have greater responsibilities in assessing the health needs, mobilizing local resources and suggesting new solutions as well as creating and maintaining local organizations.

In the United States of America, the community directly involves itself in the planning of regional health systems and on the governing or advisory boards of community-based health centers and services (Chekoway, 1981).This is implemented within the framework of Comprehensive Health Models (CCHMs) which are geared towards improving health systems through citizen participation in a health planning process (Kronenfeld, 1999).Further to this, participation focuses on seven key parameters including systems change, knowledge transfer, civic engagement, inclusion, community decision making, project organization and project leadership.If carefully consulted people are a source of valuable ideas, information and wisdom. Furthermore, local people have knowledge and opinion that can scale up a project to produce sustained commitment and strengthened partnership (Moseley, 2003).

In Uganda community participation is done through aframework of Health Unit Management Committees. Health centers operate within the community. Health Unit Management was introduced to enhance community participation in health services so as to contribute towards better Health Service Delivery in Health centers. HUMCs serve the role of improving health services in terms of accountability, coverage, access and effective utilization, especially owing to the fact that the central government currently makes direct funding to health facilities. This means that HUMCs ought to be equipped with necessary skills and techniques of handling people and data required to further better health service delivery at health centers (Muwanguzi et al, 2019).

In Kenya community participation in the management of health facilities is anchored in the Ministry of Health Circular/Policy paper of (2002) which entrenches them in the management of County and sub-county hospitals, healthcenters and dispensaries. The policyenhances the regulatory role of Government in the provision of health care by empowering local communities to participate in the management of these facilities through Health Management Committees and Health Facility Management Committees. This was further strengthened by the Senate Public Participation Bill, 2018 and through an ACT of Parliament that provides for ageneral framework for effective public participation in health facilities. This Act was published to give effect to the constitutional principles of democracy and participation of people under Articles 1(2), 10(2), 35, 69(1)(d), 118, 174(c) and (d), 184(1)(c), 196,201(a) and 232(1)(d) of the Constitution of Kenya (2010). The objective of the Act is to enhance, promote and facilitate public participation in the governance processes and in particular to: promote democracy and participation of the people in accordance with Article 10 of the Constitution of Kenya;Promote transparency and accountability in decision making; enhance public awareness and understanding of governance processes, promote community ownership of public decisions; promote public participation and collaboration in governance processes (Republic of Kenya, 2018).

Furthermore, the Kenya Constitution (2010) introduced a devolved system of government with 47 semi-autonomous county governments. Among the functions that were devolved is the Ministry of health. Following this development most county governments have enacted laws to operationalize community participation in the management of the health facilities. For instance, the Kitui County Government, through a Kenya Gazette Supplement, Kitui County Act (2014), provides for the establishment of Hospital ManagementCommittees, Heath Centers and Dispensaries Sub-Management Committees. They were established to enhance effective management of public Hospitals in the county. Their functions include among others : supervision and controlling of the administration of funds allocated to specific hospitals, preparation of specific hospital work plans based on estimated expenditure and drugs stocking levels based on usage, keeping all books of account of income and expenditure, reviewing and approving all hospital plans including development plans, service delivery plans and activity plans, providing oversight and approving of the same, authoring hospital budgets and expenditure, enforcing regulatory compliance, undertaking risk management, ensuring the development of human resource, mobilizing resources and ensuring the

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rights of community members are adequately met *(Ibid, 2014).* These functions and responsibilities are technical.

In other sectors such as livestock agricultural extension programs, community participation is essential. However, for participation to be effective, capacity building is critical as it helps to develop the capabilities that are useful in propelling project success and sustainability (Kikwatha, Kyalo, Mulwa, &Nyonje, 2020).The success of livestock production depends on building the capacity of the livestock farmers to enhance production. For instance, in dairy goat projects, sustainability cannot be achieved without the primary beneficiaries being actively involved in decision making and more so their capacity developed to enable progressive execution of the decisions (Kikwata el al, (2020). Kikwata et al (2020) further states that it is through capacity building that sustainability can be achieved to help in propelling the economic growth. Training is an avenue that can be used to build capacities. Without building their capacities community members participating in a project may not have the capabilities to discharge their functions. A study conducted in India by Kumar and Best, (2006), on E-Government service project noted that the projects fail after successful implementation because of inadequate empowerment of local people and other stakeholders.

In the study area, the two sub county hospitals, two health centers and one dispensary all have elected management committees. The day to day administrative running of the health facilities is done by the technical staff comprising of doctors, clinical officers and Nursing officers in charge.Facility management Committees meet three or four times a year to deliberate on major issues that need their approval such as approval of budgets and hospital plans. Health facilities have specialized equipment such as: diagnostic medical equipment (X-ray, Computed Tomography-CT Scan and ultrasound. They also have durable medical equipment such as wheel chairs, insulin pumps, kidney machines, portable oxygen tanks etc. Furthermore, they have treatment equipment, life support and medical laboratory equipment. Besides these equipment, there is a wide range of drugs and re-agents. All theseneed careful handling and storage. They are also expensive and require constant replacement. The facilities are staffed by highly trained personnel such as doctors, specialized teams of surgeons, pediatricians, clinical officers, nurses and public health experts. Interaction with this team requires a high thresh hold of education and training by committee members. Departmental heads within these facilities present budgetary proposals to facility committees for consideration and approval. These budgetary proposals are complex and require well trained committee members to interpret and approve. The purpose of this studytherefore, is to establish whether facility committee membersare trained to effectively participate in discharging the functions and responsibilities assigned to them.

II. METHODOLOGY

- *Study Site*

Tables 1 and 2 show the loading of the health facilities under study and characteristics of the health facilities: Table 1 shows the total number of staff in each key department in the facility including: Doctors, clinical officers, nursing officers, registered nurses, laboratory technologists and technician and public health officers. Table 2 shows households and the catchment population.

The study used a qualitative case study design with data collected though in-depth interviews. Yin (2003) defines case study as "an empirical inquiry that investigates a contemporary phenomenon within its real life context" In a case study, a phenomenon is examined and analyzed in detail and depth using research tools that are appropriate to the inquiry (Flybjerg, 2006). Likuyani Sub-County was purposefully selected as the case. In the Sub-County, 2 Sub-County hospitals, 2 public health centers and one dispensary were selected purposively for the study. These were Likuyani Sub-County hospital, Matunda Sub-County hospital, Mabusi health center, Kongoni health center and Seregeadispensary.Dispensaries are meant to be the system's first line of contact with patients hence it was important to include it in the study. The selection of Likuyani Sub-County was informed by three reasons: firstly, the five health facilities are inclose proximity to each other, secondly they are all accessible by all-weather road network and hence getting data was easy and on time.

- *Data Collection Procedure*

The decision making procedure in the running of health facilities involve officials of committees and health boards. Therefore,five officials of the committees and one officer in charge of each facility were selected for in-depth interviews. They included; the chairman, secretary and treasurer of health management committees and five officers in charge of those facilities. Face to face interviews were carried out in the five selected health facilities targeting the selected participants after obtaining written informed consent. The interviews were conducted within the study health facility premises after obtaining a written consent for the collection of data.

Health Facility	Number of Doctors	Number of Clinical Officers	Number of Nursing officers	No. of Registered Nurses	No. of Public Health officers	No. of Laboratory Technologist	No. of Laboratory Technicians	No. of Records clerks	No. of Enrolled Nurses	No. of Administrators
Matunda Sub-County Hospital	2	5	2	12	1	4	1	1	2	1
Likuyani Sub-County Hospital	6	4	3	19	2	3	1	2	4	1
KongoniHealth Centre	0	4	1	8	1	1	1	1	2	0
Mabusi Health Centre	0	4	1	9	1	0	1	1	3	0
Seregea Dispensary	0	0	0	2	0	0	0	0	1	0

Table 1: Staff loading at the health facilities

Health Facility	Households	Catchment/ Population	Men	Women	Children < 1	Children <5	15-24 Years	25> Years	No of Deliveries
Matunda Sub-county Hospital	5,435	27.173	13,478	13,695	842	3,261	11,385	5,733	870
Kongoni Health center	3,324	16,622	8,245	8,378	515	1,995	3,507	3,989	532
Mabusi Health Centre	4,864	24,322	11,674	12,641	876	4,232	4,670	6,153	876
Likuyani Sub-County Hospital	4,997	24,987	11,994	12,993	900	4,348	4,797	6,097	900
Seregea Dispensary	1,512	7,560	2,538	2,498	156	604	1,063	1,609	161

Table 2:- Key characteristics of study Health Facilities

➢ *Data management and analysis*

All interviews were transcribed into word documents, and transferred to NVIVO version 10 for coding. Data was analyzed using a framework approach which is a process that involves identifying connections between the data collected and themes by sorting, coding and charting collected data. This approach was adopted because of its ease in providing findings and interpretations that are relevant inthe provision of policy recommendations

III. FINDINGS

This section presents findings on the level of trainings and workshops undertaken by health facility committee members in respect to the following key management functions namely; planning, risk management, financial management, budget analysis, resource mobilizationand human resource management.

➢ *Planning*

A number of committee members were subjected to an in-depth interview in regard to training in planning. The following were the responses that were obtained:

"I have not been trained in planning. However, this has not stopped the committee members from meeting on time and discharging their functions"
Another respondent stated thus:

"We have not been trained in planning but the majority of members have been in the management of health institutions hence are competent in the running of the facilities' functions"

"We look at planning in terms of how many meetings we intent to hold in a year. We then schedule such meetings and inform members accordingly"

"Planning is never done. What happens is that the chairman consults with the secretary and the treasurer and calls for the meeting. Members are then informed through an invitation letters to attend the meeting"

"I have never come across a strategic plan of our Sub-county hospital. We have never had a copy of the strategic plan as facility committee members"

"We have never been trained on how to contribute to the development of the strategic plan"
"We have never used the strategic plan in our facility meetings as committee members"
"We have never been shown the operational manual and how it is applied in the running of hospital facilities"

"When there is something urgent to be approved we are verbally asked by the Doctor in charge to convene a meeting and approve what he has requested If it is a plan for the construction, for example, of an office block, we are asked to approve it"

"We are not conversant with the technical details of building plans. Our role is to approve as requested by the hospital administration"

"When the facility committee members come in for as facility committee members we induct them on the entire hospital set up and its various departments. We do not train them in the actual planning nor take them through the Strategic or operational plans"

- *Risk Management*

All the five Chairmen, fiver secretaries and five treasurers of all the five health facilitieswere subjected to an in-depth interview in regard to whether they were trained in risk management. The following were the responses that were obtained:

"I have never been trained or attended a seminar or workshop on risk management. When confronted with issues to do with fire, mismanagement etc. we rely on the clinical officer in charge to lead the way"

"We do not know the risk factors associated with a health facility. All we do is to ensure that the grounds man we employ keeps the compound clean"

"We do not have a risk analysis plan and register in the facility"

"We have never discussed risk factors in our committee meetings. What the Nursing officer told us is to think of constructing an incinerator for the dispensary. Otherwise all used syringes are put in a deep hole and burnt for safety"

"Health facility Committee members are only inducted to understand the various departments of either the hospital of health center, but are not trained in specific areas such as risk management. As such their knowledge in risk management is very scanty"

- *Financial Management*

Five committee officials assigned the role of treasurers were subjected to an in-depth interview to establish whether they had undergone any training in finance management. The following were the responses they gave:

"I have never received any training in financial management since I was appointed to the health Centre Committee. However, my skills are useful to the entire committee because we strive to manage the books of account according to the financial rule. My basic training in the government has been in accounts where I worked as a cashier"

One officer in charge of a health Centre stated thus:

"These facility committee members are never trained to gain skills in financial management, all they receive is basic induction course as they come I as new members"

One facility committee official stated thus:

"We have never received any form of training in financial management in a health facility. We have also not been provided with a hospital financial manual to adopt and use it for proper financial functioning"

"Only one of us has basic skills in accounting having worked in accounts office in the government before retiring"

- *Resource Mobilization*

Members of the committee managing health facilities were taken through an in-depth interview to establish whether they have any training in resource mobilization. This is what they stated:

"When members of the Health facility come in for their five-year term they are informed that one of their functions is to mobilize resources especially funds for construction and purchase of equipment that the hospital may need but which the government cannot supply in the long term"

"We mobilize fund by pleading with the National-Government Constituency Development Fund to finance any construction we may have" Outside the N-G Constituency Development Fund we do not have any other avenue for raising funds"

"We do not have skills in writing fund raising proposals. This a technical skill that is necessary for mobilizing funds but for which we are not trained or taught in a workshop"

- *Human Resource Management*

The provisions of the management of health facilities have assigned the recruitment and management of support staff to the Health facility committees. Knowledge of Human Resource is important because it defines the policies and procedures to be adopted for purposes of recruiting, promoting, disciplining and managing human resource. The study sought to establish whether facility committee members were trained in this respect for effective functioning of the institutions. After going through an in-depth interview the following were their responses:

"When facility committee members come in to start their term, there is no budgetary provision set aside to train them on human resource functions"

"We have no laid down guidelines on the recruitment of workers. We use our own judgement to recruit support staff for the facility. We have not been trained to implement these guidelines effectively"

"We recruit based on how we view the candidate and the academic and professional documents he presents to the panel."

"We also do not have laid down procedures to discipline support staff. We meet as a committee to make a decision on disciplinary issues"

"We make decisions based on case by case situation when we discipline any worker"

IV. DISCUSSION

It is evident from the findings that community members are elected to these key committee positions to manage health facilities but prior arrangement is not done to empower them through trainings to enable them carry out these important functions. A study conducted by Ahmad and Talib (2014), assert that empowered stakeholders are critical for project sustainability such as projects in the health sector constructed by committees. It is important to empower local stakeholders by instilling a sense of responsibility, ability to plan and effective decision making to achieve sustainability of projects (Sianipar, Yudoko, Adhiutama, &Dowaki, 2013). In building the capacities of members, training appears to be the main focus on most projects (Suarez, Balcazar, Balcazar, Taylor Ritzler, & Iriarte 2008). Training provides requisite knowledge and skills in addressing emerging concerns on a project, yet often the training process is inadequately structured around availability and needs of the local stakeholders (Butler, & Adamowski, 2015). It was established that committee members are not trained to empower them with the skills in key management areas such as planning, risk management, financial and human resource management to prepare them for effective discharge of their roles as managers of health facilities. This omission, undoubtedly, affects their functioning. Although the election to these committees helps in attaining one important principle, i.e. community participation in the management of community projects, lack of training undermines their ability to effectively discharge their roles, manage and implement important health facilities programs.

Planning is an important skill because it is a key management function for all health committee members and line health managers. Planning is the process of determining in advance what should be accomplished – when, by whom, how and at what cost. Therefore, regardless of whether it is planning for long-term program priorities or a two-hour meeting, planning is a function that contributes to the success and direction of a health facility. It is an essential process that is used by both line mangers and committees. According to the Open University (2017), two types of planning are commonly used in the health sector: these are strategic planning and operational planning. Strategic planning is the process of determining what the health sector should be achieving in the future and how it will carry out the actions necessary to bring about those achievements. Health facility line managers develop strategic plans to achieve their goalsand these usually cover the long term and the specific actions to be undertaken in the next five to ten years. (Open University, 2017, https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=221) On the other hand, operational planning refers to the action plans that guide health facilities' day-to-day work without whichit is not possible for a health facility to operate efficiently with a clear view and direction.An operational plan operationalizes the strategic plan and as The Open University states, it is an instrument for implementing the strategic plan. From the strategic plan, proposals are raised by different departments for approval by health facility committees. This therefore requires that facility committee members must be trained in planning and must be able to work within the framework of the various strategic plans and further to therefore be conversant with operational plans of health facilities and their timelines. Knowledge in planning will make them effective in participating and contributing to sound functioning of health facilities. The in-depth interview established that facility committee members are not trained in planning and because of this omission the way they operate is haphazard and devoid of clear vision and direction.

According to Rowe (2018) a risk management process is vital for any organization including hospitals and other smaller health facilities. Sub-County hospitals, health centers and dispensaries are usually crowded with patients and the probability that a risk will occur is quite high. Health facility committees must be knowledgeable to avert any risk that might harm patients and staff. The most likely

risk in a health facility setting are hazard related risks such as fires or injuries to patients and staff arising from used but undisposed syringes, expired drugs or the risk of contamination and spread of germs though dirty water. The study findings show that all committee members in the five health institutions assessed have no basic skills and knowledge about the effectsof risks. Committee members must have skills of forecasting and forestalling such risks for the benefit of patients and staff. Other risks may include operational risks such as failure by suppliers. This is common in facilities that have in-patients. For example, failure to deliver food provisions can be catastrophic to patients with underlying conditions. This risk can be assessed together with financial risks. Committee members need to be trained in risk identification, mapping and control strategies for the facility to run smoothly. Rowe 2018 concludes that if an organization establishes a workable and sustainable risk management plan and goes further to develop a risk culture that is adaptable in the face of change, then health facilities will be safe for patients and workers. The in-depth interview carried out in the five health facilities established that committee members do not have any kind of training in risk management and this undermined their ability to identify and plan for any risk.

All government institutions, including health facilities, expect the best practice in the management of finances. Basic skills in financial management start in the critical areas of cash management and bookkeeping, which should be carried out following certain financial controls to ensure integrity in the bookkeeping process. Committee members managing health facilities need to be trained to acquire knowledge on the understanding of the financial condition of the organization. The Treasurers of health facilities are responsible for ensuring that financial controls are in place and adhered to and, more specifically that:

1) Expenditures remain within the budget,
2) Expenditures are only for the purposes set out in the budget,
3) Financial documentation, including quotations, invoices and receipts are collected and filed in an orderly manner

Health facilities' Committee members have a responsibility to prevent financial mismanagement and must therefore be rained to understand the internalfinancial control mechanismsand financial policies of the institutionsto be able to work efficiently within the strategic plans.Financial management involves among other functions, approving complex budgets, for the case of Sub-county hospitals and other health facilities. Presiding over awarding of contracts for the construction of complex installations buying new medical equipment or helping to make the decisions to approve a budget orfinding the best way to approve payment are all part of financial management. The in-depth interview carried out in all health facilities in the study area shows that all committee members had not been trained in financial management and yet this function is important in the proper functioning of hospitals. This omission, reduces their ability to work and discharge their functions efficiently. Some committee members had undergone induction course which is not sufficient to provide skills for effective functioning. During the interview other members admitted that they do not havebasic skills in resource mobilization and that they had no knowledge in writing proposals to raise funds for developing the health facilities.The findings also showed that committee members had difficulties in understanding complex budgets because of their limited financial knowledge.

The Human Resource function in a health facility is usually undertaken in regard to a limited number of support staff such as the grounds workers or cashiers employed by the committees. The committee's role is to discharge this function for effective running of the institution. The committee also ensures that the hired staff conform to various financeand other forms of regulations by the health facility. It is therefore imperative for the committee to be trained on issues to do with human resource management. The in-depth interview established that committee members have never been trained in human resource management. They therefore do not understand, for example, the recruitment procedures or how to arrive at a salary to be awarded or even discipline procedures that must conform to human resource regulations.

V. CONCLUSION AND RECOMMENDATIONS

Community participation in projects at the rural level is important. From the discussion it is clear that, community members are key in the management of health facilities. However, they can participate effectively if they are trained in areas that are essential to the management of health facilities. As Moseley (2003) notes, pushing power and responsibility down to the lowest feasible level with the aim of developing communities through empowerment cannot achievetangible results without putting in place appropriate machinery to offer training, technical advice and other forms of support sufficient for building of local capacities. Members of the community appointed toHealth Committeesin most casesdisplay limited abilities and technical knowhow in planning, financial management, human resource management and risk management skills. They need planned capacity building to effectively discharge their functions.

It is therefore recommended that the Ministry of Health in Kenya and the County Governments in the 47 counties should come up with a training policy framework to train community members elected to health committee positions before taking up their positions to discharge their respective roles. The Training policy should focus on technical areas such as risk management, financial management, resource mobilization, procurement, planning and human resource management. This will clearly build their capacities and increase their effectiveness in the management of health facilities.The Ministry of Health should encourage Committees of health facilities to come up with Risk Policy Frameworks at the local level to guide the day-to-day operations of the facilities. This will help identify, and mitigate incidences of risk at the health

facilities and ensure that the health facilities' resources such as assets are preserved and used efficiently.

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